Upskilling and Implementing splinting into Occupational Therapy (OT) inpatient therapy for Neurological patients

Theme | Building Capability

Produced by | Chelsea Hamer

Case Study Date | 15/07/2024

REASON WHY?

As part of looking at staff training needs a survey was completed by the therapy service identifying that either staff had no experience of custom splinting or had experience but did not feel competent to fabricate splints, resulting in patients not having early splinting intervention, which can affect clinical outcomes.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Increase the number of patients who have early management splinting intervention by 45%, by 2nd September 2024. Evidenced through caseload audit

PLAN

Several options for training and development have been explored by the team and it was felt that as the neuro specialist OT has extensive experience of neuro splinting and has attended several external training opportunities that we could offer an inhouse workshop for staff development. This will enable increased opportunity to utilise custom splinting with our complex neuro cohort of patients while they are in SATH's care as an inpatient. Improving this through inhouse training costing £653.17 before VAT for materials. External courses cost on average £330 per person our cohort include 14 OTs total to £4,620.

DO

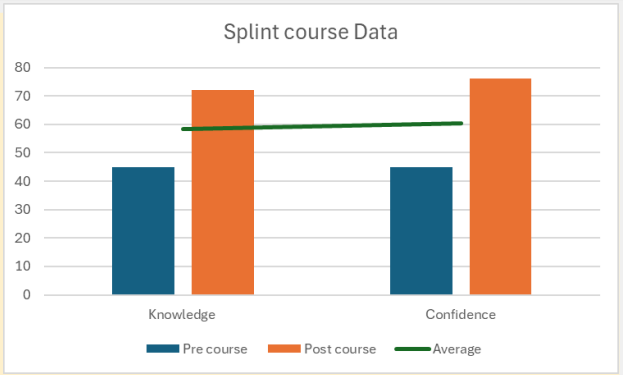
We planned to do a live demonstration of the practical splint on the course, however, when thinking about learning styles and OTs having a source to refer to on the ward. We felt a recording of the demonstrations would be more useful and an option for the OTs to recap in their own time on the wards. This was part of reducing waste, as the videos may answer less complex questions OTs have and save time from ringing/emailing the specialist neuro OTs.

An issue we had was delivery of materials as they got lost, this was resolved by using materials from a clinic and course materials will replace clinic stock when they arrive.

When testing the videos with the projector the sound was an issue as it was too quiet, this was resolved by linking in with therapy admin and using petty cash for a speaker which can be used for further training sessions.

STUDY

Increase the knowledge and skill for early splint management by 45%, by 2nd August. Evidence through pre and post questionnaire.



From the first training workshop:
The pre and post data aim was to show if the course was successful and necessary. The data collected showed staff knowledge and confidence of splinting were below average before attending the course. After the course showed a significant increase and now above average.

Caseload Audit: 11 sets of notes of patients that had previously had inpatient stays at SaTH were reviewed to evaluate pre splinting involvement of patients in the occupational therapy Neuro outpatients. We found no evidence of splinting interventions, hand hygiene guidance , pain management or exercises, which was as expected and part of the reason behind this project. This will be re-audited in September 2024 to determine if the course has impacted on clinical practice.

Hypothesis:
The expected aim is to see splinting being implemented on the wards for early intervention to increase the opportunity in rehabbing functional ability and improvement/maintenance in patient outcomes.

ACT

To **Adapt** the course by making snapshots of the practical stages in the video so participants can watch the demo video and then have prompts to refer to if needed

To **Adopt** the course as a refresher course to be done between 1 or 2 years.

Next Steps

To book OTs into shadowing days with specialist neuro OT to recap skills, and have patient contact for splinting and to sign off competencies

To discuss opportunity for the course to be sold to external trusts and companies.

ACKNOWLEDGEMENTS & REFERENCES | Rebecca Martin, Neil Roberts, Gemma Styles, improvement hub team, Therapy clinical leads and occupational therapists