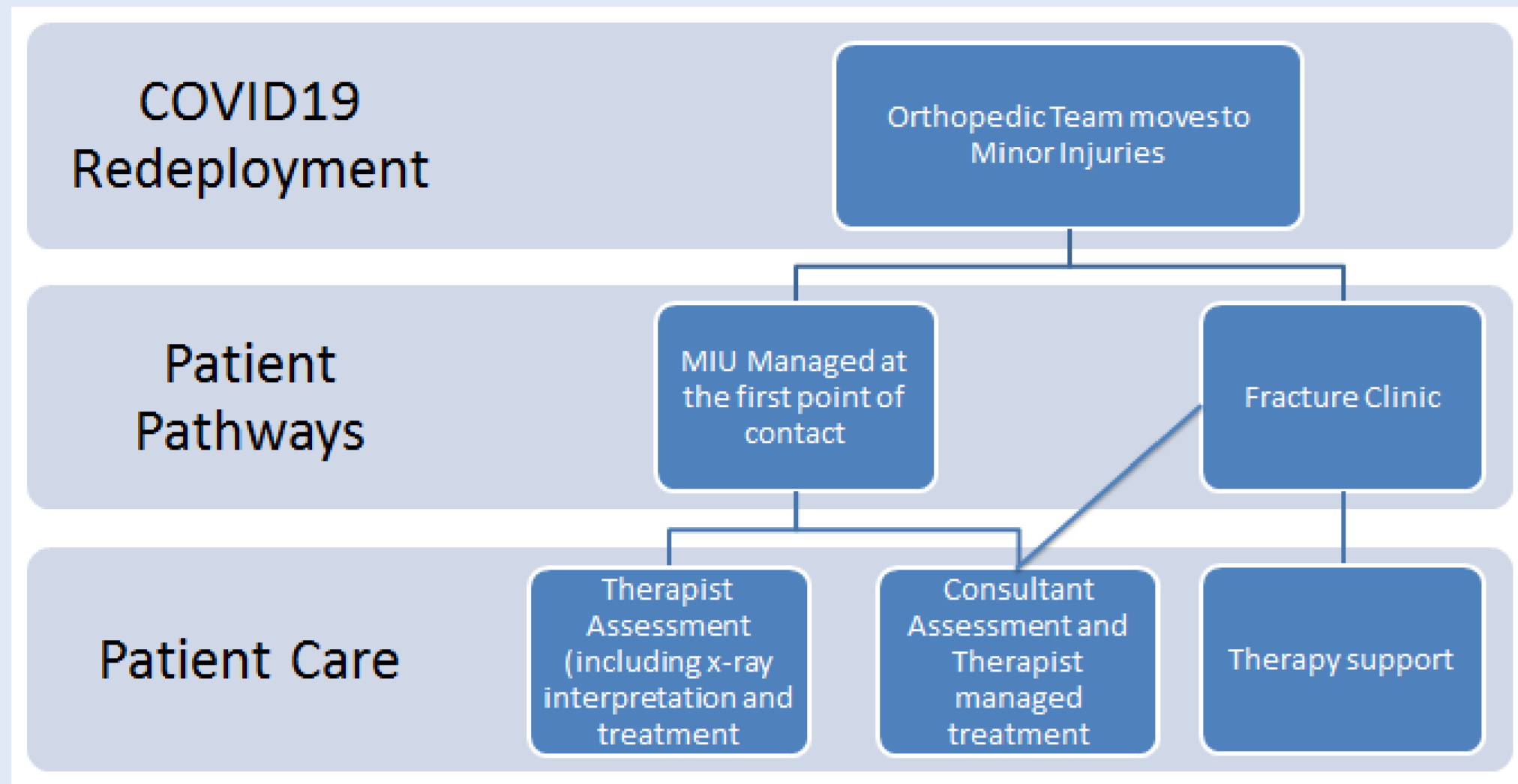


The Right Person, The Right Skills and The Right Time: Developing an Advance Specialist Practitioner Hand Fracture Clinic

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Introduction

During our time of redeployment in the Minor Injuries Unit (MIU) at Chorley District Hospital (dates 10.04.2020 - 31.07.2020), there was an opportunity to gather information on this "Test of Change" for Hand Therapy Services.



