

Project Title

Improving care of patients with trigger finger and increasing the productivity of doctors

Project Lead and Members

Project lead: Dr Renita Sirisena

Project members: Rahimah Bahri, Rahidayati Binte Rahmat, Zhi Yan, May Lim,

Farazeela Malek, Teo Siew Ling, Tan Lay Lay

Organisation(s) Involved

Hand and Reconstructive Microsurgery Centre, National University Hospital; NUP Polyclinics

Project Period

Start date: 04-2018

Completed date: 05-2019

Aims

The aim of this project is to integrate care across the NUHS system (Primary and Tertiary Centres) by devising a system which allows trigger finger patients to discuss the various management options for their condition with a trained nurse and still receive the necessary counselling and treatment required.

Outcome measurements are:

- A. Increase the conversion rate of patients seen by doctors to treatments requiring a doctor's input from 45% to 80%
- B. Reduce the number of nil interventions from current 16% to 5%
- C. Reduce the cost for patients who do not require specialist attention



Background

Trigger Finger (TF) is the most commonly encountered condition in an elective outpatient setting at our Hand & Reconstructive Microsurgery Centre. It is a condition where the patient feels pain or discomfort when bending or extending the finger. Analysing the new trigger referrals from Primary Centres between April – June 2018, we found that 45% of the patients would choose surgery or H&L injection while the remaining would choose hand therapy, splint, analgesia or no intervention. We felt that the 55% of patients who decided on the latter treatments did not require review by a specialist and could be assessed by a trained nurse with a standardized protocol. This would then relieve the burden placed on the specialist and allow them more time for more urgent and complex cases.

Methods

We identified 4 staff nurses in our Hand and Reconstructive Microsurgery Centre whom would be trained to assess and counsel trigger finger patients. Didactic teaching sessions were arranged and these nurses also sat in for our clinic trigger finger consults to have hands on training. An inclusion and exclusion criteria was created to ensure that the trigger finger cases reviewed by the nurses were not recurrent and did not have any other complaints that required assessment. As this was a change in the practice, we created pamphlets on this new protocol in 4 different languages for distribution to the polyclinic patients. After a period of nursing assessment done with doctor supervision, we allowed the nurses to run these Nurse Assessment Clinics (NAC) independently.

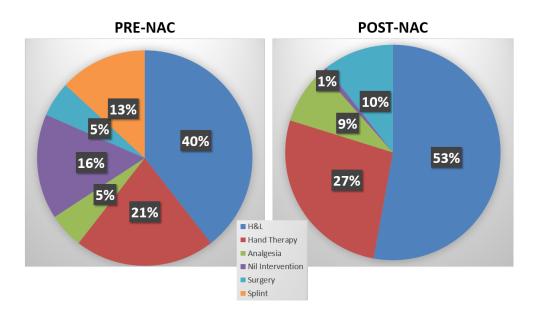
Results

NAC started in July 2018 and these results are from a 9 month period of data collection.

After intervention, 100% of patients seen by a doctor chose H&L or surgery vs 45%
 (17/38) patients pre-intervention.



- Increasing the conversion rate of patients seen by doctors to treatments requiring a doctor's input.
- 2. Pre intervention, **16**% of patients chose nil intervention versus **1**% post intervention.
 - Patients could have had more time to consider treatment options in the NAC clinic and thereby chose treatment based on what they were comfortable with.



Lessons Learnt

- Initially we were concerned that patients would be unhappy that they did not see a
 doctor, however this was never the case. Over our 9 months' period of NAC running,
 no patients expressed such displeasure. Most patients found the nursing assessment
 and education to be detailed and professional.
- A clear and simple inclusion and exclusion criteria helped to properly filter patient to the NAC. This allowed for the nurse assessment and education to have the most impact.
- 3. A standarised template for documentation helped the nurses in their documentation and also allowed for a standarised set of risks to be explained to the patients for some of the interventions. This template also made data collection easier as well.

4. By standardising the way our nurses counsel patients with trigger finger on the

management options, this maintains the high standard of care that is expected of by

our patients as well as the treatment team.

5. By having NAC run alongside a doctor's clinic, it allows for the nurses to easily

communicate with doctors and ask for assistance as required. This open

communication also aids in the nurses' learning and confidence in assessing patients.

Cases that the nurses have difficulties managing will be screened to a doctor's clinic

as a first visit instead.

Conclusion

NAC for trigger finger has been successful in the Hand and reconstructive microsurgery

centre at NUH. We are hoping to increase our NAC both in NUH as well as across the

cluster. Furthermore, we are looking into increasing the number of conditions which

can be assessed at NAC. By changing the way our nurses can contribute to patient care,

it will free up resources for other more emergent cases to be reviewed by our doctors

in clinic while still maintaining a high standard of patient care.

