Overview

In April 2019, a new Rehabilitation Prescription will be launched.

A Task & Finish Group was assembled earlier this year by Professor Chris Moran to develop the new Prescription (adult and children’s versions) and this work is now complete and the TARN data entry system has been revised to accommodate these changes.

At present these new Rehabilitation Prescription 2019 fields are not mandatory, but have been added to the system now so Trusts’ have sufficient opportunity to familiarise themselves with the changes prior to their launch in 2019. Therefore, Trusts can enter data into these new fields now if they wish to do so.

There will also be a new ‘Employment/Education Pre-accident’ question added to the opening section, which again is not mandatory.

The existing Best Practice Tariff questions will remain in place until April 2019 and will continue to drive the BPT payment until that time.

The existing Rehabilitation section questions will also remain for now, but will eventually be superseded by the 2019 Rehabilitation Prescription questions.

This guidance document contains:
- Information about the Adult 2019 Rehabilitation Prescriptions, as set out by NHS-E.
- Information about the Children’s 2019 Rehabilitation Prescription, as set out by NHS-E.
- Rehabilitation category guidance from NHS-E
- Guidance on the additions to the TARN data entry system and how they function.
A first rehabilitation assessment should take place within 48-72 hours of the patient’s admission and the Rehabilitation Prescription (2019) will have to be completed for all major trauma patients who need rehabilitation at discharge. All major trauma patients will require an evaluation of their rehabilitation needs and this process must be recorded on TARN. If the patient is found to have no rehabilitation needs, the full rehabilitation prescription outlined below does not need to be completed and the patient is still eligible for best practice tariff. For adult* patients found to need rehabilitation, the following six actions must be taken:

1. The Rehabilitation Prescription must be developed with the involvement of the patient and/or their family/carers
2. Administered by specialist health care professional in rehabilitation**
3. The Rehabilitation Plan must contain 8 core items ***
4. The Rehabilitation Plan must be discussed with the patient, where possible, and copies provided for them, their General Practitioner and the next care provider
5. Completion of minimum rehabilitation data set that should reflect the patient’s needs at the time of discharge****
6. All the above recorded by TARN

* For best practice tariff, the adult rehabilitation prescription should be used for all patients who are aged 18 years or older on the day of their accident. It is recognized that some patients aged 16 or 17 years may choose to be, or be more appropriately managed by children’s services. For this group of patients it is at the discretion of the clinical team to use either the children’s or adult rehabilitation prescription. Patients injured before their 16th birthday should have the children’s rehabilitation prescription.

**Rehabilitation Prescription- should be completed by Health Care Professionals after a multidisciplinary team (MDT) assessment and signed off by senior staff members, at a minimum: Consultant or Specialist trainee in Rehabilitation Medicine, Band-7 specialist rehabilitation clinician or Major Trauma Coordinator.

*** The RP may be provided as a single document for both the patient and professionals or as two separate documents to be given on the point of discharge. Both digital and printed formats are acceptable. The RP must contain, as a minimum standard, the following 8 core items:

1. Patient demographics
2. Actions for the GP and patient
3. A list of relevant injuries
4. A management list for each of these injuries
5. Ongoing rehabilitation needs
6. Services the patients has been referred to
7. A contact number for advice
8. A section where the patient can record their comments

The rehabilitation dataset that is collected may be provided to the patient but this is not a requirement for Best Practice and is at the discretion of the local clinical team.

MTC’s will be asked to provide templates of their documentation to the CRG and audit of the updated RP will form part of the national peer review in 2019.

