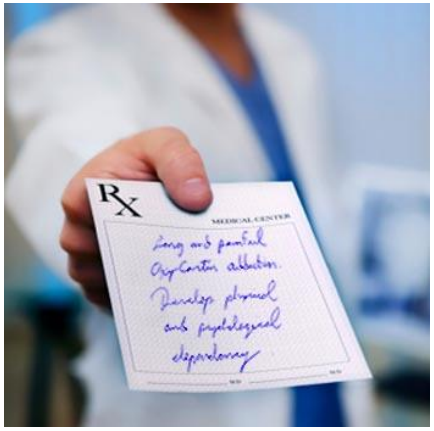
Imperial College Healthcare NHS
NHS Trust

Rehab Prescription- What data can do for you

By Natalie Marroney

Aims

- To consider dancing with Rehabilitation prescriptions to create partnerships.???



Rehab Prescriptions

2010 the Clinical Advisory Group for Major Trauma services in the UK

‘Every patient admitted to a Major Trauma Centre should have their rehabilitation needs assessed and documented through a Rehabilitation Prescription’

What do know about what the patients said they wanted?

Injury related information that patients/carers wanted *(identified in focus group)*

- Injuries sustained
- Information on symptoms and if that is normal?
- Prognosis -What to expect (especially when going home)
- Peer support –talking to people with similar experiences/injuries

Patients wanted recovery information in terms of

- Key target dates e.g. goals and steps to achieve them
- Planning towards discharge home and what to expect
- Where to get equipment from
- What services to access and how to access them

NWL Major Trauma Centre
RP experience.

- Initial Automated RP design was launched in July 2016
- Implemented RP templates
- Data translated from Cerner

ital

habilitation Prescription

injuries were

Chelsea & Westminster Hospital

- Chelsea & Westminster Hospital
- West Middlesex Hospital
- Northwick Park Hospital
- Hillingdon Hospital
- Ealing Hospital
- Watford General Hospital
- Central Middlesex Hospital
- Royal Free Hospital
- Barnet General Hospital
- Homerton Hospital
- Wexham Park Hospital
- Other

- [ ] Thoracic
- [ ] Abdominal
- [ ] Other:

ng people were involved in

- [ ] General Surgery Team
- [ ] Maxillo facial Team
- [ ] Neurology Team
- [ ] Neurosurgery Team
- [ ] Opthalmology Team
- [ ] Ortho Spinal Team
- [ ] Orthogeriatric team
- [ ] Orthopaedic Team
- [ ] Plastics Team
- [ ] Psychiatry Team
- [ ] Respiratory Team
- [ ] Vascular Team
- [ ] Dietetics Team
- [ ] Hand Therapy Team
- [ ] Occupational Therapy Team
- [ ] Physiotherapy Team
- [ ] Psychology Team
- [ ] Speech and Language Therapy Team
- [ ] Other:

bilitation prescription summary plan

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Rehab prescription completed

- To be completed (initial RP)
- Yes
- No
- Not Required

Presence of cognitive and mood factors

- To be completed (initial RP)
- Yes
- No
- Not Required

Presence of psychosocial factors

- To be completed (initial RP)
- Yes
- No
- Not Required

Presence of physical factors

- To be completed (initial RP)
- Yes
- No
- Not Required

Rehabilitation Prescription given to patient

- To be completed (initial RP)
- Yes
- No
- Given to carer
- Not suitable to give to patient

Rehabilitation needs on discharge or transfer

- To be completed (initial RP)
- Yes
- No

Discharge category of need

Recommended destination for rehabilitation

Ideal rehabiliation needs at time of transfer/discharge

Actual transfer/discharge destination

Reason for difference

Admission Rehab Complexity Scale

Care

Risk

Nursing

For Risk and Care only input the higher score. Set the remaining one at Zero to allow for calculation of total score

Imperial College Healthcare NHS Trust St Marys Hospital Major Trauma Unit Rehabilitation Prescription

Patient first name:	xxxxxxx
Patient Surname:	xxxxxxx
Date of birth: (DD/MM/YYYY)	xxxxxxxxx
Patient Address:	xxxxxxxxx
	xxxxxxxxxxx
	xxxxxxxxx
	xxxxxxxx
	xxxx
Patient Telephone:	xxxxxxxxxxx
NHS No:	xxxxxxxxxxx
Hospital Patient Number:	xxxxxxxxxx
GP Name:	xxxxxxxxx
GP Address:	xxxxxxxxxxxx
GP Phone No:	xxxxxxxxxx
Local Hospital:	Chelsea & Westminster Hospital

