By Rachel Gevell MCSP SRP

This report is based on my observations during the October 2010 Motec visit and draws on the goals and recommendations of previous physiotherapy reports.

1.0 BACKGROUND

1.1 As a visiting physiotherapist at St. Josephs Hospital, I worked for 5 days as part of the physiotherapy team. The team consists of one physiotherapist (Harry) who has been qualified for approximately 3 to 4 years, and two physiotherapy assistants (Ambrose and Richard). There is also a massage therapist (Doris) who works on the wards and in her own department.

1.2 I was based within the physiotherapy outpatient department and the orthopaedic inpatient wards. During my visit I worked with each member of the team and discussed physiotherapy assessment and treatment of patients. I also worked alongside Ambrose on the orthopaedic wards treating a broad caseload of trauma and Motec patients. It was a pleasure to work with the team who were very helpful and welcoming during my visit.

1.3 The new hospital wards were open but the Gym/new department was unavailable due to a shortage of equipment. The physiotherapy team would like the new gym to be used as an outpatient and inpatient facility and were unsure of the effectiveness of plans for the outpatients department to stay as it is and the new gym to be for inpatients only.

1.4 In my opinion, the new rehabilitation area is large, and could accommodate both functions and potentially reduce the cost of providing equipment for two departments.

2.0 INPATIENT PHYSIOTHERAPY (ORTHOPAEDIC WARDS)

2.1 OBSERVATIONS

2.1.1 At present only one member of the team is responsible for treating patients on the orthopaedic wards. A rota system has been implemented so that the team member is changed every 3-4 month. This is a positive step as previously, the demands of the outpatient service resulted in the orthopaedic ward being neglected. Ambrose was responsible for the orthopaedic wards during my visit.

2.1.2 During this period Ambrose was also responsible for some outpatient work on Mondays, Wednesdays and Fridays and he would not get to the orthopaedic wards until late morning. In my opinion the workload on the wards was enough for a full day for one person.

2.1.3 At the beginning of the week, a sheet of paper with a list if patients was given to Ambrose containing the name of the patients, the bed number, age and diagnosis. The team used this list to record specific mobility notes for example weight bearing status.

2.1.4 On the ward there was no signage indicating bed numbers or the consultant name etc. As a newcomer to the ward, I found it difficult to quickly locate patients.

2.1.5 The nurses gave a brief handover and communication between Ambrose and the staff was good.

2.1.6 The new wards were spacious and pleasant. Screens could be used for patient privacy.

2.1.7 The beds were difficult to adjust to an appropriate height during therapy sessions and this could put a considerable strain on a therapists back.

2.1.8 X-rays and nursing notes were accessible at the patient's bedside which was very helpful.

2.1.9 Generally the pain control of the patients was good.

2.1.10 Ambrose demonstrated excellent communication skills with the patients and had a broad knowledge of exercises, gait re-education and progression of mobility. A goniometer was used as an outcome measure. We checked X-rays and relating this to the patients.

2.1.11 Infection control measures were used such as the application of alcohol gel and regular hand washing.

2.1.12 We discussed progressing treatments and Ambrose demonstrated a good understanding and was aware of potential complications.

2.1.13 There is no physiotherapy documentation and this is an area which can be developed. Simple physiotherapy documentation would benefit the clinical reasoning of the therapy staff, aid communication between disciplines and patient care.

2.1.14 There is a weekly ward round attended by the therapy team – Harry / Ambrose.

2.2 RECOMMENDATIONS

The frame work for therapy has been established and some objectives previously suggested have been implemented effectively. To progress further I suggest:

2.2.1 DOCUMENTATION - Simple and effective documentation will be of great benefit. I recommend simple notes are kept with the nursing notes at the end of a patient's bed. This could either be an additional 'Therapy Sheet' including the diagnosis, post

op instructions, treatment and plan OR notes written by the therapy team on the nursing sheet. This would not take much time for the therapy staff to implement, the cost is minimal and it would allow all concerned with the patient to follow their rehabilitation, thus improving communication between all staff and patient recovery. The ward clinical notes are often off the ward and it would be time consuming to try to write in them, therefore a first choice would be the nursing notes. This would need the cooperation of the nurse team/ matron and the therapy team.

2.2.2 MOVING AND HANDLING – Ensure that the adjustable beds are reserved for the least mobile patients who require most handling. Further education on moving and handling and therapist back care could be provided by Motec on a future visit.

2.2.3 COMMUNICATION – Continue to develop good communication between all disciplines. This includes the weekly ward round to establish the goals for the patient, daily with the nursing staff with a handover and some teaching from the therapy staff about the exercises/mobility to the nursing staff. Establish further communication with the doctors on the ward rounds.