**** The minimum rehabilitation data set has three parts. All must be completed for best practice. The rehabilitation categories are defined to allow accurate data collection.
A first rehabilitation assessment should take place within 48-72 hours of admission and the Rehabilitation Prescription (2019) for children* will have to be completed for all major trauma patients who need rehabilitation at discharge. All children suffering major trauma will require an evaluation of their rehabilitation needs and this process must be recorded on TARN. If the child is found to have no rehabilitation needs, the full rehabilitation prescription outlined below does not need to be completed and the patient is still eligible for best practice tariff. If the child is found to need rehabilitation, the following six actions must be taken:

1. The Rehabilitation Prescription for Children must be developed with the involvement of the patient and / or their family/carers.
2. Administered by specialist health care professional in children’s rehabilitation**
3. A Rehabilitation Plan which must contain 9 core items ***
4. The Rehabilitation Plan must be discussed with the patient where practical and with their parents/carers, and copies provided for them, their General Practitioner and the next care provider.
5. Completion of minimum rehabilitation data set****
6. All the above recorded by TARN

* For best practice tariff, the children’s rehabilitation prescription should be used for all patients who are under the age of 16 years on the day of their accident. It is recognized that some patients aged 16 or 17 years may choose to be, or be more appropriately managed by children’s services. For this group of patients it is at the discretion of the clinical team to use either the children’s or adult rehabilitation prescription. Patients injured on the day of their 18th birthday or afterwards should have the adult rehabilitation prescription.

** Rehabilitation Prescription- should be completed by Health Care Professionals after a multidisciplinary team (MDT) assessment and signed off by senior staff members, at a minimum: Consultant or Specialist trainee in Rehabilitation Medicine, Band-7 specialist rehabilitation clinician or Major Trauma Coordinator.

*** The RP may be provided as a single document for both the patient and professionals or as two separate documents to be given on the point of discharge. The RP for children must contain, as a minimum standard, the following 9 core items:

1. Patient demographics
2. A Safeguarding Assessment relating to the circumstance of the injuries
3. Actions for the GP and / or community paediatric team plus parents/carer
4. A list of relevant injuries
5. A management list for each of these injuries
6. Ongoing rehabilitation needs
7. Services the patients has been referred to including an educational plan
8. A contact number for advice
9. A section where the patient and/or parent or carer can record their comments

The rehabilitation dataset that is collected may be provided to the patient or parents but this is not a requirement for Best Practice and is at the discretion of the local clinical team.

MTC’s will be asked to provide templates of their documentation to the CRG and audit of the updated RP will form part of the national peer review in 2019
Rehabilitation categories

In the context of transfer or discharge from a Major Trauma Centre

Category A Rehabilitation Needs
Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine and who have very complex rehabilitation needs. Patients may be medically unstable or potentially medically unstable and may still require direct inputs from their acute major trauma teams. They may require involvement of 5 or more therapy disciplines. Category A patients include those with tracheostomies who are being actively weaned, those who require ventilation, and those with Prolonged Disorder of Consciousness. Patients with brain injury who have severe cognitive deficits and highly challenging behaviours requiring rehabilitation have Category A needs.

Category B Rehabilitation Needs
Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine and who have complex rehabilitation needs. Patients are usually medically stable. The involvement of 4 therapy disciplines is required. Patients with stable tracheostomy who are not being weaned may have Category B needs. Patients with brain injury and cognitive deficits who can be managed in a structured environment have Category B needs.

Category C Rehabilitation Needs
Patients who do not have complex rehabilitation needs and require rehabilitation in a residential setting, which can be delivered by a non-specialist team in either a hospital or intermediate care facility. Up to 3 therapy disciplines may need to be involved. Most patients with musculoskeletal injuries who need inpatient rehabilitation will have Category C needs. The frail elderly who have complex medical needs are likely to have Category C rehabilitation needs.
TARN data entry guidance

The first new question appears on the **Opening Section** under the **TARN Yes/No** field and is entitled **Employment/Education Details (pre-accident)**.

*It is a simple list that contains dropdown options for both adults and children, as shown below and can be completed whether or not a Rehabilitation assessment has been made.*
TARN data entry guidance

All the new Rehabilitation Prescription questions are contained in a section entitled: 2019 Rehabilitation Prescription, which appears at the bottom of the Opening Section.

