

## PASCOM-10: summary of the first six years

---

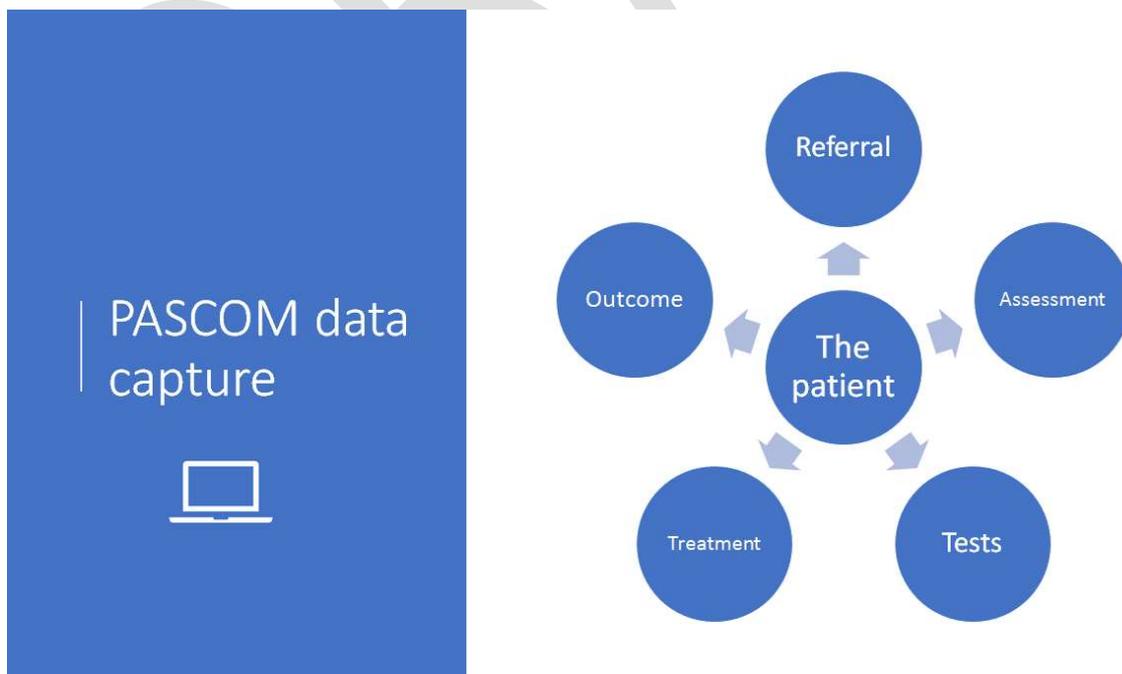
### Background

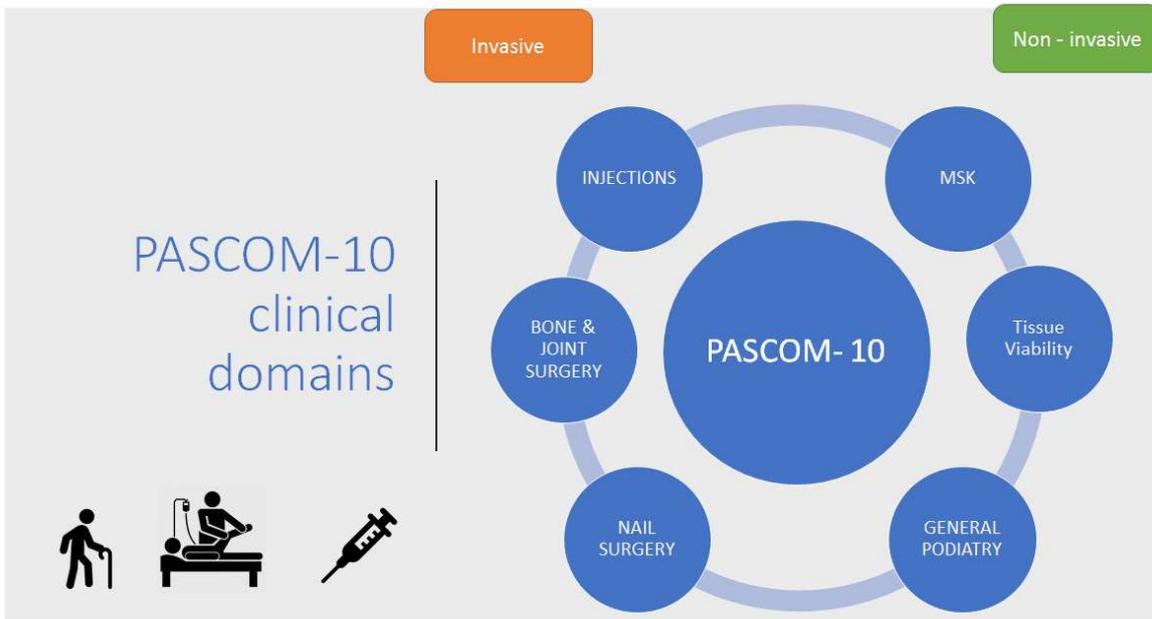
PASCOM has its origins as a paper based audit of podiatric surgery dating back to the late 1990s. Since the early 2000s PASCOM has been under the care of the College of Podiatry and following a major investment in the system an online version was launched in May 2010. With the online launch the system was made available to all members of the Society. Following the online launch various modifications and facelifts have resulted in a website able to capture activity and patient reported outcome measures (PROMS) for all elements of podiatry.