Date of Admission 29/12/17 17:12:00

These parts of your body were injured?
Thoracic

The following people were involved in your care:
Intensive Care Team, Major Trauma Team, Medical Team, Physiotherapy Team, Speech and Language Therapy Team,

Your Rehabilitation Prescription Summary of plan:

You were admitted to St Marys Hospital on the 29/12/17 following a seizure which caused you to fall off your mobility seizure.

You sustained rib fractures 5 and 6 on the left hand side. During your admission you became very unwell and you have to be looked after on the intensive care unit (ICU). On this unit you had a tube to help you breathe and were given and were given tablets to settle your seizures. During your stay on ICU you were seen by the physiotherapists who helped to clear any secretions you had on your chest and help with you expansion of your lungs.

When you became better and your seizures settled, you were able to breathe on your own and the tube was removed on the 9/1/18. You were then transferred to the major trauma unit where you were seen by physiotherapists to help progress your mobility, provide you were strengthening exercises and improve your exercise tolerance. You were very fearful of falling that limited your walking and sitting out in the chair. You were therefore were hoisted into the chair which you found easier.

You were seen by the Speech and Language Therapist during your admission. You swallowing didn't appear to be safe as food and drinks looked like they were going into your lungs rather than through to your stomach. You were instead given a tube in your nose straight to your stomach to give you all the food and fluids that you needed. You will continue to be seen by the Speech and Language Therapy team in your next hospital to help get you eating and drinking by your mouth again.

You have been transferred to your local hospital where you will have ongoing therapy to help progress your function with the aim of hopefully discharging you home in the longterm.

Advice and Education to remember: (please include the most recent guidance and advice given to the patient including voluntary sector)

To reduce the risk of developing a chest infection there are numerous things you can do:
- Take deep breaths regularly throughout the day. Aim to take 10 deep breaths every hour.
- Do not suppress the need to cough or take cough-suppressing medicine - it is important to clear any phlegm that builds in your lungs.
- Take regular pain relief
- Support your ribs when you cough by hugging a pillow or rolled up towel into your chest.
- Do a steady amount of exercise or activity every day and gradually increase this until you have returned to your usual activities.
- Avoid spending prolonged periods of time in bed

Main contact information:
Ward contact number: Major Trauma Ward 020 3312 2383
St Mary's Hospital Consultant name: Paraskeva, Paraskevas Consultant (Doctor)
St Mary's Hospital Therapy contact name: Taylor, Hilary Victoria Physiotherapist
St Mary's Hospital Hospital Therapy contact number: Major Trauma 02033122353

TARN Minimum Data Set

Rehab prescription completed

- ○ To be completed (initial RP)
- ◉ Yes
- ○ No
- ○ Not Required

Rehabilitation Prescription given to patient

- ○ To be completed (initial RP)
- ○ Yes
- ◉ No
- ○ Given to carer
- ○ Not suitable to give to patient

Rehabilitation needs on discharge or transfer

- ○ To be completed (initial RP)
- ◉ Yes
- ○ No

Presence of physical factors

- ○ To be completed (initial RP)
- ◉ Yes
- ○ No
- ○ Not Required

Complex Physical

- ☐ Complex musculoskeletal management
- ☑ Complex neuro-rehabilitation
- ☐ Complex amputee rehabilitation needs
- ☐ Re-conditioning / cardiopulmonary rehab
- ☐ Complex pain rehabilitation
- ☐ Profound disability / neuropalliative rehabilitation

Presence of cognitive and mood factors

- ○ To be completed (initial RP)
- ◉ Yes
- ○ No
- ○ Not Required

Complex Cognitive / Mood

- ☐ Complex communication support
- ☐ Cognitive assessment/management
- ☐ Complex mood evaluation/support
- ☐ Challenging Behaviour management
- ☐ Evaluation of Low Awareness state

Presence of psychosocial factors

- ○ To be completed (initial RP)
- ○ Yes
- ◉ No
- ○ Not Required

Complex Psychosocial

- ☐ Complex discharge planning
- ☐ Major family distress/support
- ☐ Emotional load on staff

Discharge category of need — Ongoing acute needs

Recommended destination for rehabilitation — Undetermined at this time

Ideal rehabiliation needs at time of transfer/discharge — Local hospital (non-spec inpt)

Actual transfer/discharge destination — Local hospital

Reason for difference — No difference

RP Informatics

1st year of data collection

1208 RPs in a 1 year period

1st Aug 2016 to 31st July 2017

RP Completed from multiple wards.

