

Australasian College of Podiatric Surgeons

2017 National Audit Summary Report



Version 1.2

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Introduction

The following report summarises the surgical activity of the College for 2017. As required by the ACPS Accreditation Program all cases of foot and ankle surgery performed in office, day surgery and inpatient settings have been recorded [1]. The ACPS Online Surgical Audit Tool was used to capture and report data in real-time. There has been 100% compliance in data capture by all active surgeons of the College in 2017.

This report provides a "snap shot" of all surgical outcomes by ACPS fellows in 2017. As such this report will form part of the final 2017 ACPS Audit Report following national peer review during the College AGM and final approval by the ACPS Clinical Audit Committee.

Admissions

There were 2185 admissions for podiatric foot and ankle surgery.

Total number of principle procedures

2181 principle procedures were performed.

Cross-sectional analysis of procedures

7 procedure groups were selected to represent a cross section of all surgical activity based on criteria established by Menz in 2008 and utilised in the ACPS 2013 National Audit Report [2, 3]. The procedures selected represent the most common forefoot (1st metatarsophalangeal joint, lesser toes, neuroma and toenail), rearfoot, ankle and amputations procedures.

The 7 procedure groups selected represent 77.95% (1700 of 2181) of all principle procedures performed in 2017 by College fellows. Forefoot surgery comprised 93.1% (1583 of 1700 procedures) of the 7 procedure groups and 72.58% of all principle procedures performed. Rearfoot, ankle and amputation surgery comprised 6.89% (117 of 1700 procedures) of the 7 procedure groups and 5.36% of all principle procedures performed. The mix of procedural types and numbers found in Table 1 below concur with similar findings in the literature [2, 4].

Principle Procedure

Procedural group	Procedure count / % of total procedures	MBS item number
Toenail	503 / 29.6%	47906, 47912, 47915, 47916, 47918
Neuroma	78 / 4.6%	49866
Lesser toes	204 / 12%	49800, 49803, 49806, 49809, 49812, 49848, 49851, 50345
1 st metatarso phalangeal joints (MPJs)	798 / 46.9%	49821 , 49824* , 49827, 49830* , 49833, 49836* , 49837, 49838* , 49839, 49842, 49845, 49860,
Heel, Rear foot & Tarsal coalitions	57 / 3.4%	49854, 49818, 50118, 50333
Ankle	36 / 2.1%	49706, 49709, 49715, 49718, 49724,
Amputation	24 / 1.4%	44338

Table 1: Cross section of procedures. * Bolded item numbers represent bilateral procedures which have been doubled for the final count.

Frequency of pathology

Using International Classification of Disease (ICD 10) codes the 10 most frequently recorded diagnoses are shown below in Table 2.

Principle diagnosis	Count / % of total	Diagnosis code
Hallux valgus (acquired)	526/ 29.8%	M20.1
Hallux Limitus	111 / 6.29%	M20.2
Other hammer toe acquired	307 / 17.4%	M20.4
Ingrown toenail	506 / 28.68%	L60.0
Wart	96 / 5.44%	B07
Morton's neuroma	91 / 5.16%	G57.6
Miscellaneous arthropathies – unspecified	36 / 2.04	M13.9
Miscellaneous arthropathies – Osteophyte	32 / 1.81%	M25.77
Osteophyte lower leg	30 / 1.7%	M25.76
Mech comp int fixation dev bones limb	29 / 1.64%	T84.1
Total	1764	

Table 2: 10 most frequent diagnoses

A total of 2185 principle diagnoses were made by College fellows in 2017. Of the 10 most frequent diagnoses 96.7% were forefoot and 47.2% were 1st metatarsophalangeal joint pathologies.