Purpose

- To identify the types of injuries seen
- Review the fracture outcomes
- Identify the difference to normal services provided
- Consider implications on future service provision

Design

- Collaborative spreadsheet for data collection
- Case series review
- Filtered patients seen via minor injuries (excluded #clinic)
- Filtered fractures (excluded soft tissue injuries and lacerations)
- Identified very few objective outcome measures from virtual-telephone follow up, therefore, simple value score given to patients on discharge

Outcome Value Score

A problem in any of the 3 measures below scores 1.
No problems = 0
Total score per patient.

	Pain	Movement	Function
Yes = 1			
No = 0			

- Limitations of a case review appreciated

"No one is asking when can I drive again..."
Functional demands were generally reduced due to lockdown.

Opportunistic sample and data collection under bias

"Pain is settling..."
Outcome scores are not a true reflection of the final outcome

Findings

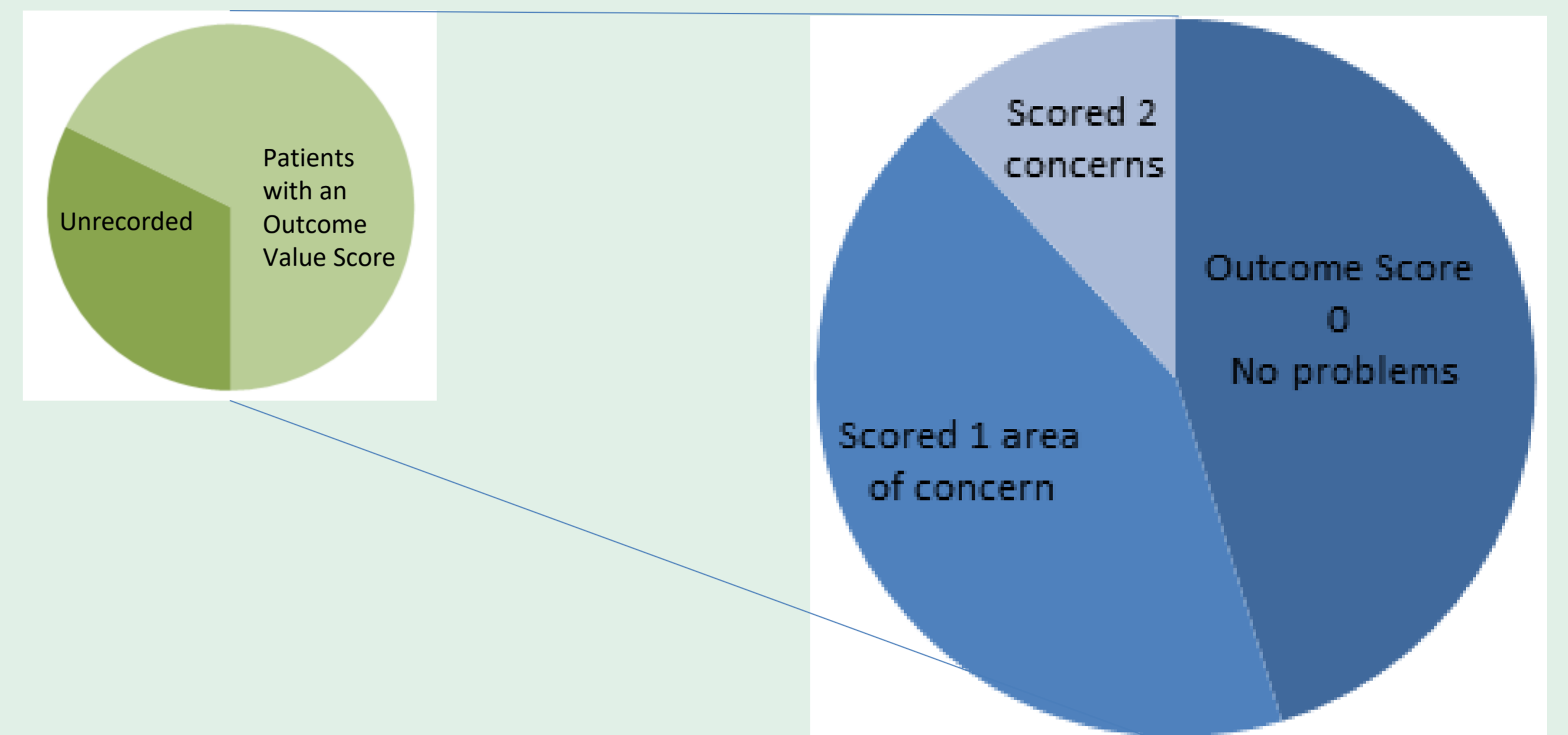
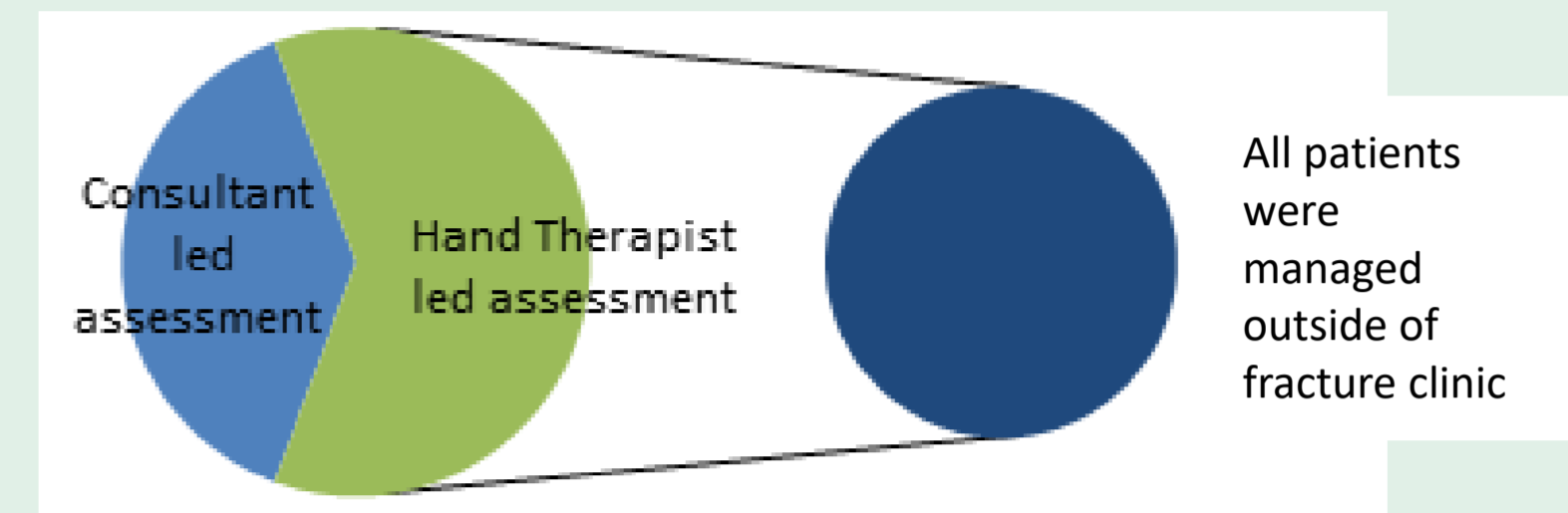
- 65 fracture patients recorded in minor injuries
- 16 week period
- 3 sets of data excluded as duplication and lack of identifier
- 62 patients included in case review
- Injuries managed by hand therapy:

