

Implementation of a Virtual Spinal Clinic SEHSCT Orthopaedic ICATS*

*Integrated Clinical Assessment and Treatment Service



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Background

29% (34,654 days) absences in NI local authorities due to Musculoskeletal (MSK) back and neck problems.

The GIRFT (Getting It Right First Time) Report on Spinal Services January 2019 outlines that early intervention by specialist practitioners is central in transforming back care in the UK.

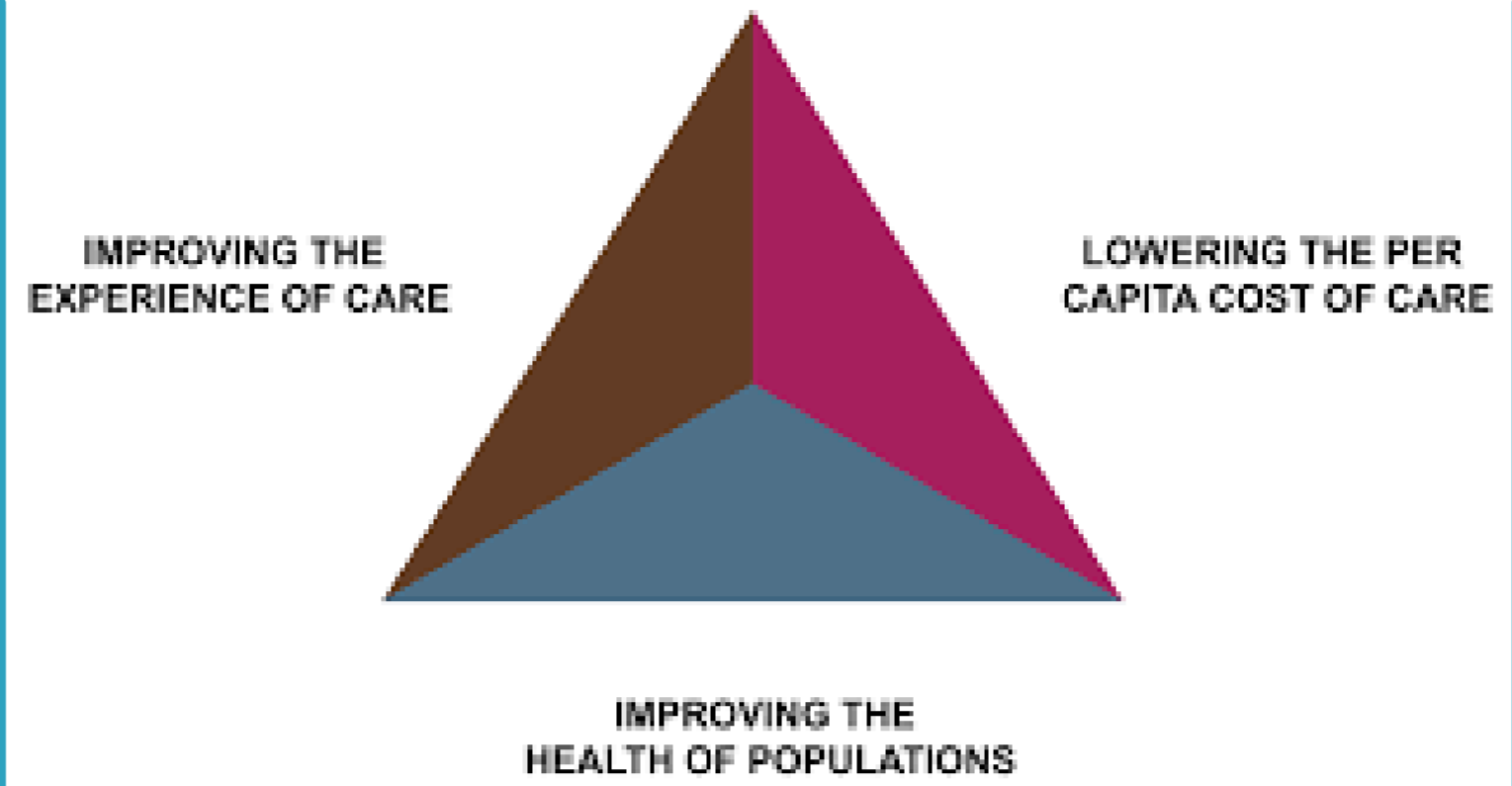
Department of Health's (DOH) aims no-one should wait more than one year for a first outpatient appointment (DOH, 2018).

