Physiotherapy report for St. Joseph's Hospital

Service development

A number of objectives had been set from previous trips, below is a report on the progress to date:

1. ***To set up in-service training (IST) programme, to be run on a Tuesday. This was to be primarily organised by Lydia. The physiotherapists in the UK were to assist by e-mailing information on specific topics to Ambrose.***

   Due to heavy patient caseloads, open outpatient treatment times and lack of formal appointment times, a set IST programme has unfortunately not been implemented. The physiotherapy team are aware of the advantages and benefits of a regular ITS programme, however, due to lack of departmental structure to the working day it has not been implemented. The UK physiotherapists have e-mailed certain topics requested such as scoliosis and advice on low back pain (LBP).

   From the October 2007 trip it has been established that the UK physiotherapists will e-mail teaching on LBP and cervical pain causes and an overview of possible treatments for these. However, this brings its own problems, for example, because of the lack of theoretical training that the physiotherapy assistants have had, their understanding of conditions and the assessment and rational for treatment techniques is limited and very difficult. Because of this the focus of the October 2007 trip was education both theoretically and practically. Consequently, a lot of time was spent with the physiotherapy team doing lectures and practical sessions on specific areas of the body such as the cervical and lumbar spine, the shoulder, knee and ankle. They were given lots of information handouts on each topic, which they have added to their resource folder from previous visits. Unfortunately their information resources are limited, they have a few books and can access the Internet via public Internet cafes. Another vital role was to spend time with the physiotherapy team in joint patient sessions.

2. ***To obtain a handover from the ward sisters first thing in the morning to obtain information on new patients, discharges and postoperative patients.***

   The physiotherapy team have implemented this well, with one of the team getting handover from the ward sisters. However, multi professional documentation and communication can still be improved. The main ward round occurs on a Tuesday, which can be 5 hours long. Currently two or three of the physio team attend this still. This could be more effective if the nursing staff could record who is for physiotherapy and inform the physiotherapists of what the doctor's request. However, this is still not happening. We have discussed that only one member of the team attends the ward round and that the other three members see patients.

   One of the main problems we have with one ward round a week is that patients who are cleared from the nurses and physiotherapist to go home have to wait until the following Tuesday to be cleared for discharge by the doctors. Unfortunately, there is not an evident presence of doctors on the wards, thus making it difficult for the nursing staff to discuss appropriate analgesia and early discharge plans.

3. *To aim for effective use of physiotherapy input and time, E.g. 20-30 minutes per patient in outpatients.*

   Unfortunately this is an area, which will take some time to make more effective. At present one of the four physiotherapy team members will get handover from the ward sisters and encourage the patients who are able to get to the outpatient department to come along. The other three members will see patients in the outpatient department.

   Normally patients are referred by the doctors for physiotherapy from the outpatient department and post operatively. The doctors will diagnose the problem, which generally will be cervical or lumbar spondylolisthesis. They will be told they need a course of intensive physiotherapy. The physiotherapy inpatient service can be further improved by having one or two therapists working on the wards all day so as to see all the patients who are unable to attend the outpatient department. This would facilitate earlier and more effective discharges and ensure that the patients on traction and postoperative patients would not be missed.

4. *Not to see the outpatients daily but weekly and to prescribe more specific treatments for patients moving aware from general heat and massage management.*

   More and more patients have health insurance, which will pay for a certain amount of physiotherapy sessions. We have emphasised that patients should be discharged when appropriate and not just at the end of the number of physiotherapy session that the insurance will pay for, thus being a more effective service and better for the patient. Once the patients have finished their course of physiotherapy they will be reviewed by the referring doctor to determine whether they need further physiotherapy or not. The physiotherapy team lacks the autonomy that we have in the UK partially due to the lack of training. Treatments are commonly based around massage, heat and electrotherapy. The team are beginning to make their assessments and treatments more patient and condition focussed now, which is really good.

<u>Continued recommendations</u>

- Onsite hospital access to the internet for researching information for IST, conditions and anatomy
- Continued UK support via e-mail
- Collection of books, guidelines, standards and policies for future trips
- Team motivation and united support to set up suggested regular ITS programme
- One or two full time therapists on the wards all day
- Allocated patient appointment times/ more service & departmental structuring

The physiotherapy service provision remains much the same as when I visited in January 2007. However, the therapist's knowledge and skills have noticeably improved. The addition of another member to the team makes them four strong, which with effective time management and service structuring can make for an effective and valuable physiotherapy service at St. Joseph's Hospital in the future.