Row Labels	Count of PERSON_ID	%
Major Trauma Ward 020 3312 2383	397	32.86%
Valentine Ellis Ward 020 3312 6116	322	26.66%
Albert Ward 020 331 25216	198	16.39%
NULL	89	7.37%
Other	65	5.38%
Charles Pannett Ward 020 331 26118	37	3.06%
Intensive care 020 331 26058	27	2.24%
Great Western Ward 020 3312 6376	27	2.24%
Lindo 020 3312 6017	24	1.99%
CDU 020 3312 7713	11	0.91%
Zachary Cope Ward 020 331 22338	7	0.58%
Westway Ward 020 331 22339	1	0.08%
Grand Union Ward 020 331 26465	1	0.08%
Paediatric ICU 020 3312 6466	1	0.08%
PSSU Paediatric short stay Unit 020 331 26373	1	0.08%
Grand Total	1208	100.00%

Where are our patient's local hospitals?

Row Labels	Count of PERSON_ID	%
Other	476	39.4%
St Mary's Hospital	156	12.9%
Ealing Hospital	85	7.0%
Northwick Park & Central Mid Hospital	76	6.3%
Watford General Hospital	69	5.7%
Hillingdon & Mount Vernon Hospital	52	4.3%
West Middlesex Hospital	47	3.9%
Barnet General Hospital	44	3.6%
Royal Free Hospital	38	3.1%
Central Middlesex Hospital	30	2.5%
Chelsea & Westminster Hospital	28	2.3%
Hammersmith Hospital	27	2.2%
Charing Cross Hospital	25	2.1%
Northwick Park Hospital	22	1.8%
Wexham Park Hospital	15	1.2%
Hillingdon Hospital	12	1.0%
Homerton Hospital	5	0.4%
NULL	1	0.1%
(blank)		0.0%
Grand Total	**1208**	100.0%

Of the 285 that ideally needed Community Rehab, residential CCG borough was;

Row Labels	Count of PERSON	%
NHS WEST LONDON CCG	33	11.58%
NHS EALING CCG	28	9.82%
NHS CENTRAL LONDON (WESTMINSTER) CCG	24	8.42%
NHS BRENT CCG	23	8.07%
NHS WALES INFORMATICS SERVICE	19	6.67%
NHS HERTS VALLEYS CCG	16	5.61%
NHS HILLINGDON CCG	16	5.61%
NHS BARNET CCG	16	5.61%
NHS HAMMERSMITH AND FULHAM CCG	15	5.26%
NHS HARROW CCG	14	4.91%
NHS CAMDEN CCG	12	4.21%
NHS HOUNSLOW CCG	12	4.21%
NHS WANDSWORTH CCG	6	2.11%
NHS SOUTHWARK CCG	5	1.75%
NHS ISLINGTON CCG	4	1.40%
NHS RICHMOND CCG	3	1.05%
NHS HARINGEY CCG	3	1.05%
NHS BEDFORDSHIRE CCG	2	0.70%
NHS MEDWAY CCG	2	0.70%
NHS DARTFORD, GRAVESHAM AND SWANLEY C	2	0.70%
Others:	30	
Grand Total	**285**	

RP Category of injury;

Total: 782

Total: 343

Total: 247

Row Labels	Count of PERSON_ID	%
Musculoskeletal	489	40.48%
Brain Injury	201	16.64%
Brain Injury, Musculoskeletal	99	8.20%
Musculoskeletal, Thoracic	92	7.62%
Thoracic	83	6.87%
Brain Injury, Musculoskeletal, Thoracic	35	2.90%
Spinal cord injury	26	2.15%
Musculoskeletal, Thoracic, Abdominal	18	1.49%
Musculoskeletal, Vascular	13	1.08%
Musculoskeletal, Abdominal	12	0.99%
Thoracic, Abdominal	11	0.91%
Spinal cord injury, Musculoskeletal	10	0.83%
Brain Injury, Thoracic	8	0.66%
NULL	7	0.58%
Peripheral nerve injury, Musculoskeletal	6	0.50%
Abdominal	6	0.50%
Musculoskeletal, Vascular, Abdominal	4	0.33%
Musculoskeletal, Amputation	4	0.33%
Amputation	4	0.33%
Other: Smoke inhalation	3	0.25%
Other combinations of the above:	77	
Grand Total	**1208**	

