

An exploratory study of Pre-discharge patient management for Neurosurgical team under multi-disciplinary approach in Department of Surgery, TWH

TSE ON HO

Registered Nurse (SRG)

TWH



Background

- Process of Neurosurgical (NS) rehabilitation
 - Lengthy
 - Highly complex work
 - Requires a wide range of caring services

(Greene, A. & et al, 2009; Taggart, J. & et al, 2009)



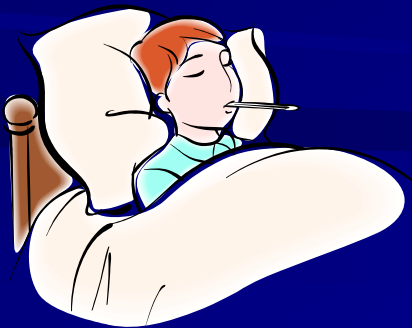
Background

- Alignment with HAHO caption audit on patient's length of stay (LOS) in hospital
 - NS team have been the largest patient group in TWH
 - Over a half of NS patients' LOS > 60 days
- (LOS statistic report 2008, TWH)



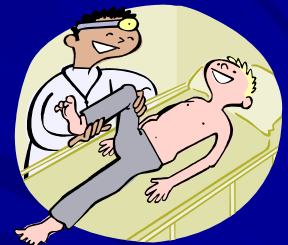
- Reasons related to prolong LOS
 - Inadequate knowledge and confidence
 - Inadequate communication channel
 - Lack of consensus

(Stahl, K. & et al, 2009; Herzer, K.R. & et al, 2009; Tansley, K. & Gray, J., 2009)



Pre-discharge team for NS patient

- Pre-discharge patient management team was set up in Nov, 2008
- Included multi-professional approach
 - Neurosurgeons from QMH
 - Nurses
 - Physiotherapists
 - Occupational Therapists
 - Medical Social Workers



Goals of the team

- To empower the knowledge and confidence of relatives
- To provide a communication channel to all teams' members
- To promote continuity of care
- To increase efficiency and capacity of hospital beds utilization



Program activities

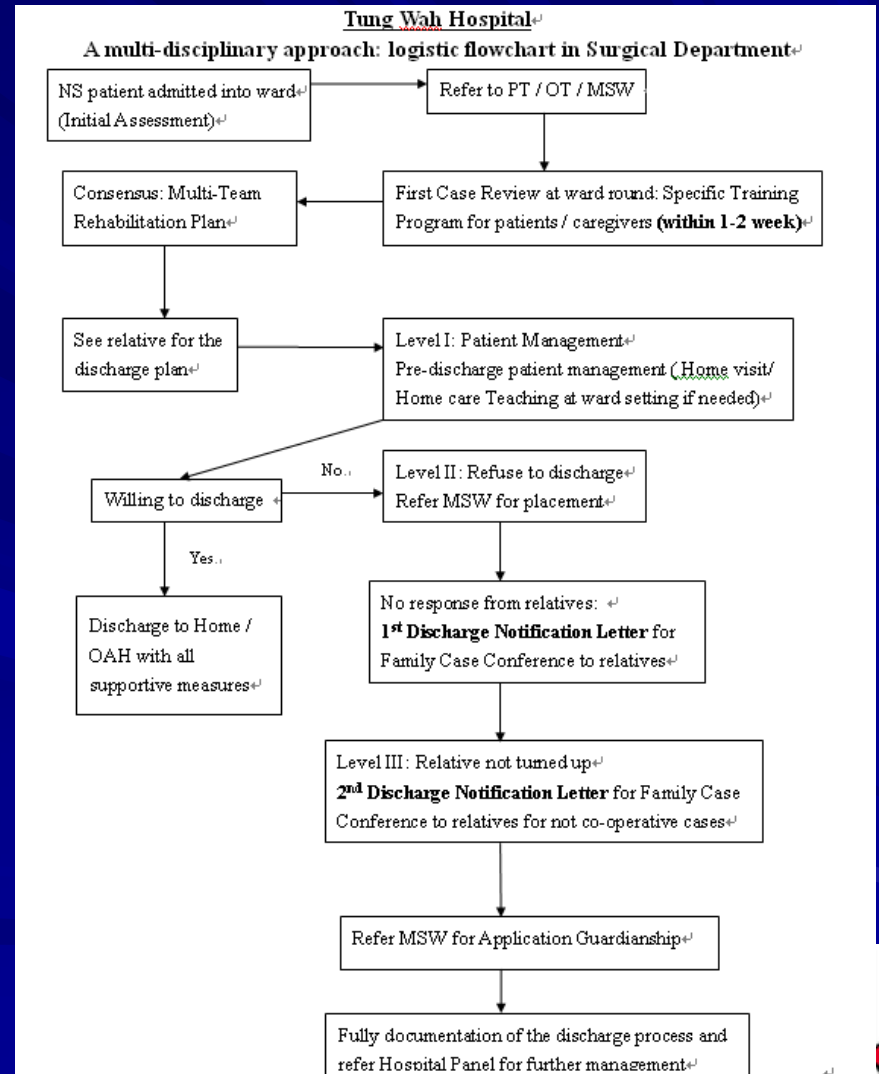
- Weekly service round at bedside with all care teams member
- Monthly team conference meeting with patient's relatives



