



UPPER LIMB

REDESIGN PROJECT

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500 bed tertiary hospital in the Southern Adelaide Health Service
Co-located with Flinders University and Flinders Private Hospital
50,000 ED attendances / 6,000 elective admissions per year

200,000 outpatient attendances per year



Outline

Background

Clinic flow (prior)

Problems identified

Testing the solutions

Outcomes



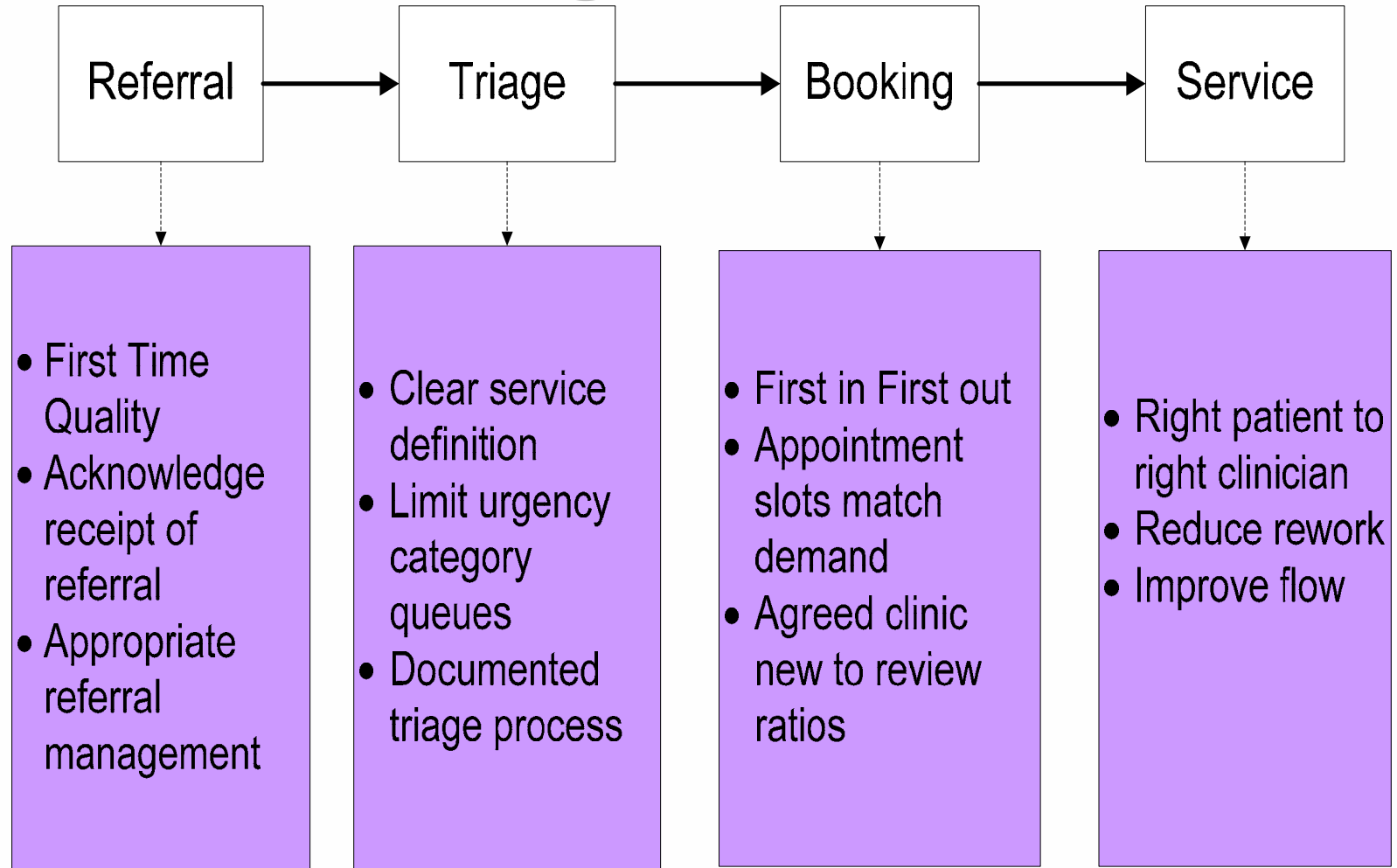
Background

Barwon

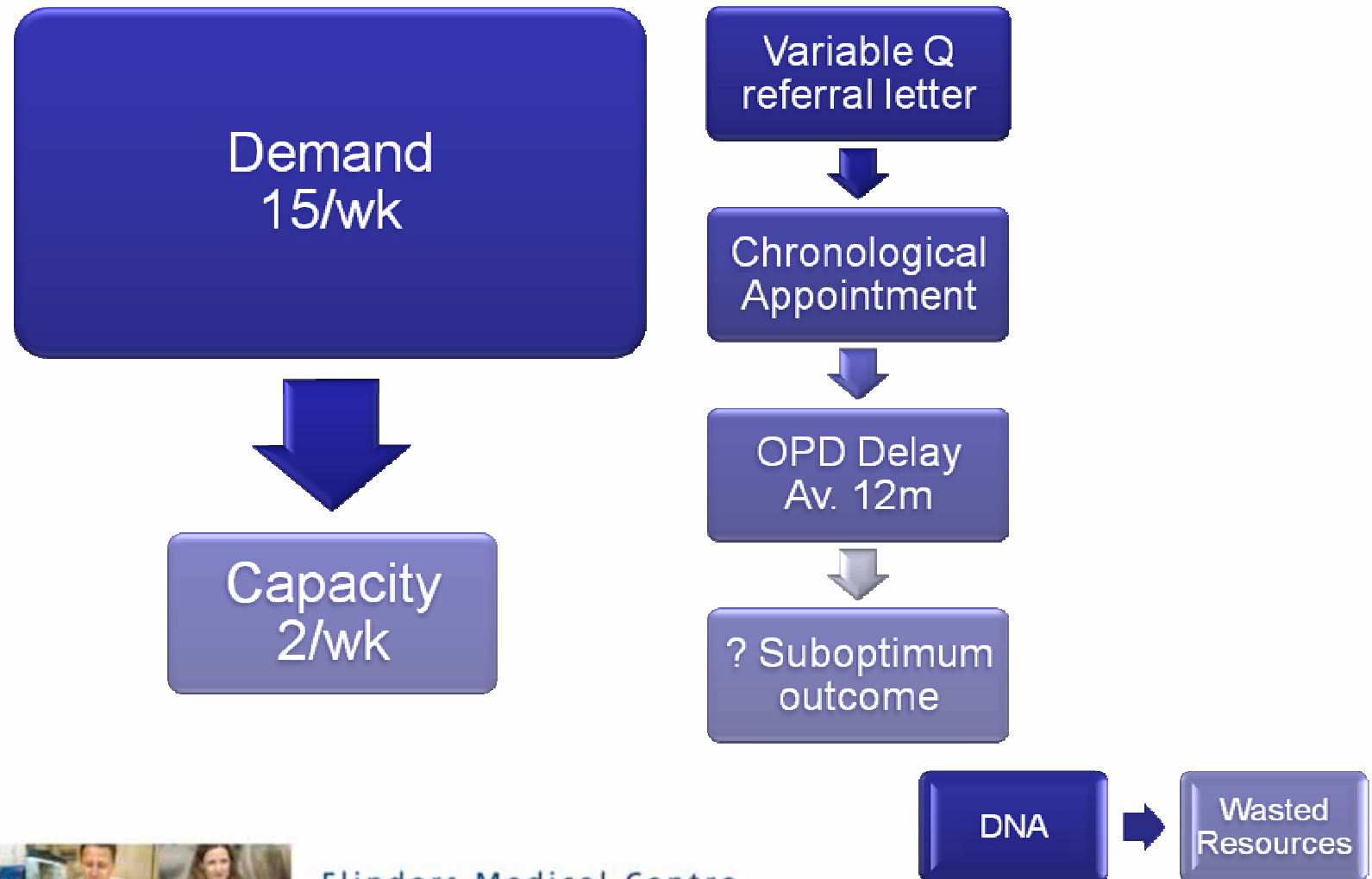


Project
Group

Redesign Principles



Clinic flow



Referral waiting times

Hospital	Av. Wait
A	18-24m
B	> 12m
C	> 18m
D	> 12m
E	> 18m

Referrals/wk – 15



Problems (a can of worms)

High demand
(144 waiting for consult)