### What is PASCOM-10?

PASCOM-10 is a database of foot treatment and outcomes. It can be adapted to suit various purposes but uses include audit & evaluation, a log book for reflective practice, a career long clinical portfolio and a handy treatment summary generator for GP and patient correspondence.

### What data does PASCOM Capture?





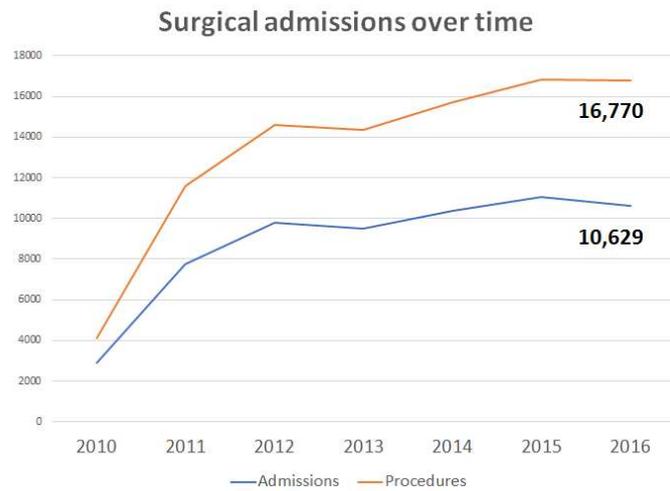
### PASCOM Now and then

Up to 2009 PASCOM collected data exclusively from podiatric surgeons, working across 41 centres. These centres over a 12 year period collected data on 27,000 procedures. With the introduction of the online system PASCOM-10 has seen 136 centres contribute data for 106,698 procedures up to December 2016. There has been a gradually increasing trend to recording more surgical admissions and related procedures over the last six years