Program activities

- Tailor made care plan through team approach – Doctor

Logistic flowchart



⁺Acknowledge HAHO Patient Discharge Management⁺



Program activities

– Nurses

Caring protocols for teaching relatives

Nursing Care Practice Manual Hong Kong West Cluster	2005	D-15
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D-15 TRACHEOSTOMY DRESSING
Preparation of nurse and equipment: see B-2-a; B-2-b.

EQUIPMENT

- Sterile dressing pack
- Clean scissors if tapes are changed
- 2 packets gauze swabs
- 0.9% Sodium Chloride solution
- Tapes
- Alcohol prep
- Keyhole dressing
- ± Dressed applicators

PROCEDURE

1. Lay patient flat if possible.
2. Lay out sterile dressing pack and set out equipment.
3. Remove old dressing with disposable forceps and discard both items. Position the sterile paper towel across chest.
4. Clean area gently by passing the swab/dressed applicator beneath the flange of the tracheostomy tube. Use one swab once. Dry area in the same manner.
5. Observe any signs of infection or abnormality.
6. Place the keyhole dressing under the flange on either side of the tube.
7. Secure the tracheostomy tube by tying up the tapes.



東華醫院外科部 _____ 病房
病人/照顧者特別指導

病人姓名： _____
身份証號碼： _____
性別/年齡： _____

A. 指導項目：

1. 生命表徵之量度
2. 口腔護理
3. 失禁護理
4. 造口護理
5. 尿管/引流護理
6. 鼻胃管護理/哺飼
7. 藥物服用
8. 飲食照顧
9. 壓瘡預防
10. 其他 _____

給予資料護士： _____ 日期： _____
第一次示範護士： _____ 日期： _____
第二次示範護士： _____ 日期： _____
第三次示範護士： _____ 日期： _____

