Developing multidisciplinary profiles in a day hospital


The Ferguson Day Hospital provides a patient-centred, multidisciplinary service for patient assessment and rehabilitation. The authors describe the development of a patient profile that has centralised documentation and reflects the multidisciplinary nature of the services provided.

Summary

The development and prominence of multidisciplinary teams is a key feature in promoting patient care and a quality service for patients in the Ayrshire and Arran Acute Hospitals Trust (SDoH 1997). Over the past ten years, the Ferguson Day Hospital (FDH) has offered patients places that focus on multidisciplinary service provision. While the multidisciplinary team works to assist patients to achieve their goals and remain at home, traditional documentation, which included separate nursing, medical and allied health documentation, did not reflect the team's focus and communication.

During the past four years (1996-2000), the multidisciplinary team working at the FDH has developed and audited a patient profile that promotes multidisciplinary communication. This system means that patients' notes, goals and communication with relatives and/or carers are now centralised in a single document. Patient profiles have been evaluated using audit, and the documentation is now being used to change practice and improve the quality of service provision for patients.

Background

The FDH is a purpose-built unit which can accommodate 30 people. Its main function is multidisciplinary assessment and rehabilitation for older patients. Nursing, medical, physiotherapy, occupational therapy, dietetic, speech and language and podiatry services are offered by the multidisciplinary team. Access to social work and other specialist services within the trust is also available.

The multidisciplinary approach was initiated by a casual question, asking whether assessment of a patient attending for a period of rehabilitation was the same as that for a patient attending a one-day assessment, and how this should be documented. Addressing this question provided the team with a challenge, and meetings were held to discuss documentation needs and methods to improve practice and care delivery. The development of the profile meant that documentation for patients was the same for all attendees.

Telephone contact was made with several day hospitals in Scotland, which were asked about their methods of service delivery. This served as a benchmark and motivating factor for the project, as most reported similar methods of documentation and communication as the FDH, and expressed similar concerns.

Key words

- Multidisciplinary teams
- Patients: records

These key words are based on subject headings from the British Nursing Index. This article has been subject to double-blind review.

Literature review

The day hospital service is under increasing pressure from the trust to provide evidence of its effectiveness and its value as a service for patients. It is an expensive resource that provides a valuable service for older patients, yet the continuing need for objective evaluation of the service remains (Forster et al 1999). The multidisciplinary team provides patient-centred care, which is one of the key roles of the day hospital service (Black 1998, Brocklehurst 1995).

Chard (1995a) outlines the role of the multidisciplinary team in the day hospital environment and describes the main elements of the team's role as assessment, treatment and evaluation, but suggests that this also includes the need to design and implement documentation. Chard showed that improvements in communication and co-operation between team members also improved patient care, and that the use of multidisciplinary notes is paramount in achieving this (Chard 1995a, b).

However, developing a form of documentation that reflects the needs of the patient group and the multidisciplinary team, while meeting individual professional standards and expectations, is a challenge for health professionals (Underwood 1990).
Initially, an assessment form that was being used at a day hospital in Liverpool was adopted. This was, however, oriented towards physiotherapy and occupational therapy and required adaptation to include important and necessary nursing information, as well as information from other disciplines. The assessment form was used in conjunction with the existing nursing profile, based on Roper et al’s (1985) model of nursing. This was time-consuming as the existing notes were used in conjunction with the new form during the trial period (1996-1999). This profile formed an effective multidisciplinary documentation tool and was used to audit details of patients attending the day hospital, including length of stay, professionals seen and treatments undertaken. The audit involved ten patients and was conducted over a period of 11 weeks. The aim of the audit was to identify:

- The type of patients attending the day hospital.
- The average length of stay.
- The number of disciplines involved in each patient’s treatment (Fig. 1).

The tool provided the direction the team required as it eliminated repetitive assessments and questions asked by each team member.

The use of the patient profile improved communication and working relationships between the disciplines and meant that documentation was centralised and all interventions had one source. The audit of multidisciplinary intervention in 1996 and multidisciplinary assessment in 1997 reflected the work undertaken. Patient satisfaction was measured in an audit in December 1997 and 1998. The audit used patients’ notes and informal discharge interviews with patients and carers. This confirmed patient and carer satisfaction with the multidisciplinary assessment and intervention.

