

Interdisciplinary status report regarding patients' functioning and disability

– a report concerning improvement of communication between specialised neurorehabilitation hospitals and municipality services

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Neurorehabilitation across sectors requires effective communication

In Denmark rehabilitation for persons with acquired moderate and severe brain damage is provided at specialised neurorehabilitation hospitals. After discharge from hospital the municipalities are responsible for providing services for the brain damaged persons. These services range from health care to social services such as support in the home or initiatives enabling the patient to get back to work. The course of rehabilitation for brain damaged persons should be continuous and goal-directed, thus the neurorehabilitation hospitals and municipalities aim at seamless transitions from hospital to municipality living.

Interdisciplinary status report

Discharge information from hospitals to municipalities is provided by use of an interdisciplinary status report, that describes the hospitalised rehabilitation and the persons needs for additionally initiatives. In order to ensure that the necessary information is passed on from hospitals to municipalities, Region Midtjylland - one of five administrative units in Denmark - have prepared a common template to be used by all neurorehabilitation hospitals in the region (see fig.1)

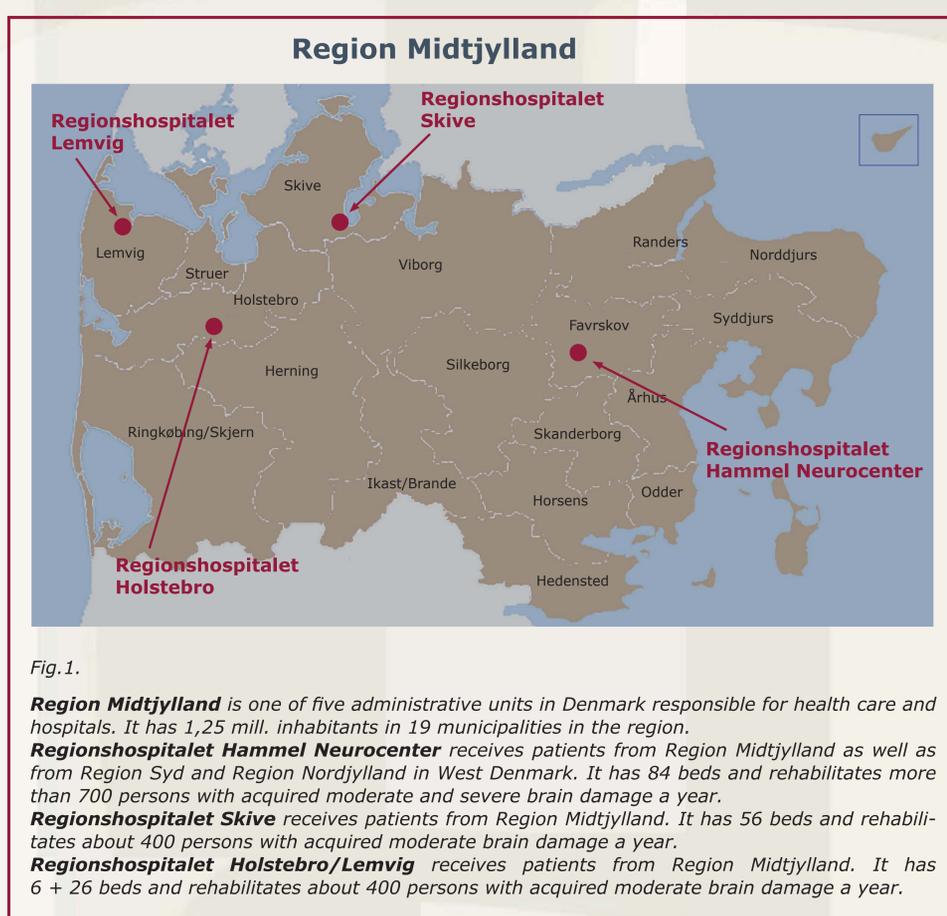


Fig.1.

Region Midtjylland is one of five administrative units in Denmark responsible for health care and hospitals. It has 1,25 mill. inhabitants in 19 municipalities in the region.
Regionshospitalet Hammel Neurocenter receives patients from Region Midtjylland as well as from Region Syd and Region Nordjylland in West Denmark. It has 84 beds and rehabilitates more than 700 persons with acquired moderate and severe brain damage a year.
Regionshospitalet Skive receives patients from Region Midtjylland. It has 56 beds and rehabilitates about 400 persons with acquired moderate brain damage a year.
Regionshospitalet Holstebro/Lemvig receives patients from Region Midtjylland. It has 6 + 26 beds and rehabilitates about 400 persons with acquired moderate brain damage a year.

Theoretical background

The interdisciplinary progress report is based on:

- a concept of rehabilitation that holds a holistic approach to persons with severe brain damage, so that he can obtain as independent and meaningful way of life as possible.
- a concept of interdisciplinary work where health care professionals, social workers etc. from different disciplines and sectors work together in order to reach common goals and support the brain damaged person in reaching his goals.
- ICF - International Classification of Functioning, Disability and Health, that is WHO's framework and terminology for description of health and health-related components of well-being based on a bio-psycho-social model.

Process of creating a template for the interdisciplinary status report

Representatives from 3 specialised neurorehabilitation hospitals and from municipalities in Region Midtjylland took part in the in the progress of preparing a template. Experiences from clinical work and co-operation between hospitals and municipalities were used. Literature within the field was used as well. The template was tested by the hospitals and assessed by 19 municipalities in the region. Further evaluation will take place ultimo 2010.

Result

The result is a template that covers health issues as well as a description of the patient's functioning and disabilities based at the ICF components:

- Body Functions and Structures
- Activities and Participation
- Environmental Factors
- Personal Factors

Selected items within the components are used. Additionally, a guidebook has been designed that includes ICF definitions and descriptions of the items used in the status report. The template and guidance's are electronically available in the IT system.

Name/Civil registration number		midt	
Interdisciplinary status report			
1a. Patients adress and telephone number		2a. Patients municipality	
1b. Patients relatives		2b. Patients GP	
3a. Admission to acute hospital		3b. Admission to rehab. hospital	3c. Discharge
4a. Diagnosis			
ICD10		Code meaning	
4b. Co-diagnoses			
ICD10		Code meaning	
ICD10		Code meaning	
4c. State of health			
5. Personal factors			
6. Functioning before disease			
7. Tests			
	Date	Date	Date
FIM			
8. Functioning and disability			
8a. Body functions and structures			
Mental Functions			
Sensory functions and pain			
Voice and speech functions			
Functions of the digestive, metabolic and endocrine systems			
Genitourinary and productive functions			
Neuromusceloskeletal and movement related functions			
Functions of the skin and related structures			
8b. Activities and participation			
Learning and applying knowledge			
General tasks and demands			
Communication			
Mobility			
Self-care			
Domestic life			
Interpersonal interactions and relationships			
Major life areas			
Community, social and civic life			
8c. Environmental factors			
Products and technology			
Support and relationships			
Attitudes			
9. Patients own evaluation of his/her situation			
10. Requirements for rehabilitation and care after discharge from hospital, with description of disabilities, that additionally initiatives should focus on			
Arrangements after discharge			
11. Medicine at discharge			
12. Aids and appliances			
13a. Professional team and contact during admission			
13b. Enclosed documents			
13c. Sent to/sent date			
Yours sincerely			

Conclusion and perspective

Using the interdisciplinary status report improves communication between hospitals and municipalities. This is a precondition for accomplishing seamless transitions in order to achieve coordination across the continuum of rehabilitation for brain damaged persons.