Lymphoedema Management in Occupational Therapy

Jessica Allchin
Occupational Therapy Department, Sydney Local Health District

Background
Lymphoedema is a progressive chronic condition that can have a deleterious effect on a patient's physical and psychosocial health. The demand on the Lymphoedema service in Sydney Local Health District has increased and is predicted to continue. The demand has increased due to several factors including:
• Increased recognition of the diagnosis of lymphoedema.
• The classification of the diagnosis of lymphoedema has broadened to include various mixed oedemas linked with heart failure, obesity, chronic venous insufficiency.
• Increase in secondary lymphoedema due to increase in surgery, cancer and radiation treatment.
• Greater awareness of the benefit of managing lymphoedema to prevent recurrent cellulitis.

Case for Change
The Occupational Therapy Services at RPAH and CRGH provided over 2500 occasions of service for outpatients in 2013 (2.4 FTE), however this did not meet the demand.

The following issues exist with the current service:
• The waiting times have been identified as not clinically appropriate to achieve desirable patient outcomes according to best practice guidelines.
• Localised waiting lists and differences in prioritisation guidelines mean that access to services is not equitable for patient across SLHD.
• Lymphoedema treatment programs involve the provision of consumables. The increased service provision is putting pressure on CRGH and RPAH Occupational Therapy Department budgets.
• Senior clinicians with specialised training are a small critical mass in the workforce account for 1.3 FTE. Any period of leave impacts detrimentally on the service provision.
• This condition often becomes costly from a health service and patient perspective due to increase in surgery, cancer and radiation treatment.

Methodology
The project was undertaken online with Clinical Redesign methodology outlined by The Centre for Healthcare Redesign. The project team developed a project management plan, performed diagnostics, developed solutions and an implementation plan in consultation with key stakeholders and the advisory committee.

Objectives
The following objectives will stem from completion of the project:
1. New patients referred for management of their lymphoedema will receive an initial assessment within 10 working days of referral to the outpatient service and 2 working days for inpatient service 60% of the time by July 2015. All new patients (100%) are assessed within 1 month of referral to service by July 2015.
2. All patients commence treatment within 4 weeks of referral to the outpatient service 60% of the time by June 2015. All patients (100%) commence treatment within 8 weeks of referral by July 2015.
3. A measurable improvement in the patients’ experience of attending the Lymphoedema service in SLHD, shown by improved responses to patient satisfaction surveys and interviews by July 2015.
4. By July 2015, all patients who have surgery involving extensive lymph node dissection receive education about lymphoedema.

Diagnostics/Results

Patients surveys (431) posted to patient who attended the outpatients Lymphoedema Service in 2013 - response rate of 52%.
96% of patients reported the therapists provided a supportive and positive atmosphere.
96.3% of patients were satisfied with the treatment provided.
90.5% of patients overall rated the service as ‘Excellent’ or ‘Good’.
Patients felt the only downfall of the RPAH service was the wait time for an appointment. Patients reported anxiety, uncertainty and frustration associated with this wait time.
64.3% of patients at RPAH and 36% at CRGH were not happy or only somewhat satisfied with the wait time for an appointment.
Patient interviews (16) were conducted by phone using the eight Picker Dimensions of Patient Centred Care.

Solution Design for Key Issues

Issue 1: Referral and booking pathway is unclear and results in delays in receiving referrals, incorrect information on referrals, patients are not provided contact details of the service, patients fail to attend, therapists are overbooked due to booking system errors, and poor communication with referrer.

Solution:
- Established a service agreement for the district wide service, with a referral pathway including a central intake.
- Utilise Information and Communication Technologies (ICT) to manage referrals, waiting lists, scheduling appointment, SMS contact with patients, updating referrers and document clinical care.

Issue 2: Access to care issues include patient at risk of lymphoedema are not identified and referred for early intervention, differences in prioritisation, referrers lack understanding of lymphoedema and services and as a result delayed referrals, knowledge about the service, condition and referral process is unclear to referrers.

Solution:
- HealthPathway with the Inner West Medicare Local to streamline referrals and provide information on the condition
- Develop a SLHD Lymphoedema website to provide education to referrers and patients including an information package.
- Educate referrers through in-service program
- Group education session to replace individual education sessions.

Diagnostics/Results

Other diagnostics: data analysis, process mapping, system audit and PET feedback on service provision.
27.9% of patients who attend the service in 2013 live out-of-area. There are limited public lymphoedema services in other LHD’s to refer patients to their local service. These patients from out-of-area are a contributing factor to the demand on the service.
60% of patients at RPAH and 48% at CRGH of patients that did receive appropriate education per the best practice guidelines.
Additional time required for non-directive activities for all therapists at both sites have met or exceeded their work load target.
Intensive (CLT) treatment is time consuming, the wait list for CLT is 2-4 months at RPAH, and this impacts the services capacity.
21% of patients at RPAH and 9% of patients at CRGH required greater than 6 appointments have likely received CLT treatment.

Solution Design for Key Issues

Issue 3: Increased length of episode of care as a result of patients being unable to self-manage at home, inefficient processes dealing with EnableNSW result in extended episodes of care, and increasingly complex cases of oedema with wounds/chronic skin changes.

Solutions:
- Trial alternative sources of donning aids and readywrap compression garments to reduce cost to patients.
- Request a pilot to EnableNSW to address existing problems with ordering and supply of garments.
- Apply for an extended lymphoedema service that provides support to achieve long-term self-management in the patients home.

Implementation/Sustaining Change
The project is in the implementation phase. Each solution has been allocated a solution owner and process owners. Clinical champions with strong engagement, and consistent measures of outputs will assist in monitoring the change in this service.

Conclusion
It is essential we clearly recognise the current and future demands on this service and address the current cross site differences to allow for a sustainable and equitable service for patients.

Implementation aims to deliver a high quality service focusing on a centralised pathway, early intervention, increasing awareness and empowering patients to self-manage the condition at home.

These solutions will have a positive impact on reducing the wait times for the outpatient services long-term and improve the patient journey.

Furthermore, implementation is essential because untreated or mismanaged Lymphoedema can decrease a patient’s level of function and quality of life, as well as increase the burden and cost to the health care service.

Acknowledgements
Executive Sponsor: Paula Caffrey (Director of Allied Health)
Local Sponsors: Susan Gollan (Occupational Therapy HOD CRGH), Beverley Vale (Occupational Therapy HOD RPAH).
Executive Staff: Karleen Allen (A/ Director of Projects, SLHD)
Champions: Occupational therapists working in the lymphoedema service at Concord and RPA Hospitals.
Project Lead/Contact: Jessica Alchin, Occupational Therapist Jessica.Alchin@sswahs.nsw.gov.au