

SPECIALIST OCCUPATIONAL THERAPY & PHYSIOTHERAPY SERVICES CLINICAL OPERATIONAL POLICY (PLASTICS & BURNS)	Clinical Operational Policy Register 10050 Status: Public
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Consulted With:	Individual/Body:	Date:
Jo Myers	Associate Director	January 2018
Manu Sood	Clinical Director	January 2018
Karen Cook	Project Manager	January 2018
Teresa Tredoux	Burns Matron	January 2018
Tracey Sell	Plastics Matron	January 2018

Professional Approval:		
Stewart Cooper	Assistant Director of Operations	January 2018

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Author/Contact for Information	Adrienne Copsey, Lead Therapist, St Andrews Therapies
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1.0 Purpose

- 1.1 To define the services provided by the Occupational Therapists and Physiotherapists to the Specialist Service at the Regional Burns & Plastics Surgery Unit at Broomfield Hospital.
- 1.2 To demonstrate the difference in service provision from the main hospital therapy department.

2.0 Aims of the Service

- 2.1 The Therapy Service aims to provide a highly specialist Occupational Therapy and Physiotherapy assessment and treatment service to patients under the management of the Regional Burns and Plastics Surgery Unit.
- 2.2 To provide timely care to all inpatients and outpatients in the Regional Burns & Plastics Unit to ensure that patients pathways are managed efficiently and that discharges occur effectively.
- 2.3. To work within the Multi Disciplinary Team of the Regional Burns & Plastics Surgery Unit and where relevant the wider hospital to ensure seamless provision of care to patients.

The service aims to be compliant with

- The National Service Framework for Children
- National Burns Care Standards
- MEHT Patient Access policy

3.0 Scope of the Service

3.1 Staffing

- 3.1 Staffing for this Service includes; Occupational Therapists (OT), Physiotherapists (PT), OT Technician, Therapy Assistant, Receptionists and Clerical staff.
- 3.2 All allied health professional staff must be registered with the Health & Care Professions Council (HCPC) and practice within the appropriate standards of proficiency.

3.2 Service Provision

- 3.2.1 The Department provides a service to Adult Burns Ward, Children Burns Ward, the specialist surgery wards, paediatric specialist surgery patients, hand surgery patients under orthopaedic surgeons and outpatient areas (Plastics outpatients and Burns Outpatients) from Monday to Friday.
- 3.2.2 This includes patients under the following specialities; Plastics and Burns for elective and emergency management as either inpatients or outpatients.

- 3.2.3 The therapy service provides occupational therapy and physiotherapy to the inpatient areas (burns units and wards) to rehabilitate patients following injury, illness or elective surgery.
- 3.2.4 In the Plastics outpatient department the therapy service provides hand therapy to patients following injury or surgery post-operative breast reconstruction rehabilitation as part of the breast reconstruction clinic and general plastic patients, facial palsy and head and neck reconstruction patients.
- 3.2.5 The therapy department provides rehabilitation to patients under the care of a specialist surgeon as inpatients and outpatients in the department located in E221.
- 3.2.6 The Burns outpatient service is provided by occupational therapists and physiotherapists to continue post discharge rehabilitation and scar management to all adult and paediatric burns patients treated on or referred to the supra-regional Burns centre. The Burns Outpatient Service also provides follow-up care at the outreach clinic in Ely.
- 3.2.7 The service is provided Monday to Friday with start and finish times for each of the areas being:-
- Hand therapy 07:30 to 16:00
 - Physiotherapy on Burns ITU and specialist surgery wards 07:30 to 16:00
 - The Consultant Physiotherapist starts at 07:00
 - Burns Rehab 08:00-16:00
 - OT on specialist surgery wards 08:00-16:00
 - Burns outpatients 08:00 to 16:00
 - Attendance on Trauma Hand Round at 7.30am Monday-Friday.
- 3.2.8 An on call physiotherapy service for acute respiratory conditions is provided each night between 16:00 and 08:00.
- 3.2.9 A weekend service (including all bank holidays) is provided from 08:00 to 16:00 (or until the caseload is completed) to patients requiring physiotherapy for acute respiratory conditions, and mobility assessment for discharge. For further details on the on-call and weekend working see Therapy Department on-call policy.

3.3 Inclusion Criteria

- 3.3.1 All patients (adults and paediatrics) referred to the service under the care of a Consultant based within Burns & Plastics or referred for hand therapy from the orthopaedic consultants.
- 3.3.2 Patients referred to the on-call service must be an inpatient on the specialist surgery wards, the burns unit or a specialist surgery patient on the general ITU and have an acute respiratory problem that is amenable to physiotherapy intervention.
- 3.3.3 The On Call Service and Out of Hours is provided for patients with respiratory needs

3.4 Exclusion Criteria

- 3.4.1 Patients not under the care of the Plastics & Burns consultants or orthopaedics for hand surgery.
- 3.4.2 Referrals from GPs
- 3.4.3 Outpatients who are unable to attend the department even on hospital transport.

