

Surgical Outcomes of the Australasian College of Podiatric Surgeons



National Audit
March 2011 to Feb 2012

Methodology

Foot & ankle surgery

- ACPS audit committee determined variables for collection
- Australian Council on Healthcare Standards (ACHS) input & clinical indicators
- Excel data capture of all activity by 17 podiatric surgeons (ACPS Fellows)
- Medicare Benefits Schedule database (MBS)



Analysis

Built on previous study,

“Foot and Ankle surgery in Australia: A descriptive analysis of the Medicare Benefits Schedule 1997 – 2006”

Menz, Gilheany & Landorf 2008

Data analysis independently provided by the (ACHS)



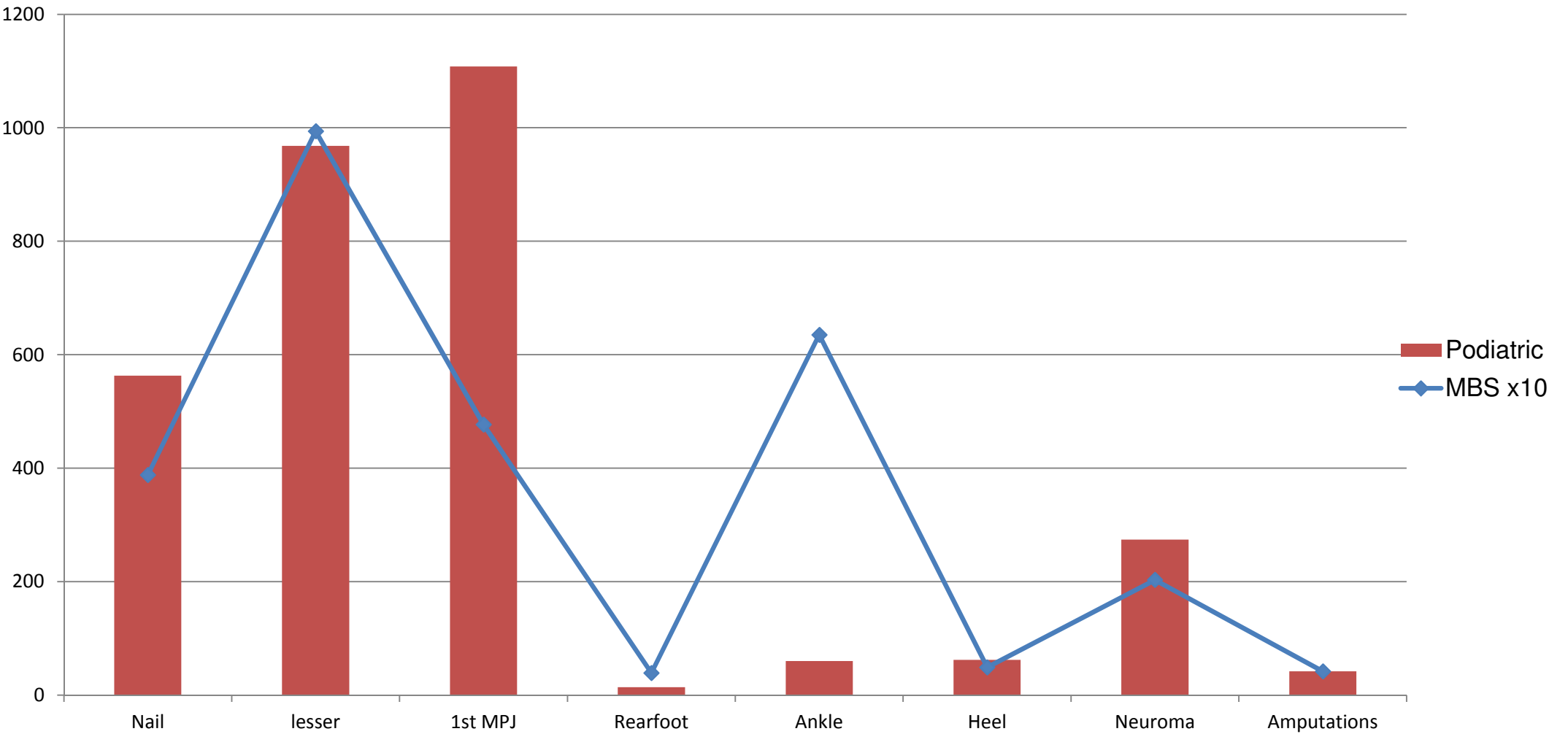
Analysis

- Total practice audit compared to MBS
- Nail, lesser toe, ankle, 1st MPJ, neuroma, amputations heel, rearfoot



