

Development of an approved referrer programme to improve timeliness of intervention in service users suffering with a CVA

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Summary

A training programme was developed to create approved referrers with the ability to request and prescribe appropriate wheelchairs/accessories without assessment by the Posture and Mobility Service (PMS). Attendees were selected by the PMS.

Preliminary findings show:

- efficiencies in timeliness of treatment and intervention
- financial savings due to improved time management of clinicians

Aims and objectives

The main aim was for clients who have experienced a recent cerebrovascular accident (CVA) to have quicker access to wheelchairs/equipment.

To develop a training programme which resulted in referring therapists becoming approved referrers, authorised to request and prescribe appropriate wheelchairs/accessories without requiring assessment by the PMS.

Background

A recommendation to identify advanced referrers was made following a recent review of the PMS.

A 3-day training course was developed under the broad themes of:

1. Principles of postural assessment
2. Equipment selection
3. Wheelchair adjustment

(more detailed information is available on request)

Competency of participants was demonstrated using a case study which ran for the duration of the course. Following the course, referrals from each approved referrer were audited.

Two cohorts attended in December 2015 and January 2016. Attendees were selected by the PMS and needed to meet the following criteria:

- frequently referred into PMS
- static posts, working in all local health boards covered by PMS
- working with wheelchair service users who have suffered a CVA

Results

In 2016, the accredited level 2 referrers have made 75 referrals to the PMS. 39 of these were standard pathway referrals. Of the remaining referrals received, 81% can now be prescribed directly from the referral form.

100% of level 2 referrals received in 2016, classified as complex postural pathway, were compliant within the 26-week referral to treatment (RTT) target. It is estimated that each level 2 referral received saves the clinical team approximately six working hours. After four

months of running this programme, all the hours that were spent planning and delivering the course have been recovered (diagrams explaining these figures can be provided on request).

Discussion

Preliminary findings show a positive impact on the PMS:

- efficiencies in timeliness of treatment and intervention
- financial savings due to improved time management of clinicians

Feedback was gained from the participants during and following the course, and has achieved “very good” in all aspects.

An update training course will be required in the future to ensure referrers are up to date with equipment, and continue to be competent in their newly acquired skills.

The cohorts were run as a pilot. Further audit is required.

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