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TITLE Redesigning High-Risk Foot Care: A Unique Multidisciplinary Model of Care for Minor Operative Procedures at Sunshine Coast University Hospital

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ABSTRACT (maximum 450 words. Please use the following or similar headings: Background/Methods/Results/Conclusions)

Background:
Diabetes-related foot and lower limb disease is a leading cause of preventable hospitalisation in Australia, placing significant strain on the public healthcare system. While many hospitals offer multidisciplinary high-risk foot services (HRFS), access to timely minor surgical interventions—both therapeutic and preventative—remains a challenge. Delays in accessing operating theatres often result in avoidable admissions, prolonged hospital stays, fasting, and treatment delays for this high-risk cohort. In response, the Sunshine Coast University Hospital (SCUH) HRFS, led by the Vascular Surgery Department in collaboration with the podiatry team, established an innovative outpatient Minor Operations and Procedures Service (MOPS). This clinic was designed to improve access to minor procedures, optimise resource utilisation, and streamline care—particularly for preventative interventions such as flexor tenotomies. Uniquely, this model bridges the historical divide between multidisciplinary outpatient care and surgical intervention, embedding the multidisciplinary team across the full continuum of care.

Methods:
This descriptive report outlines the background, development, and implementation of the MOPS clinic within SCUH's Ambulatory Procedural Unit. A narrative literature review confirmed the absence of published outpatient procedural models specific to high-risk foot care, with no comparable examples identified globally.
The model involves a multidisciplinary team led by a vascular surgeon, with intraoperative assistance provided by a high-risk foot podiatrist and support from a procedural nurse. Procedures are performed under local anaesthetic in an ambulatory setting, eliminating the need for admission or fasting. Distinctively, the multidisciplinary team is engaged across every phase of care—from initial assessment in the high-risk foot clinic, to surgical intervention (with the podiatrist assisting during the procedure), through to post-operative review, rehabilitation, and wound healing—ensuring continuity and closing the traditional gap between MDT clinic-based care and surgical management.

Results:
Eighteen months post-implementation, early clinical and operational feedback suggests the clinic is achieving its intended goals. Staff and patient responses indicate improved access to procedures, reduced delays, and enhanced continuity of care. The service routinely performs minor amputations, toe flexor tenotomies, wound debridement, and delayed wound closures. It has also improved workflow efficiency by reducing reliance on inpatient operating theatres and enabling timely outpatient interventions.

Conclusion:
This clinic represents a novel and scalable model for addressing access challenges in high-risk foot care. Its unique strength lies in the seamless integration of the multidisciplinary team at every stage of the patient journey—from outpatient clinic assessment and surgical intervention through to post-operative care, rehabilitation, and wound healing. This approach bridges the traditional disconnect between multidisciplinary high-risk foot care and surgical management, enhancing continuity, communication, and overall patient outcomes.
A formal evaluation is underway to quantify the observed benefits, including clinical outcomes, patient satisfaction, and cost-effectiveness. In parallel, qualitative research is exploring podiatrists' experiences of involvement in the clinic—particularly in relation to educational opportunities, enhanced clinical insight, autonomy, scope of practice, and interprofessional collaboration