



Service Priorities and Programmes Electronic Presentations

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Hand services revamped in HKWC

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Introduction

It has been the traditional practice that discharged hand patients were followed up in Hand class of the Queen Mary Hospital (QMH). The Hand class is intended to provide early rehabilitation for patient with hand injuries. Once the wound is healed or stabilized, patients will be transferred to David Trench Rehabilitation Centre (DTRC) for further rehabilitation. With an increasing number of operations done in other hospitals within the cluster, patients are still sent back to Queen Mary Hospital and then to DTRC for post-operative wound care and rehabilitation. The multiple site of care delivery may cause confusion and frustration to patients, inconsistency of care and duplication of clerical work to copy and deliver the patients' records from one hospital to the second hospital and thereafter.

Objectives

1.To provide one stop service 2.To provide continuation of care in a consistent & familiar environment 3.To minimize duplication of clerical work 4.To provide a more efficient, quality driven and responsive service to patients.

Methodology

The flow was revised with Hand surgeons and therapists of the respective centres. The service was revamped and piloted in July 2015. Patients who have undergone release of trigger finger in DKCH no longer transferred to the Hand class of the QMH physiotherapy department and were directed to DTRC Hand class. To facilitate this change, pre-operative education and pamphlet were given to patients. Post-operative wound dressing forms were distributed to patients before discharged. Referrals for Physiotherapy and Occupational therapy were faxed to the respective departments for the earliest appointment available. Every case was carefully followed to ensure high quality of care was maintained.

Result

A survey was conducted in Dec 2015 after a five months trial period. All patients were satisfied with the arrangement. They felt more confident of what to expect from the day surgery and rehabilitation. They were happier as they can stay in one familiar environment for rehabilitation. Even the clerical staff faced less tough questions from the patients with regard to change of rehabilitation environment. No patients were lost to follow up and no complications were reported. The remodeling

also saves 45 minutes of QMH physiotherapist time and 20 minutes of clerical staff time per patient. It is envisaged that patients undergoing other simple hand surgeries can go through the same flow.