Effectiveness of musculoskeletal emergency physiotherapy practitioners

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Overview

• Development of Emergency Physiotherapy Practitioners (EPP’s) in Emergency departments (ED).
• Studies of effectiveness to date
• Methods of evaluation of effectiveness in this study
• Results and evaluation of this study
• Impact and implications
• The future
Development of the EPP in ED

Growth in the number of people using urgent and emergency care is leading to mounting costs and increased pressure on resources (McClellan et al., 2010)

£440 million pounds spent on management of musculoskeletal injuries in ED in the UK (DoH statistics 2012-13)
Studies of effectiveness to date

**Patient Reported Outcome Measures (PROM)** (McClellan et al., 2006; McClellan et al., 2012; Mo-Yee et al., 2008)

**Patient Satisfaction** (McClellan et al., 2006; McClellan et al., 2012; Mo-Yee et al., 2008; Hoskins, 2010)

**Length of stay in ED** (Taylor et al., 2011; Hoskins, 2010)

**Reduced time to treatment in ED** (Taylor et al., 2011)

**Costs** (McClellan et al., 2012)

**Utilisation of resources (X-rays and medication)** (Ball et al., 2007; McClellan et al., 2012)
What are we missing?

Clinical Quality Indicators for ED

Of the eight indicators all ED departments are measured against five which are:

• Time to initial assessment (by a decision making clinician)
• Time to first definitive treatment
• Total time spent in the department
• Left without being seen (by a decision making clinician)
• Unplanned re-attendance at ED (within 7 days of discharge from ED)

(Operating Framework for the NHS England, 2011)
Results- Unplanned re-attendance

The purpose of this indicator is to reduce avoidable re-attendances in ED by improving the care and communication delivered during the first attendance.

Good practice would be for trusts to have an unplanned re-attendance rate of less than 5%.

EPP sample size = 1007
## Results - Time

<table>
<thead>
<tr>
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<th>EPP in QHB ED</th>
<th>QHB ED</th>
<th>England ED</th>
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</thead>
<tbody>
<tr>
<td><strong>Waiting time to treatment (minutes)</strong></td>
<td>Median (95th percentile)</td>
<td>Median (95th percentile)</td>
<td>Median (95th percentile)</td>
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<tr>
<td></td>
<td>34.5 (122)</td>
<td>45 (138)*</td>
<td>55 (192)*</td>
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<tr>
<td><strong>Total time in ED (minutes)</strong></td>
<td>99 (224)</td>
<td>223 (239)*</td>
<td>136 (336)*</td>
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* Source: The Health and Social Care Information Centre, Provisional A&E Hospital Episode Statistics (extracted from the 2014/15 data)
Impact and Implications

The success of this service development was down to three key things:
• Developed from research
• Piloted to evaluate feasibility within the local community
• Evaluated for effectiveness against national quality indicators. This robust method of integrating and evaluating a service development is an example of best practice in modern health care provision.
The Future?

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