Project Category

Clinical Improvement, Process Improvement, Workforce Redesign

Keywords

Clinical Improvement, Process Improvement, Workforce Redesign, Fishbone Diagram,

Quality Improvement Tool, Nursing, National University Hospital, Trigger Finger, Hand

And Reconstructive Microsurgery Centre, Nurse Assessment Centre

Name and Email of Project Contact Person(s)

Name: Dr Renita Sirisena

Email: renita sirisena@nuhs.edu.sg

Quality Improvement Award: Project (Process/Service) / CPIP Category

Start Date

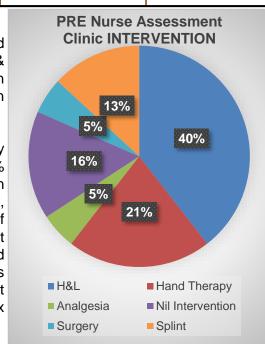
Start Date: Apr 18 End Date: Mar 19

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Project Title 7	Improving care of patier	atients with trigger finger and increasing the productivity of doctors						
Department	HRM	Duration	10 months	Sponsor / Facilitator	A/Prof Alphonsus Chon	g / Teo Siew Ling		
Team Leaders	Dr Renita Sirisena	Team Members	Rahimah Bahri, Ra	ahidayati Binte Rahmat, 2	Zhi Yan, May Lim, Farazee	la Malek, Teo Siew Ling, Tan Lay Lay		

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INTERVENTIONS & ACTION PLAN

No	Task	Action by	Date	
1	Set up workgroup committee and facilitate discussion between NUP and NUH-HRM	Dr Renita Sirisena	Nov-17 to Dec-17	
2	Create triaging workflow for patients from NUP to HRM Centre	Whole team	Nov-17 to Feb-17	
3	Creation of information leaflet in 4 languages (for NUP Drs) to	Dr Renita Sirisena	Mar-18 to May-18	
	accompany the referral form	Teo Siew Ling	Iviai 10 to iviay 10	
	Discuss with NUH Hand OTs and workout the number of appointment	Sr Rahimah		
	slots to be provided to NUP referrals and inform Call Centre to direct all NUP TF referrals to Nurse Assessment clinic.	Tan Lay Lay	Jan-18 to Mar-18	
5	To develop inclusion and exclusion criteria into standardized CDOC	Dr Renita Sirisena	Apr-18 to May-18	
5	template for nurses	Zhi Yan & Rahidah		
6	To provide training to HRM Nurses on how to triage TF cases and	Dr Renita Sirisena,	Mar-18 to Jun-18	
	provide follow-up phone calls at 6 weeks	Zhi Yan & Rahidah	IVIAI-10 to Juli-10	
7	To create phone communicate script for SA to call patient before	May Lim	May-18	
'	actual visit	Farazeela	iviay-10	
8	Disseminate new practice to HRM doctors and staff	Dr Renita & Rahimah	Apr-18 to May-18	
9	Monitoring of indicators for project. Overall workflow, Value Stream	Dr Renita Sirisena	Jul 19 to Mar 10	
Э	Mapping. Reporting of project for QIP award.	Teo Siew Ling	Jul-18 to Mar-19	

Report by: Teo Siew Ling

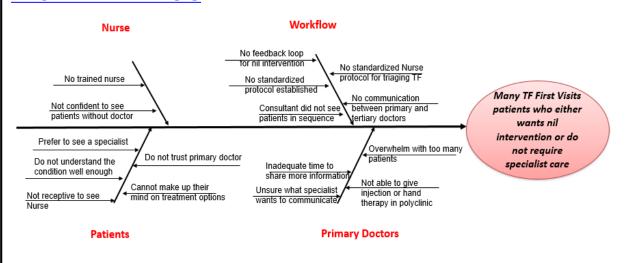
AIMS

The aim of this project is to integrate care across the NUHS system (Primary and Tertiary Centres by devising a system which allows TF patients to discuss the various trigger finger management options with a trained nurse and still receive the necessary counselling and treatment required.

Outcome measurements:

- a) Increase the conversion rate of patients seen by doctors to treatments requiring a doctor's input from 45% to 80%
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- c) Reduce the cost for patients who do not require specialist attention

PROBLEM ANALYSIS



BENEFITS AND RESULT

- After intervention, 100% of patients seen by a doctor chose H&L or surgery vs 45% (17/38) patients pre-intervention.
 - Increasing the conversion rate of patients seen by doctors to treatments requiring a doctor's input.
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COST SAVINGS FOR PATIENTS

In the new workflow, patient who decides to opt for hand therapy, splint, analgesia or no intervention after being assessed by the trained nurse would need to pay a Nurse Assessment Fee.



13% 5% 40% 16% 5% 21% Hand Therapy Splint Post Implementation 1% 10%

9%

27%

53%

Pre Implementation

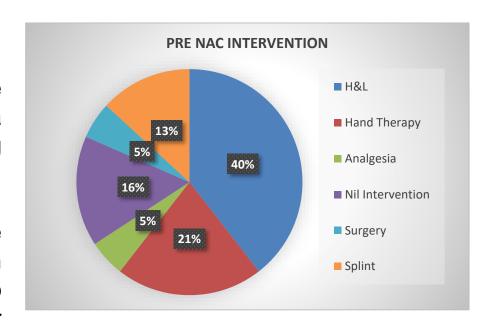
STRATEGY FOR SPREADING/SUSTAINING

- Currently the NAC trigger clinics are opened 2x/week in 2 consultant run clinics. We will be slowly increasing the number of NAC clinics open to 1 clinic per day.
- ✓ We are working on training more nurses to be able to run NAC
- Nurses to run NACs for other conditions like DeQuervain tenosynovitis and carpal tunnel syndrome
- ✓ We are working on a credentialing program for our nurses
- As our HRM doctors run service in clinics in JMC and NTFGH, we plan to integrate this program at our other NUHS sites.

