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SPIRIT

(Charity No 1059381)

Spirit Ref No.	
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Report following Sponsored Visit

Date of Report	25/08/2010
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Details of Sponsored Person

Name	Pavao Vlahek Special Rehab Hospital Varazdinske Toplice Croatia	Title: Dr.

Details of Visit

Place visited Name: Midland Centre for Spinal Injuries Robert Jones and Agnes Hunts Orthopaedic Hospital Oswestry Country: UK
Date of visit 06/07/2010 to 24/08/2010
Purposes of visit Educational: To learn and study the approach and philosophy of Midlans Centre for Spinal Injuries To study problem solving approaches on different medical issues regarding spinal cord injured patients To see inpatient and out patient approach as well as other aspect of treatment Scientific: Do a research on particular topic regarding SCI problem

Summary Report of visit

Rehab processes	What Was observed?	What can be applied?
Patient assessments - outpatient	Different medical problems regarding <ul style="list-style-type: none"> -urological long term assessments cistoscopies, urodynamics, renograms, insertion of suprapubic catheters, control of its functioning. pressure sore assessments, treatment by medical staff and also by patients themselves Spasticity management-through insertion of baclofen pump to its maintainance and refill, dosages, indications, contraindications follow ups of other medical problems regarding SC e.g. halo vest control and adjustments 	Organization of outpatient clinic because in our ward it does not exist because of funding and organizational problems (not enough staff who can cover both ward and clinics). Although there is yearly 3 weeks admission of patients for reevaluation. Better conection with other services who can participate in our work esp. urology for cistoscopies. Right now there is a weekly consultant visit on urological issues and he does an ultrasound
- inpatient	<ul style="list-style-type: none"> the whole process from admission to discharge, al the 	Most of our patients come 14 days after being operated in different trauma centers and there is no decision

	<p>procedures from blood work to radiology investigations.</p> <ul style="list-style-type: none"> • Management of 6 weeks bedrest from different points of view (consultants, junior medical staff, nurses, psychologists, physiotherapists, occupational therapist, generic workers) • Big number of patients in long period 	<p>making from our ward on whether the operation is needed or not. In a distant future it can be applied but with more centers who confirm advances of conservative treatment philosophy. More staff is needed to provide such care as in MCSI, although we have limited number of caregivers the quality of care is the same but the stress on every person is bigger. Better communication with patients can be applied but regarding the amount of job to be done the time is always a restriction factor</p>
Goal-setting	Present on many goal setting meetings with patients and observed process	Goal setting meeting should be introduced, although there are on a daily basis informal meetings
Acute management	Starting with patient admission, through whole process tin number of patients	
Rehab management		
- Physiotherapy	<ul style="list-style-type: none"> • Present on physiotherapy work both on ward and in physiotherapy gym. • Following patients process of physiotherapy in bed and after 6 weeks in gym. • Special issues regarding musculoskeletal pathology after SCI and long term life adjustments through different ways • Cough Assist machine and other machines handling 	<p>Physiotherapy management is the same without involving sports in therapy. Most of our patients are quickly seated and they start PT early Lack of space and personnel and education is another issue .</p>
- Occupational therapy	<ul style="list-style-type: none"> • Adjustment made for particular patient regarding his needs and problems, • different ways of transfers, splint applications • all other issues regarding occupational therapy field 	<p>With 3 OT workers on 58 beds there cannot be enough time to apply all the needed work. There is a need to involve more manpower, splinting workshop.</p>
- Prosthetics-orthotics: ORLAU	<ul style="list-style-type: none"> • Present in ORLAU workshop • discussed Parawalker and Sviwelwalker bioengineering topics • Application of Parawalker and long term management of its use by patients • Gait analysis laboratory including VICON technology, EMG recording and technology. • Interpretation of results with multidisciplinary team including orthopedic consultant, bioengineer physiotherapist and other staff 	<p>There is no prosthetic or orthotic management on the ward, it is mostly done by firms who are settled outside and come to ward to provide orthotics. Closer connection, both physical and organizational can be applied to have better collaboration. On ward there is no gait analysis lab and maybe in future it can be organized.</p>

<p>Nursing care</p> <p>- Medical management</p>	<p>Care of patients in acute stages</p> <ul style="list-style-type: none"> • urological point of view • bowel management, • pressure sore management, • nursing paperwork, • organization of nursing work and shifts, • education of nurses in SCI patients care field <p>Care of patients in post acute stage</p> <ul style="list-style-type: none"> • skin management • bladder management • cardiovascular management • autonomic disreflexia management • drug management • paperwork • legal issues • organizational issues • education • ward round and meetings 	<p>Nursing care is the same and with less personel working on it. There is a lack of technology, hoist, vacuum machines for pressure sores,etc</p> <p>The technological improvement would rise medical care in our ward on much highere level. With only 2 doctors, a simple lab and a Xray machine, one can only rely on its knowledge and intelligence.</p>
Long-term follow up		
Patient education	<ul style="list-style-type: none"> • education about new medical condition • education about psychological condition • new life goals • familij education (Relatives day education) 	<p>The patients education is one thing we miss on our ward and it should be better organized an all staff level although patient learn what they need about bowel and bladder management.</p>
Document	<ul style="list-style-type: none"> • organization of paperwork, and electronical 	<p>The only thing which I would not change in our ward. Electronic records would make documaeentation faster and more reliable.</p>
Human resource development	<ul style="list-style-type: none"> • education and organization of staff through in service meetings and SCI bite size meetings 	<p>The next excellent topic I'd like to implement on our ward. Knowledge is not expensive and it can make changes.</p>
Building & Environment	<ul style="list-style-type: none"> • architectural and functional design of the wards • adjustments that are made for care, patients usage,.. 	<p>The biggest difference between our wards. We need a lot of more space and architectural change</p>
Resources	<ul style="list-style-type: none"> • financing through the NHS trust, private and charities 	<p>With our limited funding of £40 per patient per day what can I say</p>
<p>Please state anything that you hoped to achieve on your visit but did not management to achieve.</p>		

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Trustees Notes	