4.0 Work Flows

- 4.1 The work flow is divided into Hand Therapy (plastic and orthopaedic surgery), Ward based Physiotherapy and OT (Burns and Plastic Surgery). All services see both elective and emergency patients, the pathways for both are the same.

4.2 Hand Therapy

- 4.2.1 Written referrals for inpatients (following emergency or elective surgery) are received from the surgical team during the Monday-Friday morning ward round. A photocopy of the operation sheet, which includes post-operative instructions, is taken by the therapist on the round.
- 4.2.2 At the end of the ward round, any patient who requires same day therapy has their post op care organised by the senior therapy team and is given an appointment time to attend the hand therapy department in Plastics outpatients.
- 4.2.3 Most inpatients are discharged from hospital following their hand therapy appointment, with follow up appointments booked as appropriate. However, if a patient is unable to be discharged following hand therapy (e.g. pain or lack of movement) the ward and surgical team are informed and the patient remains in hospital until clinically appropriate for discharge.
- 4.2.4 Any patient not requiring same day therapy (as directed by a consultant) or any patient operated on Saturday or Sunday discharged home before the Monday morning ward round have their referrals prioritised and given an appointment as clinically appropriate.
- 4.2.5 Written referrals for outpatients from plastic surgery consultants, orthopaedic consultants and trauma clinic are received in the hand therapy department, either in the post or when the patient brings the referral to the reception desk.
- 4.2.6 Each referral is prioritised on day of receipt and given an appointment according to clinical need. Urgent appointments can be given on the same day (if patient present in department) or telephoned through to patients, routine appointments are sent to patients. All referrals are seen within 7 days of receipt (earlier if clinically necessary).
- 4.2.7 Patient's attending for their first appointment have a comprehensive assessment of their hand function and a treatment plan is developed. Follow up appointments are made with the patient as clinically indicated. All patients appointments are made in accordance with the Patient Access Policy. Patients who DNA their appointments will also be managed in accordance with that policy.

- 4.2.8 Paediatric patients are scheduled to receive hand therapy treatment at the beginning or end of clinic sessions unless the times are not convenient for their parents (morning or afternoon) and are treated in an enclosed treatment area within the hand therapy department.
- 4.2.9 Appointments are recorded on Lorenzo– all outpatient hand therapy appointments are booked by the hand therapy administration staff to ensure the outpatient therapy activity is recorded as part of the patient pathway
- 4.2.10 Referral letters are kept in the departmental filing system until the patient's first appointment when they are attached to the therapy notes.
- 4.2.11 Hand Therapy documentation is completed in accordance with HCPC standards of proficiency and is written in separate therapy notes which are kept in the secure departmental filing system, this is the same for both inpatients and outpatients. Documentation in the patient's medical notes only occurs when there is a problem with the patient that cannot be verbally communicated to the surgical team.
- 4.2.12 Hand Therapy activity for input is recorded on the departmental stats sheets, inputted by the secretarial team onto the departmental data base and reported as monthly figures to the lead therapist. Lorenzo clinic system is provided by the information team on a monthly basis. This records all out patient activity.
- 4.3 Physiotherapy – Burns ITU and Specialist Surgery Wards**
- 4.3.1 Physiotherapists receive a hand over from the nurse in charge and attend the Burns ITU morning ward (Monday to Friday) round to identify new patients and discuss the progress of existing patients.
- 4.3.2 Physiotherapists assess and treat the burns ITU patients as clinically indicated – using a range of interventions including respiratory management, ventilator weaning, tracheostomy weaning, positioning, range of movement and rehabilitation.
- 4.3.3 A blanket referral system for respiratory physiotherapy and mobility assessments operates for all the wards in the division.
- 4.3.4 Physiotherapists also receive a morning handover from the nurse in charge on the specialist surgery wards to identify new patients requiring physiotherapy intervention (respiratory, post-operative rehabilitation and/or discharge planning) and update on existing patients progress.
- 4.3.5 When an inpatient paediatric patient under the care of a specialist surgery consultant requires physiotherapy, the ward contacts the physiotherapists by bleep and an appropriate time for treatment on the ward is arranged.
- 4.3.6 The physiotherapists attend the general ITU to assess and treat patients under the care of a specialist surgery consultant admitted to the ITU for specialist surgery reasons (e.g. post head and neck surgery) and those with burn injuries. Any patient admitted to general ITU for medical reasons under the care of a specialist surgery consultant will be managed by the main therapy department ITU team (see criteria for referral in departmental on-call guidelines).