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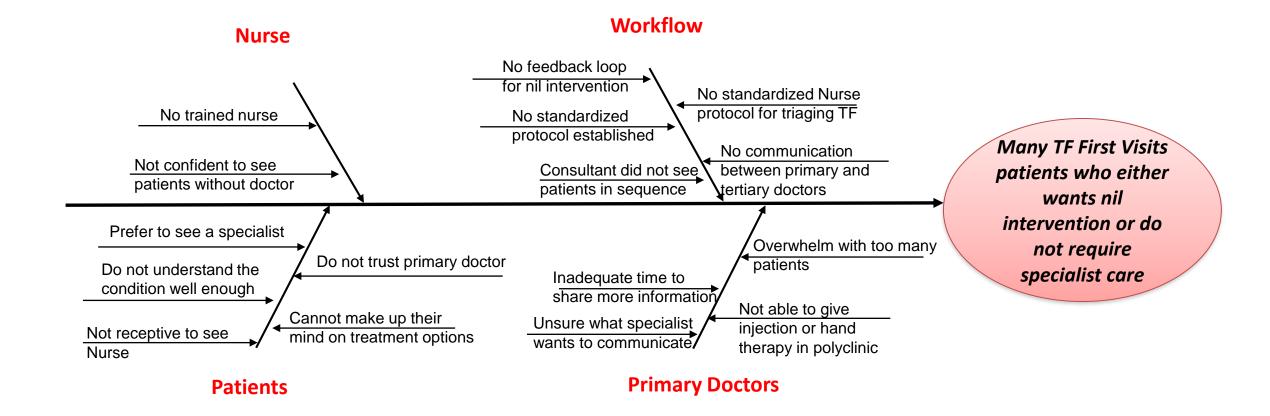
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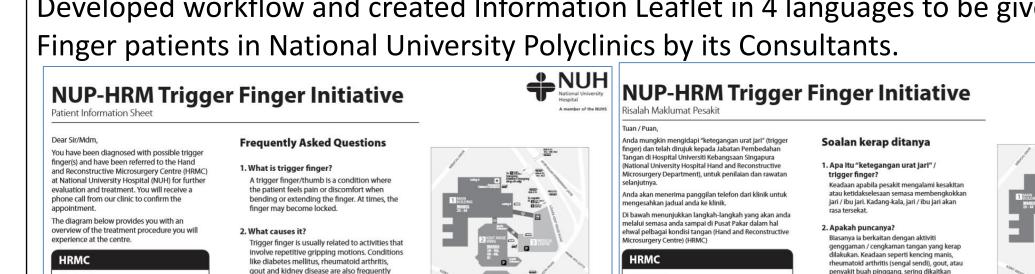


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Interventions Implemented S/N

Developed workflow and created Information Leaflet in 4 languages to be given out to Trigger Finger patients in National University Polyclinics by its Consultants.



Nurse Review

Registration

- Clinical assessment by nurses
- Discussion of treatment options Depending on the discussion, you will be offered **ONE** of the following three options

Fill out a questionnaire on your condition

Hand Therapy (A) | Doctor Review (B)

Activity modification

- Steroid injections Surgery
- Telephone follow-up 8 to 10 weeks after first visit

gout and kidney disease are also frequently associated with trigger finger

3. Common risk factors

Trigger finger is more common in women than in men. The thumb and ring finger are at a higher risk of developing trigger finger, followed by the middle, little, and index fingers

4. Signs and symptoms

- · Pain at the base of the finger
- Finger swelling and stiffness
- · Inability to make a full fist

· Locking of finger when flexing or extending

Contact Us

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National University Hospital 5 Lower Kent Ridge Road, Singapore 119074

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Email: hand_enquiries@nuhs.edu.sg

国大综合诊疗所-国大医院手与显微修复外科

亲爱的患者

您也许患上了手指屈肌腱狭窄性腱鞘炎,俗称 "扳机指"。我们会将您转诊至国大医院的手与 显微修复外科中心做进一步的诊断和治疗。您 会收到我们诊所的预约由话

就诊程序请参见以下流程图

手与显微修复外科中心门诊

- 填写一份有关您手部症状的问卷

咨询护士

- 中心的护士将对您的临床症状进行评估
- 与您探讨治疗方案
- 根据讨论情况,会为您推荐以下3种选择

手部机能治疗 🛕 医生检查 手部夹板 手指功能锻炼

- 调整日常活动
- 讲一步诊断 • 类固醇局部注射 安排手术
- 就诊8至10周后

常见问题

这是一种由无菌性炎症而导致手指屈伸受限 的症状。患者的手指在屈伸时产生疼痛。有 时手指会卡在屈曲位置而无法自行伸直,

2. 什么会造成扳机指?