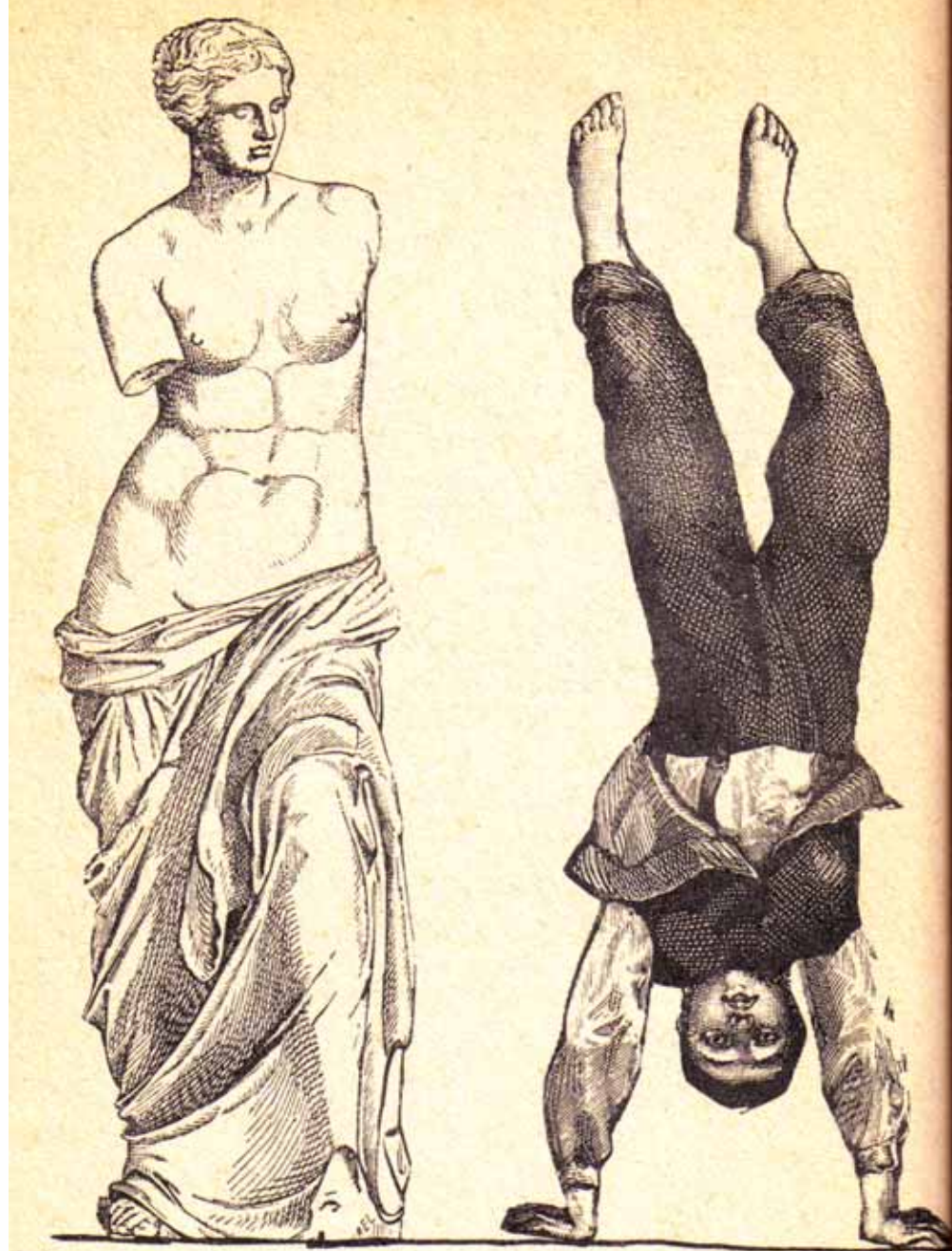
No triage guidelines

Delay in patients being placed
on appropriate treatment plan

High DNA rate (up to 25%)



**“Bet you
can’t do
this!”**



NAME.....

Affected side Left / Right *(circle as appropriate)* Are you: Left handed Right Handed

Pain Please mark the scale to reflect your pain, where '0' is nil and '10' is unbearable

At night	1	_____	5	_____	10
At best	1	_____	5	_____	10
At worst	1	_____	5	_____	10

Duration How long have you had your symptoms?