- 4.3.7 Assessment and Treatment of ward patients is based on clinical priority.
- 4.3.8 Breast reconstruction patients are seen on the ward for post op rehabilitation. They are then followed up as outpatients by the physiotherapists as part of the breast reconstruction clinic, for rehabilitation, advice, scar management and education.
- 4.3.9 The Physiotherapy Team provide specialist input to the facial palsy service, which involves leading conservative management and rehabilitation following facial reanimation.
- 4.3.10 Documentation for ward patients following assessment and treatment is completed in accordance with HPC standards of proficiency and is written in separate therapy notes which are kept in the secure departmental filing system when not in use. Documentation is written in the patient's medical notes if a problem occurs that needs to be communicated to the wider surgical team, or if the outcome of a specific intervention e.g. stairs assessment needs to be seen by the wider MDT or if the patient is having a 1 off assessment and is then being discharged from physiotherapy.
- 4.3.11 Documentation for patients in Burns ITU is completed on the Burns unit Metavision system.
- 4.3.12 Activity is recorded on the departmental stats sheets, inputted by the secretarial team onto the departmental data base and reported as monthly figures to the lead therapist.
- 4.3.13 At the point of discharge from hospital referral to outpatient or community therapy services for follow up is organised as clinically indicated and available.

4.4 Occupational Therapy- Burns ITU and Specialist Surgery Wards

- 4.4.1 Occupational Therapists receive a morning handover from the nurse in charge on the specialist surgery wards, and Burns ITU to identify new patients requiring occupational therapy intervention.
- 4.4.2 Assessment and Treatment of ward patients is based on clinical priority.
- 4.4.3 Where appropriate the OTs liaise with the social workers to identify and implement care packages or discharges to residential or nursing homes. OTs where appropriate conduct home assessments, access visits and kitchen assessments. The OT may also be required to attend case conferences
- 4.4.4 Documentation following assessment and treatment is completed in accordance with HPC standards of proficiency and is recorded in separate Occupational Therapy notes, stored in locked filing cabinets in the burns outpatient department when not in use. The OTs document in the medical notes when a plastic surgery inpatient has been seen.
- 4.4.5 Activity is recorded in departmental stats sheets, inputted onto the departmental database and reported monthly to the departmental lead therapist and assistant general manager for plastics.

4.4.6 At the point of discharge from hospital referral to outpatient or community therapy services for follow up is organised as clinically indicated and available.

4.5 Burns Rehab and Burns and Plastic Surgery Outpatients

4.5.1 Occupational Therapists and Physiotherapists attend the Burns Rehab and Paediatric Unit morning ward (Monday to Friday) round to identify new patients and discuss the progress of existing patients.

4.5.2 The OTs and physiotherapists assess and treat the burns patients as clinically indicated.

4.5.3 Each Monday the OTs and Physiotherapists join the Multi-disciplinary team meeting on the Burns Rehab unit to discuss plans for the patients' ongoing management and discharge plans.

4.5.4 Documentation for patients in Burns Rehab and Paediatric Unit is completed in joint OT and Physiotherapy notes, stored in the burns rehab unit.

4.5.6 Burns outpatient therapy provides ongoing physiotherapy and occupational therapy rehabilitation and scar management for patients post burn. Patients with scar management problems following plastic surgery are also seen in this service.

4.5.7 Referrals are received from GPs, from burns consultants, nurses within the burns outpatient department. Patients discharged from the Burns Unit have their care continued without the need for formal referral.

4.5.8 All patients are seen in the Burns outpatient department therapy gym.

4.5.9 Appointments are recorded on Lorenzo – all outpatient therapy appointments are booked by the therapy staff.

4.5.10 Patients are also seen as part of nurse led dressing clinics or seen in joint clinics with the consultants.

4.5.11 Activity is recorded on the departmental stats sheets, inputted by the secretarial team onto the departmental data base and reported as monthly figures to the lead therapist

4.5.12 At the point of discharge from hospital referral to outpatient or community therapy services for follow up is organised as clinically indicated and available.

5.0 Key Relationships

5.1 Key Operational Requirements

- Physiotherapists
- Occupational Therapists
- OT technicians
- Administration Staff
- Treatment areas – hand therapy, burns rehab, burns outpatients
- Gym space and equipment
- Reception area

- Splinting equipment and splinting pans
- Splinting areas
- Storage facilities
- Waiting Area
- Patient Changing Areas
- Staff Changing Rooms
- Computers
- Offices
- Access to the ADL assessment kitchen

5.2 Key Relationship with other Departments

- Plastic Surgery Wards
- Burns Unit
- Burns OPD
- St The Regionals OPD
- General ITU
- Theatres
- Main Broomfield Therapy Department
- Social Services
- Orthopaedics
- Consultant Staff
- Medical Secretaries
- Medical Records Library
- Chaplaincy Service
- Surgical Appliances
- Library
- Training Department
- Porterage
- Medical Records
- Occupational Health
- Medical Secretaries
- Estates
- Hospital Transport
- IT
- Satellite Clinics
- Breast reconstruction Service
- Psychotherapy and Counselling Services
- HR
- Finance

