



Evaluating a transdisciplinary stroke assessment: update and reflections

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Introduction

Transdisciplinary care involves working beyond traditional discipline boundaries, sharing skills, and integrating elements of care (e.g., assessments).¹ Transdisciplinary care is supported by government policy as a strategy to improve workforce productivity and patient outcomes.²

Clinical problem

Staff and patients on the Mater Hospital Brisbane (MHB) Acute Stroke Unit (ASU) reported duplication between allied health assessments, resulting in longer assessments and frustration. To address the problem, the ASU allied health team developed for evaluation a transdisciplinary assessment that allows one team member to administer a safe and comprehensive assessment on behalf of physiotherapy, occupational therapy, speech pathology and social work.

Research objectives

To evaluate if, compared to usual multidisciplinary assessment, implementing a transdisciplinary assessment on the MHB ASU will:

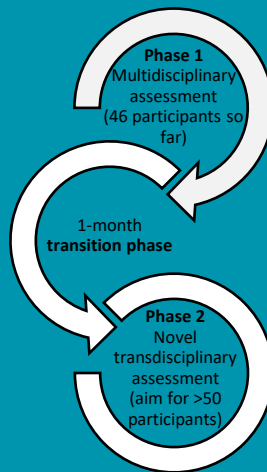
- ✓ Improve allied health time-efficiency (reduce assessment time, commence rehabilitation earlier, earlier discharge)
- ✓ Maintain patient safety and patient outcomes
- ✓ Improve allied health compliance to national stroke guidelines
- ✓ Result in patient and staff satisfaction
- ✓ Result in organisational cost savings

Methods

A pragmatic two-phase study with descriptive cross-sectional analytic components will evaluate the transdisciplinary assessment on the MHB ASU.

Based on power analysis and admission rates, each phase will recruit >50 participants admitting with suspected/confirmed Transient Ischaemic Attack or mild stroke.

In the first 6-months, patients receive usual allied health assessments. In the second 6-months, patients receive the novel transdisciplinary assessment, which has undergone thorough process testing. One month between phases will be spent transitioning to the novel transdisciplinary assessment, and training staff.



Allied health professionals will record time taken to complete initial stroke assessments. A health economic analysis, patient surveys (including 3-month follow up), staff surveys, and medical record audit will be completed.

Results (update)

- ✓ Research ethics and governance (Mater Misericordiae Ltd Human Research Ethics Committee).
- ✓ Phase 1 commenced February 2021, with 46 participants recruited so far.
- ✓ Phase 2 forecast to commence September 2021.

Reflections

1) A pragmatic evaluation approach is essential for research conducted in clinical settings. A two-phase study was selected over a randomised controlled trial to ensure accurate time-efficiency evaluations (i.e., clinicians do not need to spend extra time checking which assessment to use).

2) Clinicians who are involved with patient care should be involved in developing the research protocol. Collaboration between clinicians and researchers allows for the development of feasible and targeted research with direct clinical relevance and impact.

3) Regular meetings contribute to quality data collection and staff commitment. Clinicians and researchers should be regarded as equals, to encourage open and honest discussions.

Conclusion

Full study results are expected early – mid 2022.

Selected references

1. Van Bower V. Transdisciplinarity in health care: A concept analysis. *Nurse Forum*. 2017; 52(4): 339-347.
2. Standing Council on Health. National Primary Health Care Strategic Framework. Canberra: Department of Health; 2013 April.

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