Is your complaint from an injury? Yes / No *(circle as appropriate)*

If 'Yes', date of accident _____

Movement Can you lift your arm: *(circle as appropriate)*

Above your head?	Yes / No <i>(circle as appropriate)</i>
To the top of your head?	Yes / No
To your mouth?	Yes / No
To your buttock?	Yes / No
To the middle of your back?	Yes / No

Function Can you: *(circle as appropriate)*

Work?	Yes / No <i>(circle as appropriate)</i>
Throw a ball with this arm?	Yes / No
Wash yourself?	Yes / No
Feed yourself?	Yes / No
Brush your hair?	Yes / No

Has your shoulder ever been dislocated? Yes / No

If 'Yes', how many times? _____

Investigations Have you had an X-Ray? Yes / No *(circle as appropriate)*

Have you had an ultrasound? Yes / No

If 'Yes', does it show a tear in your Rotator cuff? Yes / No

Treatment Have you had surgery to this arm? Yes / No *(circle as appropriate)*

If 'Yes', when? _____ What part of your arm? _____

At which hospital? _____

Have you had physiotherapy? Yes / No

Have you had cortisone injections? Yes / No

If 'Yes', how many? _____



Testing the solution

Spreadsheet

Cancelled appointments
July-December



Testing the solution

Two assessment clinics

Research project

Ethics approval

Collaboration with med staff

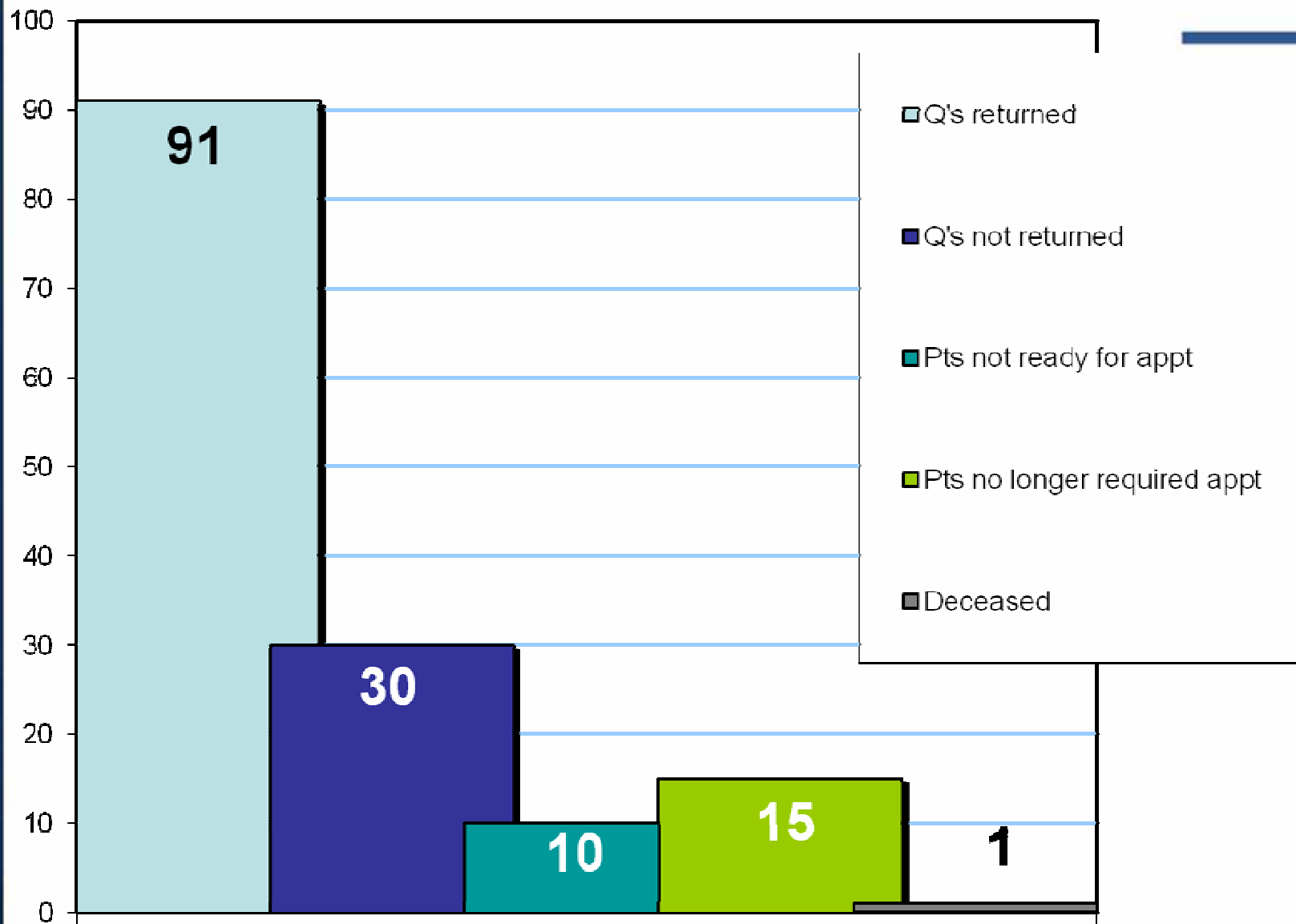
Validating triage tool



Results

Diagnosis	Referral + Q	Clinic
Impingement / Cuff Tear	34	31
Instability	3	3
OA	4	6
Others (uncertain)	1 (5)	7