2019 Rehabilitation Prescription

The first question in this section is: Have rehabilitation needs been evaluated?
- If No or Not Appropriate is selected: No further questions appear in this section.
- If Yes is selected, the question: Are there rehabilitation needs appears, as below.

Are there rehabilitation needs?
- If No or Not Recorded is selected: No further questions appear in this section.
- If Yes is selected, the question: Prescription Type appears and users are prompted to choose either Adult or Children’s Rehabilitation Prescription.

Different options or questions appear for some fields depending on which Prescription type is chosen, therefore please see NHS-E guidance on page 4 for guidance on choosing the Prescription type.

Completed by?
The options are shown below and are the same if either Adult or Children’s Rehabilitation Prescription is chosen.
TARN data entry guidance

The next four questions appear if either Adult or Children’s Rehabilitation Prescription is chosen and are simple questions with no conditional responses:

Does the Rehabilitation Prescription contain the 8 (or 9 if Children’s RP is chosen) core items?
- Yes/No/Not recorded

Has the Rehabilitation Prescription been developed with the involvement of the patient and/or their family/carers?
- Yes/No/Not recorded

Has the Rehabilitation Prescription been discussed with the patient where possible?
- Yes/No/Not recorded/Not Appropriate

Has the Rehabilitation Prescription been given to patient, General Practitioner and the next care provider?
- Yes/No/Not recorded
TARN data entry guidance

Rehabilitation needs checklist

- If No or Not Recorded is selected: The system jumps ahead to the next question: What is the patient’s rehabilitation need?

- If Yes is selected, users are prompted to select any: Physical, Cognitive or Psychosocial needs the patient may have. Options for all are shown below:

Physical impairment requiring rehabilitation
Same options appear for Adults & Children

| Brain injury with prolonged disorder of consciousness (PDCD) |
| Brain injury without prolonged disorder of consciousness |
| Facial injuries (inc. visual loss) |
| Thorax (inc. ribs, lungs, diaphragm, sternum) |
| Abdomen & Pelvis (see help text for inclusions) |
| Spinal cord injury - ventilated |
| Spinal cord injury - not ventilated |
| Spinal fractures - no neurology |
| Upper limb: Single complex fracture or dislocation |
| Upper limb: Multiple fractures |
| Upper limb: Limb reconstruction |
| Upper limb: Amputee |
| Lower limb: Single complex fracture or dislocation |
| Lower limb: Pelvic fracture |
| Lower limb: Multiple fractures |
| Lower limb: Limb reconstruction |
| Lower limb: Amputee |
| Nerve injury (inc. brachial/ulnar plexus, peripheral nerve) |
| External (inc. burns, lacerations & dogbites) |
| Other (add comments to Diary section) |

Cognitive or mood disturbance requiring rehabilitation
Same options appear for Adults & Children

| Communication difficulties |
| Cognitive difficulties |
| Challenging behaviour |
| Mental Health difficulties: Pre-Injury |
| Mental Health difficulties: Post Injury |
| Emotional difficulties |
| Other (add comments to Diary section) |

Psychosocial issues (that may impact on Rehabilitation)
Different options appear for Adults & Children as shown below

<table>
<thead>
<tr>
<th>Adult options</th>
<th>Children’s options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing/accommodation</td>
<td>Safeguarding concerns/other complex medico-legal issues</td>
</tr>
<tr>
<td>Drug/alcohol misuse</td>
<td>Educational needs, Special Educational, Education EHCP</td>
</tr>
<tr>
<td>Complex medico-legal issues: best interest, safeguarding DOLS Educational</td>
<td>Complex medico-legal issues: best interest, safeguarding DOLS Educational</td>
</tr>
<tr>
<td>Referred to violence reduction team</td>
<td>Vocational/job role requiring specialist vocational rehab</td>
</tr>
<tr>
<td>Vocational/job role requiring specialist vocational rehab</td>
<td>Other (add comments to Diary section)</td>
</tr>
<tr>
<td>Other (add comments to Diary section)</td>
<td>Other (add comments to Diary section)</td>
</tr>
</tbody>
</table>
**TARN data entry guidance**

