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Practice Forum

## A systems change: Leading the way to meeting health needs

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### ABSTRACT

Demonstrating the efficacy of our practice requires a paradigm shift. Becoming an effective leader and clinician can facilitate opportunities for program development and clinical research. The use of strategic planning strategies, such as needs assessment and SWOT analysis, can help lead the way to such change. The following illustrates the use of strategic planning to develop The Carpal and Cubital Tunnel Syndrome Program (CCTSP) within a growing orthopedic practice.

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In today's changing healthcare environment, hand therapists find themselves in positions where they need to advocate for themselves and for their patients. This therapist describes her process of utilizing business concepts to implement a new program in her clinic to better serve patients—Victoria Priganc, Ph.D., OTR, CHT, CLT, Practice Forum Editor.

Carpal tunnel syndrome (CTS) and cubital tunnel syndrome (CuTS) continue to be a primary referral for the hand surgeon. However, as observed within a growing orthopedic practice, the lack of evidence regarding the efficacy of many hand therapy interventions directly impacts referral patterns. To date, the only therapy-related interventions that have been acknowledged as efficacious by the American Academy of Orthopedic Surgeons (AAOS) for conservative management of carpal tunnel syndrome are the use of orthotics and low dose ultrasound.<sup>1</sup> Consequently, interventions that we have observed to contribute to good outcomes, such as activity modification and nerve gliding, are not recognized as being efficacious due to insufficient evidence. Anecdotal evidence is no longer adequate to justify therapy referral; instead referral is appropriately driven by scientific evidence that demonstrates some level of effectiveness.

### Strategic planning: a means to evoke change

Accordingly, it falls upon the hand therapist to lead the way in demonstrating the efficacy of our practice. To facilitate this change, we need a paradigm shift. We must think of ourselves as effective leaders, as well as clinicians. Leaders initiate change within organizations or systems to support identified health needs, as well as clinical research needs. Thus, to create change within our orthopedic practice and increase the role of hand therapy in the management of patients with CTS and CuTS, strategic planning strategies were utilized. Namely, a needs assessment and a SWOT analysis were employed to develop *The Carpal and Cubital Tunnel Syndrome Program (CCTSP)*, a program that indicates a one session therapy evaluation and treatment patient satisfaction.

The needs assessment was used to identify health problems that should be addressed in future programs. It served as a starting point for planning, implementing, and evaluating the program, as well as providing information about which interventions were needed and the population to be served. In this case, the needs assessment was utilized to demonstrate how our patients, the hand surgeons, and the organization could benefit from the use of hand therapy in the management of mild to moderate CTS and CuTS.

Based on the AAOS Clinical Practice Guidelines<sup>1</sup> for the treatment of carpal tunnel syndrome, the only hand therapy intervention that was routinely prescribed at this practice for mild CTS was a night orthotic. Patients with CuTS were treated similarly; referred

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**Table 1**  
MATRIX: prioritizing needs for the CCTSP based on importance and changeability

	Most important	Least important
Most changeable	Providing patient education. Screening for rehab needs. High patient satisfaction. Appropriate utilization of conservative treatment (rehab).	Increasing productivity of all staff. Increasing patient volumes. Creating treatment algorithms & internal clinical pathways.
Least changeable	Peer buy-in to value EPB and clinical research. Creating buy-in to contribute toward clinical research and outcomes studies. Decreasing patient populations out of work time. Increasing patient adherence to HEP.	Getting the organization to invest in clinical research and outcomes research. Obtaining funding for program development and growth. Obtaining funding for related skill development and education.

to formal therapy only on occasion. Thus, the CCTSP program proposed that all patients receive at least one therapy session that would occur immediately after their appointment with the hand surgeon. This visit would include an evaluation to obtain impairment and disability measures, as well as providing one treatment session. The treatment session would include custom orthotics, home exercises including tendon and nerve gliding, and education regarding activity modification. At the end of the session, a patient satisfaction score would be obtained using a visual analog scale (VAS).

Likewise, patients scheduled for endoscopic carpal or cubital tunnel release were also typically not referred to therapy. While in most cases therapy was not indicated postoperatively, the CCTSP program proposed that these patients would be evaluated and treated *prior* to surgery. This preoperative session would provide the same exercises; however, patients would also be instructed on scar and edema management. Additionally, this preoperative session would serve as an opportunity to facilitate appropriate patient expectations with regards to the procedure, the healing process, and their outcomes.

