

Hand Therapy Led Clinic Strategy

Southern Health Hand Therapy Team

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Presented by Judy Hartman : Senior Clinician

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Thank you. I am here on behalf of our Head of Plastics Mr. Simon Donahoe, our **manager Emma** Geor and **our team of Hand Therapists** to talk about our initiative of the Hand Therapy Led clinic.

Outline

- New model of care: pathway and specialist clinic
- No outpatient review as direct referral
- Southern Health: based at Dandenong Hospital
- Victorian Government Key Objectives
- History and workings of the strategy
- Benefits and lessons learnt
- Patient feedback



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The strategy involves a new model of care incorporating an improved referral pathway and creation of a specialist allied health clinic for patients with hand injuries.

In this model Patients are referred directly to the new Hand therapy led clinic, eliminating the need for an outpatient clinic appointment.

This presentation will provide background information about Southern Health, and Dandenong hospital, where the initiative is based.

Reference to the Victorian Governments strategic framework is made in terms of how this strategy meets the key objectives. The history and workings of the strategy are then detailed including the benefits, and the lessons learnt.

Patient feedback is summarized and provides a positive conclusion to the presentation.

Southern Health



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Southern Health is the largest Health Provider in the Southern Hemisphere and consists of 5 hospitals pictured here in red and 8 community centres, pictured in blue, located across south eastern Melbourne and the south east portion of the state.

Due to the large area of the state for which the health service provides, there are a high number of emergency and elective cases to be managed.

Outpatients



2008 -150,000 emergency presentations

2008 - 11,784 outpatient plastics clinic

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-Figures from **2008 show that more than 150,000** emergency presentations were triaged in Southern health and this is an increase of 11 per cent from the previous year.

-**This increase** flows on to the outpatient clinics and last year the outpatient plastics clinic occasions of service totaled 11,784.

-**As with other** health services in Aust, the increase in patient load puts pressure on the existing resources, resources that are already stretched to accommodate the annual increase in patient need.

Dandenong Hospital



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- **A strategy at Southern Health is to have specialisations within the different hospitals.**
- **Dandenong hospital is the specialist hospital for hand injuries** , both traumatic and elective and so the the majority of the hand and upper limb cases across Southern health are referred here for assessment, surgery and follow up.
- **It was at the Dandenong Hospital that the initiative of the Led Clinic** began in 2005 to improve the flow of plastic surgery patients through the outpatient plastics clinics and hand therapy within Southern Health.

Victorian Government Strategic Framework 2009

Key objectives for Outpatient Clinics:

- Patient focus
- Timely access
- Sustainable Services



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When we look at key objectives for Outpatient clinics within the Victorian Government strategic framework of 2009,

We see they are: **patient focus, timely access and sustainable** services.

-These ideals are challenging to maintain as the amount of patients needing care each year need grows. The led clinic initiative has been shown to assist in the achievement of these objectives in the Outpatient area.

History of Clinic Strategy



- Plastics caseload = 75% of hand cases
- Hand cases targeted for new initiative to reduce outpatient plastics load
- Working party organised
- Proposal for led clinic submitted to D.H.S.
- Accepted - activity targets of 2856 per year
- Led clinic commenced in November 2005

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The plastics clinic caseload consists of approximately 75 percent of hand and upper limb injuries, **and so hand cases** was the obvious area targeted by the Head of the Plastic Surgery Unit, with the aim of reducing the outpatient load.

-A working party was organised involving key players in outpatients and hand therapy.

-A proposal for a Led clinic strategy was submitted to Dept of Human Services

-This was accepted, and activity targets of two thousand eight hundred and fifty six per year were established which equates to approx. 40 patients per week.

-The Hand Therapy Led clinic commenced in November of 2005

What is the Hand Therapy Led Clinic Strategy?

- The current medical pathway is substituted with Allied Health Staff
- Specialist Clinic for selected hand conditions
- Hand Therapists manage patient's care
- Clinical practice guidelines
- No medical review unless unexpected event
- Reduced number of patients in outpatient clinics

