

Spinal Injury Multidisciplinary Outpatient Service

Manus McCaughey Locum Consultant
 Angela McNamara Consultant
 N.R.H. Dun Laoghaire Ireland
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Background

A weekly multidisciplinary out patient clinic sees 6-7 patients in a morning. Core members of the team are Physiotherapy, Occupational Therapy, Rehabilitation Nursing, Medical Social Work, and Rehabilitation Medicine doctors. Arrangements for assessment by Orthopaedics, Sexual Health/Fertility Specialist nurse, Psychology, SLT and Orthotic services during the clinic can be made for individual patients. Spinal Injuries Ireland staff are available to patients attending the clinic.

The clinic serves the whole spinal injured population of the Republic of Ireland (approx 1300) as well as some other associated diagnostic groups.

Evaluation

Informal patient feedback is mixed, with most feeling satisfied having had a thorough assessment with professionals who are working in a team. Many have to travel a large distance to the clinic (up to 10 hour roundtrip) and feel that the time spent with them justifies this. Others complain that they have to wait around too long and are less satisfied.

We are not currently collecting enough data about interventions or population served although extension of data collection is planned in the future.

Innovation

Each patient on arrival is shown to a room; staff then move from one room to another and perform assessments on one shared document. Often disciplines 'double up' assessment for areas of shared expertise. Staff meet prior to and at the end of the clinic and each patient is individually discussed, a problem list is agreed, an action plan devised and responsibilities delegated.

Patients can be at clinic for up to 3 hours and may spend more than 2 hours in consultation.

The wide variety of disciplines involved, the use of a shared information collection document and the 'travelling' therapists make this clinic different and more complete than other multidisciplinary clinics with which I have been involved.

Intervention

Examples of intervention include liaison with community services, prescription and demonstration of stretching and exercise regimens, trialling of small aids, walking aids as well as full interdisciplinary assessment and provision of information and education

Conclusion

Overall and despite the considerable use of staff time we feel that this is a worthwhile and effective service, we feel that a lot of unnecessary referrals are saved and hope that the service will be able to continue long into the future.

Attendance 2006