扳机指通常是由于手部过度劳累, 尤其是进 行反复的持握动作所告成。此外,扳机指的 发病也与糖尿病、类风湿性关节炎、痛风以

3. 易患人群及特征

患者多见于女性,拇指和无名指发病率较高,

4. 常见症状

- 手指肿胀、僵硬、屈伸不灵活
- 手指卡在伸直或屈曲位置
- 手指无法握成拳头



手与显微修复外科中心 主楼第2层 (可由电梯大堂6A前往)

5 Lower Kent Ridge Road, Singapore

由邮: hand enquiries@nuhs.edu.sq

本手册中的信息仅用于教育目的,不可作为医疗诊断或治疗的替代。在开始治疗前,或有任何健康状况相关疑问,请寻求医生建议 未经国大医院许可, 本手册内容不得引用或复制。 本手册信息于印刷时 (2018年5月) 为正确的。如有更改,恕不另行通知。

NUP-HRM Trigger Finger Initiative

நோயாளித் தகவல் தாள்

உங்களுக்குச் தூன்டுதல் விரல்(கள்) (ப்ரி.'க்கர் '.பிங்கர்) இருக்கக்கடும் என்று நோயறிதல் சோதனையில் கண்டறியப்பட்டுள்ளது. அதை மேற்கொண்டு மதிப்பாய்வு செய்து சினிச்சை அளிப்பதற்காக நீங்கள் தெசியப் பல்கலைக்கழக மருத்துமைனையில் (NUH) உள்ள கை மற்றும் மீட்டுருவாக்க நுன் அறுவைச் சிகிச்சை நிலையத்திற்குப் (Hand and Reconstructive Microsurge Centre) (HRMC) பரிந்துரைக்கப்பட்டுள்ளீர்கள். உங்கள் சந்திப்புத் திட்டத்தை உறுதிசெய்ய, எங்கள் மருந்தகத்தில் இருந்து உங்களுக்குத் தொலைப்பேசி

நீங்கள் எங்களது நிலையத்தில் பெறப்போகும் சிகிச்சை நடைமுறை குறித்த ஒரு கண்ணோட்டத்தைப் பின்வரும் வரைப்படம் உங்களுக்கு வழங்குகிறது.

HRMC

- கேள்விப்பட்டியலை திறைவு செய்ய

தாதியின் ஆய்வு

திருத்தியமைத்தல

- தாதிகள் மருத்துவ மதிப்பீட்டை மேற்கொள்வார்கள் சிகிச்சைத் தோவுகள் குறித்து கலந்துரையாடப்படும் அந்தக் கலந்துரையாடலில் அடிப்படையில் உங்களுக்குப் பின்வரும் விருப்பத்தேரிவுகளில் ஒன்று
- கைச் சிகிச்சைமுறை 🛕 மருத்துவர் ஆய்வு 🔞 கூடுதல் மதிப்பீடு
 ஊக்கியம்
 ஊசிசெலுத்துதல் சரங்கம் மற்றது பொடுதல் விரல் பயிற்சிகள்

3. Faktor-faktor risiko

Sakit di keliling pangkalan iari

Tersekat apabila membengkokkan atau

Bengkak dan rasa kejang

Sukar membuat genggamar

4. Tanda-tanda

Lebih kerap dijumpai di kalangan wanita. Ia

lebih kerap berlaku di ibu jari dan jari manis

diikuti oleh jari hantu, jari kelengkeng, dar

Isikan borang soal-selidik tentang keadaan anda

mungkin ditawarkan salah satu daripada 3 pilihan

Telefon susulan 8 hingga 10 minggu selepas lawatan ke HRMC

· Penilaian lanjut Suntikan steroid

Pembedahan

Nurse Review

seperti yang di bawah

Pengubahsuaian aktiviti

Penganduhan

Penilaian klinikal oleh jururawat

Perbincangan tentang pilihan rawatan

1. தாண்டுதல் விரல் (ட்ரி.'.க்கர் .'.பிங்கர்) என்றால் என்ன?

தூன்(தல் விரல் ஆண்களைக் காட்டிறும் பெண்களிடம் தான் பொதுவாக அதிகம் ஏற்படுகிறது. பெருவிரல் மற்றும் மோதிர விரலில் தான் தூன்(தல் விரல் உருவாவதற்கு அதிக அப்பாம் உள்ளது அகற்குப் பிறகு நடு, கண்டுவிரல் மற்றும் கட்டுவிரலில் ஏற்படுகிறது.

4. நோயடையாளங்கள் மற்றும் நோயறிகுறிகள்

- விரலின் அடிப்பாகத்தில் வலி
- விரல் வீங்குதல் மற்றும் விறைத்தல்

Hubungi kami Hand & Reconstructive Microsurgery Centre Main Building, Tingkat 2

(Sila guna lif dari lobi 6A)

National University Hospital 5 Lower Kent Ridge Road, Singapore 119074

Tel: 67725599 Emel: hand_enquiries@nuhs.edu.sg

அடிக்கடி கேட்கப்படும் கேள்விகள்

தாண்டுதல் விரல் கட்டைவிரல் என்பது விரலை மடக்கும் போது அல்லது நீட்டும் போது நோயாளிக்கு வலி அல்லது அசௌகரியத்தை ஏற்படுத்துகின்ற ஒரு நோய் நிலைமையாகும். சில நேரங்களில், விரலை நிமிர்த்தவோ,

இது வருக்கால் வரைவாகமையுற்று.
நான்நெகல் விறல் என்பது வருக்கமாக நிரும்பத் நிரும்ப மேற்கொள்ளப்படும் பற்றுமான அசைவுகளில் ஈடுபடுகின்ற நடவடிக்கைகளுக்குக் தொடர்படையதாகும். நிறிடின் நோம் கீல்வாத மூட்டிற்சி, கீல்வாதம் மற்றும் சிறுநிக நோம் போன்ற நேரம் நிலையைவதும் கூட இந்தச் தாண்டுதல் விறல் நோம் நிலையைபடின் அடிக்கடி தொடர்புகொண்டுக்கிறது.

