

Severn Major Trauma  
Operational Delivery Network

North Bristol NHS Trust

## Quality Trauma Discharge

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Where were we?

- Paucity rehabilitation services
- Location of our patients challenging
- A lack of consensus around a rehabilitation prescription not reliably delivered
- Discharge – All about Exit
- Patients had a lack of knowledge
- Patients didn't feel empowered

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## Where do we feel we are now?

- Standardisation of the content and sharing of the information for patients
- Transferability to a range of care settings
- Giving the rehab assessment context and meaning
- Empowered Patients
- Empowered Teams

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## What was I received in hospital was excellent .... when I left it was like I had been cast adrift

- Paucity rehabilitation services
- Patients had a lack of knowledge
- Patients didn't feel empowered

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## What was happening?

- Paucity rehabilitation services
- Patients had a lack of knowledge
- Patients didn't feel empowered

"The staff were fantastic from top to bottom but then you left and there was no support"

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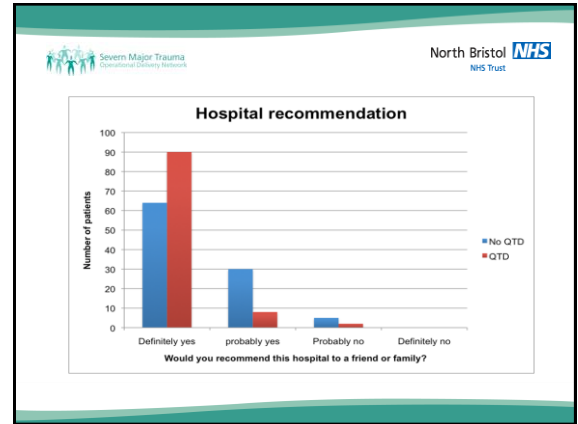
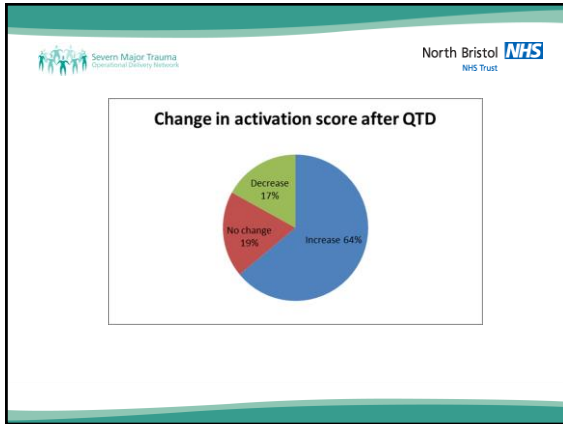
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## What was happening?

- Paucity rehabilitation services
- Patients had a lack of knowledge
- Patients didn't feel empowered

"My stay in hospital was a blur .... I couldn't remember anything"





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"I mentioned briefly that I survived (unexpectedly) a poly trauma... I am so impressed with your project - I've not heard anything like it before - it makes common sense... Its such a scary place to be - sat at home, tablets in a plastic bag - and no one to be there if you fall or need anything, or to tell you what you can or cannot do."

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"I mentioned briefly that I survived

Knowing I have someone who can respond quickly and expertly to a concern when I have left the hospital is both useful and comforting.' (January, 2016)

be there if you fall or need anything, or to tell you what you can or cannot do."

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"I mentioned briefly that I survived (unexpectedly) a poly trauma... I am so

Knowing I have someone who can respond

"This is a no-brainer. Why aren't we doing this already?"

home, or bags in a plastic bag - and no one to be there if you fall or need anything, or to tell you what you can or cannot do."

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Hey Annie, this really works, thanks for the prompt reply. We slept better last night thanks, but jo gets tired 16:00 hrs. Getting into our newest routine. Thanks again



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## What this means for the MTC and the Network

- Standardisation of information for all patients
- Provision of a structure for the Coordinator role
- Transferable & updateable information - no matter where patient is located
- Immediate patient feedback and communication to drive service improvement

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## Our patients' rehab needs assessments

- Are now part of a larger intervention making them:
- Meaningful for the patient
- Useful for the clinicians...wherever they are
- Updatable
- Auditable

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*"In order for the RP to be a truly patient-centred and patient-held document in this context, the individual patients need to engage with their own portal- just telling them to do so won't achieve this."*

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## The Future

- Development within the MTC – ICU, MT ward
- Use across the network
  - Aids communication
  - RP on discharge
- National standards
  - NICE/AfterTrauma national coordination and development of patient information
  - Paper free shared records

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## Thank you & Questions?