Ideal rehab needs at transfer/discharge:

Row Labels	Count of PERSON_ID	%
Community Rehabilitation (non bedded)	285	23.59%
No ongoing rehabilitation needs	249	20.61%
Rehabilitation required further down the line	135	11.18%
Outpatient therapy	119	9.85%
Specialist inpt neuro rehab	97	8.03%
Generic inpatient rehabilitation	72	5.96%
Ongoing acute needs	69	5.71%
NULL	57	4.72%
Local hospital (non-spec inpt)	48	3.97%
Specialist MSK rehab	27	2.24%
Undetermined (initial RP)	20	1.66%
Mental health services	12	0.99%
Care setting (NH/RH/hospice)	10	0.83%
Specialist cog/behavioual rehab	3	0.25%
Vocational rehab	2	0.17%
Specialist combined mental & physical health	2	0.17%
Specialist amputee rehab	1	0.08%
Grand Total	1208	100.00%

Actual rehab provision at transfer/discharge:

Row Labels	Count of PERSON_ID	%
Community Rehabilitation (non bedded)	263	21.77%
No ongoing rehabilitation needs	257	21.27%
Rehabilitation required further down the line	146	12.09%
Local hospital	122	10.10%
Outpatient therapy	109	9.02%
Ongoing acute needs	69	5.71%
Generic inpatient rehabilitation	60	4.97%
NULL	60	4.97%
Specialist inpt neuro rehab	51	4.22%
Undetermined (initial RP)	22	1.82%
Care setting (NH/RH/hospice)	18	1.49%
Mental health services	13	1.08%
Specialist MSK rehab	6	0.50%
Patient declined	5	0.41%
Vocational rehab	3	0.25%
Specialist combined mental & physical health	3	0.25%
Specialist amputee rehab	1	0.08%
Grand Total	**1208**	**100.00%**

Reason for variance:

Row Labels	Count of PERSON_ID	%
No difference	939	77.73%
Rehabilitation required in the future	83	6.87%
NULL	60	4.97%
Service exists but access delayed	57	4.72%
Undetermined (initial RP)	25	2.07%
Not eligible for rehabilitation	23	1.90%
Service does not exist	15	1.24%
Patient/Family Declined	6	0.50%
Grand Total	1208	100.00%

20%

Presence of Cognitive Factor

Row Labels	Count of PERSON_ID	%
No	665	55.05%
Yes	464	38.41%
To be completed (initial RP)	65	5.38%
Not Required	12	0.99%
NULL	2	0.17%
Grand Total	**1208**	100.00%

Presence of Physical Factor

Row Labels	Count of PERSON_ID	%
Yes	1022	84.60%
No	124	10.26%
To be completed (initial RP)	58	4.80%
Not Required	2	0.17%
NULL	2	0.17%
Grand Total	**1208**	100.00%

Presence of psychosocial factors

Row Labels	Count of PERSON_ID	%
No	750	62.09%
Yes	371	30.71%
To be completed (initial RP)	70	5.79%
Not Required	15	1.24%
NULL	2	0.17%
Grand Total	**1208**	100.00%

What next?

- Patient experience and satisfaction with their RP.
- Explore how patients have used/experienced their rehabilitation prescription.
- Explore how other healthcare professionals have used the rehabilitation prescription.

TARN

- Big data Nationally on Rehabilitation
- Minimum data set for all
- Optional data points available for localised services who want to collect more about their service at a given time point.
- Supports service change to meet the needs of the patient at local/national level.

Conclusion

- Data available on the profile of the Rehabilitation needs of a Major Trauma survivor population
- Target staff training needs/induction/patient information to improve service to patients.
- Can identify gaps in services/areas of high need, areas of good practice to support discussions on local/national changes in commissioning.

Acknowledgments

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