

Meeting the challenge

Recovery & Reablement in an MTC
Developments within QEHB

Hannah Farrell
Clinical Specialist Physiotherapist
Neurotraumatology




Presentation Overview




- MTC Tracker
- Electronic Rehabilitation Prescription
- RCS-E (Needs & Gets) & Barthel Index
- QEHB Recovery & Reablement (R&R) Project & Pathway Development
- QEHB Recovery & Reablement Tracker



MTC Tracker (Version 2)



MTC Tracker
 Major Trauma Patients

Filter and Sort Patients

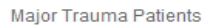
Status: Active
 Arrival: 01/02/2015 to: 01/02/2016
 Rehabilitation
 Onward Referral
 Discharge
 New Patient
 Find

Referral: All
 Sort: Arrival Name Location TU Consultant

Filtered 70 active patients

	Name	Unit	Arrival	Time	Entry	Current Location	Key Worker	RPP Front-Sheet	RPP Part-Date	RPP Full-Date
Select			31/01/2016	22:03	ED	WCCB	Monica Devi	Yes	01/02/2016 10:38	-
Select			31/01/2016	14:00	Ward	W409		Yes	-	-
Select			31/01/2016	13:17	ED	W410				
Select			31/01/2016	06:56	ED	WCCC	Hannah Farrell	Yes	31/01/2016 09:35	-
Select			31/01/2016	02:50	Ward	W409	TBC	Yes	31/01/2016 16:31	-
Select			31/01/2016	02:44	ED	W412	TBC	Yes	31/01/2016 16:07	-
Select			30/01/2016	22:38	ED	WCCC	Hannah Farrell	Yes	31/01/2016 10:38	-
Select			30/01/2016	14:37	ED	W409	N/A	NA	-	-
Select			30/01/2016	11:50	ED	WCCB	TBC	Yes	31/01/2016 10:09	-
Select			30/01/2016	05:36	ED	WCCC	Samantha Illingworth	Yes	30/01/2016 17:28	-
Select			29/01/2016	06:35		W412	TBC	Yes	29/01/2016 16:02	-
Select			28/01/2016	14:12	ED	WCCB	Monica Devi	Yes	29/01/2016 13:50	-
Select			28/01/2016	12:36	ED	W410	Jack Jeffrey	Yes	29/01/2016 09:30	-
Select			28/01/2016	07:21	ED	WCCC	Samantha Illingworth	Yes	28/01/2016 15:24	-
Select			28/01/2016	00:29	ED	W412	TBC	Yes	28/01/2016 14:20	-
Select			27/01/2016	22:35	ED	W407	Steph Bright	Yes	28/01/2016 11:00	-
Select			27/01/2016	22:19	ED	WCCC	Francine Cox	Yes	28/01/2016 14:52	-
Select			27/01/2016	08:00	ED	W412	Louisa Johnson	Yes	29/01/2016 08:03	-
Select			26/01/2016	20:36	ED	W412	Jane Young	Yes	27/01/2016 12:05	-
Select			25/01/2016	04:59	ED	W409	Ruth Fisher	Yes	25/01/2016 13:59	-
Select			24/01/2016	15:52	Ward	W516	Louisa Johnson	Yes	25/01/2016 15:14	-
Select			23/01/2016	23:00	Ward	W407	Zoe Carmichael	Yes	25/01/2016 10:00	-
Select			23/01/2016	05:05	ED	W410	TBC	Yes	28/01/2016 08:25	28/01/2016 08:25
Select			22/01/2016	13:00	Ward	W410	Clare Ferguson	Yes	25/01/2016 13:40	-
Select			22/01/2016	08:31	ED	W412	TBC	Yes	28/01/2016 08:24	28/01/2016 08:25
Select			21/01/2016	19:03	ED	W407	Steph Bright / Hanna	Yes	22/01/2016 15:33	-
Select			21/01/2016	17:00	Ward	W409	TBC	Yes	22/01/2016 09:42	-





us	When Ready	When Referred	Nearest TU
r referral	-	-	QUEEN ELIZABETH HOSP
r referral	-	-	QUEEN ELIZABETH HOSP
r referral	-	-	SANDWELL GENERAL HOS
erred	-	-	[BBCHW] Sandwell Gen
erred	-	-	Russells Hall Hospit
r referral	-	-	SANDWELL GENERAL HOS
r referral	-	-	QUEEN ELIZABETH HOSP
r referral	-	-	QUEEN ELIZABETH HOSP
r referral	-	-	OXFORD RADCLIFFE HOS
erred	-	-	Russells Hall Hospit
r referral	-	-	Russells Hall Hospit
r referral	-	-	WALSALL HOSPITALS NH
r referral	-	-	CITY HOSPITAL
erred	-	-	QUEEN ELIZABETH HOSP
erred	-	-	[BBCHW] University H
r referral	-	-	HEARTLANDS HOSPITAL
r referral	-	-	SANDWELL GENERAL HOS
et referred	29/01/2016 16:29	-	[BBCHW] University H
erred	-	-	[BBCHW] University H
r referral	-	-	QUEEN ELIZABETH HOSP
r referral	-	-	SANDWELL GENERAL HOS
r referral	-	-	Russells Hall Hospit