Regional initiatives have reduced overall numbers waiting by 35%:

- Spinal Mega Clinics (Musgrave Park)
- Telephone Assessment clinics
- Acute Nerve Root Injection (NRI) Service within SEHSCT.

Current waiting times for first time appointment with a spinal surgeon in Musgrave Park Hospital (MPH) remain outside DOH guidelines.

A Virtual Spinal Clinic has been implemented in SEHSCT to increase numbers managed by Orthopaedic ICATS and reduce onward referral.



Outcome Measure

The number of virtual clinic attendances will increase and the number of face to face spinal consultations will decrease.

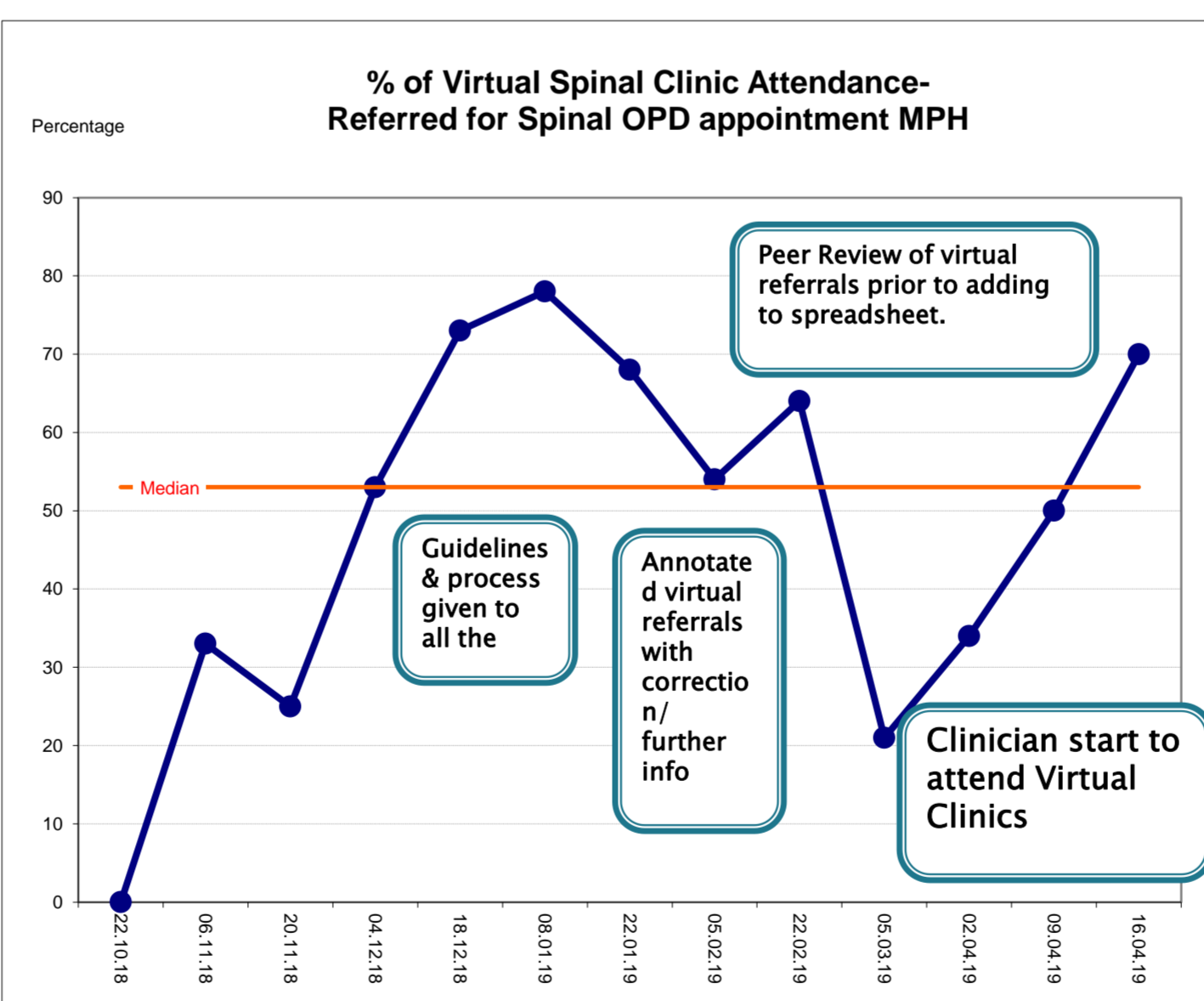
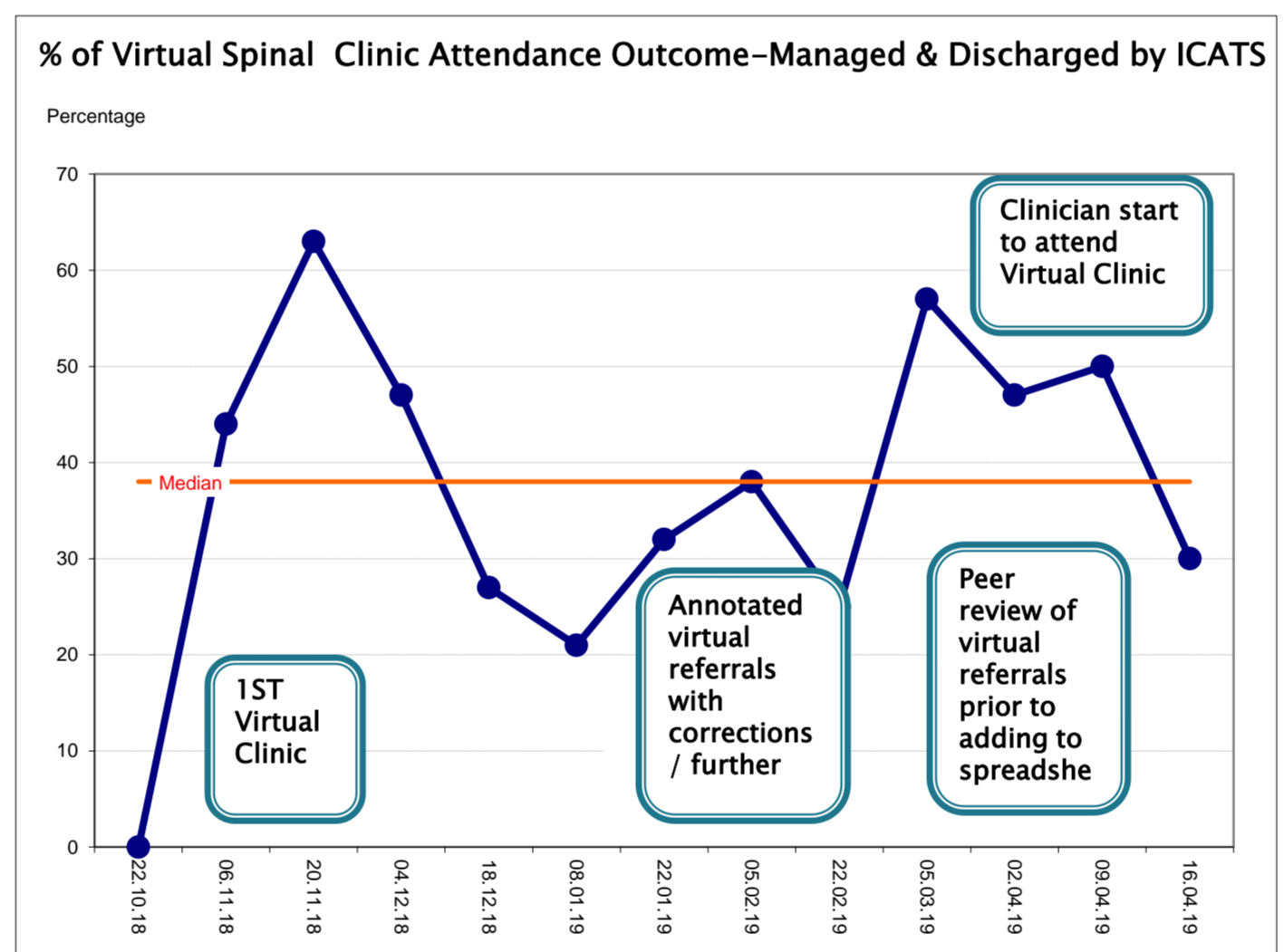
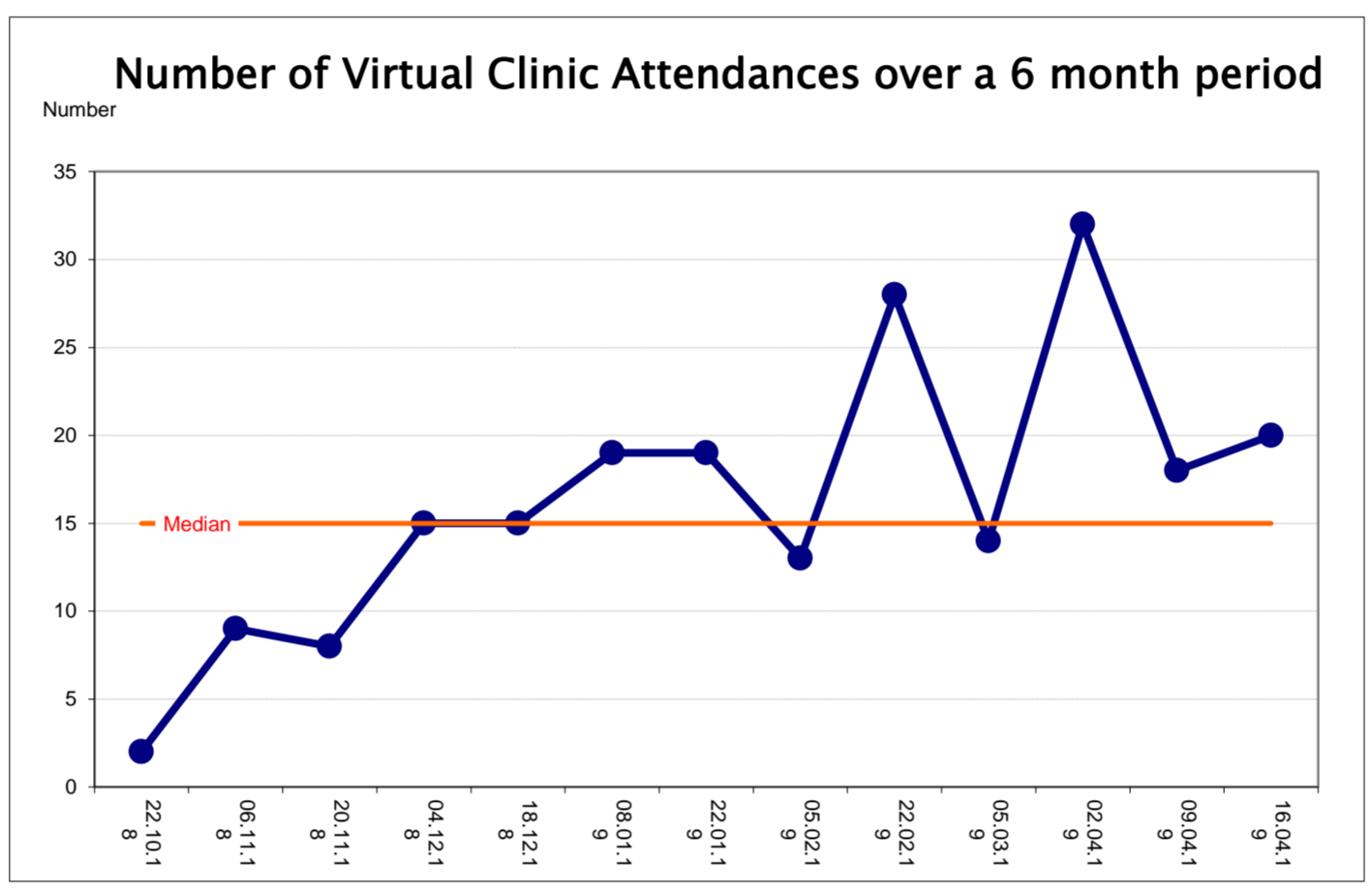
Process Measure

