Strathalbyn and District Health Service: How a Multidisciplinary team Works?

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Outline

• Who we are - multidisciplinary team composition
• Journey towards a more effective team based rehabilitation model
• Outcomes
• What next?
Catchment area
SA Health
Role Definitions

• Medical Officer
• Patient Liaison Officer
• Physiotherapist
• Dietitian
• Rehabilitation Nurses
• Occupational Therapist
• Social Worker
• Speech Pathologist
• Rehabilitation Specialist
• Pharmacist
• Allied Health Assistant.
Team Practice

Terms are often used interchangeably:

- Multidisciplinary
- Interdisciplinary
- Transdisciplinary

Services for Australian Rural and Remote Allied Health:
Multidisciplinary approaches

... utilise the skills and experience of individuals from different disciplines, with each discipline approaching the patient from their own perspective... separate assessment, planning and provision with varying degrees of coordination. Essentially health professionals work in conjunction with each other, but act autonomously.
Interdisciplinary approaches

... expand the multidisciplinary team ..... interdependent practice. Members contribute their own profession specific expertise, but collaborate to interpret findings and develop a care plan. Team members negotiate priorities and agree by consensus.
Transdisciplinary team approaches

...result of the evolution of the team approach. ... values the knowledge and skill of team members. Members of the transdisciplinary team share knowledge, skills, and responsibilities across traditional disciplinary boundaries in assessment, diagnosis, planning and implementation. A certain amount of boundary blurring between disciplines... becomes especially relevant in the remote and rural context, where health professionals need to be more flexible about their roles and responsibilities.
Need for Change

Reviewed model of care for short term Rehabilitation at end of 2011

> **Traditionally** provided: 14 day model of care. Defined as fast stream rehab

> Identified the need to move towards: a length of stay dependent upon goal attainment, client need and quality outcomes
Aim

> Improve the quality, equity and consistency of rehabilitation services provided at Strathalbyn Hospital.
Looking at what makes a quality Rehab Service

- Early comprehensive assessment
- Early screening
- Interventions to maximize function
- Individuals goals
- Maximizing independence in the home
- Multi-disciplinary case conference
- Multi-disciplinary management
- Service dictated by clients needs
What we did

> Evolution of a more flexible needs based model of fast stream orthopaedic rehabilitation.

> Commencement of formal weekly multidisciplinary meetings. Utilising ISABR framework

> Commencement of reviewing documentation and referral processes in an interdisciplinary manner.

> Introduction of patient’s goal setting for goal directed care.

> Commencement of data collection inclusive of outcome measures.

> Commencement of service wide training in the functional independence measure (FIM).

> Expansion of service model to incorporate a broader patient mix and a longer term service for relevant patients.
TeamSTEPPS

Aim: To provide a Multi D health service that meets the national standards & guidelines and ensures positive outcomes, a safe and improved patient journey with clear, concise communication whilst engaging all stakeholders.

Progress:
Consistent approach to communication with the patient, family & Multi D team
Rehab seps 2011-2012

- Linear (REHAB SEPS)
# Now in place

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<tr>
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<tr>
<td>Interventions to maximize function</td>
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Case Study: EDNA

> 82 year old woman admitted in early 2012
> 6 weeks post Brainstem CVA.
  • 1 week in major metro hospital for acute care
  • 5 weeks in metro private rehab facility
> PMHx included:
  • Occipital CVA
  • Bilateral TKR
  • OA
  • AF
  • HT
  • TIA’s / Falls
> Admitted to Strathalbyn to continue rehab with a view to safe return home to independent living unit
Edna - Continued

> Reasons for admission included:
  • Improve confidence in mobility and transfers
  • Increase independence in functional ADL’s
  • Address issues of home safety and confidence in returning to community
  • Increased confidence in higher level language verbal and written
  • Link back in to local community and services
Upon Initial Ax

- Mobilising over short distances and transferring with supervision
- Higher level language difficulties and word finding difficulties
- Dexterity problems
- Swallowing pureed diet
- ↓Endurance
- Slowed cognition
Multi-D goal Setting

> “I want to be able to look after myself. Particularly making cups of tea and food as well as giving myself my medications normally”
> “I want to be able to use the computer and do administration of documents”
> “I want to be able to walk outside to the garden, with my companion and also to do things like walk to the library”
> “I want to be able to do needlework including cross stitch and hand made cards”
Therapy over 4 weeks

- Practice of functional tasks
- Building indoor/outdoor mobility
- Exercise to improve balance and gait speed
- Computer skills
- Fine motor art/needlework tasks to improve dexterity
- Speech therapy practicing higher level concepts
- Involvement in medication management
- OT home visit

SA Health
Health Professionals involved

- Rehab nurses
- GP
- Geriatrician
- Physio
- OT
- Speech Path
- Allied Health Assistant
- Pharmacist
Outcome

> Returned to ILU with support of family and community short term rehab team
> Improved confidence / independence with mobility, communication and with ADL’s
> Motivated to continue exploring meaningful occupations as rehabilitation
Structures in place to support outcomes

- Screening and handover prior to arrival
- Timely assessment
- Client involved in goal setting, review and discharge planning
- Weekly multi-d meetings
- Combined therapy sessions
- Family conference
- Links back in to community services
What Next for our service?

- Further collaboration with external services
- Continue to foster rehabilitation and team culture
- Grow role for Allied Health Assistant to support rehabilitative approach
- Improved capture of data and outcome measures
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