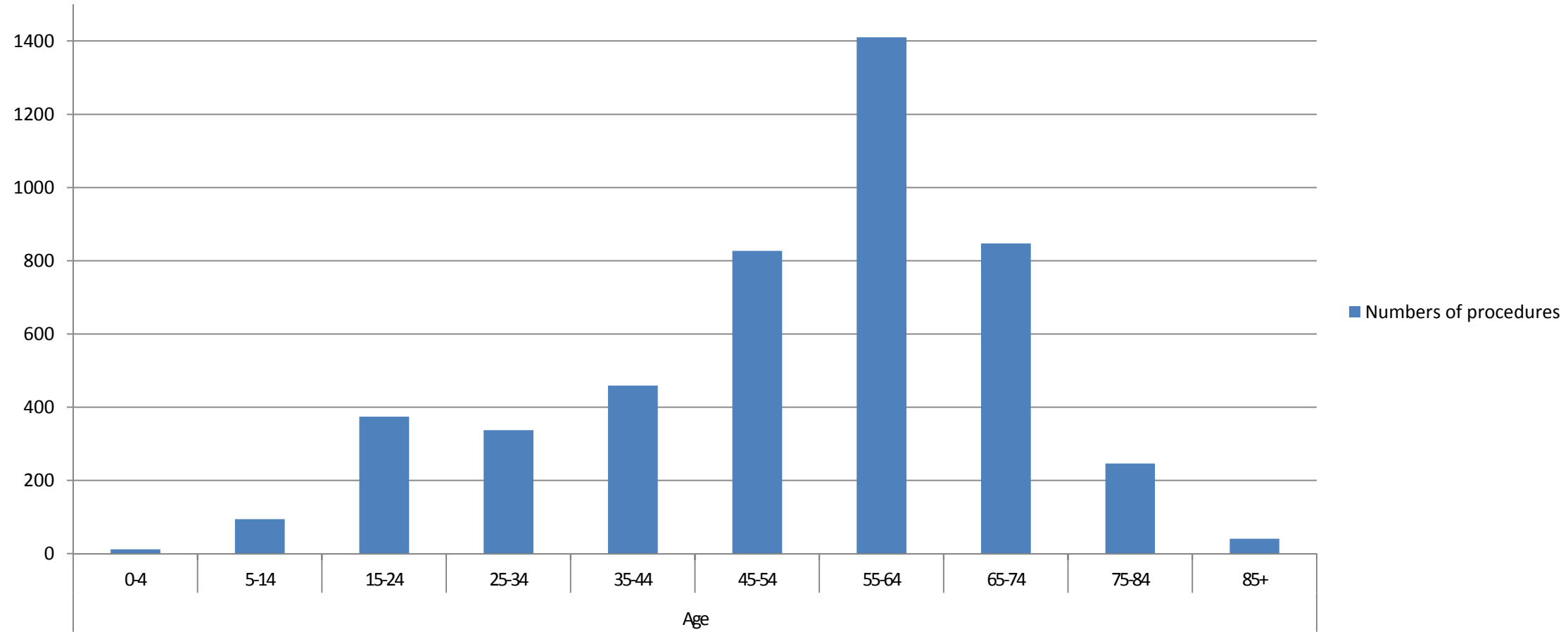
- Nail, 1st MPJ, Rearfoot
- AVLOS
- ACHS Clinical Indicators (Day Surgery & Hospital Wide)
- Complications