5.3 Environmental Requirements

- Flooring should be non slip, level and even in colour
- Heating thermostat controlled
- Ventilation and cooling system
- Extractor system in workshop for dust and/or open windows
- Lighting - natural light and appropriate lighting for office, treatment areas and workshop

- Privacy - sound deadening surface to improve privacy and maintain respect for privacy
- Curtain tracks around plinth areas for patient privacy
- Emergency call systems
- Reception panic buttons

5.4 Data Security

- The service will be delivered in accordance with and compliance to the Trust's IT Policies
- Data sharing agreements will be drawn up to cover all data sharing outside the Trust in accordance with the Trust data sharing policy
- Hospital information/patient data will only be downloaded onto devices provided by the Trust which are encrypted
- Databases will be registered on the Trust database of databases
- A data mapping form will be completed for all routine data flows leaving the Trust
- Patient identifiable information will only be sent out of the Trust from an nhs.net account or other secure route (never from an nhs.uk account)

5.5 Medical Records Security

- All patients therapy medical records will be managed confidentially at all times and stored securely in locked office within the Regional's therapy department whilst not in use
- All movement of patient medical records will be accurately tracked in accordance with the Trust's Case note Tracking Policy
- All new documentation will be secured into the patient's therapy notes prior to it leaving the department

6.0 Staffing

6.1 Staffing Profile

Position	Band	WTE
Consultant Physiotherapist	8b	1.0
Lead Therapist	8a	1.0
Physiotherapist	7	2.82
Occupational Therapist	7	3.44
Physiotherapist	6	5.60
Occupational Therapist	6	3.64
Physiotherapist	5	1.00
Occupational Therapist	5	1.00
Technical Instructor	4	1.00

Admin and Clerical	4	1.00
Receptionists	2	2.5

6.2 Training and Education

6.2.1 Mandatory training as specified by the Trust.

6.2.2 External specialist training as identified at Annual Appraisals and funding is applied for.

6.2.3 Physiotherapists and Occupational Therapists will be able to demonstrate continuous professional development as required by the HCPC

6.3 Facilities

6.3.1 The Therapy Department needs its own changing rooms, toilets & lockers.

6.3.2 There is a Staff Room with microwave, fridge and hot drink making facilities.

7.0 Equipment Requirements

- Access to ADL Kitchen containing;
 - Electric Cooker
 - Fridge
 - Microwave
 - Table
 - Chairs
 - Perching Stool
 - Trolley
- General Equipment
 - Chairs
 - Treatment tables
 - Dressings equipment
 - Glove and Apron racks
 - Shelving
 - Waste bins – clinical, non-clinical and confidential
 - Filing cabinets
 - Cleaning equipment
 - Hand washing and Alchogel
 - Telephones
 - Fax
 - Computers
 - Printers
 - Office chairs and desks
 - Access to Resuscitation trolley
 - Emergency alarms
- Gym Equipment -
 - Tunturi Cross Trainer
 - Kettler Golf
 - Kettler Multigym

- Tunturi Stepper
- Westminster Pulley
- Storage area for walking aids
- Mats
- Hand and ankle weights
- Pedals
- Gym balls
- Parallel bars
- Trampette

- Plinths -
 - Akron Plinth
 - Plinth 2000
 - Homecraft Plinths
 - Plinth

- Other equipment -
 - Splint pans
 - Heat guns
 - Akron Variables
 - Megapulse
 - Ultrasound machines
 - Laser 750
 - Wax Bath
 - Walking aids (crutches, zimmer frames, rollator frames, gutter crutches, gutter frames and pulpit frames)
 - Splinting materials including
 - Sandsplint
 - Orthoplast
 - Hexalite
 - Polyform
 - Velcro
 - Padding
 - Scissors – sterile and non sterile
 - Play mats
 - Full length mirror
 - Cantilever table
 - Silicone storage fridge
 - Basket balls and hoops
 - Toys
 - Pressure cushions
 - Foot stools
 - Partitions
 - Fans
 - Music systems
 - Wheely chairs
 - Measuring tapes
 - Pressure garment materials

- Workshop -
 - Woodwork benches
 - Woodwork tools

- Power Drill
- Small Hand Tools
- Respiratory -
 - Bird Respirator
 - Spirometer
 - Incentive Spirometers

8.0 Infection Prevention

8.1 The service will be delivered in accordance with and compliance to the Trust's Infection Prevention Policies.

9.0 Equality and Diversity – See Appendix 4

9.1 The Trust is committed to commit to the provision of a service that is fair, accessible and meets the needs of all individuals.