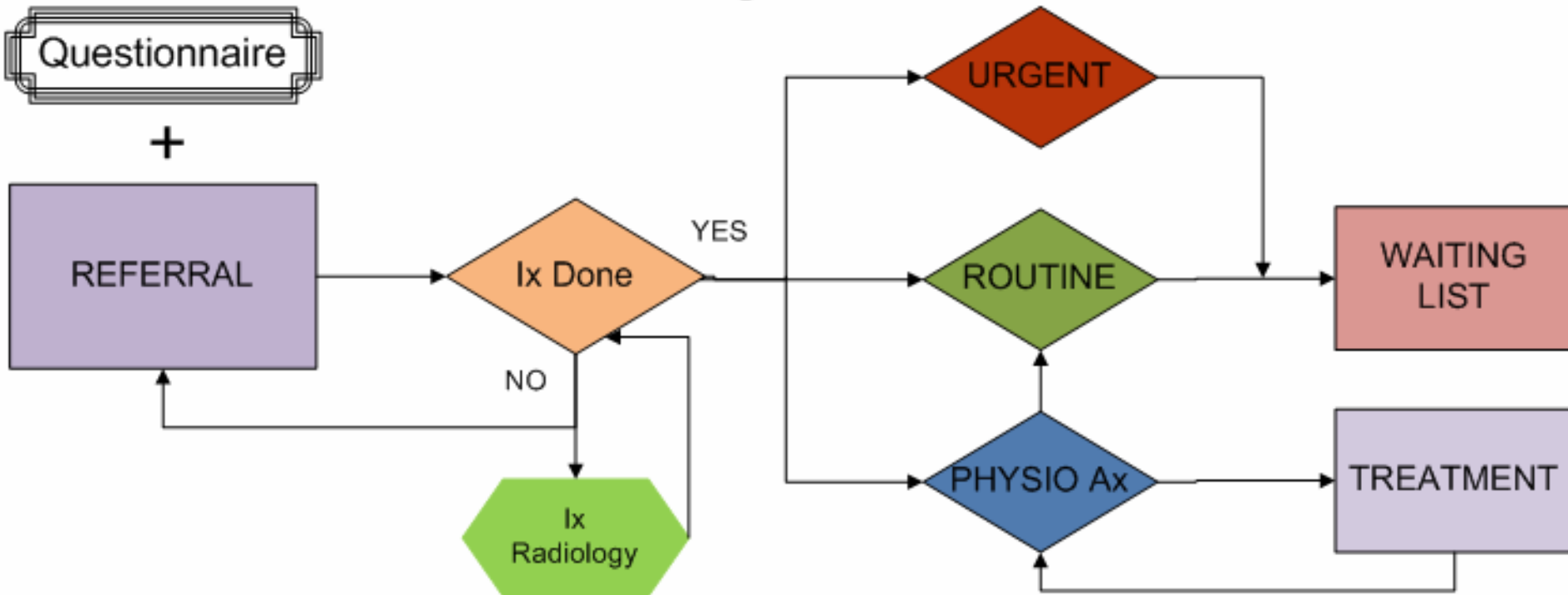
121 Patients

Flinders Medical Centre



Triage pathway

Assessment & Triage





Triage percentages

Urgent 20%

Routine 40%

Physio
assessment 40%



Interventions

Reformat clinic schedule

Introduction of physiotherapy
Data

Triage guidelines