MBS/Podiatric by procedure group



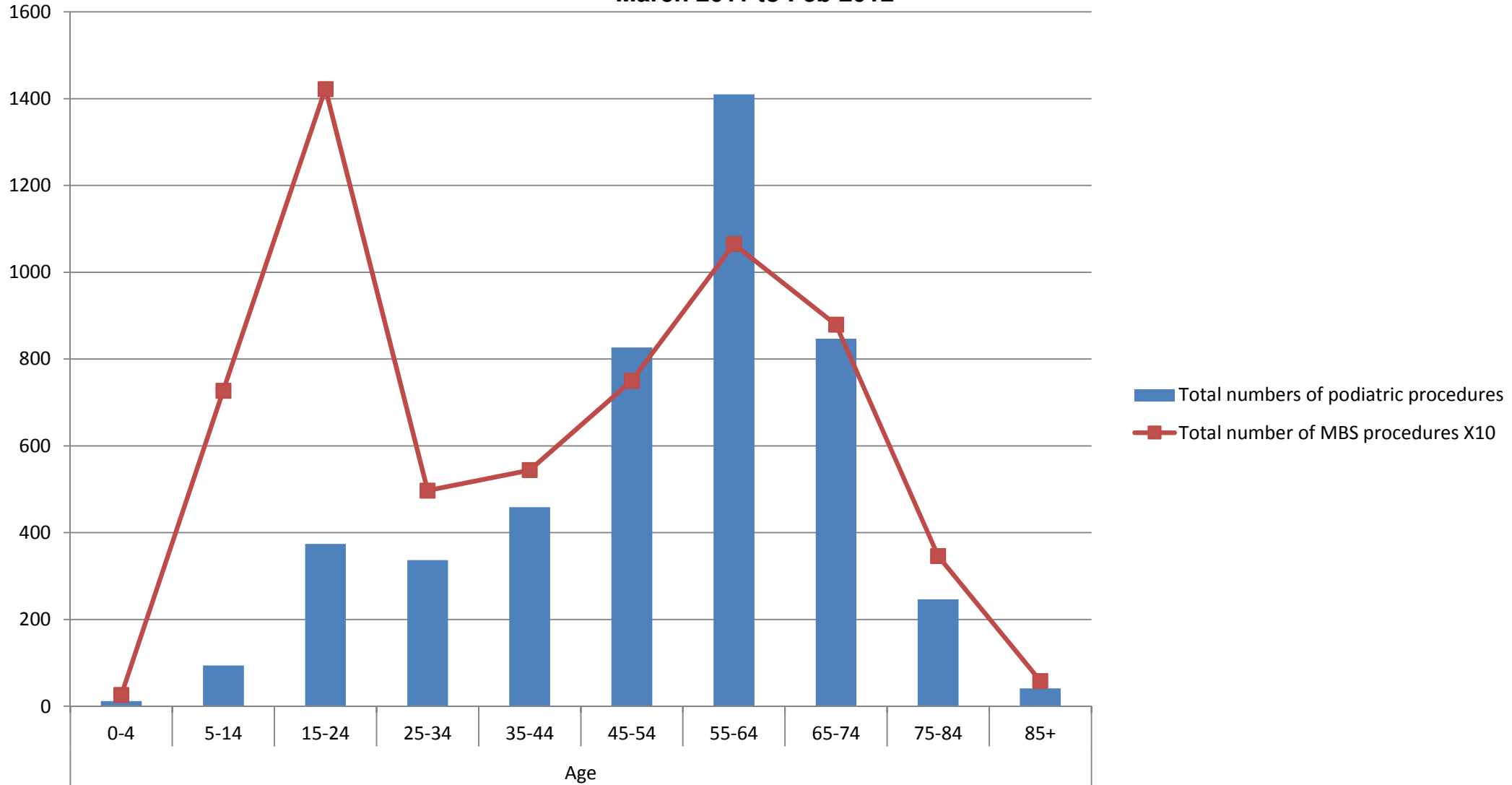
Total Numbers of Podiatric Procedures/Age (4647)

