Hand in Hand: Western Sydney Local Health District Integrated Hand Service

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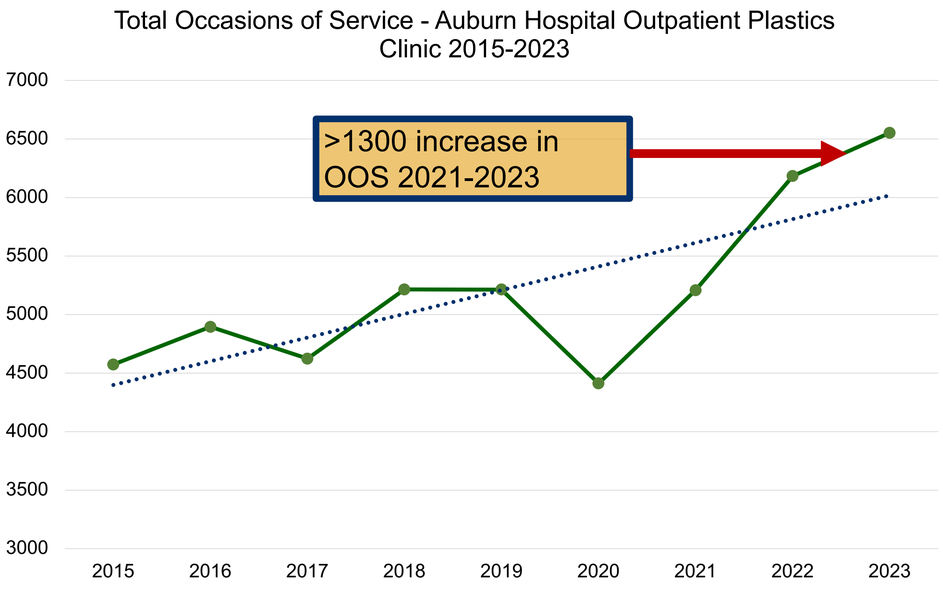
Case for Change

In 2021, WSLHD Hand Surgery services under the governance of Plastics & Reconstructive Surgery (PRS) were consolidated to Auburn Hospital.



The treatment and care of patients with hand injuries across WSLHD is inconsistent and varies depending on the location and time of presentation for treatment, leading to poor patient and staff experience.

Goal

To improve patient access to appropriate and timely care within Western Sydney Local Health District Hands Services by December 2024.

Objectives

1. Decrease the number of Hand Trauma-related Emergency Department (ED) re-presentations to WSLHD EDs from 16% (~1300 patients/year) to 8% by December 2024
2. Reduce the number of walk-in patients attending Auburn Hospital Plastics Clinic from 26% (~1700 patients/year) to 10% by December 2024
3. Decrease the number of emergency theatre list cancellations from 25% (~50 cases/month) to 5% by December 2024
4. Decrease the number of procedures requiring local anaesthetic only being performed in operating theatres from 40% (~600 cases/year) to 10% by December 2024.
5. Reduce the number of patients reporting excessive waiting times in the Auburn Hospital outpatient clinic as a concern from 37% to 10% by December 2024

Results

Since the commencement of Mini Clinics > 200 patients have utilised the service, avoiding secondary ED admission. The average time from patient arrival to departure is 40 mins.

Weekday Mini Clinics have been successfully implemented without additional resources, resulting in cost savings for the hospital and a plan for weekend clinics is being incorporated into the business case. Based on 4-month data review – Objective 1 & 5.

The remaining objectives will be reviewed in late 2024 following the implementation of Pathways to Care including patient and staff surveys.

Method

Using the Clinical Redesign Methodology, key stakeholders were engaged using the following methods:

Process mapping workshops (n=3)

Patient surveys (n= 49)

Staff surveys (n=27)