Validated questionnaire



Outcomes

Shorter patient waits

Urgent: *from 12 mths to 2mths*

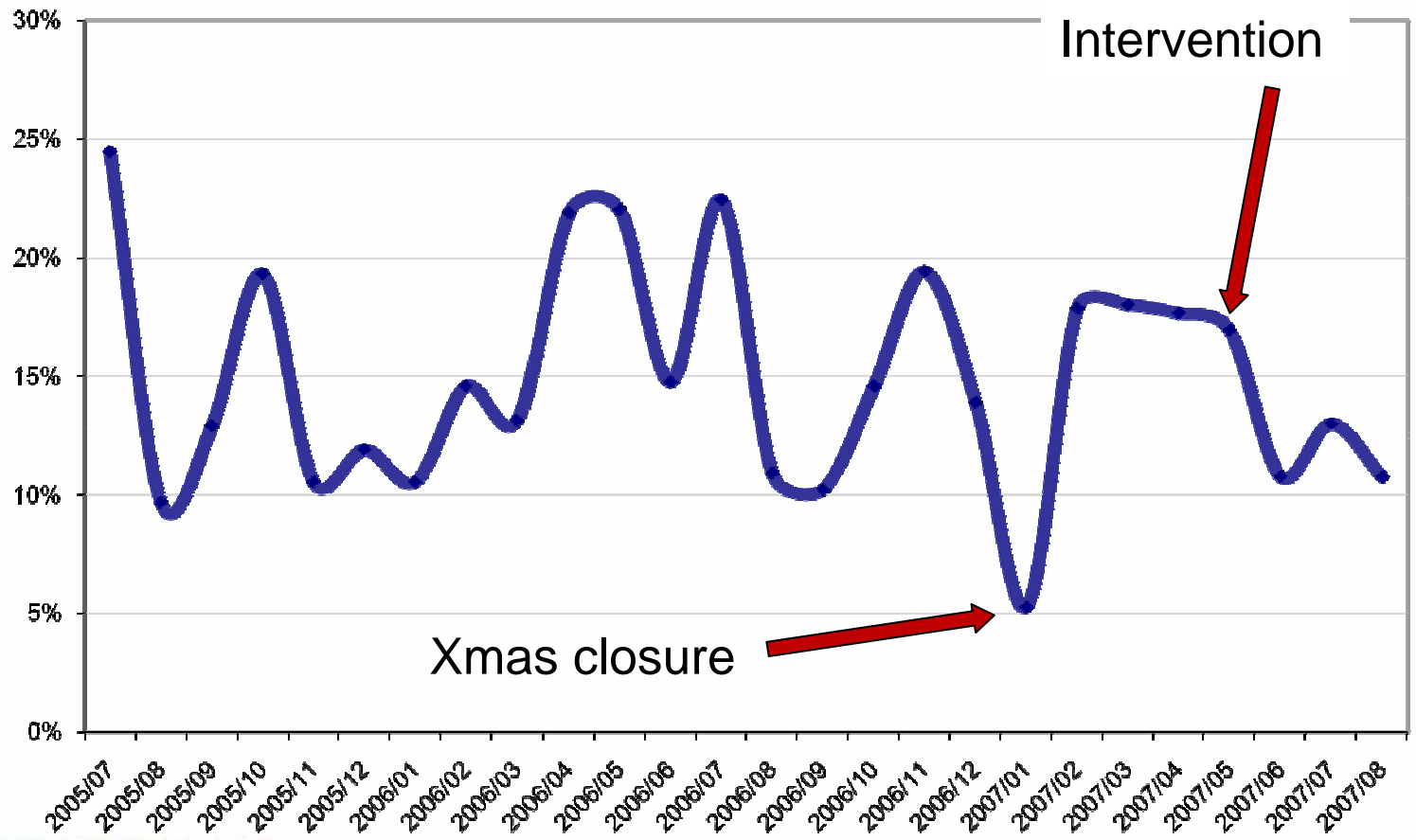
Better treatment outcomes

Easier triaging

Decreased DNAs



DNA rates





Forward

Acknowledgements

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