



# Flash of brilliance

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Kent Community Health

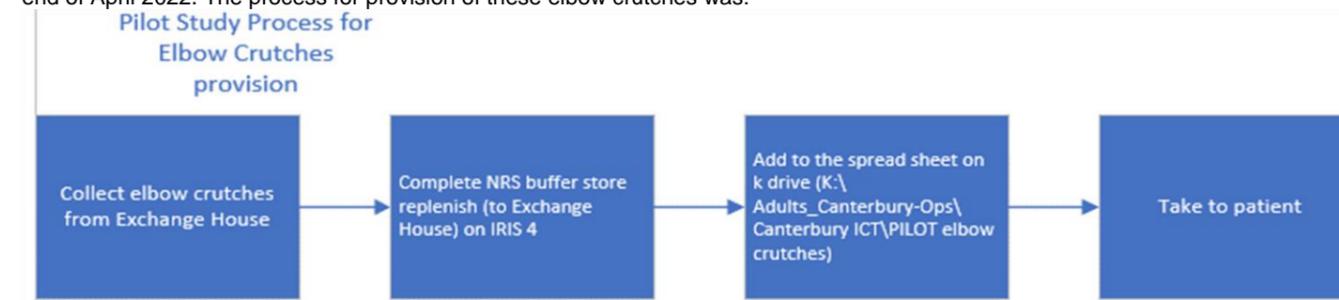
NHS Foundation Trust

## Aim: To reduce the time patients have to wait for elbow crutches in the community

Elbow crutches are not core stock items for Kent Community Health NHS Foundation Trust (KCHFT) community teams. Following the Covid-19 pandemic, some of the needs of community rehabilitation patients changed. In some cases, patients are waiting for orthopaedic surgery for longer and they are being discharged back into the community sooner. This has increased the need for elbow crutches to be provided by KCHFT physiotherapists. The process of ordering specialist items meant physiotherapists had to complete request forms, get a quote complete with clinical reasoning, have this agreed by a panel prior to it being delivered to Nottingham Rehab Service (NRS) and then finally, the crutches being delivered to the patient. This process took the physiotherapist at least 30 minutes and could take up to six weeks for the crutches to arrive. A six week wait in a patient's acute rehabilitation process can be detrimental to their overall outcome. The number of requests for special orders in the financial year of 2021-2022 was 15, which did not seem to correlate with the perceived need and frustration within the teams. However, it was hypothesised that physiotherapists were using other ways of making sure their patients received best care and the elbow crutches in a timelier manner, by avoiding the lengthy process, by, for example, using recycled stock, paying for equipment from their community team budget or borrowing from other teams' buffer stock. We needed to find a quicker and better way.

## Change ideas: What changes did you make?

The change idea was to pilot having elbow crutches as core stock items for one community team to assess the actual need and the benefits to patients. We process mapped the original way of doing things and the proposed new way and after some time the Clinical Commissioning Group (CCG) agreed to fund 50 pairs of elbow crutches. These arrived in late December 2021. The pilot ended at the end of April 2022. The process for provision of these elbow crutches was: -



## Measures/results: What was the impact of the changes?

Eight pairs of elbow crutches were provided by the team in the four-month pilot. The table below shows the audit of their use and the benefits to the patients and the Canterbury Community Rehabilitation Team.

Diagnosis/Condition	Reason for supply	Impact on the patient	Impact on the service
Fractured R NOF,	Progressing from frame to e/crutches	More empowered, increase in confidence.	No delay in rehab, able to provide better outcomes, required shorter interventions as progressed more quickly
MS	Most suitable aid to support mobility	Patient feels more confident mobilizing with E/crutches, helps manage fatigue	Reduced time on caseload as able to provide aid sooner
EDS (multi joint dislocations)	2 pairs, one for each floor Patient young and too good for wheeled Zimmer frame (WZF)but needing support for independent mobility	Patient very happy to be able to mobilise independently indoors and out to the car with a suitable aid	Better outcome for patient
Fall, DHS	Patient too good for WZF, tried to take it outdoors	Patient found EBC allowed her to be more mobile as WZF cumbersome now. Patient can mobilise safely outdoors with appropriate aid	Progress patient sooner off of WZF
Vascular surgery leg	Patient too good for WZF but lacked confidence to mobilise unaided	Patient able to mobilise with EBC, improving his balance and confidence	Progress patient sooner off WZF.
Cancer of Kidney, falls	To progress off WZF as was independent unaided prior	Patient feeling like he is making real progress	Can progress patient sooner

**Clinical time saved:** 3.33 hours were saved during the pilot by changing the process of completing the forms.

There are eight Community Rehabilitation Teams within KCHFT. If elbow crutches are added as core stock items for the whole of KCHFT this could mean a clinician time saving of at least 80 clinical hours in a year. The likelihood is that demand will continue to increase. The pilot empowered the physiotherapists to progress and support the rehabilitation of their community patients more effectively, in a critical time in their rehabilitation process. It enabled patients to be independent and has helped with waiting list caseload management, by being able to rehabilitate and discharge patients quicker.

**Cost saving:** If each of the eight community teams used 24 pairs of crutches a year at £9.07 instead of £14.99, a saving of £1,136.64 in one year could be realised.

**Waiting times reduced:** The eight patients did not have to wait at all – they could have waited for up to six weeks.

This change would benefit ALL services that access NRS for crutches not just KCHFT.

## Lessons learned and what's next?

We learned that changing elbow crutches to core stock would:

- Benefit patients by reducing waiting times for equipment
- Save physiotherapists clinical time
- Save money
- Have the potential to help with caseload management and reduce waiting times to access community rehabilitation



The time taken to convince the CCG via the Integrated Care and Equipment Services operational group that this was an essential change was time well spent.

It was difficult to prove the need, due to low numbers of elbow crutches being ordered via the specialist orders system in 2021. However, the need has been proved by the use of the elbow crutches that have been used from the stock with the pilot team.

The pilot has ended, however, there has been such an improvement that this will be rolled out to other community teams with the remaining pairs of crutches, mirroring the pilot process, to enable patients within other teams to benefit as soon as possible.

The next step is to provide the data from this pilot to the CCG contracts meeting, to prove that if elbow crutches are identified as a core stock item, it reduces waiting times for patients, reduces the clinical time spent in the ordering process and saves money. This would benefit all other organisations which are affiliated to the Integrated Care and Equipment Services. This includes hospices, acute services, community NHS trusts and social care.