Amputee Education - A New Beginning for the Service

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INTRODUCTION

Rankin Park Centre (RPC) is a 40 bed aged care rehabilitation unit based in Newcastle on the Rankin Park Campus. It has a long-standing history of being a centre of excellence in rehabilitation. The case mix includes, debility, stroke, traumatic brain injury (TBI) and amputees based on the Australian National Sub-acute and Non-Acute Patient classification system (AN-SNAP).

By 2007 there was mounting evidence in the literature to suggest that co-locating stroke patients improved their outcomes (Clinical Guidelines for Stroke Rehabilitation and Recovery, 2005). Rankin Park adopted this principle in early 2007 and proceeded to co-locate not only stroke patients but also all inpatient impairment groups admitted to RPC. This process was identified as ‘streaming’ and led to a change in ward functions. Stroke, TBI and other Neuro disability are located in North Ward and general debility and amputees are located in South Ward.

Although there was some initial resistance to change, early outcomes in terms of improvement in function and shorter length of stay have been positive and in just a few months the staff began to come up with new ideas of how to improve the service for the patients of RPC.

One of the ideas generated was to develop an inpatient education program for lower limb amputees. The staff felt that the education provided to this patient group was ad hoc and did not cover all facets of impairment.

To develop this education program the multidisciplinary team, led by the nursing staff, met several times and discussed the content and development of the program and the schedule for providing the education. This then led to the development of individual discipline specific presentations. The range of education includes medication use, limb pain, discharge planning and care of the residual limb.

The staff realised that they required input from consumers for evaluation of the education program. A group of seven consumers with previous lower limb amputations were asked to come in for a day to observe the presentations provided by the multidisciplinary team and evaluate the content and the presenter. This was a highly successful experience for the consumers and the staff. The evaluations provided useful information for the team to adjust their presentations and the consumers noted what a difference it would have made to them to have had this education provided whilst an inpatient.

One consumer commented;

_I feel the five week course will be most beneficial to patients, an excellent idea._

CONCLUSION

The education will commence early this year and will run each Friday for one hour. The nursing staff are responsible for collating the program evaluations and the overall running of the program. The program will run on a five-week cycle for the inpatient amputee population of RPC. The inpatient group will also be supplied with an education folder, which contains information for amputees including support groups and prosthetic information; this is used as an adjunct to the education program.

The nursing staff were initially reluctant with the changes made to the wards at RPC, but with the mentoring and support of senior staff, they have created, in collaboration with the multidisciplinary team, a patient centred approach to education.

References