March 2011 -Feb 2012

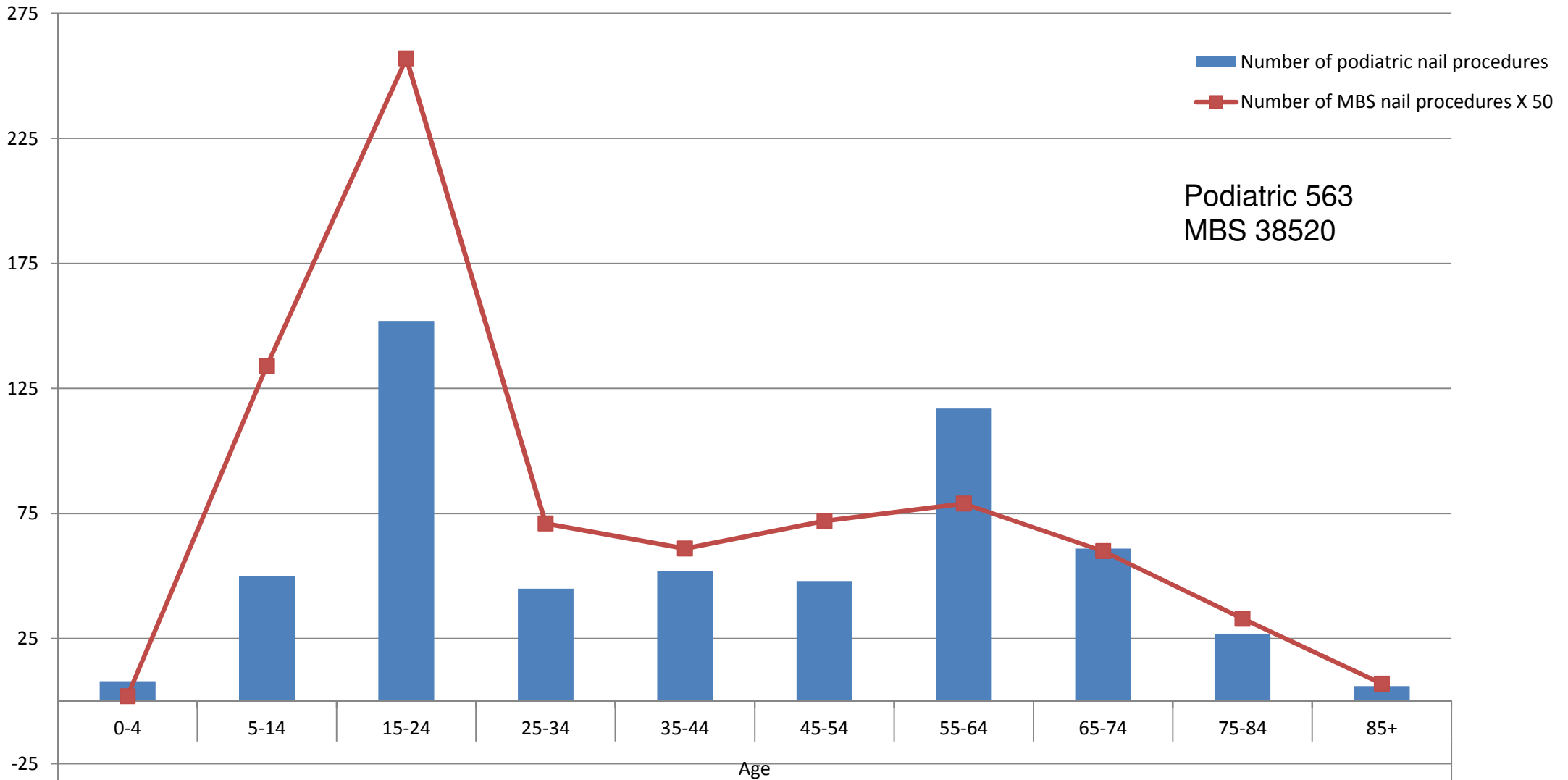


Total Procedures Podiatric/MBS/Age

March 2011 to Feb 2012

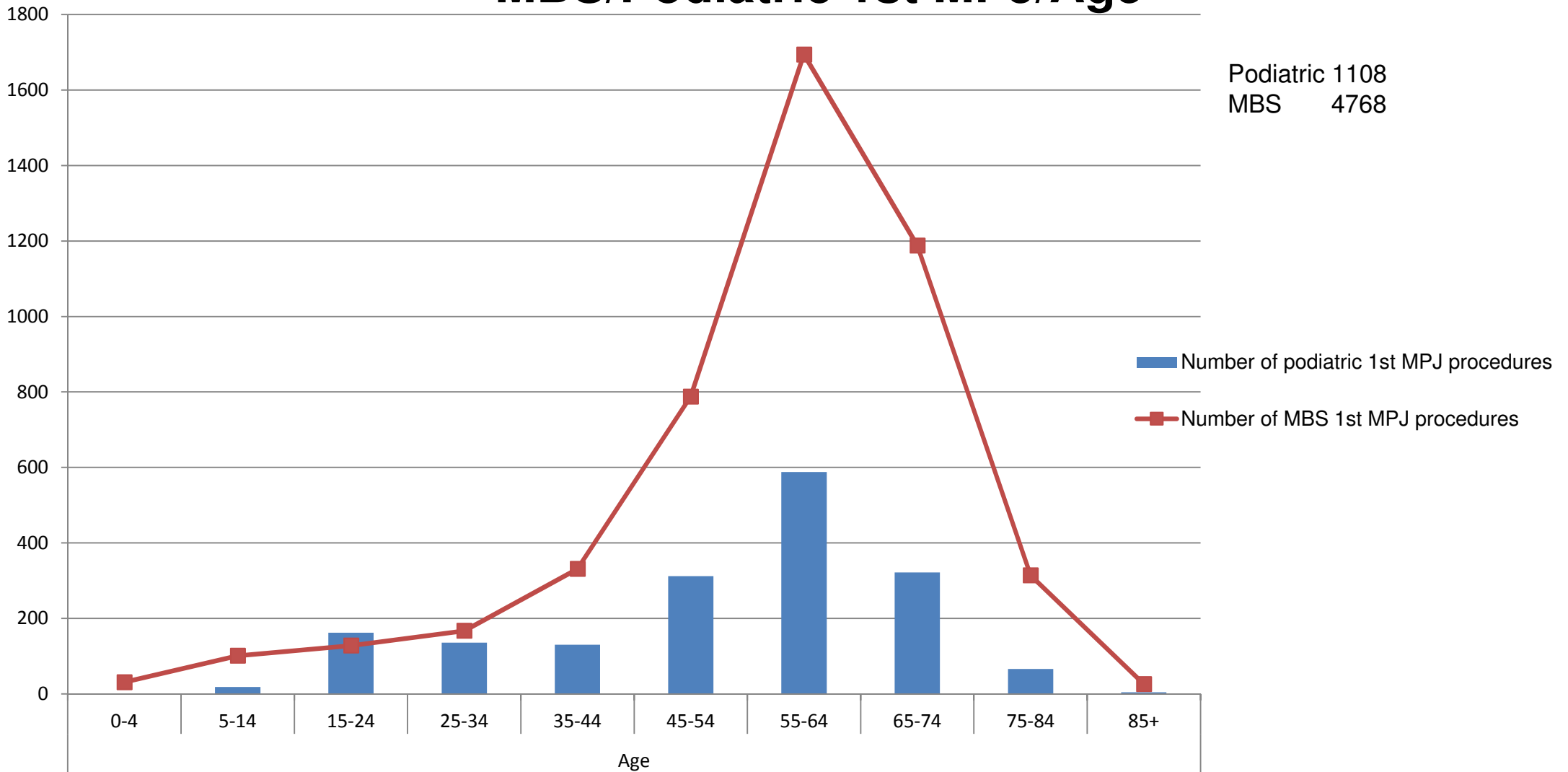


Podiatric/MBS Nail Procedures/Age

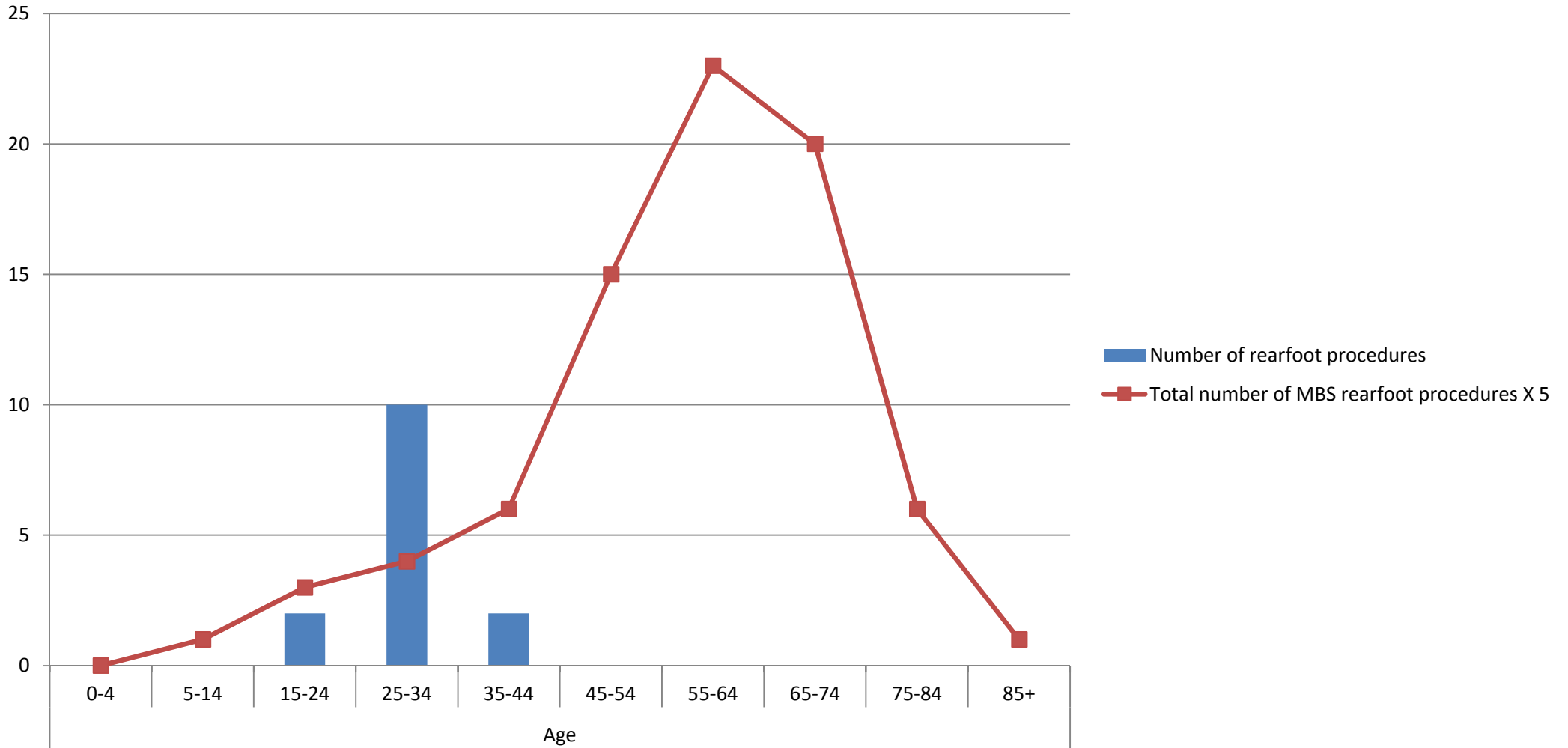


MBS/Podiatric 1st MPJ/Age

Podiatric 1108
MBS 4768



Podiatric/MBS Rearfoot Procedures/Age



STJ fusion & Tarsal coalition

Podiatric 14 (0.3%)

MBS 390 (0.6%)

Finding – Total Practice Audit



ACPS Fellows practice a similar case mix as MBS funded providers of foot and ankle surgery



Prevalence of Comorbidities in 1819 admissions

Comorbidity	Frequency
Diabetes –type 1 insulin using	266 (15%)
Diabetes –type 2 non insulin using	248 (14%)
Hypertension	230 (13 %)
Ischaemic heart disease	119 (6.5%)
Osteoarthritis	95 (5%)



Prevalence of diabetes in 1819 admissions



Comorbidity	Frequency
Diabetes –type 1 insulin using	266 (15%)
Diabetes –type 2 non insulin using	248 (14%)