10.0 Contingency

10.1. Staff sickness

10.1.1 In the event of staff sickness outpatients are cancelled or moved to other therapists depending on clinical need, therapists lists may be combined in order to do this. If staff are needed to cover urgent inpatient activity outpatients may also be cancelled and appointments rebooked.

10.1.2 In the event of more than 1 member of staff being off sick, staff on their allocated days off can be contacted to ask if they can come into work. Where staff are unable to come in, patients are prioritised across the whole service and decisions are made by the most senior member of staff on duty.

10.2 Communications failure, Internal or External Major Incidents

10.2.1 In the event of any of the above scenarios occurring, all staff will comply with the appropriate Trust wide policies related to the incident.

11.0 Auditing this Policy

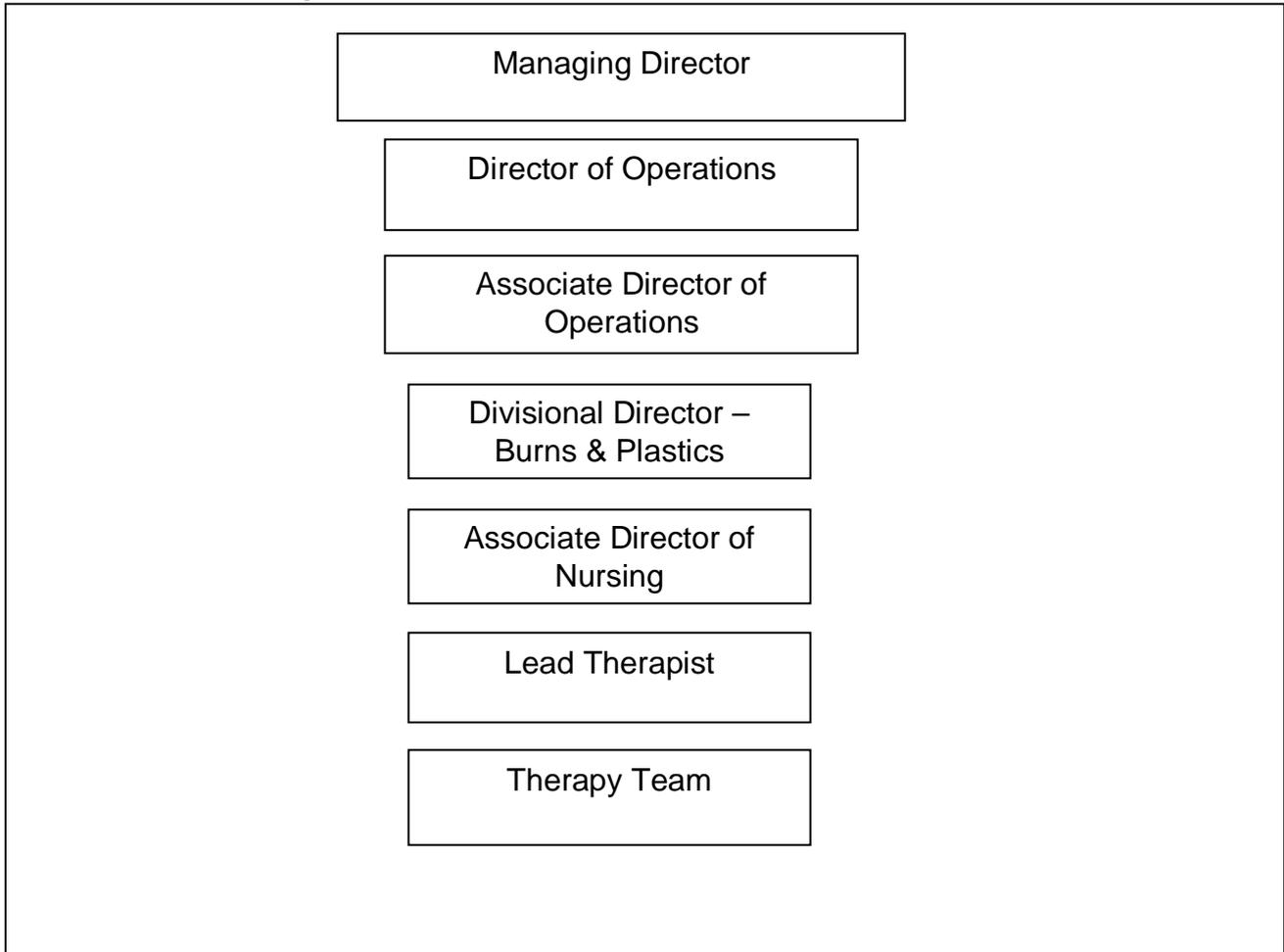
11.1 This policy will be audited, using patient satisfaction, impact on the patient journey and resources use.

11.2 The results will be reviewed by the Lead Therapist, the Clinical Director and Lead Nurse for plastic surgery. The changes will be fed back to the appropriate Governance meetings.