3. பொதுவான அபாயக் காரண ஆய்வுகள்

- மடக்கும் போது அல்லது நீட்டும் போது விரல் பூட்டிக்கொள்ளுதல் கையை முழுவதுமாக மூட இயலாமை

எங்களைத் தொடர்புகொள்ளுங்கள்

கை மற்றும் மீட்டுருவாக்க நுண் அறுவைச் சிகிச்சை நிலையம் மெயின் பில்மங். 2வசு மாம (மின்தாக்கி முகப்பறை 6யு -இல் உள்ள மின்தாக்கியைப் பயன்படுத்தவும்)

5 Lower Kent Ridge Road, Singapore 119074

கொலைப்பேசி: 67725599 மின்னஞ்சல்: hand enquiries@nuhs.edu.sg

සිසුම හිතුර්වාර පතුම්කර්රයල්මේ අතරමත් සරමණත්වු දින්වෙන්නෙන්නෙ පරදිරු පෙන්න පරුණු පිළඳුන් දින්නෙන් සම්බන්ධ පර්ලන සැකු අදිකුත් මින්නෙන්ට දිනුපාලිකුතුම් පුළුත් කරන පරුණ සියින් සියින් සියින් සියින් සූර්ණත්වය, කරන අදිකුත් සේවාග අතුත්ත්ව සියින් අතරම්පත් ප්රතිශ්ය පිළිඳුන් සරක් පරිලන්වේ සූර්ණය

ಕ್ಷಿಕ್ಕರ್ ಕನ್ನರಿಗಿರುವ ಒಗಗ ಒಗಗುವಾರವಾಗ್ಯ ಕ್ಲಿಕೆಯು ಅನಾನಾಯವಲ್ಲ ಅಕ್ಷಕ್ಷಾಣಾಗಾಗುವ ಅಘಾರ್ಣಿಸಿಗನ್ ಕಿಂಗ್ರೆಕಿಂಗ ವಾಡ್ಸ್ ವಿವರ್ಷ ಅಕ್ಷ್ಯಾನಿಗಳು ಹಿಡುವಿಕೆಯ ಮುಂದಿ ಸಿದ್ದಾರ್ಣ ಹಿಡುವಿಕೆಯ ಮುಂದಿ ಸಿದ್ದಾರ್ಣ ಹಿಡುವಿಕೆಯ ಮುಂದಿ ಸಿದ್ದಾರ್ಣ ಹಿಡುವಿಕೆಯ ಮುಂದಿ ಸಿದ್ದಾರ್ಣ ಹಿಡುವಿಕೆಯ ಹಿಡುವ இத்தகவல்கள் யாவும் அச்சிடப்பட்ட நேரத்தில் (நே. 2013) சரியானவையாகும் மற்றும் எந்தவித முன்னறிவிப்பும் இன்றி மாற்றத்திற்கு உட்பட்டவையாகு

S/N Interventions Implemented

2. Developed inclusion and exclusion criteria and trained the nurses to triage patients in Nurse Assessment Clinic alongside with Consultant Clinic.

urse Assessment Clinic alongsi	de with	Consu NUH
NUP-HRM TRIGGER INITIATIVE Patient Screening Form	1	National University Hospital A member of the NUHS
Patient's sticker Name: NRIC:		
Hand Dominance: R L Occupation:		
Finger(s) Affected:		
Locking currently present?	YES	NO
First time having locking?	YES	NO
Previous treatment?	YES	NO
Other symptoms? E.g. hand numbness, joint pain	YES	NO

S/N Interventions Implemented

3. Created communication script and charging mechanism for patients.

Script for NUP-HRM Trigger Finger patient call before HRMC appointment

Good morning / afternoon Mr / Ms/ Mdm

I am calling about your appointment with NUH Hand and Reconstructive Microsurgery Centre (HRM Centre).

You have a recent visit to Polyclinic and have been referred to us.

Your appointment is on Date at Time.

As part of our plan of treatment, you will need to fill out a questionnaire on your condition.

You will then be assessed by a trained nurse. The nurse will discuss with you on the treatment options available.

Thank you Mr / Ms/ Mdm.

