KATALEMWA CHESHIRE HOME FOR REHABILITATION SERVICES

REPORT ON THE EXCHANGE RETURN VISIT TO THE ROYAL DEVON & EXETER HOSPITAL AT EXETER.

1.0 BACKGROUND

As a means of building the capacity of our staff and ultimately that of the organization, Katalemwa Cheshire Home for Rehabilitation Services (KCH) in collaboration with its partners and other stakeholders carries out staff exchanges for the purpose of shared learning to improve service provision. This is also a cost effective way of ensuring Continuous Professional Development for the staff and a means of strengthening partnerships and networking.

Following a visit by a plastic rehabilitation team from the Royal Devon and Exeter Hospital at Wonford in November of 2007, a return visit for the Occupational Therapist and Programme Team Leader at KCH was scheduled for June 2008 with support from interface Uganda. Interface Uganda is a UK based charity that has been supporting plastic surgery and rehabilitation of poverty stricken persons with disability in Uganda and the region since 2002.

2.0 CONTEXT

The County of Devon, in which the Royal Devon and Exeter hospital at Wonford is found, is situated on the south western coast of England and the UK. The timing of the visit was towards the beginning of summer and coincidentally the holiday season when many people and families from all across UK and Europe come to the South west coast. The many festivities in the area lead to an increase in the number of traumatic injuries during the season. The county is home to people from a diversity of world cultures and age. There is a well established University of Exeter and International Language school that attracts students from the world all over.

The RD&E Hospital is a National Health Service (NHS) Trust where clients receive free medical care. Most of the clients are referred to the Trust by their General Practitioners (GPs) from all over the county. Consultants from the RD&E hospital conduct outreach clinics and surgeries at various small scale NHS Trusts in the county as scheduled.

The Plastic Rehabilitation unit, where the placement was scheduled, is part of the Rehabilitation Therapies section of the hospital that includes Physiotherapists, Occupational Therapists and Speech & Language Therapists. The Plastic Rehabilitation Unit has a number of Physiotherapists and Occupational Therapists who have specialization in Hand Therapy.

3.0 OBJECTIVES

1. Observe and improve knowledge and skills in plastic rehabilitation and in particular hand therapy.
2. Observe the various organizational management systems in place including MIS, PR etc, their

application and impact on service provision.
3. Observe Team building, management and Leadership styles working as part of the multi-disciplinary team.
4. Strengthen the partnership between KCH, RD&E and Interface Uganda and establish new links with potential partners.

4.0 ACHIEVEMENTS

4.1 Plastic Rehab and Hand therapy training.

Learning took place mainly through observation of therapist-client interaction; one on one discussions between senior therapist(s) and the visiting therapist; Department In-service trainings on selected topics such as hand anatomy, Upper Limb Tension Tests (ULTTs) and wound healing; Practical hands on experience under supervision ; Team discussions on the progress of individual treatment plans; Personal study with the help of literature (books, journals, protocols etc) and other audio-visual aids such as muscle charts and computer programs.

Clients of varying ages were seen majority of who were adults and male. Most common hand injuries seen were traumatic hand injuries leading to flexor and/or extensor tendon repair. There were also a number of hand deformities resulting from rheumatism or inflammation of a range of hand structures. A problem solving approach was employed to the collection of client data, planning of treatment and eventual therapeutic intervention.

Patient education was an important aspect of the treatment plan and hospital policy as this ensured that client's compliance and consent to treatment and follow up were realized. A number of visual aids such as models, charts, booklets and brochures were available with a wide range of information for various client groups. Information about cause, pathology, treatment, prognosis and available support (both within and without the hospital including contacts) for a range of conditions was strategically placed for the clients.

A hand class for clients in need of intensive hand rehabilitation where a range of activities were done including scar massage, Therapeutic Ultra Sound, Table-top activities and games was run by Occupational therapists and physiotherapy technical assistants.

The splinting room was well stocked with thermoplastic and other splinting materials and equipment. The therapist was able to observe and assist in the making of a wide range of splints for the clients referred.

The visiting therapist had an opportunity to observe work in other departments other than the Plastic Rehab department through scheduled visits to the Orthopaedic wards (including participating in a ward round), Orthopaedic rehab unit, Speech & language therapy, paediatric wards and the surgical outpatient clinic.