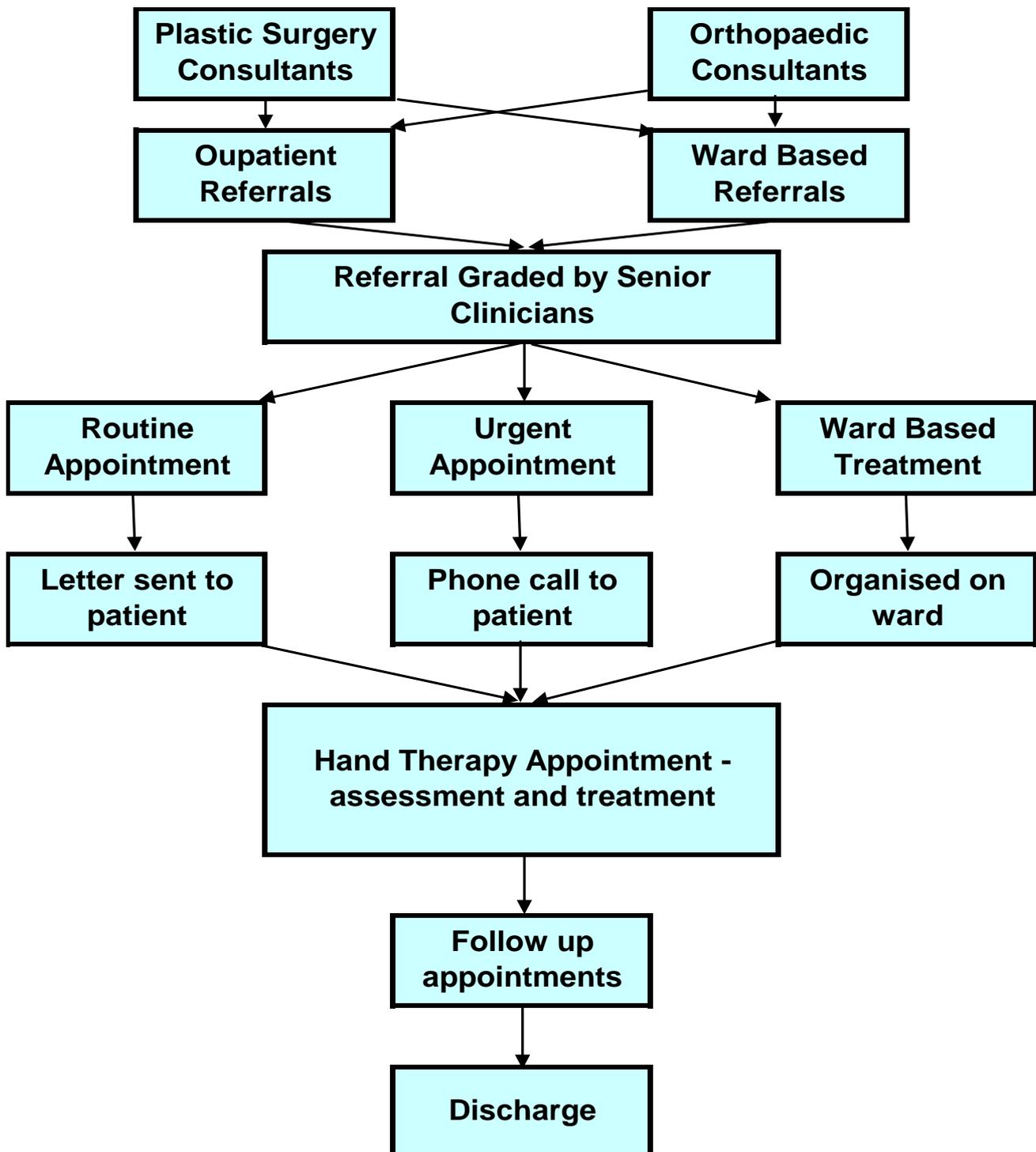
11.3 The accountability for this action will lie with Lead Therapist, and a Clinical Director.