B. 病人 / 家人回饋示範 (如需要)

第一次回饋示範 負責護士： _____ 日期： _____
評語： _____

第二次回饋示範 負責護士： _____ 日期： _____
評語： _____

第三次回饋示範 負責護士： _____ 日期： _____
評語： _____

Program activities

– Physiotherapist

- Physical functions assessment



– Occupational therapist

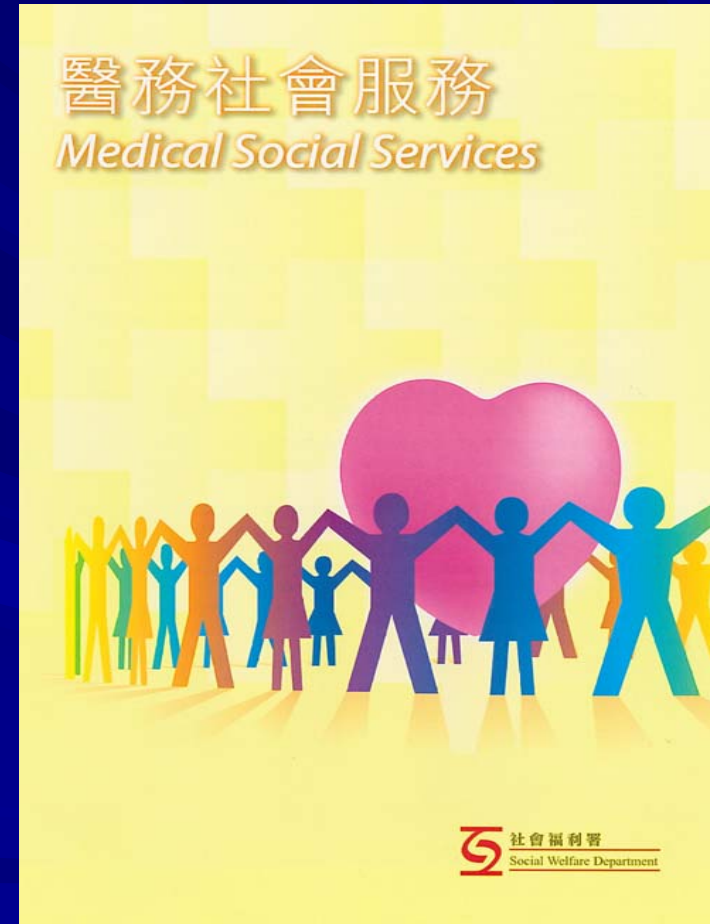
- Community living skill evaluation & training