### PASCOM now and then (invasive data)

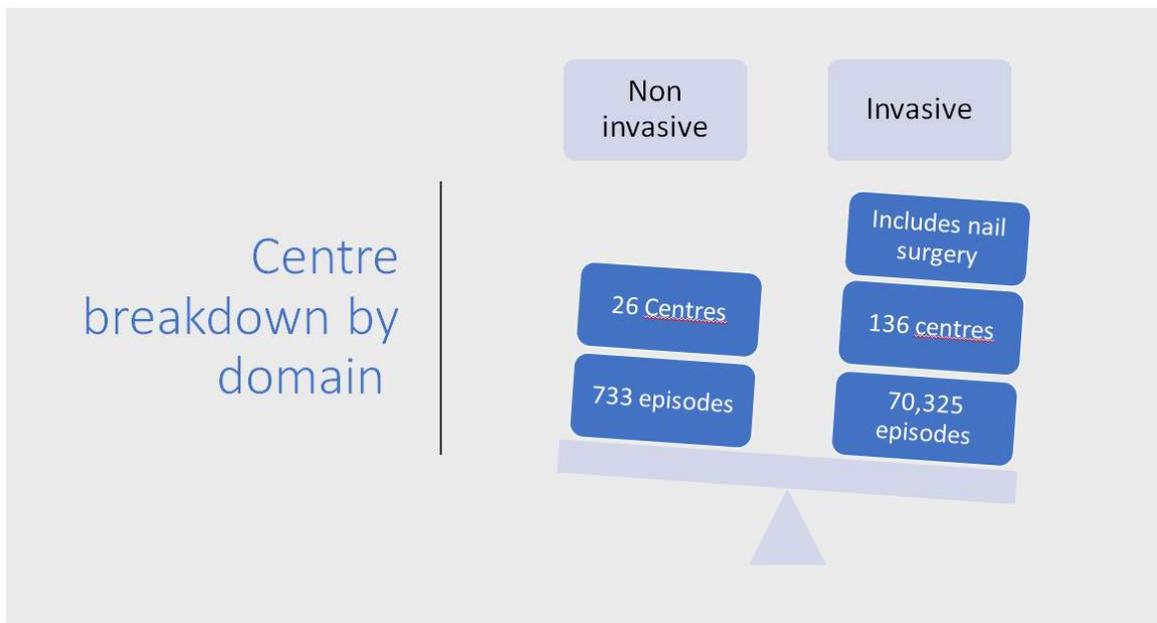


period: 1<sup>st</sup> May 2010 to December 2016.



Mean procedure per patient: 1.6

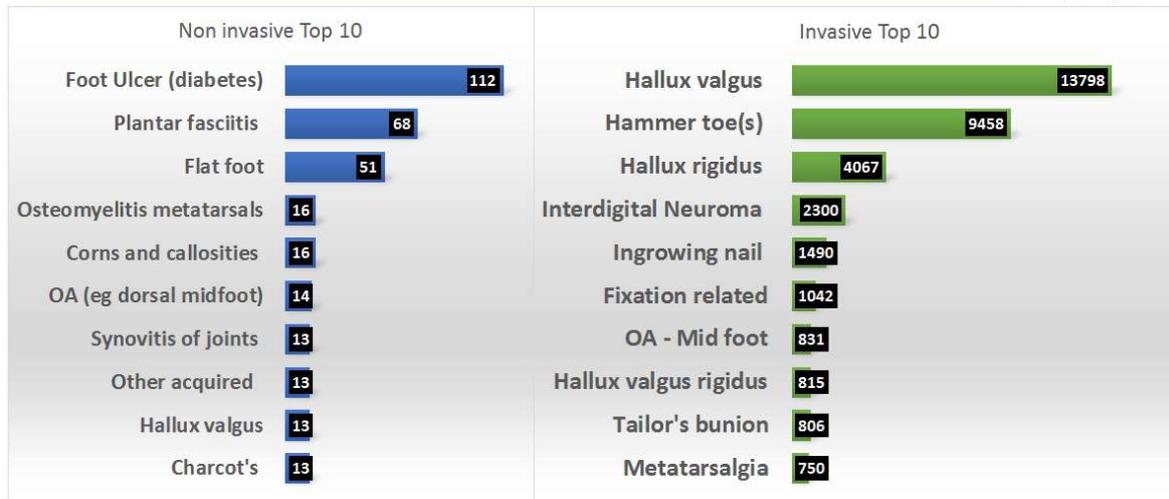
In addition to collecting data about podiatric surgery the system can also now collect data for core (general) podiatry, MSK and wound care, though uptake of these elements has been slow.



### PASCOM diagnostics

PASCOM records a range of medical and podiatric diagnostic codes using the ICD-10 classification. The top 10 diagnoses in both the invasive and non-invasive domains are presented below.

