



A 5 year review of allied health service provision within a regional paediatric burns service

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Introduction:

The North Queensland Paediatric Burns Service (NQPBS) is part of the Paediatric Surgical Services at The Townsville Hospital (TTH).

In 2013 there were 78 recorded burn presentations. 39% of activity was completed with inpatient admissions, 61% was completed in a nursing outpatient clinic or general paediatric surgical clinics. In 2016 there were 143 presentations.

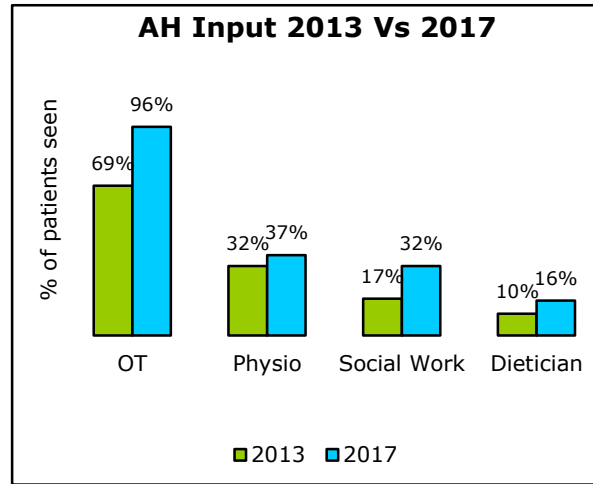
Following a retrospective chart review in 2013 it was evident that the service was not working within a multi-disciplinary team (MDT) model. Allied health (AH) staff were routinely missing involvement in patient care.

A change in the model of care was introduced to transition to a MDT focus as recommended in the Australia and New Zealand Burns Association AH guideline (Edgar et al, 2014).

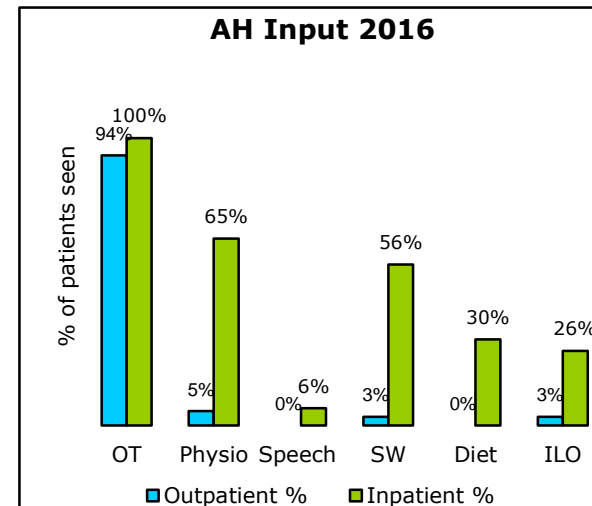
A retrospective chart audit was repeated in 2016 of 143 burn presentations to TTH.

The aim was to compare the engagement rate of AH team members from 2013 to 2017 to evaluate the change in the NQPBS model of care.

References: Burn trauma rehabilitation: Allied health practice guidelines (1st ed.). S.1.: Lippincott Williams & Wilkins



Note: Speech pathology & ILO excluded from graph (no 2013 data)



Conclusions:

NQPBS is unique regional service where AH staff are required to prioritise burn presentations as part of general paediatric caseloads. As a result AH staff have had to develop strategies to manage the 83% increase activity over the past five years.

There was an overall increase in inpatient care with 66% of patients being admitted for care. The remaining 44% received care in a nursing and OT lead burns clinic with surgical consultations as indicated.

Inpatient admissions generally indicated a higher acuity of presentation either relating to severity of injury and/or other high risk factors.

Patients accessing NQPBS in 2016 were more likely to access allied health services while admitted. This is most likely reflective of the availability of allied health staff.

A change from a nursing lead model of care to a multi-disciplinary model of care has been instrumental to the overall increase in AH involvement in all disciplines.

This 5 year review of service delivery is supportive of the change to a MDT model of care which is reflective of recommendations made in ANZBA AH guideline.