Complications

The Australian Council on Healthcare Standards (ACHS) requires healthcare organisations collect complication data for 30 days after discharge. The ACHS requires data collection of complications such as deep vein thrombosis (DVT) and infection only if readmission is required. The College collects data to record complications in line with ACHS recommendation. In addition, complications that do not require readmission but occur within 30 days of discharge are collected. Using this criteria, the total number of complications was 66 of 2185 admissions, a rate of 3%. Below is a summary of readmissions, DVT, infection and wound breakdown rates.

Readmission

7 patients or 0.3% of all cases required readmission. The readmissions included 2 cases of infection 3 cases of medical complications, 1 case of wound break down and 1 case categorised under "other".

Infection

Using the ACHS definition for postoperative infection (infection requiring readmission within 30 days of discharge) there were 2 cases of infection requiring readmission. The rate for 2017 was 0.09% [5,6]. The case notes for these admissions have been reviewed by the ACPS Audit Committee. Both cases involved forefoot (digital and metatarsal) surgery. The management provided by the admitting surgeons has been found to be appropriate and the Therapeutic Guidelines for antibiotic surgical prophylaxis have been followed [7]. There were 55 patients or 2.5% of all cases that required outpatient management of infection.

Thromboembolic events

One patient (0.05 % of all cases) developed a postoperative thromboembolic event. In this case a deep vein thrombosis developed and was managed on an outpatient basis. Analysis of surgeon case records was conducted to evaluate case management. The Audit Committee found that in each case all National Health and Medical Research Council (NHMRC) guidelines for the prevention of venous thromboembolism had been followed and no further action was required [8].

Medical readmission

3 cases or 0.14% of all cases required readmission for medical complications. Included in this rate was 1 admission for a reaction to narcotic analgesia, 1 readmission for postoperative nausea and vomiting. 1 case was readmitted for unstable hypertension, elevated blood glucose levels, cardiac arrhythmia and an acute flare of gout. All 3 readmission were managed medically with an uneventful outcome.

Wound breakdown

One case (0.05%) developed a wound breakdown which was managed with readmission delayed primary closure healing without complication.

The above findings regarding complications are either within or below rates reported in the literature [9-14].

Other complications

There was one (0.05%) case recorded in this category which involved readmission for management of haematoma.

Comparison of 2014 & 2015 & 2016 & 2017 outcomes

A comparison of the outcomes for the years 2014 to 2016 is found below in Table 3.

Outcome	2014	2015	2016
Admissions	2106	2266	2080
Total principle procedures	2106	2266	2080
Total all procedures			
7 procedure group % of total principle procedures	77%	76.5%	74.18%
Forefoot/RF, Ankle. Amp	96%/4%	94.2%/5.8%	94%/6%
Most frequent pathology	1 st MPJ (31.1%)	1 st MPJ (30.2%)	1 st MPJ (43.4%)
Readmissions	0.2% (4 cases)	0.09% (2 cases)	0.34% (7 cases)
Infection readmissions	0%	0.09% (2 cases)	0.14% (3 cases)
Infection outpatient	2% (43 cases)	1.72% (39 cases)	1.54% (32 cases)
VTE readmissions	0.05% (1 case)	0%	0.14% (3 cases)
VTE outpatient	0.09% (2 cases)	0.2% (4 cases)	0.14% (3 cases)
Wound break down readmissions	0%	0%	0%
Wound break down outpatient	0.5% (10 cases)	0.35% (8 cases)	0.29% (6 cases)

Table 3: Comparison of outcomes for 2014 to 2016

Outcome	2017
Admissions	2185
Total principle procedures	2181
Total all procedures	
7 procedure group % of total principle procedures	77.95%
Forefoot/RF, Ankle. Amp	93% / 7%
Most frequent pathology	1 st MPJ (38.12%) 833/2185
Readmissions	0.3% (7 cases)
Infection readmissions	0.09% (2 cases)
Infection outpatient	2.5 % (55 cases)
VTE readmissions	0%
VTE outpatient	0.05% (1 case)
Wound break down readmissions	0.05% (1 case)
Wound break down outpatient	0.0%

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