Facilitating realistic and appropriate patient expectations were presented as a potential means to increase patient adherence, satisfaction, and ultimately outcomes.<sup>2</sup> The data collected from the hand therapy session would also provide us with necessary information to assess the effectiveness of the program to achieve these objectives. It was ultimately this factor that unified all involved stakeholders in a decision to move forward with implementing the program.

## Implementation of The Carpal and Cubital Tunnel Syndrome Program

In an effort to demonstrate a plan for efficient and effective implementation of the proposed program, the matrix in Table 1 was created to prioritize identified needs based on importance and changeability. For example, high patient satisfaction was identified as being both important and changeable to all stakeholders, such as the physicians, hospital administration, therapists, and patients. Therefore, patient satisfaction was a measure the program was designed to improve and assess. Ultimately, all of the components of the needs assessment helped make this program defensible, and it helped create “buy-in” from the involved stakeholders.<sup>3</sup>

In addition to performing a needs assessment, a SWOT analysis was also performed. SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats, and it provides a thorough analysis of an organization's internal and external environments. The analysis of the internal environment identifies strengths and weaknesses, whereas the analysis of the external environment identifies opportunities and threats.<sup>4</sup>

The purpose of performing a SWOT analysis from a healthcare provider perspective is to improve the provision of rehabilitation services, increase the consumer base, and improve quality of care, patient outcomes, and patient satisfaction. While these purposes complement each other, they require distinct strategic planning which the SWOT analysis helps to highlight.<sup>4</sup> Thus, while the support of the

**Table 2**  
SWOT analysis of current practice environment. The Carpal and Cubital Tunnel Syndrome Program (CCTSP)

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Provider of rehab services of growing orthopedic group.</li> <li>Funding for on-site continuing education opportunities.</li> <li>Good management with effective communication systems and procedures.</li> <li>Interdisciplinary collaboration.</li> <li>Multiple satellite locations for consumer convenience.</li> <li>Steady referral stream from orthopedic surgeons.</li> <li>Marketing funds and support to promote specialized treatment programs.</li> <li>Orthopedic surgeons that value therapy input and conservative approaches.</li> <li>Highly skilled staff, most having doctoral degrees and advanced training in specialty areas.</li> <li>On-line resources to support and/or advance practice.</li> <li>High emphasis on patient centeredness and patient satisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>Prolonged delay or lag-time in implementing plans for change or development.</li> <li>Decreased opportunity to regularly collaborate and build relationships with staff due to multiple satellite locations.</li> <li>Decreased intervention time due to productivity requirements.</li> <li>Productivity requirements influencing treatment design.</li> <li>Schedule conflicts to attend all in-services and meetings.</li> <li>Lack of carryover or compliance to home exercises and postural/ergonomic recommendations affecting DASH scores.</li> <li>Minimal role of therapy with carpal and cubital tunnel patients with the exception of orthotics.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>Health care reform legislation signed into law: therapy cap exceptions process, market reforms and coverage of rehab and habilitation included, and protection of OTs scope of practice in prosthetics and orthotics.</li> <li>Regular referrals from sources outside of the network.</li> <li>Provision of services on-site during orthopedic physician office hours with follow-up provided at satellite clinic.</li> <li>Partnership with University medical school thus bringing more visibility to the growing healthcare network.</li> <li>A teaching hospital provides opportunity to educate residents to the value and diversity of rehabilitation services.</li> <li>Growing orthopedic practice with plans to hire two additional hand surgeons.</li> <li>The company is in the process of expanding, opening new satellites and hiring additional therapists.</li> </ul>	<ul style="list-style-type: none"> <li>Decreased utilization of services due to high co-pays and weak economy.</li> <li>Acquiring updated equipment and modalities to all satellites for consistent state-of-the-art care.</li> <li>Strict reimbursement guidelines/denial of coverage/audits.</li> <li>Reimbursement limitations based on efficacy studies or lack thereof.</li> <li>Competition of other growing orthopedic groups having their own rehab staff.</li> <li>The effect of increasing costs to small business (healthcare, taxes) on employee benefits and pay.</li> <li>Financial, social and political barriers to support balanced and productive healthcare reform.</li> </ul>

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