Program activities

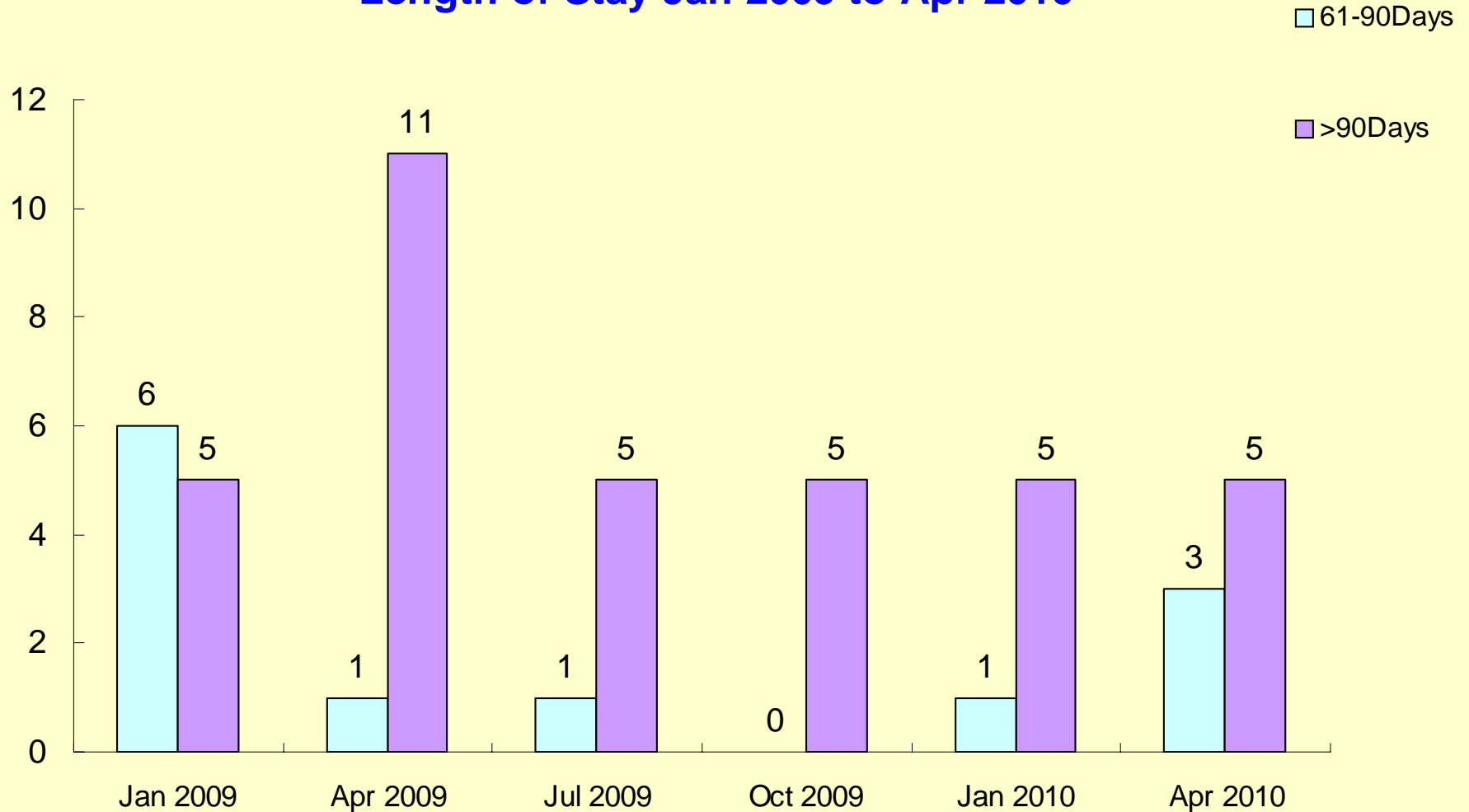
– Medical Social Worker

- Pre-admission and discharge planning services
- Coordinate and mobilize the community resources to resolve patient's problems



Result of the program

Length of Stay Jan 2009 to Apr 2010



Program evaluation

- Using telephone interview survey
 - To measure the satisfaction level towards the teamwork after 1 month of patient's discharge



**Pre Discharge Patient Management for Neurosurgical Patient
Telephone Follow Up Evaluation Form**

Please circle an appropriate scale and answer the questions below one month after discharge.

1. Do you find this pre discharge patient management program useful to you?

Not at all						Extremely
1	2	3	4	5	6	

2. Do you find the multidisciplinary team approach be

Poor						Excellent
1	2	3	4	5	6	

 - Practical
 - Achieve your expectation
 - Allay fear and anxiety

3. Do you consider our staff

Poor						Excellent
1	2	3	4	5	6	

 - Helpful
 - Clear and understandable
 - Provide you with sufficient knowledge

4. Any problems you encounter after discharge?

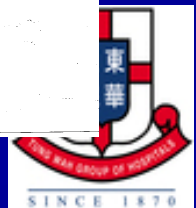
5. During hospitalization, are you satisfied with our service?