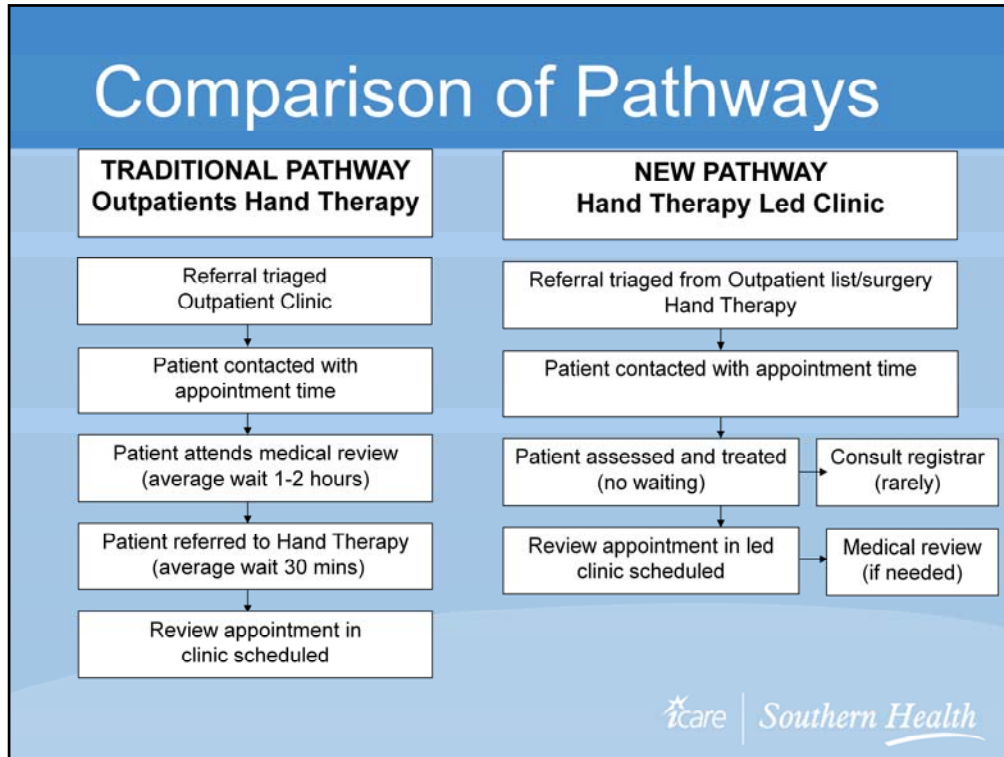
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The hand therapy led clinic strategy is a strategy where the current medical pathway is substituted with Allied Health Staff, under the direction of medical consultants and registrars.

The clinic is a specialist clinic for patients with selected hand conditions.

The patients are managed by the hand therapists for the duration of their treatment.

Clinical practice guidelines exist for all the conditions accepted into the led clinic for staff reference and for medico legal purposes. **There is no medical** review unless there is an unexpected event such as infection or the patient is not following the expected healing pattern. **The clinic has been shown to reduce** the numbers of patients in outpatient clinics.



This slide compares the two pathways:

I'm sure many of you are familiar with the traditional pathway of referral to outpatient clinic where the referral is triaged, as suitable for plastics outpatient clinic, and the patient is contacted by clerical staff with an appointment time. The patient then attends for a medical review with what can be a lengthy wait and on assessment may be referred by the surgeon for Hand therapy.

The patient then waits for the Hand Therapy staff attending the clinic to provide the therapy prescribed. The total wait for the patient can average 1-2 hours or a bit longer.

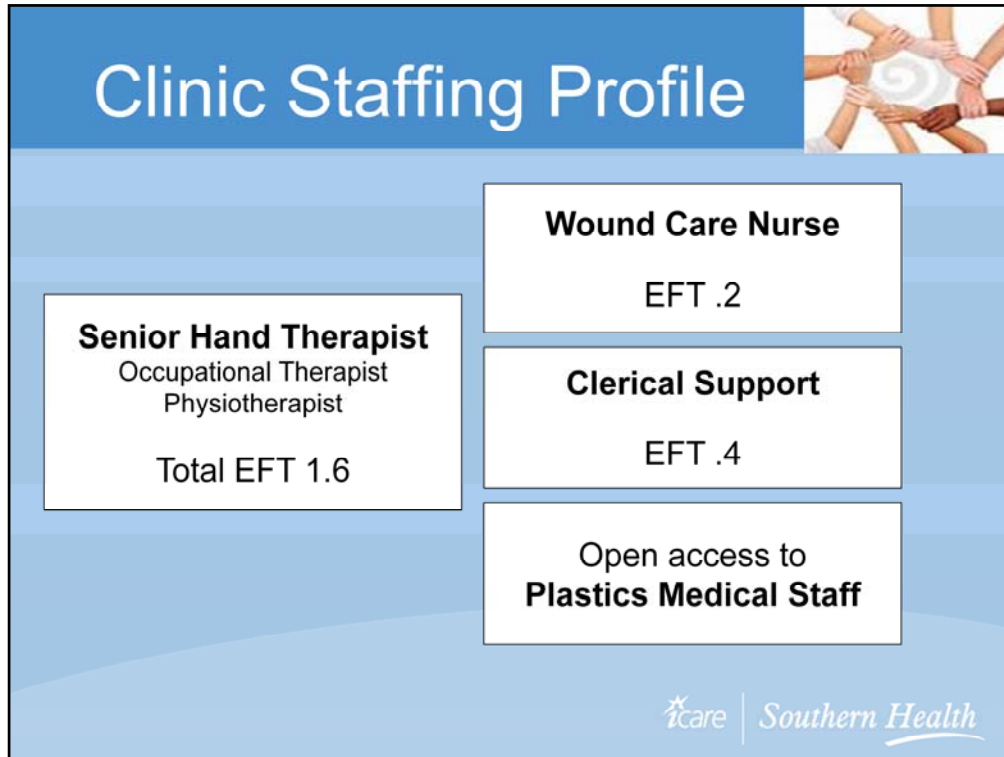
This is contrasted with the led clinic pathway where the patient is referred directly to Hand Therapy from the outpatient or emergency list, or from surgery, and triaged by Senior Hand Therapy staff who are primarily responsible for the triaging process. **The medical staff** are consulted only when clarification is needed.

