

Redesigning a Hand Therapy Treatment Pathway for Hand Osteoarthritis Patients

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BACKGROUND

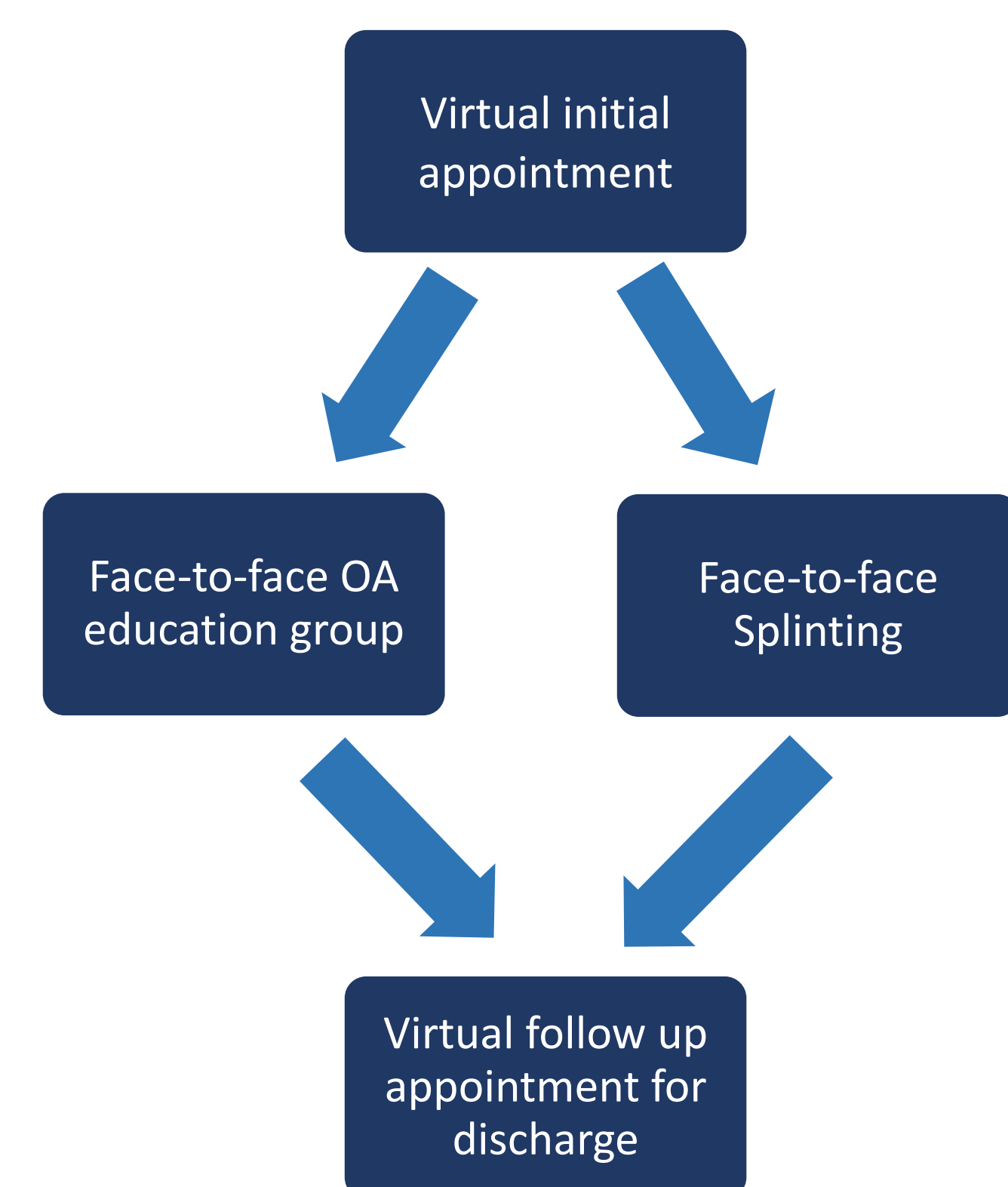
- Due to Covid-19, a change in the pathway for patients with hand osteoarthritis (OA) to a virtual format was needed to reduce hospital attendance whilst maintaining patient care.
- This created an opportunity to review our department's pre-covid pathway for this patient group (which involved only 1:1 face-to-face appointments) and subsequently develop a pathway that reflected both the current evidence base practice and reduced unnecessary hospital attendance.
- Review of the literature, including NICE Guidelines (2014), indicated the management of hand OA could be adapted to virtual delivery.
- Evidence (as per NICE Guidelines, 2014) includes: local muscle strengthening, general aerobic fitness, assistive devices advice, splinting, access to appropriate resources, pacing and joint protection advice.



The aim of this ongoing quality improvement project is to increase patient self-efficacy and independence in management of hand OA thereby reducing the number of hand therapy appointments and dependence on the service.

METHODS

- Pre-covid pathway and patient data were reviewed (August – September 2019).
- Assessment and treatment pathways were redesigned to support a virtual pathway, necessitated by Covid-19 restrictions, only video or telephone consultations were offered.
- Virtual assessment using a standardised proforma, evidence-based advice and various OA specific treatment packs were developed.
- Number of virtual appointments were limited to:
 - initial appointment
 - 8 week follow-up (same primary therapist)
- This was implemented and then we reviewed the post-covid pathway and patient data (June – July 2021) and compared it to previous pathway and patient data to make ongoing recommendations for our service.
- **Key metrics:** number of appointments, documented treatment provided.
- During the evolution of the project and as Covid-19 restrictions eased we identified the need for both an optional face-to-face splinting clinic and a face-to-face OA education group. This was due to the patients finding solely virtual appointments more challenging.