6. Please indicate the most satisfactory area you experienced in this program.

7. Please state any need for further improvement in this program.

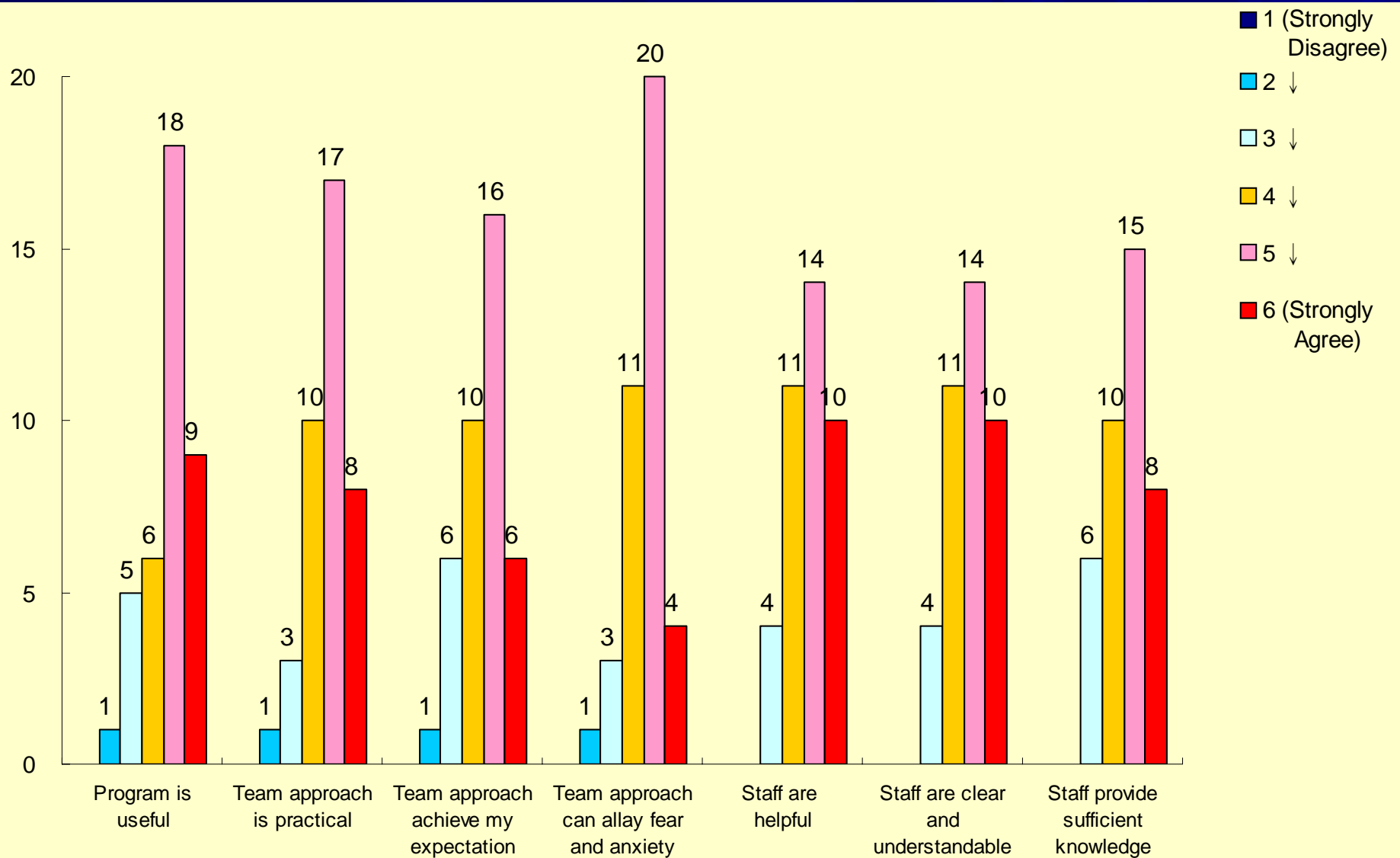
8. Other suggestions:

Pre Discharge Patient Management
Department of Surgery, TWH
28 Aug 2009



Telephone Follow up Evaluation Result

(Total Respondents = 39)



Limitation

- Varied kinds of needs and barriers
- Limited community resources
- Refused to discharge



Recommendation

- A written guideline and protocol are used to gain the team consensus
- Open discussion is an important issue
- Telephone follow up can decrease the patient readmission rate
- Increase community resources to shorten length of stay in hospital



Conclusion

- Interdisciplinary team work approach is strongly advocated
- Open discussion can increase outcome of rehabilitation process
- Promote the continuity of care
- Early identification of discharge problems
- Better utilization of hospital resources



Acknowledgement

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- Medical Social Worker, TWH
- Physiotherapist, TWH
- Occupational Therapist, TWH
- All staff in Department of Surgery, TWH



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Thank you