## ICD 10 codes – Top 10 (Podiatric Diagnosis)



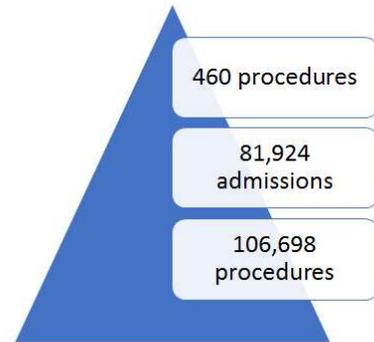
### PASCOM procedures & investigation

Some 523 procedure codes can be recorded on PASCOM. It is recognised that there is considerable duplication and potentially widespread misuse of procedure codes. The codes can be manually grouped placing similar procedures in a single 'basket'. The result of grouping the procedure codes is that the top 10 procedures account for 67% of all procedures recorded on PASCOM-10 (invasive domain). PASCOM has highlighted a growing trend for podiatric surgeons to organise their own imaging with respect to ultrasound guidance and fluoroscopic x-ray.

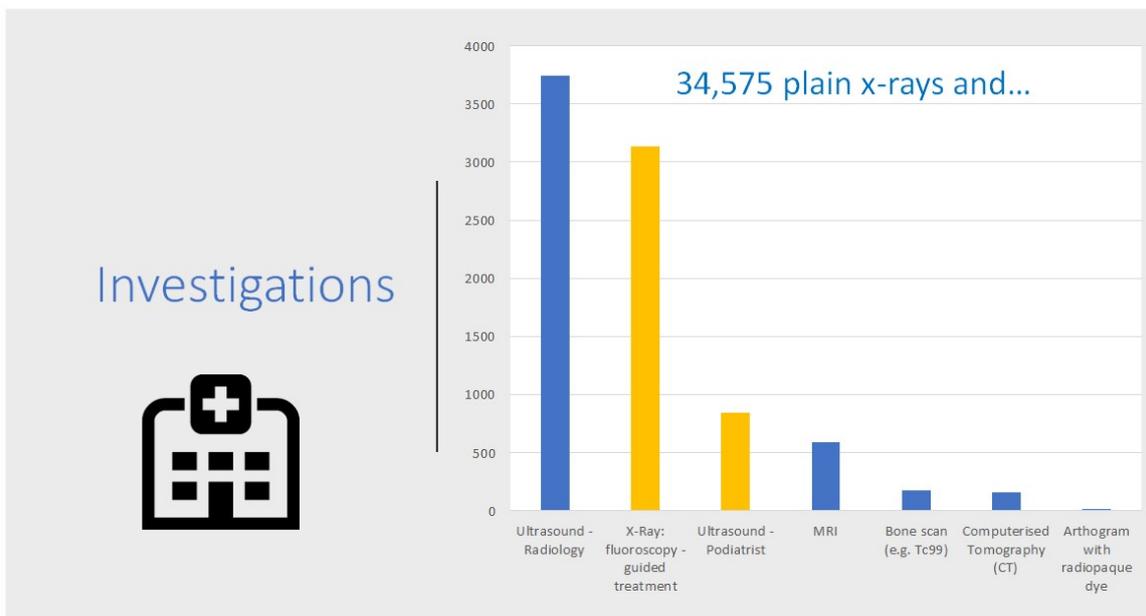
## Procedure top 10 - invasive



Description	Count
Scarf Akin Variants	23545
Lesser toe arthroplasty	12931
Lesser toe fusion	7047
Nail avulsion (+/- phenol)	6348
Neuroma excision	5221
Lesser metatarsal osteotomy	3884
Hardware removal screws, pins, wires and plates	3669
Cheilectomy First Ray (unspec) distal or proximal	3321
Tendon repair	3272
Other HAV osteotomy	2661



**Top 10 account for 67% of all procedures recorded on PASCOM**



### PASCOM and medicines

PASCOM-10 can record the medicines supplied, administered or prescribed as part of a surgical episode of care. Crucially PASCOM can identify how the drug was accessed thus providing evidence in support of independent prescribing.

## PASCOC-10 Complications of Surgery

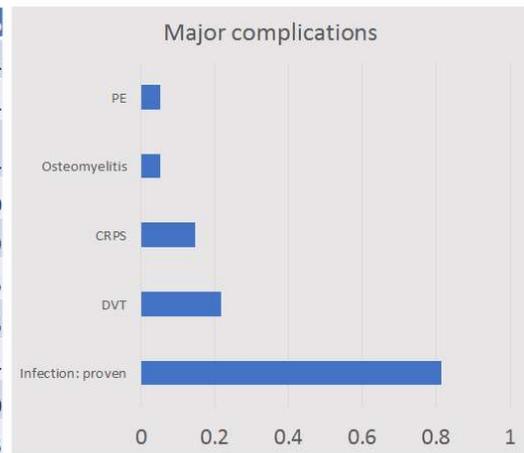
The PASCOC-10 system can collect data relating to 51 adverse events, sequella and complications. The system though is highly user dependent and only around 59% of episodes have outcome data recorded. Looking at the rates of specific complications, even where centres collect outcome data there is likely widespread under-reporting.