-The Hand Therapy Senior staff assess the optimum time frame for the initial Hand Therapy appointment.

-The clerical staff of the led clinic contact the patient and negotiate an appointment time.

-The patient is assessed and treated in a smaller clinic environment where waiting time for their appointment is significantly reduced.

-The registrar is consulted if only if needed at the time of initial assessment, if a medical certificate or x ray is required. A timely review appointment is scheduled for the patient dependent on their clinical need determined by the treating therapist.



-**This is a chart** of the staff involved in the led clinic.

Senior therapy staff are required for their expertise in Hand Therapy and were selected from the complementary backgrounds of **both Occupational and Physiotherapy**.

-**The Southern health** Hand Therapy team has traditionally been staffed with a mix of Occupational and Physiotherapy staff and **the led clinic** staffing profile was designed to reflect this mix.

-**It is expected senior staff** have extensive experience of at least 7 years working in the area of hand therapy and postgraduate qualifications.

-The **wound care** nurse was employed to undertake suture removal and wound assessment and care.

-**Clerical Support** was recruited from the existing outpatient support staff to organize bookings and provide a reception service for the led clinic.

-**Open access** to the plastics medical staff is essential and is facilitated by the head surgeon.

Diagnosis Range



Carpal Tunnel Release

Stable Single Metacarpal Fractures

Simple Dupuytren's

- | | |
|---|--|
| <ul style="list-style-type: none">• Plated/fixed fractures (single fractures)• Trigger Finger Release• Simple fingertip injuries• Finger dislocations: single injury only• Cellulitis (not requiring medical input)• Stable, closed metacarpal and hand fractures (single fractures) | <ul style="list-style-type: none">• Tenolysis• Simple Tendon repairs : mallet finger• De Quervain's disease• Carpal tunnel release• Simple Dupuytren's• Ligament injuries - Collateral ligament sprains |
|---|--|

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The Hand therapy led clinic began with the Head surgeon recommending three diagnoses. **These were: Carpal tunnel release, stable single metacarpal fractures,** and Dupuytren's disease. The range has been expanded over the years as the clinic caseload developed to those you see in the lower portion of the screen.

Clinic Diagnostic Groups	
<p>Outpatients Clinic Hand Therapy Hand conditions for medical review</p> <ul style="list-style-type: none"> ➤ Tendon repairs and injury ➤ Amputations and replantations ➤ Nerve injuries ➤ Dupuytren's: complex / skin graft ➤ Crush / trauma injuries ➤ Joint replacements ➤ Burns / scar management ➤ Complex Cellulitis ➤ Paediatric fractures 	<p>Hand Therapy LED Clinic Hand conditions approved For LED Clinic by Consultant/Registrar</p> <ul style="list-style-type: none"> ➤ Stable closed hand fractures ➤ Plated / fixed fractures ➤ Carpal Tunnel Syndrome / Release ➤ Trigger Finger Release ➤ Dupuytren's Disease: simple cases ➤ Simple mallet finger / fingertip injuries ➤ Finger dislocations: single injury only ➤ Cellulitis ➤ Tenolysis

This is a chart comparing the diagnosis groups for the Hand Therapy led clinic and the outpatient hand therapy.

In the Outpatients hand therapy the hand conditions are more trauma based and complex, compared with the more simple fractures and releases in the led clinic.

Many of the diagnosis groups in the led clinic require bracing and early mobilisation, such as plated fractures, ligament injuries and tenolysis : these needs are readily catered for in the specialised clinic as the patient diagnosis is known and appointments cater to post operative instruction. There tends not to be the delays associated with booking into a large plastics clinic, improving access for patients. This results in improved patient care and satisfaction.

