Evaluation of a Model of Spinal On Call: Orthopaedic Spinal Rapid Access Service (OSRAS)

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Background

Lancashire and Cumbria

Emerging Tertiary Service

Rapid Growth over 5 Year

Population: 1.7 million

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Why a Rapid Access Service?...

Pathway for patients with potential serious pathology/ Red Flags- particularly CES incomplete required streamlining
A Top Ten recommendation of The Spinal Task Force (2013):

`specific service provision and pathways are in place for the management of potentially serious pathology or `threatened spinal cord` such as cauda equina syndrome, cancer of the spine and spinal infection.`
• If inappropriately managed, neurological deficit may be irreversible leading to substantial disability and impairment.

• High Cost of litigation – CES ~ £336,000
OSRAS

• Provides a structured pathway for Spinal Red Flag patients

• Reduces the incidence of `near miss` and potential catastrophic neurological damage.

• Enhances the quality of service
Structure of Service

Monday to Thursday 9.00 AM to 5.00PM
Friday 9.00AM to 3.00PM

- ESP Physiotherapist holds bleep
- Spinal Surgeon Cover
- Availability for daily Clinical Assessment
Referral to OSRAS

Symptoms of CES incomplete
Vertebral fracture/Metastasis
Back pain with Red Flags
Progressive Neurology
Signs of spinal infection

Exclusion: Acute Complete Cauda Equina with Retention → Refer Emergency Dept to established pathway

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Analysis: prospective audit

Information from each call, date, time and source of referral, patient demographics, reason and outcome of call.

Data is intended to inform future planning of the service and as a basis for research.
Results of Audit

1\textsuperscript{st} November 2013 - 31\textsuperscript{st} August 2014.

Total = 275

Mean age = 50

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Weekly Calls N=275

Monday: 49
Tuesday: 50
Wednesday: 69
Thursday: 55
Friday: 62

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Source of referral N=275

<table>
<thead>
<tr>
<th>Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSK within hospital</td>
<td>81</td>
</tr>
<tr>
<td>Pt called service</td>
<td>34</td>
</tr>
<tr>
<td>GP</td>
<td>18</td>
</tr>
<tr>
<td>Triage</td>
<td>27</td>
</tr>
<tr>
<td>ED</td>
<td>47</td>
</tr>
<tr>
<td>Other hospitals</td>
<td>56</td>
</tr>
</tbody>
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Assessment of Referral

• 219 pts clinically assessed

• 25% on day of referral

• 63 referrals advised by telephone without clinical assessment by OSRAS
Reason for referral N=275

- CESI: 146
- Severe pain: 56
- #Met: 35
- Progressive neuro: 18
- Suspected discitis: 7
- Myelopathy: 7
- Severe stenosis: 6

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Outcome N=275

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Feedback from Referrers

“Thanks for your help and great service”

“This is a really good service development and it will make our working lives much easier”

“Always found service to be very responsive supportive helpful and efficient”

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In Conclusion

We propose the OSRAS model as an alternative to an often unsatisfactory current Emergency Department model, providing a structured pathway for timely, expert management of serious spinal pathology, thereby preventing potential consequences, whilst avoiding unnecessary admissions.
Now need resourcing permanently!

- Presented at SBPR Dublin Nov 14
- Presented at BASS Warwick 2014
- Shortlisted for Quality Award within LTHTR under Safe category Feb 2015
- SBPR Travelling Bursary
- Future collaborative working with other Spinal departments - in house and external
- Research

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Acknowledgements

Lancashire Teaching Hospitals NHS Trust:

• Orthopaedic Spinal Team
• MSK Radiologists
• Therapy Service management team

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References

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Thank You

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