12.0

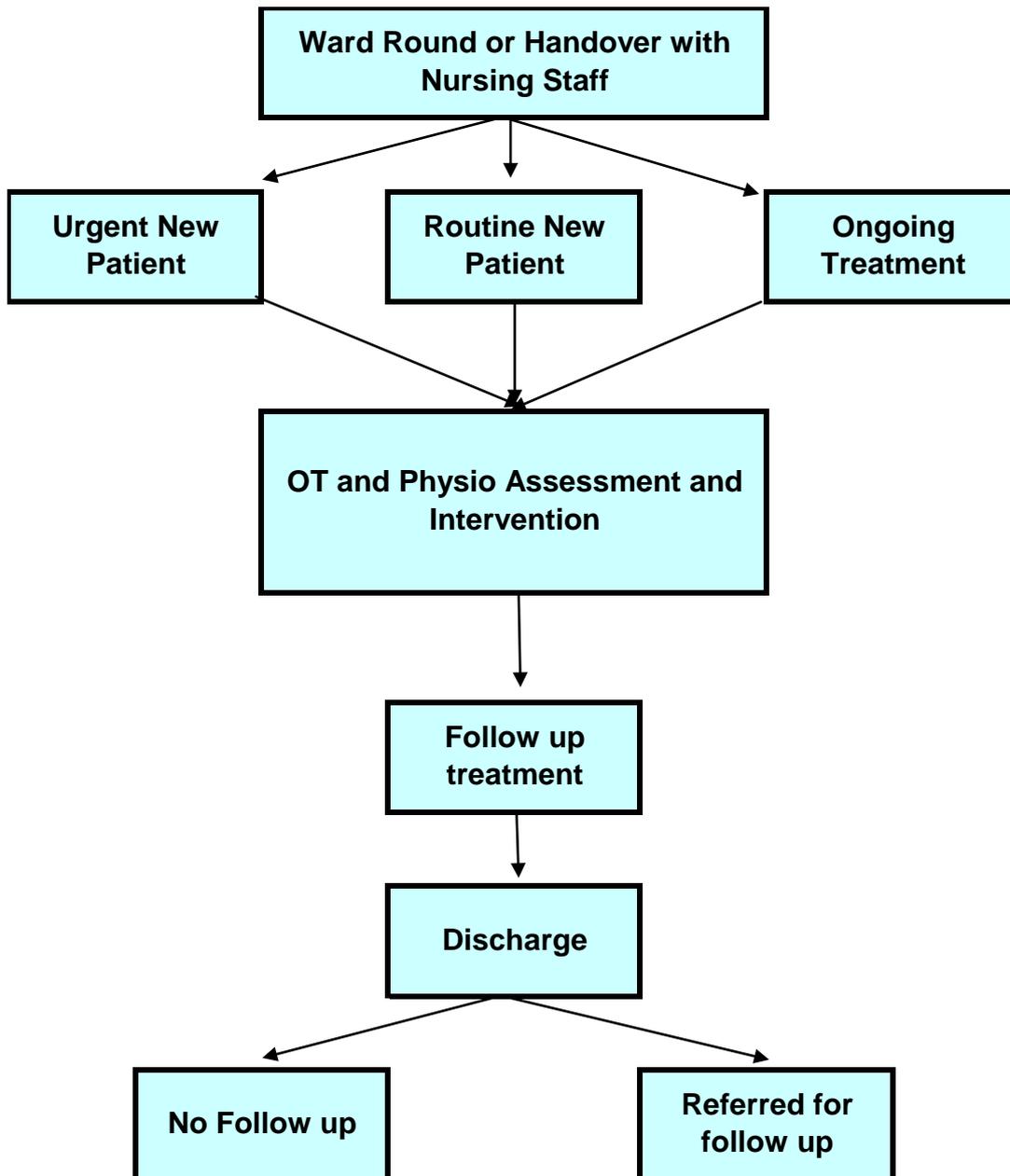
Responsibilities



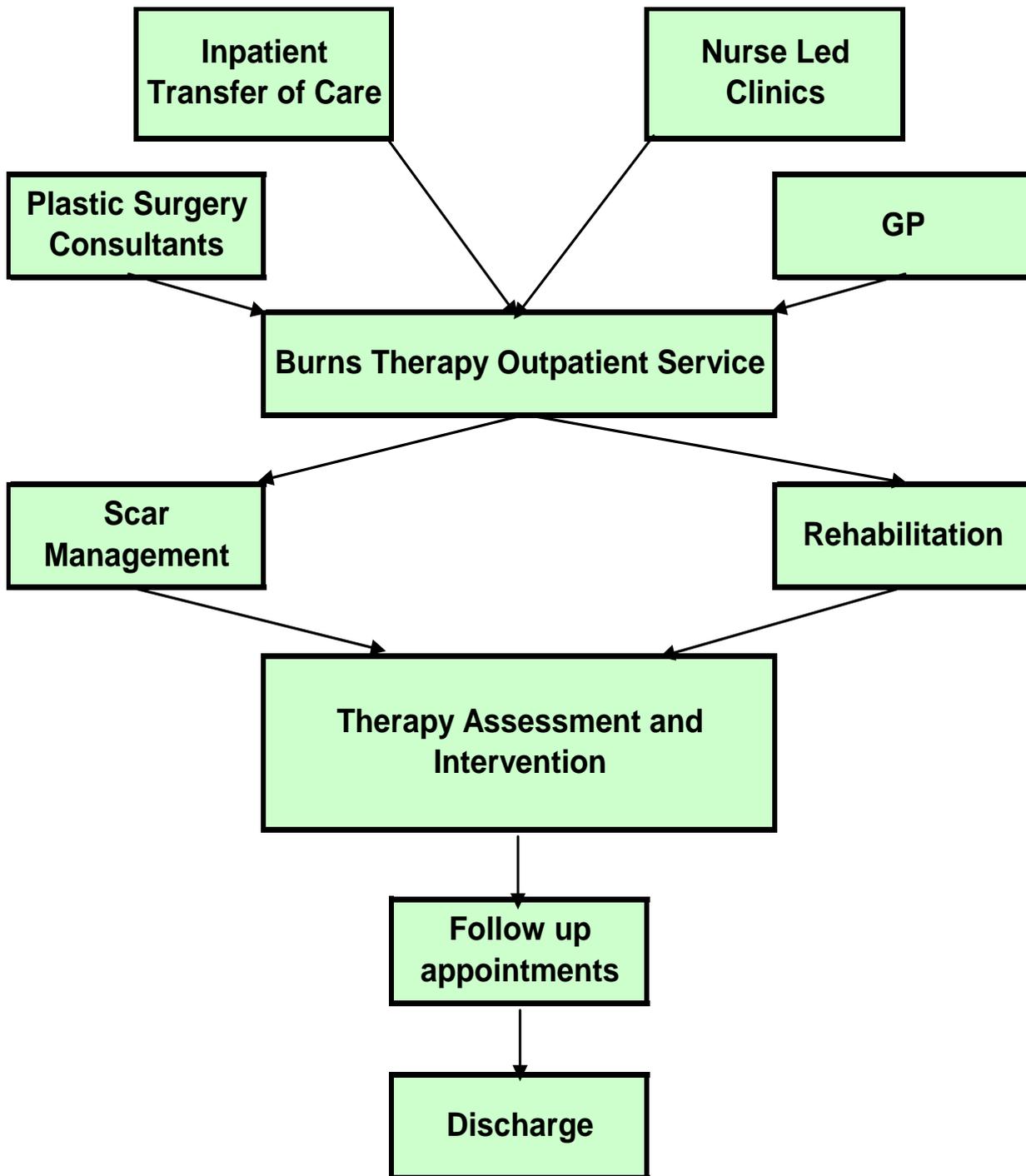
Appendix 1 – Hand Therapy Patient Flow



Appendix 2 – Burns ITU, Rehab and Specialist Surgery Ward Based Patient Flow



Appendix 3 – Burns Outpatient Patient Flow



Appendix 4 – Equality Impact Assessment

Equality or human rights concern (see <i>guidance notes below</i>)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	The therapy department works in an out-patient setting	Bathrooms have appropriate gender signs.
Race and Ethnicity	Language may be seen as a barrier for some patients.	Interpreters are made available when required either face to face or via language line. All staff attend in-house training courses on equality and diversity.
Disability	There may be patients, carers or staff who have a disability who use, visit or work within the above service area.	The clinical areas are easily accessible by wheelchair and lifts. The nurse stations are accessible on the ward. There is type talk available. Sign language interpreters can be booked if required. Staff carry out moving and handling for all in-patients and day cases and perform risk assessments when necessary.
Religion, Faith and Belief.	Unique to each individual and dependent on patient, carer or staff needs and/or requirements.	There is access to the chaplaincy team who are available to offer advice and support for staff, patients and relatives and/or carers. Written information is available in the clinical areas provided by the chaplaincy team and a chapel is available within the hospital which is accessible to patients, relatives, carers and staff. It is possible to access multi-faith leaders when required.
