

Australasian College of Podiatric Surgeons

2015 National Audit Summary Report



Version 1.2

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Introduction

The following report summarises the surgical activity of the College for 2015. As required by the ACPS Accreditation Program all cases of foot and ankle surgery performed in office, day surgery and inpatient settings have been recorded [1]. The ACPS Online Surgical Audit Tool was used to capture and report data in real-time. There has been 100% compliance in data capture by all active surgeons of the College in 2015.

This report provides a “snap shot” of all surgical outcomes by ACPS fellows in 2015. As such this report will form part of the final 2015 ACPS Audit Report following national peer review during the College AGM and final approval by the ACPS Clinical Audit Committee.

Admissions

There were 2266 admissions for podiatric foot and ankle surgery.

Total number of principle procedures

2266 principle procedures were performed.

Total number of all procedure

4169 procedures were performed.

Cross-sectional analysis of procedures

7 procedure groups were selected to represent a cross section of all surgical activity based on criteria established by Menz in 2008 and utilised in the ACPS 2013 National Audit Report [2, 3]. The procedures selected represent the most common forefoot (1st metatarsophalangeal joint, neuroma and toenail), rearfoot, ankle and amputations procedures.

The 7 procedure groups selected represent 76.5% (1736 of 2266) of all principle procedures performed in 2015 by College fellows. Forefoot surgery comprised 94.2% (1635 of 1736 procedures) of the 7 procedure groups and 72% of all principle procedures performed. Rearfoot, ankle and amputation surgery comprised 5.8% (101 of 1736 procedures) of the 7 procedure groups and 4.45% of all principle procedures performed. The mix of procedural types and numbers found in table 1 below concur with similar findings in the literature [2, 4].

Principle Procedure

Procedural group	Procedure count / % of total procedures	MBS item number
Toenail	462 / 20.4%	47906, 47915, 47916, 47918
Neuroma	101 / 4.5%	49866
Lesser toes	209 / 10.2%	49800, 49803, 49806, 49809, 49812, 49848, 49851, 50345
1 st metatarso phalangeal joints (MPJs)	840 / 37%	49821, 49824* , 49827, 49830* , 49833, 49836* , 49837, 49838* , 49839, 49842, 49845, 49860,
Heel, Rear foot & Tarsal coalitions	52 / 2.3%	49854, 49818, 50118, 50333
Ankle	27 / 1.2%	49706, 49709, 49715, 49718, 49724,
Amputation	22 / 1%	44338

*Table 1: Cross section of procedures. * Bolded item numbers represent bilateral procedures which have been doubled for the final count.*

Frequency of pathology

Using International Classification of Disease (ICD 10) codes the 10 most frequently recorded diagnoses are shown below in Table 2.

Principle diagnosis	Count / % of total	Diagnosis code
Hallux valgus (acquired)	545 / 24%	M20.1
Hallux Limitus	142 / 6.2%	M20.2
Other hammer toe acquired	323 / 14.3%	M20.4
Ingrown toenail	474 / 21%	L60.0
Wart	119 / 5.3%	B07
Morton's neuroma	109 / 4.8%	G57.6
Mech comp int fixation dev bones limb	42 / 1.9%	T84.1
Osteophyte lower leg	33 / 1.5%	M25.76
Miscellaneous arthropathies – Osteophyte	43 / 1.9%	M25.77
Ganglion	33 / 1.5%	M67.1
Total	1863	

Table 2: 10 most frequent diagnoses

A total of 2266 principle diagnoses were made by College fellows in 2015. Of the 10 most frequent diagnoses 72.5% were forefoot and 30.2% were 1st metatarsophalangeal joint pathologies.

Complications

The Australian Council on Healthcare Standards (ACHS) requires healthcare organisations collect complication data for 30 days after discharge. The ACHS requires data collection of complications such as deep vein thrombosis (DVT) and infection only if readmission is required. The College collects data to record complications in line with ACHS recommendation. In addition, complications that do not require readmission but occur within 30 days of discharge are collected. Below is a summary of readmissions, DVT, infection and wound breakdown rates.

Readmission

2 patients or 0.09 % of all cases required readmission. Both cases of readmission were for deep infection. 1 case was for correction of hallux limitus and 1 case was for correction of hammer toe.

Infection

Using the ACHS definition for postoperative infection (infection requiring readmission within 30 days of discharge) the rate for 2015 was 0.09% [5,6]. The case notes for these admissions have been reviewed by the ACPS Audit Committee. The management provided by the admitted surgeons has been found to be appropriate and the Therapeutic Guidelines for antibiotic surgical prophylaxis have been followed [7].

There were 39 patients or 1.72% of all cases that required outpatient management of infection.

DVT

A total of 4 patients or 0.2% of all cases developed a DVT. All cases were managed in outpatient settings. Analysis of surgeon case records was conducted to evaluate case management. The Audit Committee found that in each case all National Health and Medical Research Council (NHMRC) guidelines for the prevention of venous thromboembolism (VTE) had been followed and no further action was required [8].

Wound breakdown

8 cases or 0.35% of all cases developed a wound breakdown all of which were managed in outpatient settings.

The above findings regarding complications are either within or below rates reported in the literature [9-14]

Comparison of 2014 & 2015 outcomes

A summary of outcomes comparing 2014 to 2015 is provided below in table 3

Outcome	2014	2015
Admissions	2106	2266
Total principle procedures	2106	2266
Total all procedures	4763	4169
7 procedure group % of total principle procedures	77%	76.5%
Forefoot/RF, Ankle. Amp	96%/4%	94.2%/5.8%
Most frequent pathology	1 st MPJ (31.1%)	1 st MPJ (30.2%)
Readmissions	0.2% (4 cases)	0.09% (2 cases)
Infection readmissions	0%	0.09% (2 cases)
Infection outpatient	2% (43 cases)	1.72% (39 cases)
*VTE readmissions	0.05% (1 case)	0%
*VTE outpatient	0.09% (2 cases)	0.2% (4 cases)
Wound break down readmissions	0%	0%
Wound break down outpatient	0.5% (10 cases)	0.35% (8 cases)

Table 3: Comparison of 2014 & 2015 outcomes

**Venous thromboembolism (VTE): includes deep vein thrombosis and pulmonary embolus*

References

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