



Service Priorities and Programmes Electronic Presentations

Convention ID: 252

Submitting author: Ms Yammy CHAN

Post title: Physiotherapist I, MMRC, HKWC

An Enhanced Clinical Pathway to decongest Queen Mary Hospital through direct admission from Accident and Emergency Department(EM ward) to Rehabilitation Centre.

Chan Y(1), Ng YL(2), Dr Koljonen PA(4), Dr Wong YW(4), Dr Tsang TC(3), Dr Leung P(3), Dr Tsui SH(3), Ng T(6), Chu K(7), Dr(PHD)Mak A(5), Tsang CCR(1), Wan K(2).

(1)Physiotherapy Department, Macle hose Medical Rehabilitation Centre,

(2)Occupation Department, Macle hose Medical Rehabilitation Centre, (3)Accident & Emergency Department, Queen Mary Hospital, (4)Department of Orthopaedic and Traumatology, Queen Mary Hos

Keywords:

Low Back Pain

Accident and Emergency Department

Rehabilitation Centre

Direct admission

clinical pathway

multidisciplinary

Introduction

Low Back Pain is a common condition of the already overloaded Accident and Emergency Department(A&E). Many of them are non-specific low back pain that may not need immediate surgical or orthopaedic intervention. Timely transfers of these patients to a rehabilitation setting not only help to decongest acute hospital beds but also allow early comprehensive therapy from allied health disciplines. This new pathway was introduced in May 2017 as part of the new Hong Kong West Cluster Back and Neck Pain Program.

Objectives

To decongest QMH through direct admission of patients from A&E(EM ward) to MMRC; To allow immediate multidisciplinary assessment and treatment of back pain patients at a rehabilitation hospital.

Methodology

A multidisciplinary clinical pathway was developed with the co-operation of Orthopaedic and A&E doctors, physiotherapists, occupational therapists, clinical psychologist, and nurses of Queen Mary Hospital(QMH) and Macle hose Medical Rehabilitation Centre(MMRC). Clinical criteria were carefully set up to avoid missing the acute medical and surgical problems requiring urgent intervention. Patients received immediate assessment and treatment by multidiscipline once transferred to MMRC. QMH Spine specialists monitor progression, arrange intervention if needed, and ensure early discharge. A multidisciplinary Education Talk was also developed to educate patients on posture, the active approach of therapy, and psychological issues

of pain.

Result

34 back pain patients (12 male & 22 female, mean age 54.44) were directly transferred from QMH A&E(EM ward) to MMRC from May to December 2017. The average length of stay at MMRC was 7.8days. The mean Numeric Pain Score reduction was 5.64/10($p<0.001$). The mean Patient Specific Function Score improvement was 5.82/10($p<0.001$). There was significant improvement of Rolland Morris Disability Questionnaire of 11.52/24points($p<0.001$). Work related outcomes were also significantly improved: Modified Barthel Index from 91 to 100($p<0.001$), Owesstry Disability Index from 54.6% to 35%($p<0.001$), and Instrumental Activity of Daily Living from 13 to19($p<0.001$). An average global improvement of 66.36% was achieved. Conclusion: This is the first trial of HKW to direct transfer back pain patients from A&E(EM ward)QMH to MMRC. With careful screening, co-operation of doctors, nurses and allied health members of both hospitals, the goals of decongesting acute hospital beds and immediate treatment of patients were achieved. Although the number was small at this stage, we expect a further growth when different parties were familiar with this new pathway in the future.