# CENTRAL COAST LOCAL HEALTH DISTRICT PODIATRY- HIGH RISK FOOT SERVICE

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## WHATS NEW?

Central Coast Local Health District Podiatry Department is evolving to better serve the needs of the community

As a service we have undertaken quality improvement processes

### The aim?

By defining our service and streamlining the referral process we will increase the efficiency of the department

# WHY



#### REFERRAL ANALYSIS

WE FOUND THAT THE ROOT CAUSES OF THE INEFFICIENCY OF THE REFERRAL SYSTEM WERE MULTIFACTORIAL

The service did not have clear eligibility criteria

The referrals lack enough information and vary greatly in content required to triage the clients accurately

The referrers are unable to identify the clinic they are wanting their client to access. Wound clinic Vs High Risk Foot Clinic (HRFC)

The triage process is inefficient, needs a systematic approach between admin and triage teams.





# SO WHAT ARE WE ASKING FROM YOU?

## POTENTIAL IMPROVEMENT SOLUTIONS



REBRANDING OF THE DEPARTMENT AND CLINICS



STANDARDISED REFERRAL FORMS



REFINING THE PROCESS WITH TRIAGE TOOL

### PODIATRY-HIGH RISK FOOT SERVICE

#### Central Coast Local Health District Podiatry High Risk Foot Service

For clients to be referred to this service they must have either an active wound below the ankle (malleoli) and/or acute or suspected acute Charcot Neuroarthropathy

Under the Podiatry High Risk Foot Service we have 2 clinic options for referrers to select.

- Clinic 1 Wound clinic (below the ankle) referral to this clinic is accepted from health professionals (GP, Allied Health, Private Podiatrist, Community Nursing)
- Clinic 2 The Multidisciplinary Team Clinic (MDT) formerly the HRFC- Referral for medico legal reasons must be from a GP or Specialist, as the clinic has a specialist attached to it.

Services available

FAMILY NAME	MRN	
GIVEN NAME	MALE	FEMALE

Facility: COM GOS LJ WW WYG

#### **REFERRAL - PODIATRY HIGH** RISK FOOT SERVICE (OUTPATIENTS)

AMILY NAME			MKN		
GIVEN NAME			MALE	FEMALE	
O.O.B. DD / MM / YYYY	M.O.				
ADDRESS					
			PH		
M/C		FIN			
OCATION / WARD			ADM DD / I	VIVYY MIN	
COMPLETE ALL DETAILS	OR A	FFIX P	ATIENTLARE	LHERE	

Referral Source

(Tick all that apply)

REFERRAL

PODIATRY

This referral is for patients who require referral to the <b>High Risk Foot Service</b> for specialised assessment	
and management of wounds below the ankle and/or acute or suspected Charcot Neuroarthropathy.	

All sections must be completed for the referral to be accepted. (Refer to page 2 for the patient eligibility criteria). For URGENT referrals please contact the team at Gosford: Telephone: 4320 5253 of Fax: 4320 5449

		Date of referral / /
Referring Practitioner/Name:		Provider No:
Signature:	Designation:	
Practice Name:	Phone:	Fax:
Select either Clinic 1 OR Clinic 2 based on the	referrer capabilities below:	

	Health Professionals (GP, Community Nursing, Allied Health etc.)
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Clinic 2 - Multidisciplinary Clinics	(Tick applicable items below)		
Wound with ischaemia Wound with diabetes management	issues	GP and Medical Specialist referral of (With health summary and recent part of the control of the	

1	Wound with bony involvement (Nil ischaemia)
Ξ.	Acute Charact Neuroarthropathy (Mith or without foot would

		(minutes minutes)	
Left	Right	Bilateral	Has the foot been immobilised? Yes

NON-N	Wound with diabetes management issues     Wound with bony involvement (Nil ischaemia)     Acute Charcot Neuroarthropathy-(With or without foot wound)	(Hba1c and eGFR)
	Affected foot: Left Right Bilateral What immobilisation is in place?	Has the foot been immobilised? Yes
	Has Medical Imaging been completed for the area of concern in the last 12 months?	Yes
NDING	If yes, which type? X-Ray MRI CT Bone Scan (Attach res	ults).
z	Confirments: (please include relevant information)	