If you have further enquiries, you may call HRM Centre at 6772 5599. Goodbye!

s/N	Options	Consult Charge	Nurse Assessment Fee
1	Hand Therapy	No	Yes
2	Refer to Doctor	Yes	No
3	Nil Intervention	No	Yes

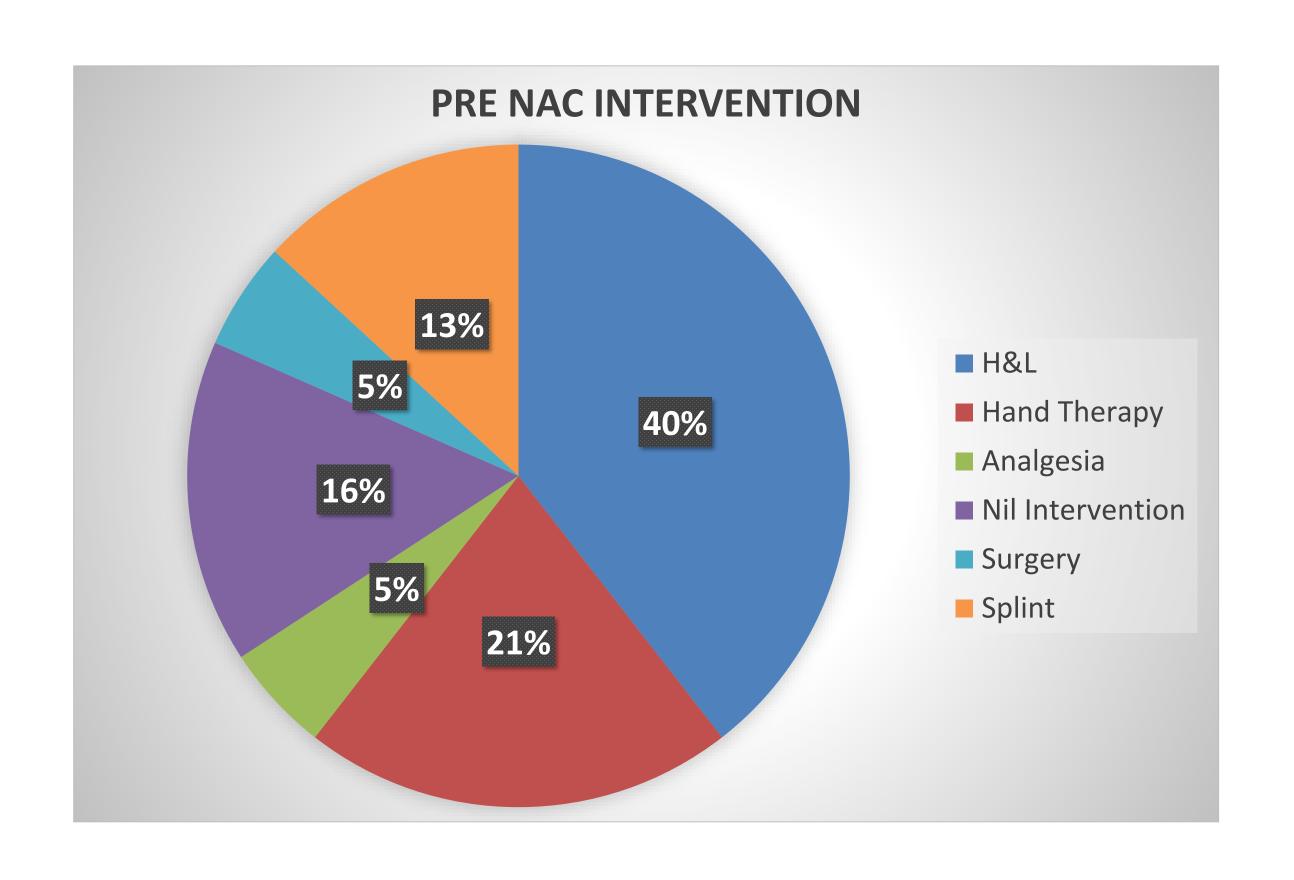
S/N	Inte	rven	itions	Imp	leme	ented		
4.	HE See Ag Ha Oct PN TR PI H (N Ti	RMC NAC	nance:	•	e for	nursi	ng doci	Options of management: 1. Therapy, analgesia - Takes time for effect to be seen - Involves wearing a splint, therapy, exercises - Analgesia – topical / oral 2. H&L - 70% resolution, 30% recurrence - Maximum 2 injections per finger except LF (1x only) - Risk: infection, bleeding, recurrence, hypopigmentation, NV injury, tendon rupture, fat atrophy 3. Surgical release under LA - 99% effective - Risk: - LA: allergy - Op: infection, bleeding, 2 week uncomplicated wound healing need for post op therapy, NV injury Option chosen:
		1&L		L				Plan:
		EFT uration	THUMB	IF	MF	RF	LF	
		irade	-	 			+	
		as						
	н	revious I&L NIL,1,2)						
	Ti	ime ince						

