

The wait is over: Early health care delivery for acquired hand conditions.

Kelly Briody, Hand Therapist Monash Health, & Zoe Milner, Hand Therapist Melbourne Health. Correspondence to kelly.briody@monashhealth.org

Introduction:

Acquired hand condition referrals e.g. carpal tunnel syndrome, trigger finger and basal joint arthritis increase public health service demands. Management of these patients typically involves lengthy delays between referral and initial medical appointment. As a result, conditions worsen, limiting the viability of nonsurgical management. Positive patient outcomes are then more difficult to achieve.

Non surgical intervention by hand therapy has been determined effective for patients with early presentation. Literature indicates patients with acquired hand conditions can be successfully managed by a senior hand therapist.

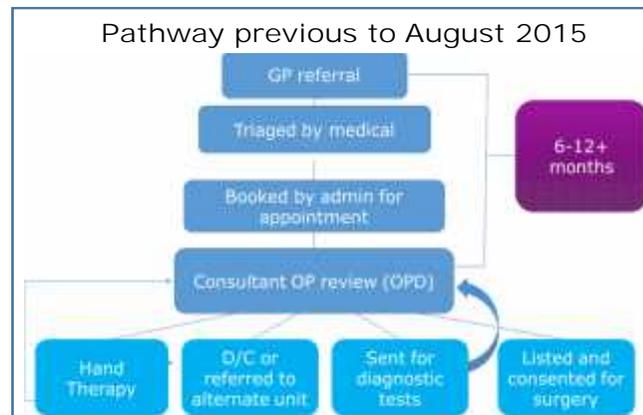
Aim:

To evaluate if changing the model of care within two large public health services, reduces the waiting time for common hand conditions.

Methods:

Internal audits were undertaken to scope existing pathways at Monash Health (MH) and Royal Melbourne Hospital (RMH). This evaluation led to organisation specific development of an advanced practice hand therapy role which shared:

- Development and implementation of care pathways
- Competency and credentialing packages
- Utilisation of same clinical assessment forms and patient outcome measures
- A database of all patient outcome measures, including demographic factors, relevant medical history and referral pathway.



Results:

- MH and RMH success in securing Allied Health Workforce Grants allowed the opportunity to trial an alternate pathway for patients with acquired hand conditions.
- This pathway led to a change in the credentialing of senior hand therapists, to implement an advanced practice screening clinic. This clinic allowed the identification of clients appropriate for non-surgical management, without the need for a Consultant outpatient review.

Advanced Practice Hand Therapy (APHT) Clinic Outcomes	Data collected from August 2015 to November 2016
Number of APHT assessments	269
Number of criteria driven discharges	64
Number of patients 're-prioritised' to plastics	71
Number of patients to continue self directed care while awaiting surgical appointment	134
Days from referral to 1 st appointment	40 days (average) 26 - 174 days (range)
Improve earlier access to assessment as compared to previous model of care	86 days (average)

*The clinic is currently continuing at MH, with ongoing funding being sought at RMH.

Significance of the findings to Allied Health:

Changing the model of care and introducing advanced practice hand therapy clinicians can positively influence patient flow and positive clinical outcomes. They are sufficiently skilled to identify patients with acquired hand conditions appropriate for non-surgical management and appropriately escalate for surgical opinion.

*References available on request