	With outcomes	Unrecorded	Total
Greenstick Incl Buckle	4	2	6
Prox ph # (incl thumb)	7	3	10
DR# (inclu Styloid)	6	4	10
MC# (inclu thumb)	15	5	20
DistPh#/Tuft	6	5	11
Middle Ph (inclu VP)	4	1	5
			62

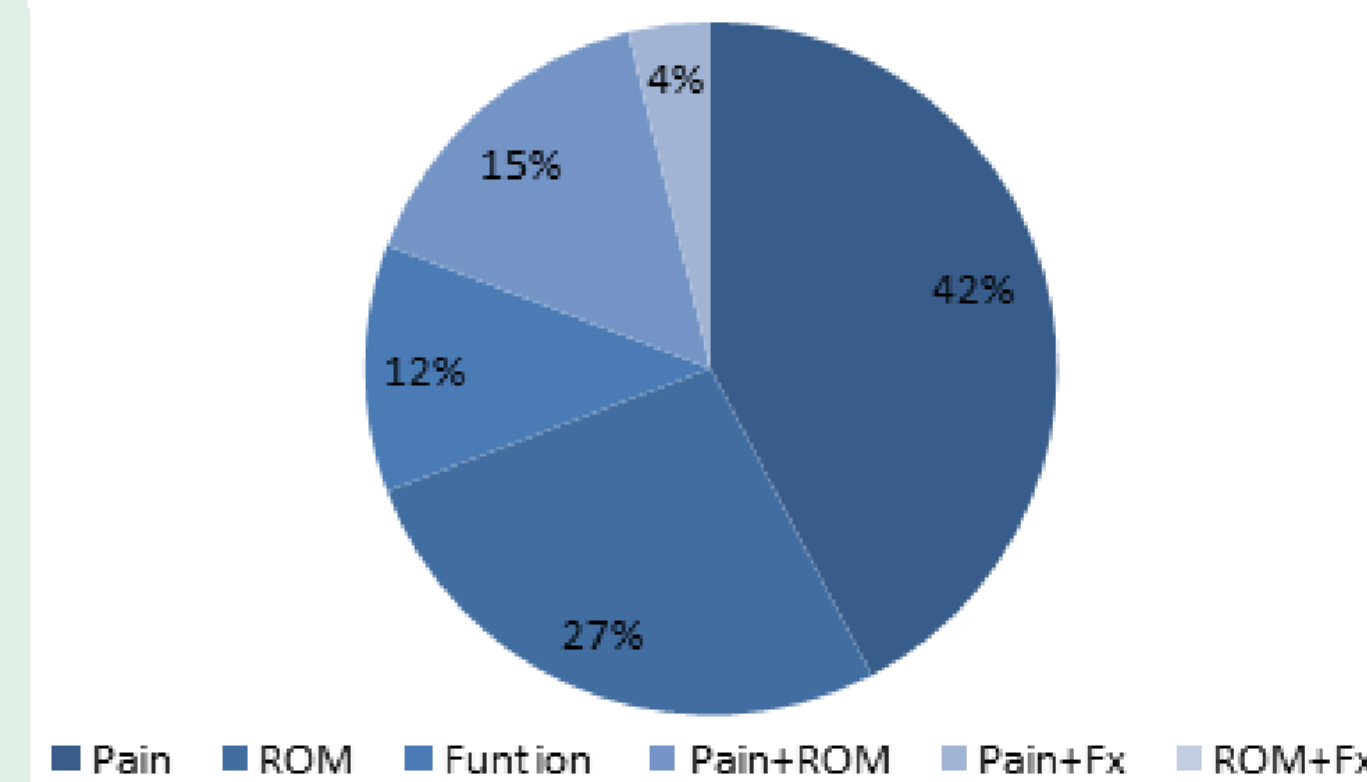
(Unrecorded outcome = self management advice given at first point of contact with patient initiated follow-up, no contact made)

Results

- 42/62 patients had outcomes scored from records of virtual follow up
- 20 unrecorded outcomes
- Of the 42 patients with outcome scores 18 were consultant led assessments and 24 were hand therapist led



A pie chart to show specific outcome scores; these were residual problems on discharge:



Outcome	Score	Total
Pain	1	11
ROM	1	7
Function	1	3
Pain+ROM	2	4
Pain+Fx	2	1
ROM+Fx	2	0
		26

Application and Implications

- Covid19 presented an opportunity to change the shape of our service
- Capacity for follow up appointments were reduced
- In previous times to COVID19 therapists may have booked a 'safety-net' follow up appointment, this has shifted towards using a 'Patient Initiated Follow Up'
- Improvements made to patient information leaflets
- Lancashire Teaching Hospitals NHS Trust have hand therapists with the capability to manage simple fractures outside of a fracture clinic
- Scope for an ASP lead fracture clinic
- Next stages to investigate the financial cost saving implications

Conclusion

A simple numeral score for pain, stiffness, and function was used and has demonstrated positive outcomes within in a new practice setting. Simple hand fractures seen at the first point of access in minor injuries by hand therapists was outside the normal consultant referral pathway. The redeployed team called treating patients "by the right person, with the right skills, at the right time" an opportunity to provide optimal care and reduce return hospital visits. Hand therapy services would like to consider this positive test of change as we recover services and plan to offer an Advanced Specialist Practitioner led Hand Fracture Clinic.

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