### Complications of surgery – Top 10



35,527 episodes (59.3% of cohort)

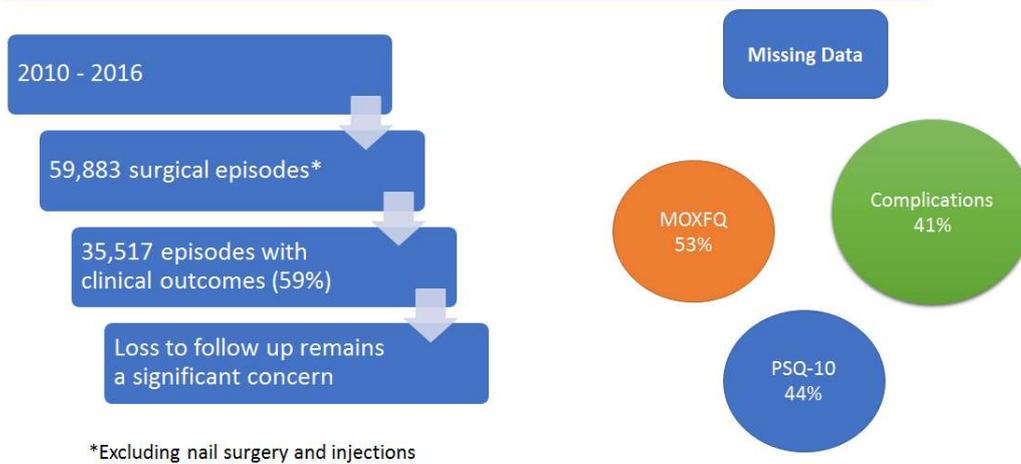
Name	Episodes	Episodes %
Joint pain and stiffness	931	2.4
Infection: suspected	924	2.4
Pain: surgical site beyond six weeks	920	2.4
Wound dehiscence	784	2.0
Swelling	748	1.9
Scar line hypertrophy	604	1.5
Surgery failed or reoccurrence	597	1.5
Transfer metatarsalgia	558	1.4
Patient non compliance	391	1.00
Fixation problem	370	0.95



### Missing Data

As mentioned above, post-operative outcome data collection is a cause for concern. In the period 2010 to 2016 almost 60,000 episodes of surgery were recorded, clinical outcome data is available for 59% of these. However, PROM data in the form of the Manchester Oxford Foot/Ankle Questionnaire (MOXFQ) is missing for 53% of the cohort and satisfaction data in the form of the Patient Satisfaction Questionnaire (PSQ-10) is missing for 44% of the cohort.

## Data Quality – missing outcomes



### Sources of error

There are several recognised sources of error within PASCOM. These include but are not limited to duplication of data entry, under reporting, erroneous data entry, failure to capture post-operative data and poor uptake of PROMS.

### PASCOM developments

The PASCOM team are working with the College of Podiatry Epidemiology group to look at rolling out PASCOM Lite, a trimmed down version of the system requiring minimal input from users. The 'Lite' system will be aimed at core (general) practitioners with the aim of generating outcome data for the wider podiatry profession.

### PASCOM Northern Project

A group of 6 NHS podiatric surgery units in the Northern Deanery have agreed to work together to test the reliability of their data collection and to agree a shared methodology with the intention of improving our collective reporting of outcome data.

### PASCOM Working Party

PASCOM is supported by a small working party of podiatrists. We endeavour to answer queries raised through the website within 2 working days. The

group is chaired by Matthew Fitzpatrick, the other members are Damian Holdcroft, Anthony Maher, Suzy Taylor and David Tollafield. Any member of the working party can be contacted via [www.pascom-10.com](http://www.pascom-10.com).

DRAFT