2.2.4 SUPERVISION OF ASSISTANTS – Provide supervision of Physiotherapy Assistants on the wards. Time is at a premium, but with good time management this could be done as part of the ward round on a Tuesday or a short session treating/discussing patients together on quieter days when there are no clinics. The combined outpatient/inpatient workload is heavy on clinic days and the ward therapist would benefit from help when busy.

2.2.5 GYM - The new gym will be a great asset to the hospital. There are many patients who will benefit from the opportunity for rehabilitation in that environment. This includes amputee patients and the multiple trauma patients and any stroke patients. It was agreed that Harry is to make a recommendation to Motec via myself with equipment needs - explore any funding or donations of equipment to assist with this project.

2.2.6 During my visit I did not review therapy on the Medical wards. I understand that referrals are made specifically to the Physiotherapy department. I am aware from conversations with staff there appears to be a need for further education about stroke and rehabilitation. This could be considered on a further Motec visit.

3.0 OUTPATIENT PHYSIOTHERAPY

3.1 OBSERVATIONS

3.1.1 The outpatient department is busy with 25-30 patients on clinic days. There is one qualified therapist and a full time assistant. The ward therapist also helps several hours per day.

3.1.2 Diagnosis varies from Low Back Pain, Rehab post Girdlestone surgery, fractures to Strokes and children with Cerebral Palsy. Some equipment is in need of repair such as the wall bars.

3.1.3 Most patients appear happy with their treatment and report improvement. The majority of the patients bring their X-ray and a diagnosis card with them from the initial clinic visit, the details of which are recorded in a book. There is no further record of their ongoing treatment which makes it difficult to plan, evaluate or show evidence of progress.

3.1.4 There is no strict appointment system.

3.1.5 The team showed evidence that they have learnt a lot during visits from various teams and they were keen to expand their knowledge. This includes Doris who worked alongside some of the therapists when massage was key to their therapy. Doris was very keen to learn about exercise and this could be developed so she can assist the physiotherapy department.

3.2 RECOMMENDATIONS

3.2.1 DOCUMENTATION – There is need for documentation in outpatients. Training and education using Problem Orientated Recording – including Subjective and Objective Notes with Evaluation and Planning (SOAP) would be a good place to start in outpatients. This could be covered on a later Motec visit and via email /sending information. Further discussion as to what is possible and how to implement it is suggested.

3.2.2 EDUCATION

3.2.2.1 Professional Development CPD

This is part of continued professional development and is required by all professionals. It would be beneficial for Harry to engage with other qualified

physiotherapists to enhance his own development particularly as he is a lone practitioner. One suggestion is that he meet with therapists at other hospitals locally i.e to discuss specific cases or an article. This could be for as little as an hour every 6-8 weeks.

Richard and Ambrose – learning from Harry and other disciplines perhaps attending theatre / clinics.

The chance to attend courses would be beneficial. Ghana Association of Physiotherapist (GAP) may have training courses.

It would be beneficial for each member of staff to keep a small record of their achievements and learning and to consider for themselves what they need to expand on.

This can be extended to incorporate Professional Development Reviews and Appraisal System linked to increased responsibilities, and promotion within the hospital framework.

3.2.2.2 E Mail Link

Establish a link between UK based Motec volunteers and the team to exchange information. For example Speech Therapy education was highlighted for one stroke patient and information on treatment could be communicated via email.

3.2.2.3 Resources Inpatient/Outpatient

Recommend setting up an educational resource folder which can be taken out on the next visit.

Resources such as medical and physiotherapy books are in short supply and an appeal to donate relevant text books is recommended.

Prepare basic exercise sheets and laminated sheets which could be cleaned and recycled between patients (inpatients). Some sheets can be produced with just pictures and others with English or the local language added.

3.2.2.4 Lectures

Further education is recommended regarding neurological conditions in an outpatient situation such as Stroke rehabilitation and Cerebral Palsy/basic child development. This is an area in which the staff showed particular interest.

3.2.3 SERVICE DEVELOPMENT

There appears to be a large demand for back pain treatment and the development of a new back clinic which could operate out of the new gym. This would prove a new income stream for the hospital and will give patients education on posture, lifting and simple exercises. It allows several patients to be treated together with one therapist.

This could be expanded over time to provide additional Health Promotion clinics for doctors to refer their patients.

4.0 SPECIAL RECOMMENDATON

During my visit I worked closely with Ambrose. He expressed a wish to study Physiotherapy at University in Ghana. From my observations and those who have worked with Ambrose before me I can highly recommend he be given this opportunity. He demonstrated an aptitude for the profession shown by the treatment of his patients and the knowledge he has gained over the years at St. Josephs. He is dedicated to his work and would be a credit to the profession. I highly recommend that he be considered for sponsorship to train as a physiotherapist. I believe he is a credit to the hospital in his current role and as a qualified physiotherapist his input would be invaluable.

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