

Hand Therapy Led Clinics – First point of contact management following Hand Surgery

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Background:

In the current resource challenged healthcare environment, occupational therapists working in Hand Therapy are exploring opportunities to enhance patient centred care and improve patient flow for patients following hand and upper limb surgery. Increase in presentations of hand and upper limb injuries have placed significant pressure on outpatient services. Inability to efficiently meet the growing demands within the existing outpatient systems have resulted in extended patient waiting times, and dissatisfaction amongst medical staff and patients. At one acute hospital, Hand Therapy Led Clinics (HTLC) were introduced as a first point of contact post hand surgery. This research investigated if HTLC for post-operative patients with specific upper limb conditions could improve efficiency of patient flow and patient satisfaction while not adversely affecting functional outcome.

Method:

A prospective non-randomised trial was conducted with 60 patients.

The control group included patients with post operative assessments and reviews by a doctor at the clinic, prior to their Hand Therapy intervention.

The intervention group included patients with post operative assessments and reviews completed by an Advanced Scope Occupational Therapist without need for medical intervention. Hand therapy intervention was the same for both groups.

Measurements included waiting times in clinic, functional upper limb outcome using the QuickDASH, patient satisfaction and complication rates.

Results:

The research results are statistically significant; suggesting that implementation of HTLC for specific post surgical upper limb conditions decrease patient waiting times in outpatient services, with no impact on patients' functional outcomes and no increase in post-operative complications.

Discussion:

This research supports advanced scope of practice for Occupation Therapists in the area of hand therapy.

The results of this research are statistically and clinically significant; supporting the implementation of HTLC as a model of practice to improve patient flow, reduce patient time in outpatient services and improve patient and staff satisfaction.