Sexual Orientation	All people who use, visit or work within the service are treated the same regardless of their sexual orientation.	All staff attend in-house training courses on equality and diversity. Any issues or complaints are fully investigated and responded to within 28 days where appropriate.
Age (Safeguarding Children)	We do not currently have a separate waiting area for children who come to the outpatient clinic.	Therapy has separate curtained-off areas to do clinics in.
Transgender People	All people who use, visit or work within the service are treated the same regardless of their sexual orientation.	All staff attend in-house training courses on equality and diversity. Any issues or complaints are fully investigated and responded to within 28 days where appropriate.

Social Class	A number of patients may have difficulty accessing the service due to financial or transport problems.	Offer information on public transport to patients, relatives, carers and escorts travelling to Broomfield Hospital. Patients may be eligible for hospital transport if there is a clinical need. All Staff are made aware that when communicating information either by verbal means or in writing to adapt the information to the needs and level of understanding to the individual. (It is important to remember patients, relatives and carers may not understand clinical terminology).
Carers	A number of patients may have difficulty in visiting the hospital.	Offer information on public transport. Encourage staff to be flexible with visiting hours for these members of the public. Encourage staff to talk to their carers on the telephone if the carer or relative is unable to visit. Ensure relatives and carers are involved in the discharge planning process alongside the patient and working in partnership discuss expected discharge dates and care package.

Author: Adrienne Copsey

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