



Service Priorities and Programmes Electronic Presentations

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Implementation of Multidisciplinary Patient Care Pathway and Documentation in Rehabilitation Setting

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Introduction

Patients after neurosurgical operation require a period of rehabilitation for around two months. Multidisciplinary team care was essential to facilitate the process and outcome of rehabilitation in order to integrate patient back to community. Separate documentation by physiotherapist and occupational therapist could not provide the whole picture for patients undergoing rehabilitation process. A structured rehabilitation pathway, interdisciplinary care plan and team record could provide a coordinated and standardized care.

Objectives

To provide a structured, coordinated and standardized multidisciplinary care for patients undergoing neurosurgical rehabilitation

Methodology

- 1)To revise the rehabilitation care pathway and interdisciplinary care plan through multidisciplinary approach including doctor, nurse, physiotherapist, occupational therapist, medical social worker, speech therapist and dietitian.
- 2)Coordinated physiotherapist and occupational therapist to integrate their progress notes into patient's folder. Separate dividers were placed in patient's folder so that their notes could be searched easily.
2. The multidisciplinary team record were redesigned to specify patient's problem, rehabilitation progress, goal and discharge plan. It was placed into progress notes and documented in rehabilitation round each month, and was colour printed for easy reference.

Result

(1)Convenience sampling of 32 samples were taken from 1 July to 19 Sep 2016 to check the compliance rate.

1)First week assessment: MO 88.6% Nurses100% Physiotherapist 88.9%
Occupational therapist 96.6% Medical Social Worker 29.9% (9Bward: 12.5 %)
Speech therapist 100%

2)Recovery phase: M.O. 66.8% (9Cward: 12.5%) Nurses 83.5% Physiotherapist
48.9% Occupational therapist 81.6% Medical Social Worker 12% Speech therapist
60.4%

Evaluation results will be discussed in rehabilitation meeting to identify the difficulties
and make improvements. Dietitian items were also added from Aug 2016. Audit will be
planned yearly.

(II)All patient's progress notes from allied health were placed into patient's folder so
that patient's rehabilitation progress could be referred comprehensively.

1)The multidisciplinary team record could be referred in clinical handover for nurses
shift handover and doctor's round.

2)Audit performed from 1/7-19/9/2016 for 32 samples. Rate of compliance of monthly
team record were: M.O. 100%, Nurses 95.2%, Physiotherapist 82.3%, OT100%.