

Walking Aid Clinic:

Establishing a walking aid prescription service in a clinic setting to improve efficiency for patients and clinicians

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Background

Referrals for mobility assessment and mobility aid prescription represent 40% of all domiciliary physiotherapy referrals to Community Care Program Physiotherapy (CCPT). These referrals require up to 115 minutes of therapist time to process, including necessary clinical and administrative tasks. The length of time required for each referral in turn reduced therapist time for managing non-mobility referrals. The time between assessment and receiving the mobility aid can fluctuate from 24 hours up to two weeks, which can present a falls risk.

Managing these referrals in a clinic setting was proposed to improve accessibility to service through timely mobility aid delivery and increased utilisation of Allied Health Assistants' (AHA) skills in mobility aid fitting, training and education.

Aims

1. Reduce overall Physiotherapist time for mobility aid assessment and prescription by 20% in six months.
2. Achieve patient satisfaction with a new model for provision of walking aids.

Method

Data collection of current practices, peer bench-marking, consultation with team and relevant stakeholders, and planning sessions were conducted. A six month trial period was utilised to collect data and patient feedback.

A Walking Aid Clinic (WAC) was established, with the following changes:

1. Clinic-based model: Five appointments available on a fortnightly basis.
2. A 'one-stop shop' model: co-locating the clinic with Equipment Loan Service (ELS) at Village Creek aiming for patients to be provided with an appropriate walking aid to loan at the completion of their assessment on the day.
3. Staffing the clinic with Physiotherapist and AHA:
 - > 30 minutes with Physiotherapist - patient is assessed and mobility aid and home exercises are prescribed.
 - > 30 minutes with AHA - responsible for fitting the mobility aid and providing some education regarding its use, and teaching of prescribed exercises.

Data was collected using the following:

1. Therapist's time spent providing an assessment and mobility aid prescription pre- and post-clinic implementation.
2. A qualitative patient survey was developed to measure patient's satisfaction of the new service.

Patient Quotes

"I like that this is a service that I can access to help improve my mobility. Public Health system in my case has been amazing"

"Friendly and informative staff"

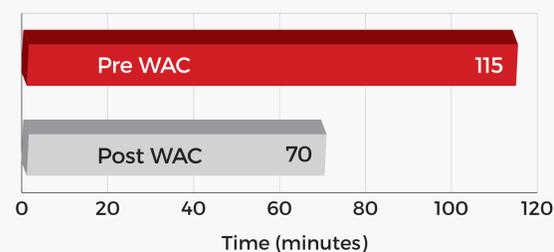
"I was treated with great courtesy and kindness"

Results

Physiotherapist time

A reduction of 39% in the physiotherapist's time spent per patient (Figure 1), inclusive of travel, clinic and administration time.

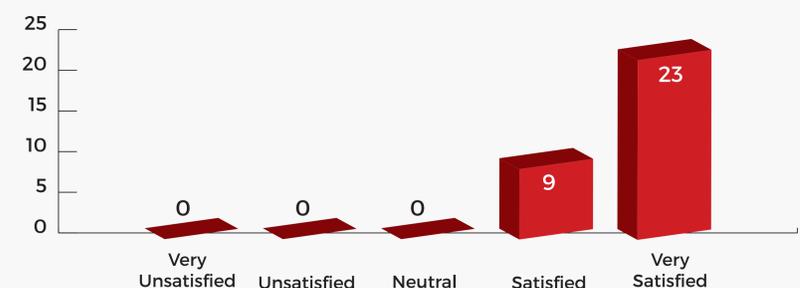
Figure 1. Physiotherapist time per patient pre and post implementation of the Walking Aid Clinic (WAC)



Patient Satisfaction

Overall satisfaction with the WAC was very high, with all clients giving a rating of either 'satisfied' or 'very satisfied' (Figure 2).

Figure 2. Patient overall satisfaction with the Walking Aid Clinic (WAC)



Conclusions

A clinic-based model for conducting mobility assessments and gait aid prescription is more efficient than providing individual home visits.

Utilising AHAs skillset in gait aid fitting and teaching physiotherapist prescribed exercises can further reduce the amount of time needed by the physiotherapist for each patient

The 'one stop shop' model enables patients to be assessed and prescribed a mobility aid that is provided to them on the same day. This improves safety and reduces falls risk. Patients were highly satisfied with this new service delivery model.