Diabetes –type 2 insulin using	80 (4%)

Average Length of Stay



- Nail
- 1st MPJ
- Rearfoot (STJ fusion & Tarsal coalition)
- 1 day

ACHS Clinical Indicators Day Surgery (V4)

Day Surgery C.I.	Podiatric	ACHS aggregate rate
Failure to arrive	0	1
Cancellation pre-existing/acute medical condition	0	0.3
Cancellation: admin/organisational	0	0.7
Unplanned O/N admit *	2.3	1.1

ACHS Clinical Indicators Hospital Wide(V11.1)

Hospital Wide C.I.	Podiatric	ACHS aggregate rate
Unplanned readmission 28 days	0	1
Unplanned readmission 14 days	0	1
Unplanned return to O.R. during admission	0	0.3
Elective surgical patient admitted on day of surgery	100%	90%

Complications

Group 1 infection (outpatient management)

Group 2 infection (inpatient management)

ACHS reporting requirement

Group 3 DVT (outpatient / inpatient management)

Group 4 pulmonary embolus



Group 2 – Infection requiring inpatient management



Across 4647 procedures the infection rate was zero

Group 1 – Infection requiring outpatient management



Procedure Group	Superficial SSI
Nail	3.1 to 8.7
1 st MPJ	1.4 to 11.8
Rearfoot (STJ fusion / Tarsal coalition)	0

Group 3 DVT

90604 - Correction of bone deformity

Group 4 Pulmonary embolus

50109 - Arthrodesis of joint, not elsewhere
classified



1 case in 1900 cases = 0.05 %

Findings

Retrospective audit 4647 procedures in 12 months
from March 2011

- Same case mix as current MBS funded providers
- Virtually all admissions are same day or day surgery
- Readmission & “take back” rate = 0%
- ACHS defined infection rate = 0%
- D.V.T. and P.E. rate = 0.02%



Findings

Retrospective audit 4647 procedures in 12 months from March 2011

- Adds to existing evidence that Fellows of the ACPS provide safe and quality foot and ankle surgery that is at least equivalent to existing MBS providers.
- MBS funding should be provided for ACPS Fellows.