The Head Surgeon has advised that Paediatric cases are not considered appropriate for the led clinic, and this patient group remains in Outpatients clinic.

In the past 2 years:



In 2008 and 2009
Total Hand Patients = 14,373
Led Clinic = 3,663 patients

Outpatient Clinic numbers reduced by 25%

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In 2008 and 2009 ; the total of Hand Patients was 14,373 and of these there were 3663 patients seen in the Led Clinic . This has reduced the number of hand patients moving through the outpatient clinic by about 25 %,

Benefits



- Reduced patient numbers in outpatient clinics to a more manageable level
- Reduce patient wait time in general clinic and for hand therapy
- Improved access for patients within plastics unit
- Timely intervention
- Patient focused
- Sustainable

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The removal of those patients from the general outpatient plastics group has resulted in a reduced total of patients in the general plastics clinic **and therefore fewer** patients needing to be seen by medical staff in the 3 hour time frame provided.

This has reduced the waiting time for patients in the general clinic and facilitated improved access for new patients referred to the Outpatient clinic.

The led clinic has facilitated patients needing timely hand therapy to be seen at the optimum time, sometimes within 24 hours of their surgery. This creates the opportunity to obtain the best outcome from their surgery. **The service is patient** focused and due to the specialised nature is able to cater for individual needs.

It has been running for 4 years now and is meeting prescribed targets and demonstrating sustainability. These benefits are in line with the Victorian state government's key objectives.

Lessons Learnt



- Expert triaging is required by medical and hand therapy staff to ensure patients are suitable
- Nurse is now “on call”
- Access to registrars/ residents can be problematic with their increasing workloads
- Need for regular in-services for rotating medical staff
- Limited diagnosis reduced senior staff job satisfaction
- Unforeseen teaching opportunity for junior staff

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-The success of the clinic is dependant on the expert triaging of the referrals by medical and Hand Therapy staff who work as a team to ensure effective communication and timely referral. The medical team must have a good working relationship and inherent confidence in the hand therapy staff to manage these cases well to ensure optimum care for the patient.

The Nurse is now ‘on call’ as there was not enough dressings work for the Nurse to do. In this patient group only basic wound care is required which the hand therapists are able to do as part of their usual role.

When the Registrars are required in the situation of a patient needing a medical certificate or an x-ray, they are contacted on the hospital paging system. The on call registrar can be operating in theatre and so is not always immediately available. This can lead to delays for patients and the Hand therapist involved. To date there has not been a solution to this.

There is an ongoing need for regular in-services for rotating medical staff, to ensure understanding and continuing referral to the specialist led clinic. We have in part addressed this, by providing information in the medical orientation folder but with time have discovered that ongoing verbal reinforcement is required to facilitate referrals and maintain targets.

Initially the Senior Staff were employed solely in the led clinic and experienced reduced job satisfaction due to the simplicity of the cases. The role of the senior staff was enlarged to include some trauma cases outside of the led clinic to improve job satisfaction. This concept has grown to the current situation of all hand therapists having a varied caseload of led clinic and outpatient clinic patients.

The other side of the coin to this was that the limited caseload in the led clinic created a great opportunity for the teaching of junior staff. such as

Patient Feedback



- Positive for the led clinic process
- Feedback surveys conducted in 2006 & 2009
- Pathway of Hand Therapy Led Clinic less wait time than the general clinic
- Individualised service

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Patient feedback has been positive for the led clinic.

-Surveys were conducted in 06 and 09 to determine patient satisfaction with the clinic and the clinic process.

-Patients reported feeling confident with the knowledge that they could be reviewed medically if required and felt confident with the expertise of the therapist.

-The feedback regarding the pathway of the clinic indicated satisfaction with the waiting time for appointments and contrasted with the feedback from those patients in the plastics outpatient clinic who were generally dissatisfied with the waiting times. The quality of the service was noted as being more individualized right from the initial contact with the reception staff through to the hand therapy staff, reflecting the advantages of a specialised clinic. Patients reported being well informed of the process and the expected outcomes in therapy.

References

- Storey PA; Dear H; Bradley MJ; Couchman L; Burke FD (2008) Audit of a therapist-led clinic for carpal tunnel syndrome in primary care Affiliation: : *British Journal of Hand Therapy* Autumn; 13(3): 72-8 (32 ref) Pulvertaft Hand Centre, Derbyshire Royal Infirmary, Derby, UK Source
- Victorian public hospital specialist clinics Strategic framework www.health.vic.gov.au/outpatients Published by the Victorian Government Department of Human Services, Melbourne, Victoria. February 2009
- Southern Health site <http://www.southernhealth.org.au/2009>



Here are the References used in this presentation

Thank you for your attention



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I'd like to thank you for your attention