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## POSTER ABSTRACT

# Interprofessional Collaboration to Support Person-centered Care: Implementation of an Integrated Surgical Pathway for Complex Foot and Ankle Patients

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**Introduction:** Traditionally foot and ankle patients have high medical and social complexities that require additional support and care navigation following surgery to improve transitions out of hospital into the community for recovery at home. We explored implementation of an integrated surgical pathway that included an interprofessional, centralized intake model for surgical consult, pre-operative mobility assessment to assess post-operative supports and potential barriers to successful discharge home, and creation of a partnership with transitional care, while providing person-centered care to improve patient experience and surgical recovery.

**Aims, Objectives and Methodology:** Our objective was to develop and implement an integrated surgical pathway for complex foot and ankle patients to support seamless transitions in care from acute to recovery at home following surgery.

A working group was formed with members spanning operational and clinical roles across the care continuum including: physiotherapist practitioner, surgeon administrative support, clinical managers, inpatient physiotherapists, social work, nurse practitioners and transitional care program managers. A 2-hour process mapping session was conducted outlining the current state surgical pathway and potential barriers to successful discharge were identified. Standard care path guidelines were developed with decision tree clinical resources to assist the care team in facilitating referrals to transitional care pre-operatively to ensure seamless transition for the patient after surgery.

**Highlights and Key Findings:** The patient population supported by this integrated pathway were those with complex foot and ankle surgical procedures including: ankle and midfoot fusion, ligament reconstruction, ankle osteotomy, total ankle replacement and triple arthrodesis. Fairly equal distribution was seen between male and female (48% and 52% respectively), and the average age was 54 years. The addition of an interprofessional consult offered more robust patient education, pre and post surgical planning and expectation setting. A pre-op mobility assessment optimized post-operative care coordination. This was illustrated by a reduction in the acute length of stay from an average of 8.2 days in 19/20 to 3.4 days in 20/21. From 2018 to 2022 the discharge disposition of this patient cohort remained consistent with the majority of patients (66%) supported to return home with outpatient physiotherapy, 24% of patients were discharged home with homecare services coordinated and a small proportion (<10%) were transferred to a

transitional care, inpatient or residential care facility. Qualitative report from patient's revealed that supports provided eased anxiety and improved post-operative transitions home for recovery.

**Conclusions:** Implementation of an integrated surgical pathway for complex foot and ankle patients that maximize pre-operative care planning and leveraging existing community partnerships, both in-home and institutional; enable the delivery of person-centred care, facilitating seamless transitions from acute care to community for patients while optimizing hospital resource utilization.

**Implications for applicability/transferability, sustainability and limitations:** Expansion of collaborative integrated models that support additional orthopedic surgical patient populations from hospital to recovery within the community are critical in providing person-centered care. Sustainability of these models will rely on securing the resources required for pre-surgical patient education, expectation setting and care and resource planning for seamless post-operative transitions.