If yes, which type?			CT	Bone Scan	(Attach results).
Comments: (please in	clude relevant i	information)			

#### Grading system for triage purpose (Tick)

Category	Definition	Score	Tick		
	Digits and / or forefoot	0			
Wound location	Midfoot and hindfoot	1			
	Exact location of wound:				
Inchesmin	Pedal blood flow intact (1 pulse palpable)	0			
Iscnaemia	aemia Reduced pedal blood flow				
Neuronothu	Protective sensation intact	0			
Neuropathy	Protective sensation absent	1			
	None	0			
Bacterial Infection	Present (Tick if on antibiotics)	es No 1			
	If yes, name of antibiotic(s):				
Area	Ulcer < 1 cm <sup>2</sup>	0			
	Ulcer > 1 cm <sup>2</sup>	1			
Depth	Confined to skin and subcutaneous tissue	0			
	Reaching muscle, tendon or deeper	1			

MARGIN - NO WRITING Page 1 of 2



FAMILY NAME MRN

Facility: COM GOS LJ WW WYG

#### **REFERRAL - PODIATRY HIGH** RISK FOOT SERVICE (OUTPATIENTS)

	GIVEN NAME			MALE	FEMALE
_	D.O.B. DD / MM / YYYY	M.O.			
	ADDRESS				
				PH	
	M/C F		FIN	FIN	
	LOCATION / WARD			ADM DD / MM / YYYY	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

#### Central Coast Local Health District Podiatry - High Risk Foot Service (HRFS)

Our team of health professionals specialise in caring for clients with foot wounds (below the malleoli) and acute Charcot

There are two unique clinics offered by the CCLHD High Risk Foot Service:

- Clinic 1 Wound Clinic
- Clinic 2 Multidisciplinary Clinic

Clients in Residential Aged care Facilities with access to Podiatry services within the facility will not be eligible for the

Due to Work Health & Safety considerations and in order to provide a safe treatment environment, clients must be able to transfer into the treatment chairs for the consultation

\*If additional supports are required for your client to attend the High Risk Foot Service, please contact the clinic prior to referral to discuss client needs.

#### **Eligibility Criteria**

Health practitioner referral required

Clients must live within the Central Coast Local Government Area

Chronic Disease Management Plans are NOT accepted as a referral to the High Risk Foot Service. These are for private providers. Please refer these to private providers.

Incomplete referral forms may be returned to the referrer for completion that will lead to delays in commencement of service.

Contact the service via the number below.

Clinic 1-Wound Clinic - Hours - 8:30 am - 4:00 pm 5 days per week at both Wyong and Gosford

This clinic is staffed by Podiatrists who are experience in wound care, debridement and management of clients with

Referral to this clinic is accepted from health practitioners, for clients that have acute neuroarthropathy or a wound below the ankle.

Clinic 2- Multidisciplinary Clinics - Hours: 8:30 am - 4:00 pm weekly alternating between Wyong and Gosford

This clinic offers access to Podiatry Wound Clinicians and consultation with Vascular, Endocrine and Orthopaedic specialists, Diabetes Educators and Dietitians, Orthopaedic and Endocrine consult is only available at the Gosford

Referral to this clinic is accepted by general practitioners and we ask that the most recent health summary and pathology results are attached.

To be medicare compliant referrals to this clinic must be from a GP or medical specialist.

For URGENT referrals please contact the team at Gosford: Telephone: 4320 5253 or Fax: 4320 5449 Email: CCLHD-AHOutpatientsReferrals@health.nsw.gov.au

BINDING MARGIN-NO WRITING

# WHAT TO DO

- The plan is to get the referral out to the referrers
- The referral will be added to:
- Health pathways
- Community allied health intranet page
- Podiatry intranet page
- WHAT IS THE BEST WAY TO GET THE REFERRAL TO YOU?





# THANKYOU FOR YOUR TIME