Fitting the pieces together B U R N S

ACT Government Health

PROMOTING ACCESS TO OCCUPATIONAL THERAPY FOLLOWING BURN INJURY

Providing responsive Occupational Therapy (OT) services following burn injury is crucial. Current evidence show that early OT intervention (as part of the multidisciplinary team) should start as soon as possible following burn injury in order to prevent deformities and maximise function and recovery. A burn injury has significant consequences on a person's skin, as well as their whole body. Across NSW and the ACT, approximately 2,500 burn cases are treated per year.

The Occupational Therapy Role

Burn therapy is often required until scar maturity, which ranges from 12-18 months.

Early scar prevention and management is particularly vital to prevent contractures, altered sensation, significant pain, raised thick scars and pruritus (itch).

The specific components of the Occupational Therapy (OT) role include:

1. Positioning and splinting
2. Skin care and scar management
3. Contact media
4. Exercises, Mobility and Stretches
5. Pressure Therapy

Service Review

In early 2016, a review of referrals to OT at The Canberra Hospital following burn injury demonstrated a low number of new referrals being made (approximately 2-3/month), despite a significant number of patients receiving medical treatment for these injuries.

For this reason, a re-design of service delivery in 2016 was commenced in order to:

1. Promote the role of OT following burn injury.
2. Ensure evidence-based OT interventions were implemented.
3. Increase inter-professional awareness of OT services available within The Canberra Hospital.

Initiatives

In 2017, specific initiatives that have been implemented to improve service delivery following burn injury at The Canberra Hospital. These include:

1. Weekly OT attendance at the Paediatric burns clinic and Nurse clinic for assessment and treatment.
2. Development of a specific OT Referral Form post burn injury.
3. In-services to allied health staff.
4. Close liaison with referring centres from larger tertiary hospitals (Concord Hospital and Royal North Shore Hospital).
5. Benchmarking of ACT Services with NSW Model of Care post burn injury.
6. Adherence to the evidence based Australian & New Zealand Burn Association (ANZBA) and the Joanna Briggs Institute (JBI) Allied Health Practice Guidelines in Burn Trauma Rehabilitation.
7. Combined patient appointments with medical compression garment companies.
8. The development of a TCH Burns Assessment Form.

Outcome

Overall, here has been an upward trend in the number of burns referrals by 300% from the implementation of initiatives to date.

Prior to implementation, there was a decrease of referrals to access OT services .

Following implementation of service review initiatives in 2016, there was an immediate increase in OT specific burns referrals with an average of 6 referrals per month from May 2016 until Dec 2016.

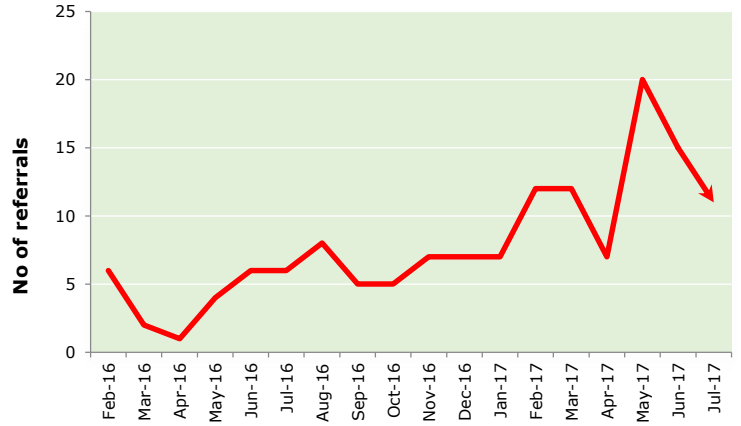
In 2017, following the implementation of targeted initiatives to improve service delivery, burns referrals continues to increase at an average of 12 referrals per month from Jan 2017 until July 2017.

Key factor contributing to the effectiveness service delivery

- Regular OT presence at the weekly Paediatric Burns clinic (Majority of the referrals received were from the Paediatric Burns Clinic).

Potential factors that may influence referrals include:

- Colder months versus warmer months
- Availability of ACT Health burns OT services
- Availability of scar management options available i.e. Laser treatment , in the ACT
- Up skilling of health professional, staff and practitioners and availability of local mentoring or coaching
- Awareness on the role of OT in burns and scar management
- Limitations in funding



Conclusion

Through these initiatives, referrals have now increased by 300%; thereby, improving evidence-based clinical practice.

With positive outcomes demonstrated throughout the implementation of initiatives/ strategies, it is proposed that these will continue to increase early access to Occupational Therapy following burn injury, thereby improving service delivery, increasing patient outcomes and delivering interventions in line with evidence-based practice.

These evidence/ outcomes showed that these ongoing efforts and initiatives lead to improved awareness of OT role in burns and scar management and hence, increase in OT service delivery.

It is expected that regular implementation and evaluation of initiatives and strategies need to be conducted over a longer timeframe to allow initiatives to make an impact and to maintain the sustainability of the service.

Reference

ANZBA-JBI (2014), Burn Trauma Rehabilitation: Allied Health Practice Guidelines. Philadelphia. Lippincott Williams & Wilkins. Pages 108-209.

For more details, please email:

Ruey Chyi Lim (Renae) at Renae.C.Lim@act.gov.au

Or Lin Wegener at Lin.Wegener@act.gov.au