**Who has legal parental responsibility for the child?**

*This question only appears if the Children’s Rehabilitation Prescription is chosen*

- Birth/adopted parents
- Social services
- Special guardians
- Residency order
- Looked after child

**Where is the child domiciled?**

*This question only appears if the Children’s Rehabilitation Prescription is chosen*

- Legal guardian
- Family/friends/carer
- Foster care
- Residential care
- Gang involvement
- Other
**TARN data entry guidance**

**What is the patient’s rehabilitation need?**

*Different options appear for Adults & Children as shown below*

<table>
<thead>
<tr>
<th>Adult options</th>
<th>Children’s options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist inpatient</td>
<td>Inpatient specialist units</td>
</tr>
<tr>
<td>Specialist outpatient</td>
<td>Regional inpatient paediatric neurodisability unit/SCIU</td>
</tr>
<tr>
<td>Non-specialist inpatient</td>
<td>Inpatient paediatric/paediatric surgical/paediatric ortho</td>
</tr>
<tr>
<td>Community Rehabilitation</td>
<td>Special school</td>
</tr>
<tr>
<td></td>
<td>Home with community rehabilitation support</td>
</tr>
<tr>
<td></td>
<td>Home with outpatient rehabilitation support</td>
</tr>
</tbody>
</table>

**Adult options:**

- If Specialist inpatient chosen

  - Category A
  - Category B

**Children’s options:**

- If Inpatient specialist units chosen

  - Children’s Trust Tadworth
  - Specialist spinal unit e.g. Stoke Mandeville/Southport
  - Chailey
  - Residential neuropsychiatry unit

**Adult options:**

- If Specialist outpatient chosen

  - Multidisciplinary
  - Single disciplinary

**Adult options:**

- If Non-specialist inpatient chosen

  - Category C

**Adult options:**

- If Community Rehabilitation chosen

  - Specialist MDT
  - Generic MDT

*No more options appear for Children if anything other than Inpatient specialist units is chosen.*
TARN data entry guidance

Are they being transferred to an appropriate facility?

- If Yes is selected, no more fields appear.
- If No is selected: the questions: Destination and What is the reason for variance both appear.

Different options appear for Adults & Children as shown below

Destination

<table>
<thead>
<tr>
<th>Adult options</th>
<th>Children’s options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferred for ongoing medical or surgical needs</td>
<td>Transferred for ongoing medical or surgical needs</td>
</tr>
<tr>
<td>Local hospital without specialist rehabilitation</td>
<td>Local hospital without specialist rehabilitation</td>
</tr>
<tr>
<td>Local hospital awaiting specialist rehabilitation</td>
<td>Local hospital awaiting specialist rehabilitation</td>
</tr>
<tr>
<td>Other inpatient rehabilitation than recommended in the RP</td>
<td>Other inpatient rehabilitation than recommended in the RP</td>
</tr>
<tr>
<td>Care home without rehabilitation</td>
<td>Special school without rehabilitation</td>
</tr>
<tr>
<td>Care home with rehabilitation</td>
<td>Own home without rehabilitation</td>
</tr>
<tr>
<td>Own home without rehabilitation</td>
<td>Own home with rehabilitation</td>
</tr>
<tr>
<td>Own home with rehabilitation</td>
<td>Mental Health Unit without physical rehabilitation</td>
</tr>
<tr>
<td>Mental Health Unit without physical rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

What is the reason for variance?

- Service exists but access is delayed
- Service does not exist
- Service exists but funding refused
- Patient/carer declined*
- Ongoing medical or surgical needs requiring later rehab

*Remember that help text guidance is available for some fields and can be accessed simply by clicking on the field name.