DATA COMPARISON

NUP HRMC TRIGGER INITIATIVE

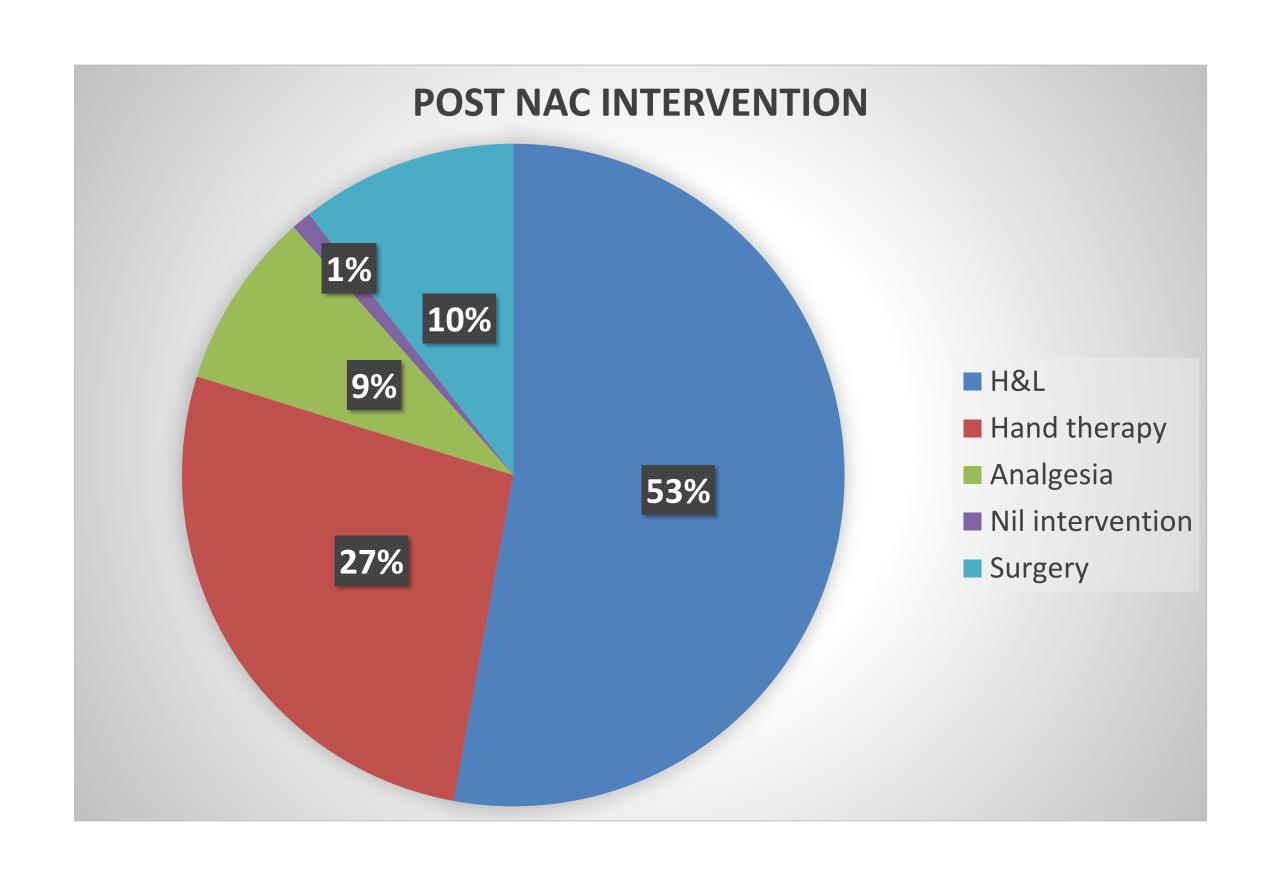
PRE NAC INTERVENTION DATA April 2018 – June 2018 (3 MONTHS)

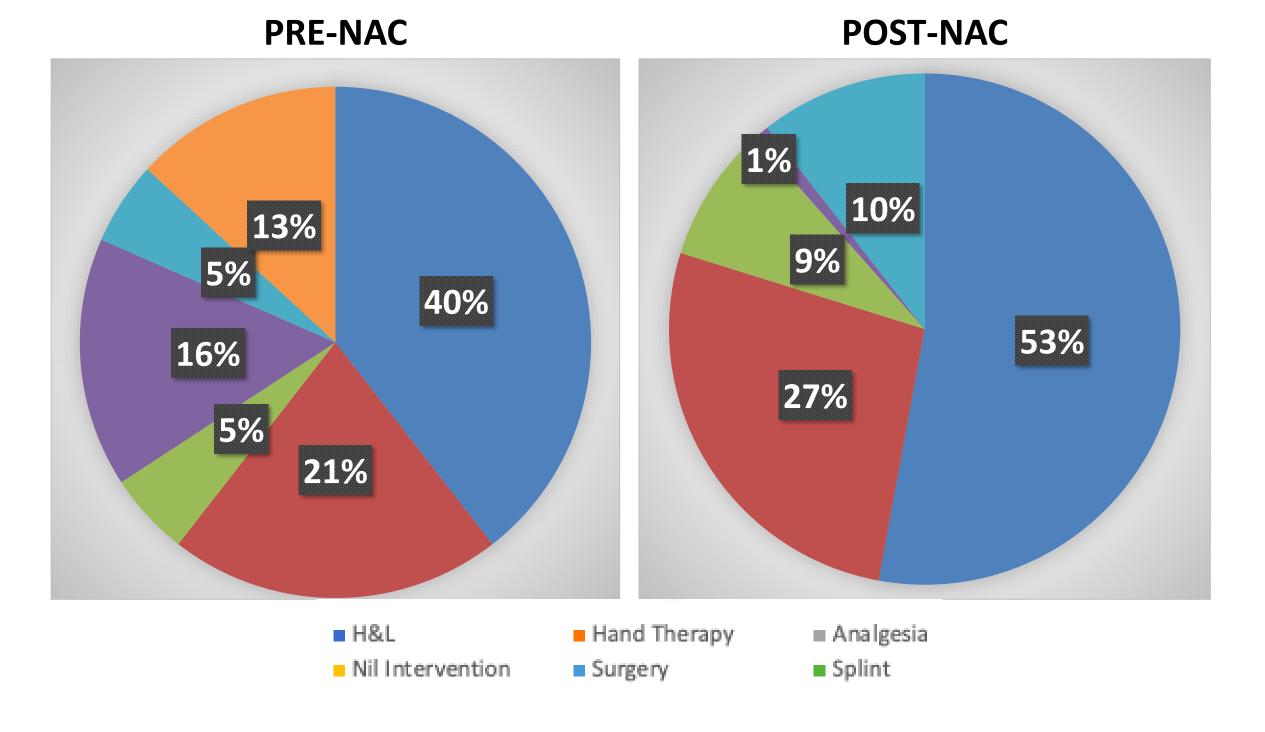
- Total of 38 patients FV patients seen for trigger finger
 - Based on cases seen by 2 consultants
- 16% (6/38) of patients chose no intervention
- 40% (15/38) chose H&L
- Only 44.7% (17/38) of patients reviewed by a doctor chose an intervention that required a doctor's input