4.2 Some Management Systems in the organization.

4.2.1 Management Information System (MIS)

A wide range of tools were used to collect a range of data for various uses. Information about each client was centrally placed in a client's case folder under appropriate sections of clinical notes,

correspondence, investigation-results (from both inpatient and outpatient episodes) and charts & special sheets. Different coloured forms/charts/sheets were used for different interventions.
A number of central databases are used at the hospital for various uses. A Patient Administration System (PAS) database is used to collect bio-data and statistical information about the clients including referral/appointment dates and actual hospital visits.
An Electronic notes database run by the PLATO operating system is used to record operation (surgical) and treatment notes and correspondences and can be accessed by any registered medical professional anywhere in the UK.

4.2.2 Public relations and customer care.
Clients had clearly designated waiting areas with strategically placed information material -medical and non-medical. A bell was placed in the waiting area for the clients to notify the therapists of arrival.
An information notice-board with provisions for helpful hints, suggestions and comments was placed in the waiting area.
A diary in which appointments were made by each therapist to ensure that adequate prior planning and preparations were made was available and was constantly reviewed by the team.
Clients were contacted on phone for follow-up and appointment reviews where necessary.
Clients were asked to fill in a feedback form at the end of their treatment on the quality of service received and their perception of treatment outcomes.
The therapists were always in proper uniform with their identities clearly displayed and adhered to a professional code of conduct.

4.3 Team work and Human resource management.
The Plastic Rehab team consisted of 12 members. There are 4 Occupational therapists (3-Senior and 1-Basic grade),7 physiotherapists (1- Band 7, 3-Band 6, 3-Band 5) and 1 physiotherapy technical assistant. One team member was away on maternity leave and another left for the same towards the end of the placement. Four (4) worked full time while the rest worked part time and were in on different days as scheduled.
The team leader, a physiotherapist (Band 7) was assisted by a core team of 3 senior therapists.
The team had regular team meetings in form of weekly team briefs and monthly team meetings. The various therapists were also part of their specific professional meetings and peer groups.
Team members were assigned various roles but often supported each other as need arose. Team members often met outside work for social outings in non-formal and relaxed settings.

4.4 Partnership and networking.
The visiting therapist/Programme Team Leader had networking meetings with all persons involved with Interface work and fundraising in Devon including the congregation of Primley's Reformed Church in Sidmouth, which has adapted interface Uganda, during which KCH work was highlighted and information materials shared.

5.0 LESSONS LEARNT AND RECOMMENDATIONS

• Team members need to be encouraged to continue with their professional development as well as studying and researching in their fields of expertise. Information sharing through in-service trainings and therapy protocol reviews is necessary to encourage this, save time and promote evidence based practice.

• All clients at KCH should be seen by appointment as this will allow proper planning and implementation of the program. A client appointment diary would be useful to ensure proper prior planning and preparation. The annual or Quarterly activity schedule should be made in a user friendly way allowing room for appropriate adjustments and clearly displayed for team members to view.

• Team members need a separate work-station from the area where assessments and therapy are carried out where paper work and team consultations can be done without public interruptions.

• Team building goes beyond finding ways to work better together in the workplace. A great deal of team building happens outside the workplace through non-formal social interaction between team members.

• Meetings are an important way of communicating and part of the process of decision-making and should be used effectively. Effective management of meetings is essential to ensure that all issues are tackled and recorded without time wastage.

• The summer holiday season was not a good time for official visits to most organizations as some were closed for holidays or had their key decision makers away on holiday. Schools were also on holiday and most employees took leave at that time. It was interesting to note that there was a baby boom in the UK at the time and many women employees were on maternity leave.

• Staff exchange visits between partner organizations are important for the organizations to identify and appreciate each others' uniqueness and modes of operation which translates into stronger and more beneficial partnerships.

6.0 CONCLUSIONS

The visit was a tremendous experience for the visiting therapist who greatly appreciates the opportunity and support of Interface Uganda and the RD&E Hospital at Wonford.

It is hoped that, with the continued support of the KCH management and all other stakeholders, the training and experience gleaned from the visit will improve service provision and programme implementation at KCH.

Report by,
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Thank you.