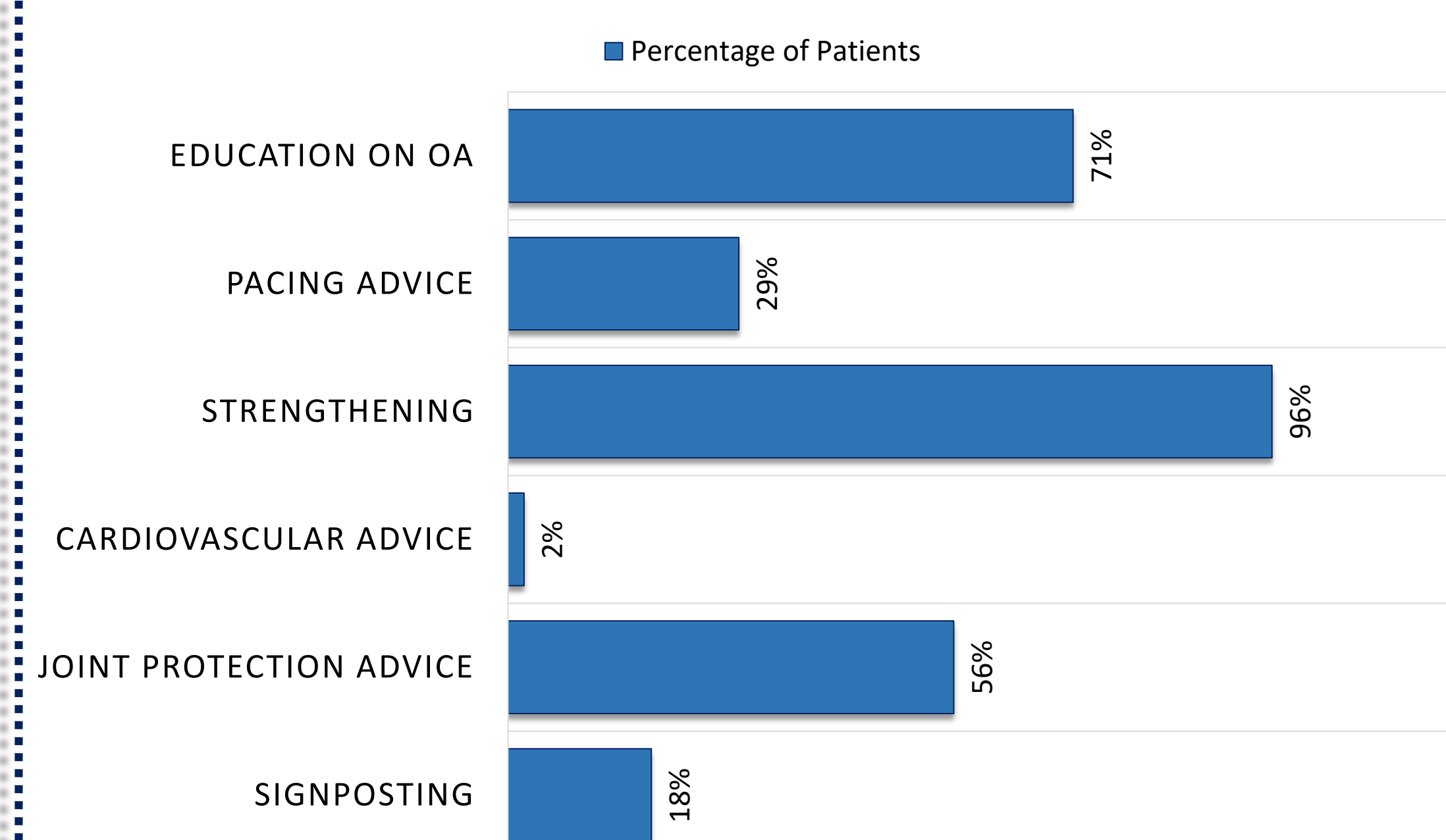
FINDINGS

- **Pre-covid data** included 55 patients treated between August – September 2019.
- The management of hand OA involved 1:1 face-to-face appointments. These ranged from 1-15+ sessions with varied treatment methods documented and minimal therapist continuity. See bar chart for key metrics.
- Frequent passive modalities were used in treatment (e.g. wax therapy, k-laser), which did not promote self efficacy as per NICE guidelines.
- **Post-covid data** included 17 patients treated between June – July 2021. Numbers reduced as only new patients to the service were included and not those in the pre-existing pathway, to reduce variables.
- The management of hand OA involved 1:1 virtual appointments and patients were provided standardised education and interventions as per evidence base. See bar chart for key metrics.
- The average number of appointments were significantly less and there was greater therapist continuity.

PRE COVID-19 REVIEW

(August – September 2019)

Number of patients reviewed: 55



WHERE TO NEXT?

- Two sets of comparable data were reviewed for recommendation regarding optimal treatment pathways. Pre-covid data demonstrates inconsistencies in management of patients with hand OA both from type of therapy provided and number of sessions.
- Through redevelopment of this pathway, review of current evidence base and standardisation of the patient information/ education, we aim to enhance quality of care.
- To assess the patient stakeholder further we will use a patient satisfaction questionnaire and self-rated confidence for self-management.
- We want to increase our sample size so we will continue to review this data for a further 3 months.
- As this is a quality improvement project, we have presented preliminary information to the stakeholders (therapists and surgeons) and with increased data we will again present our findings with definitive recommendations.
- In response to our initial aim to this project, we have reduced number of appointments thereby dependence on the service. Preliminary data indicates that patients feel empowered and confident to better manage their long term hand condition.

POST COVID-19 REVIEW

(June – July 2021)

Number of patients reviewed: 17