DATA SINCE INTERVENTION JULY 2018 TO MARCH 2019 (9 MONTHS)

- 131 patients referred from NUP
- 104 patients screened by our nurses
 - 27 patients converted straight to FVs
 - did not meet the screening criteria
 - No SN available during the appointment
- 7.63% (10/131)- nil pre appointment phone call
- 3.82% (5/131) requested to be reviewed by a doctor
- Pure NAC review 20/104 (19.23%)



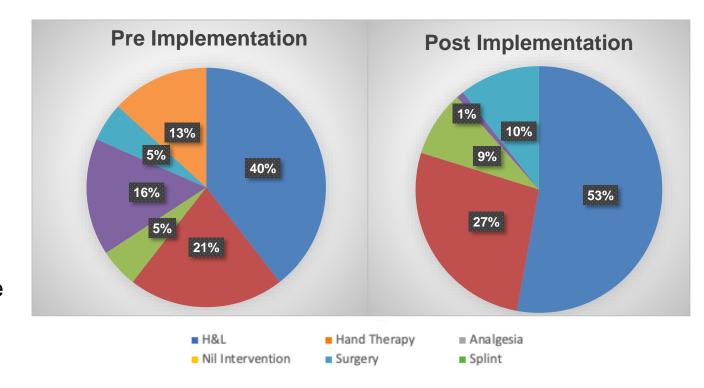


Changes seen post intervention

- After intervention, 100% of patients seen by a doctor chose H&L or surgery vs 44.74% (17/38) patients pre-intervention.
 - Increasing the conversion rate of patients seen by doctors to treatments requiring a doctor's input.
- Pre intervention, 16% of patients chose nil intervention versus 1% post intervention.
 - Patients could have had more time to consider treatment options in the NAC clinic and thereby chose treatment based on what they were comfortable with.

BENEFITS & RESULTS

- 1. After intervention, 100% of patients seen by a doctor chose H&L or surgery vs 44.74% (17/38) patients pre-intervention.
 - Increasing the conversion rate of patients seen by doctors to treatments requiring a doctor's input.
- 2. Pre intervention, 16% of patients chose nil intervention versus 1% post intervention.
 - Patients could have had more time to consider treatment options in the NAC clinic and thereby chose treatment based on what they were comfortable with.



Cost Savings for Patients

In the new workflow, patient who decides to opt for hand therapy, splint, analgesia or no intervention after being assessed by the trained nurse would need to pay a Nurse Assessment Fee.

BEFORE	mpleme	<u>enta</u>	<u>tion</u>						
1. Patien presents with Trig Finger	5		2. Patient assessed by doctor		3. Patients opt for Hand Therapy, Splint, Analgesia or no Intervention	_ -	4. Patient pays doctor consult Fee.	Pte: \$123.05 Sub: \$37.00	
AFTER Im	AFTER Implementation								
1. Patien presents with Trig	5	-	2. Patient assessed by trained Nurse		3. Patients opt for Hand Therapy, Splint, Analgesia or no Intervention	-	4. Patient pays Nurse Assessment Fee	Pte: \$26.75 Sub: \$12.50	

Consult Fee (Consultant)							
Patient Class WO GST W GST							
Private	\$115.00	\$123.05					
Subsidised	\$37.00	\$37.00					

Nurse Assessment Fee							
Patient Class WO GST W GST							
Private	\$25.00	\$26.75					
Subsidised	\$12.50	\$12.50					

STRATEGY FOR SPREADING/SUSTAINING

- Currently the NAC trigger clinics are opened 2x/week in 2 consultant run clinics. We will be slowly increasing the number of NAC clinics open to 1 clinic per day.
 - We are working on training more nurses to be able to run NAC
 - Nurses to run NACs for other conditions like
 DeQuervain tenosynovitis and carpal tunnel syndrome
 - We are working on a credentialing program for our nurses.
- As our HRM doctors run service in clinics in JMC and NTFGH, we plan to integrate this program at our other NUHS sites.