% of patients with spinal pathology raised via a virtual clinic.

Balancing Measures

The time taken to carry out the virtual clinic should not be impacted on by an increase in virtual attendances. An increase in the volume of virtual queries should correlate with an increase in conversion rate to surgery.

Results



Outcomes

Patient Feedback

- 100% Preferred the virtual clinic to an outpatient visit.
- 100% Rated their experience as excellent.
- 100% Understood what would happen next .
- 90% Clear on their progress in the pathway to date.

I am very pleased with the service overall and also in the significant reduction in time for a spinal surgical opinion through the virtual clinic.

I was very relieved to get an opinion early and I have been boarded for surgery. I am very satisfied with the service to date.

I cannot fault the service at all-I did not require surgery and I can make plans to help improve my condition.

Clinician Feedback

"I think its been the best development in the service for practitioner support especially when you do limited sessions and don't have the comfort of day to day peer support".

"The more virtual spinal opinions I have sought the more confident in interpreting MRI and identifying the correct pathway for the patient i.e. Conservative versus surgical".

"Second opinion quickly and confirmation you are on the right track before adding to the already extensive waiting list at MPH".

Spinal Surgeon Feedback

" I think it's really worthwhile. My impression is the conversion rate to theatre is higher for this group of patients and that the patients have a better understanding of what to expect when referred."

"In addition to this the imaging is up to date / or further scans are done prior to the clinic which saves the patient and the system a further appointment."

Aims

- Increase the number of Virtual Spinal Clinic attendances by 50% by April 2019.
- Reduce patient journey by providing a spinal surgeon's opinion within timely manner.
- Increase number of patients that can be managed by Orthopaedic ICATS.
- Improve communication through collaborative working between the SEHSCT Orthopaedic ICATS and Musgrave Park Hospital Spinal Service.
- Monitor and manage spinal referrals to the spinal service effectively and efficiently.

Improvement Methods

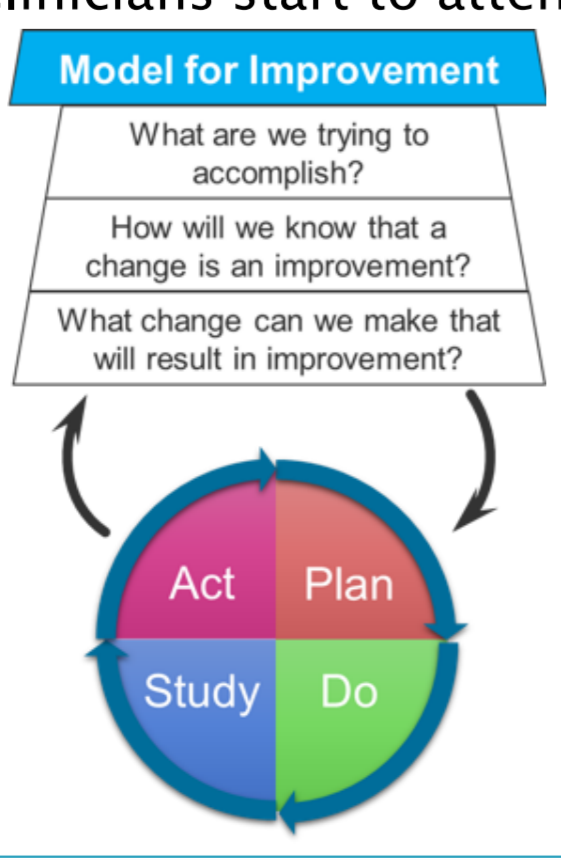
1st PDSA Cycle-(Nov 2018) Initial implementation of the project- contact with team regarding criteria for referral and with spinal surgeon regarding the setting up of virtual clinic.

2nd PDSA Cycle-(Dec 2018) Guidelines developed and pathway established for the Virtual Spinal Clinic and disseminated to all the team.

3rd PDSA Cycle-(Jan 2019) Feedback given via annotating virtual referrals with corrections and indicating if further info required.

4th PDSA Cycle- (March 2019)- Peer Review of virtual referrals prior to adding to spreadsheet for opinion.

5th PDSA Cycle- (April 2019) Clinicians start to attend Virtual Spinal Clinic.



Destination	Number referred to service	% Referred to service
Spinal Service	114	54%
ICATS	81	39%
Pain Clinic	8	4%
Neurology & Others	7	3%

Next Steps

- Review clinical records of referrals that did not attend the virtual spinal clinic and were referred directly to MPH.
- Aim to increase conversion rate to surgery of all spinal surgical referrals to MPH.
- As the clinician develops more experience only patients that are very complex will require discussion at the Virtual Spinal Clinic and subsequently the rate of referrals to the spinal surgeons will decrease further.
- Discuss template options for subsequent referrals to MPH.
- Increase the number of NRI's carried out within SET.