Other audit factors, including diagnosis and reason for referral, provided comprehensive information on the types of patients attending the day hospital and the input required. These factors differed considerably to staff expectations. The team had underestimated the length of stay for patients, the referral source and the type of input patients required, and this information enabled them to redefine patient-centred goals. As a result, staff were prompted to accelerate assessments and initial patient case conferences where goals and time frames were established. This enabled the patient, carer and staff to focus on the goals identified by patients, gave patients and carers a clearer understanding of the role of the day hospital and enabled all those involved to prepare for discharge. This meant discharge was an expected outcome for all.

Further meetings have been conducted with the team to address the audit results and evaluate how documentation could be tailored to meet patient needs.

Based on the changes identified by the initial audit in 1996, a second audit was undertaken in 1997 using the same methodology and sample number. The compilation of a multidisciplinary assessment was necessary for the audit, and members of each discipline undertook their own research and collated details on the information they felt was necessary to record.

Key components of the documentation included:

- Patient-centred care goals.
- Multidisciplinary intervention charts.
- A communication page.

Staff felt that the initial form was bulky and cumbersome. It was also difficult to identify and retrieve information relating to changes in the patient’s treatment and circumstances. This led to the development of specific pages for documenting the outcome of case conferences and a separate communication page to incorporate information from other people, such as carers.

Additional nursing and therapy information needed to be refined. Nursing staff required a greater focus on medical information, including wound and warfarin management, and attendance at other clinics. This enabled staff to ensure consistency and appropriate communication between health professionals.

As discussions between team members progressed, the need to develop a philosophy was identified. A multidisciplinary philosophy was written, which placed an even greater emphasis on teamwork in assisting patients to achieve improved communication between staff at the hospital and primary care team members.
Box 3. Benefits for team members

- Elimination of the need for separate documentation records
- Promotion of communication and team relationships
- Access to a more comprehensive record of the patient's care, needs and goals through shared assessment
- Introduction of centralised documentation
- Enhancement of work satisfaction and a greater understanding of the roles of each discipline

Introduction of centralised documentation

Access to a more comprehensive record of the patient's care, needs and goals through shared assessment

Promotion of communication

Elimination of the need for separate documentation records

Box 1.

Benefits for patients

- Increased the GPs' awareness of the service received is appropriate.
- This discharge summary increased the GPs' awareness of the service through shared knowledge of multidisciplinary input. The GPs received comprehensive information about the patient's discharge functioning level, the summary was designed to complement the consultant's discharge letter, which should be completed within seven days of discharge.

During the development of the documentation, team members often kept separate notes on patients according to the specific standards of each discipline. The effectiveness of the documentation has enabled duplication to be reduced. Access to patient information and obtaining notes for audit purposes has not been a problem.

Evaluation

A multidisciplinary patient profile was developed using the audit results, comments and criticisms from the team, and a review of the information contained in the profile. The profile is a user-friendly document that highlights each discipline, patient collaborative goals and multidisciplinary input. This is achieved through the case conference report with the patient wherever possible. A communication page is used to record information from phone calls or discussions with patients or carers that might affect intervention. It contains a succinct account of discussions at case conferences and a clear record of communication with the patient and carers, as well as other important interventions and incidents. The profile provides a comprehensive overview of the patient and his or her social needs.

Developing the multidisciplinary profile has had a number of benefits for patients (Box 2) and team members (Box 3).

The audit of patient satisfaction in 1998 and informal review has shown that good working relationships have been sustained over the past four years, despite many staff changes since the inception of the profile. The FDH service has a working philosophy of care, which has been embraced by the team and other professionals involved in patient care. It has enabled a closer working link with the medical consultants and has generated a positive and exciting working environment.

The development of the profile is an important step in ensuring that care is patient-centred and that the multidisciplinary team is working effectively. The profile has, however, taken a great deal of time to develop and refine. Some health professionals still need to duplicate documentation for their specific standards, which remains cumbersome and time-consuming. As a result of recent accreditation reviews, it has been established that the profile requires reworking so that patients' goals are more clearly identifiable. The current focus on care pathways means that the profile is continually under review and likely to change.

Conclusion

The development of the multidisciplinary profile provided the first step towards an audit of multidisciplinary working at the FDH. Since 1997, the profile has played an integral role in audits undertaken as part of the trust's focus on clinical effectiveness. The need for further audit and outcome measurement in the FDH is apparent, and steps are under way to review the profile and measure outcomes for patients attending the FDH.

While many day hospitals are working effectively with patients, the lack of clinical evidence to support their success and the continual quest for additional resources is a concern for all who are keen to develop day hospital services. The promotion of effective multidisciplinary teams is paramount in achieving adequate assessment and rehabilitation services for patients within this setting. The multidisciplinary patient profile used within the FDH has enhanced this service.

REFERENCES