Data analysis – routine reports

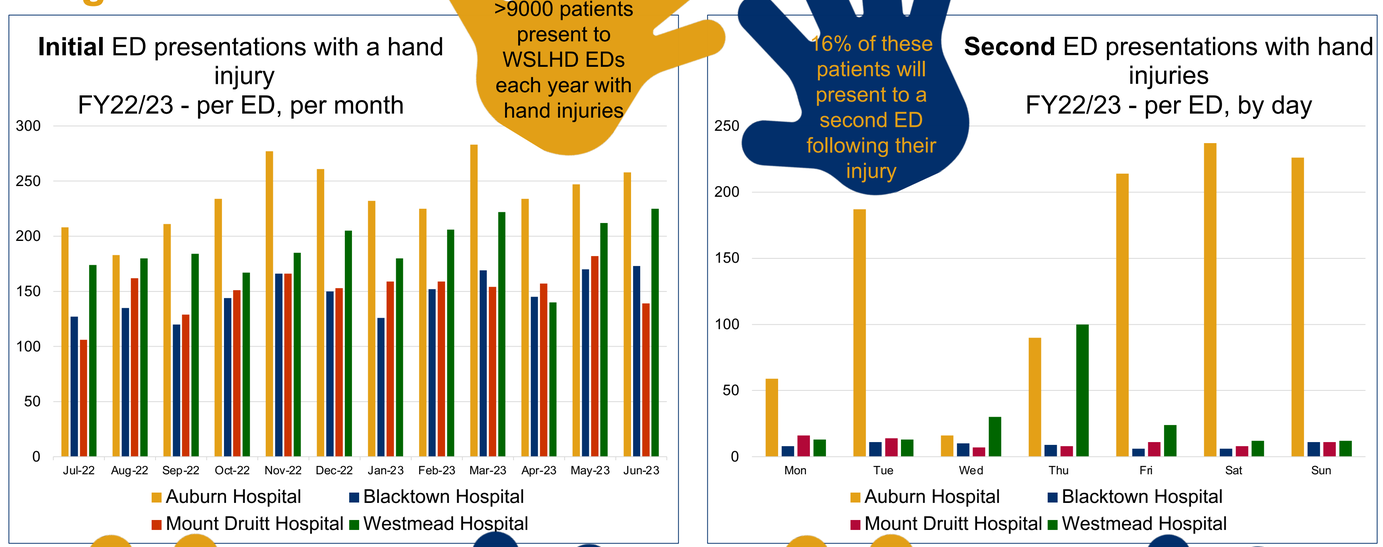
Root cause analysis

Issues prioritisation workshop (n=1)

Model of Care workshop (n=1)

PDSA cycle through trial of Mini Clinics

Diagnostics



>9000 patients present to WSLHD EDs each year with hand injuries

16% of these patients will present to a second ED following their injury

26% walk-in and 19% DNA rate in outpatient clinic

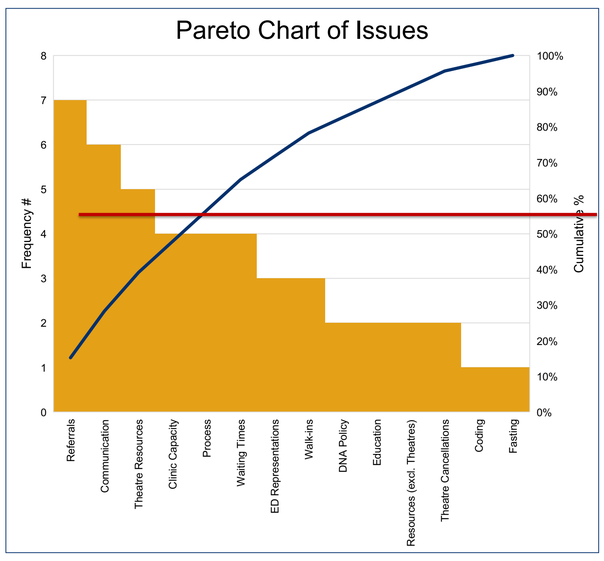
25% of patients on emergency theatre list postponed due to lack of time

Up to 40% procedures suitable to be performed under local anaesthetic

Poor patient experience – 37% reported excessive waiting times

Key Issues and Root Causes

1. Referrals
   Linked objectives: 1, 2 & 5
2. Communication
   Linked objectives: 1, 2 & 3
3. Clinic Capacity
   Linked objectives: 2 & 3
4. Process
   Linked objectives: 1, 2 & 3
5. Waiting times
   Linked objectives: 2 & 5
6. Theatre Resources
   Linked objectives: 3 & 4



Solutions and Implementation

1. **Mini Clinics** - Redirection of patients attending Auburn Hospital ED for PRS review to the Auburn Hospital Outpatient Department for daily 'Mini Clinics'. This facilitates timely review by PRS team without secondary ED presentations or utilising ED space/resources. Mini Clinics were implemented on weekdays in November 2023 for an 8-week trial period. Data was reviewed and the solution endorsed by the Steering Committee.
2. **Pathways to Care** – Documentation of a WSLHD Integrated Hand Service Model of Care (MoC) and consolidation of existing guidelines. This includes improved utilisation of current resources and processes as well as identifying areas that require increased resourcing to develop a business case.
3. **Minor Procedure Room (MPR)** – The establishment of a procedure room for the reallocation of identified procedures that can be completed under local anaesthetic, informed by project diagnostics. This solution continues to be developed alongside the MoC to be implemented as part of the future state.

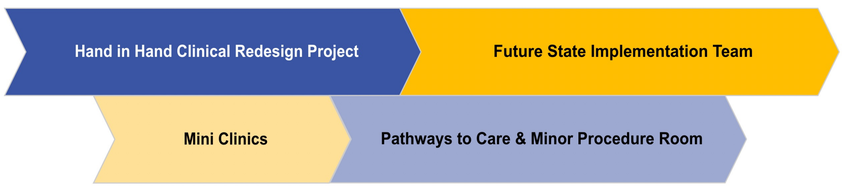
Quick Wins

1. e-Referral update - Measure: decreased walk-in patients and decreased DNA rates.
2. Patient information handout – Measure: improved patient satisfaction regarding expected waiting times
3. DNA policy development - Measure: increased follow-up of DNA patients and decreased DNA rates

Conclusion and Sustaining Change

Due to the large scope of the project and the timeframe restrictions, a decision was made by the project team in collaboration with the Steering Committee and Working Group to stage the implementation of the solutions outlined above. Although work on the "Pathways to Care" and "Minor Procedure Room" solution will be commenced during this project timeline to address issues found through the diagnostics phase, implementation will take place following CHR project completion.

Solution Ownership was distributed amongst the Working Group and Steering Group key stakeholders and a future state implementation team is being developed to carry the project through to the next phase.



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Hand in Hand Working Group

Hand in Hand Steering Committee

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