MTC Tracker

Major Trauma Patients



Filter and Sort Patients

Status: Arrival: to: ☒ Rehabilitation ☒ **Onward Referral** ☐ Discharge

Referral: Sort: ☒ Arrival ☐ Name ☐ Location ☐ TU ☐ Consultant

Filtered 70 active patients

	Name	Unit	Arrival	Time	Entry	Current Location	Referral Status	When Ready	When Referred	Nearest TU
<input type="button" value="Select"/>			31/01/2016	22:03	ED	WCCB	Not ready for referral	-	-	QUEEN ELIZABETH HOSP
<input type="button" value="Select"/>			31/01/2016	14:00	Ward	W409	Not ready for referral	-	-	QUEEN ELIZABETH HOSP
<input type="button" value="Select"/>			31/01/2016	13:17	ED	W410				
<input type="button" value="Select"/>			31/01/2016	06:56	ED	WCCC	Not ready for referral	-	-	SANDWELL GENERAL HOS
<input type="button" value="Select"/>			31/01/2016	02:50	Ward	W409	Not to be referred	-	-	[BBCHW] Sandwell Gen
<input type="button" value="Select"/>			31/01/2016	02:44	ED	W412	Not to be referred	-	-	Russells Hall Hospit
<input type="button" value="Select"/>			30/01/2016	22:38	ED	WCCC	Not ready for referral	-	-	SANDWELL GENERAL HOS
<input type="button" value="Select"/>			30/01/2016	14:37	ED	W409	Not ready for referral	-	-	QUEEN ELIZABETH HOSP
<input type="button" value="Select"/>			30/01/2016	11:50	ED	WCCB	Not ready for referral	-	-	QUEEN ELIZABETH HOSP
<input type="button" value="Select"/>			30/01/2016	05:36	ED	WCCC	Not ready for referral	-	-	OXFORD RADCLIFFE HOS
<input type="button" value="Select"/>			29/01/2016	06:35		W412	Not to be referred	-	-	Russells Hall Hospit
<input type="button" value="Select"/>			28/01/2016	14:12	ED	WCCB	Not ready for referral	-	-	Russells Hall Hospit
<input type="button" value="Select"/>			28/01/2016	12:36	ED	W410	Not ready for referral	-	-	WALSALL HOSPITALS NH
<input type="button" value="Select"/>			28/01/2016	07:21	ED	WCCC	Not ready for referral	-	-	CITY HOSPITAL
<input type="button" value="Select"/>			28/01/2016	00:29	ED	W412	Not to be referred	-	-	QUEEN ELIZABETH HOSP
<input type="button" value="Select"/>			27/01/2016	22:35	ED	W407	Not to be referred	-	-	[BBCHW] University H
<input type="button" value="Select"/>			27/01/2016	22:19	ED	WCCC	Not ready for referral	-	-	HEARTLANDS HOSPITAL
<input type="button" value="Select"/>			27/01/2016	08:00	ED	W412	Not ready for referral	-	-	SANDWELL GENERAL HOS
<input type="button" value="Select"/>			26/01/2016	20:36	ED	W412	Ready, not yet referred	29/01/2016 16:29	-	[BBCHW] University H
<input type="button" value="Select"/>			25/01/2016	04:59	ED	W409	Not to be referred	-	-	[BBCHW] University H
<input type="button" value="Select"/>			24/01/2016	15:52	Ward	W516	Not ready for referral	-	-	QUEEN ELIZABETH HOSP
<input type="button" value="Select"/>			23/01/2016	23:00	Ward	W407	Not ready for referral	-	-	SANDWELL GENERAL HOS
<input type="button" value="Select"/>			23/01/2016	05:05	ED	W410	Not ready for referral	-	-	Russells Hall Hospit

Done



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Birmingham
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MTC Tracker

Major Trauma Patients

[Return to Tracker Patients page...](#)

Referral Colours

Patient Referral Status colour rules for Blue, Red, Amber, and Green (BRAG)...

Patient Status	Referral Status	Admission Date	Ready Date	Referral Date	Ref.Reason	Colour / Name
Not Active	-	-	-	-	-	Pending
Active	Pending	< 2 days	-	-	-	Pending
Active	Pending	> 2 days	-	None	-	Delayed
Active	Ready, not yet referred	-	Required	-	-	Delayed
Active	Ready and referred	-	Required	> 2 days	-	Delayed
Active	Not to be referred	-	-	-	Required	For Review
Active	Referral deferred (new status)	-	-	-	Required	For Review
Active	Not ready for referral	-	-	-	-	For Review
Active	Ready and referred	-	-	<= 2 days	-	Referred
Active	(any)	-	-	-	"UHB nearest TU"	Referred

User Guide

A comprehensive guide to using the MTC Tracker application...



[Tracker User Guide](#)

Reports



[System Usage Log](#)



[Patient Discharge](#)

Data Export

All Tracker Patients	Status: <input type="text" value="Active"/>	Referral: <input type="text" value="All"/>	Arrival: <input type="text" value="17/09/2013"/>	to: <input type="text" value="17/09/2014"/>	<input type="button" value="Export"/>
Patient Transfers	(this option is formatted for Patient Transfer reporting and will select all MTC Tracker Patients without a Discharge date)				<input type="button" value="Export"/>
Patient Discharge	(this option contains the same information as the Patient Discharge report)				<input type="button" value="Export"/>
Patient Loading	(this option lists all MTC Patients including their Age and nearest DGH - note this is a long-running task)				<input type="button" value="Export"/>



Select

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Select

Rehabilitation

Consultant involved

Key Worker

Yes

Ruth Fisher

Rehabilitation Prescription

Front-sheet complete

Front-sheet Date

Fully Completed Date

Last updated Date

Yes

07/12/2015 11:18

14/01/2016 13:34

Physical Factors

Cognitive/Mood

Psycho/Social Factors

Yes

Yes

Yes

Trauma

Nearest DGH

QUEEN ELIZABETH HOSPITAL BIRMINGHAM

Trauma Network TU

Other

TU Comments

Status

Current Status

Status reason

Date Ready

Ready and referred

Clinical request

31/12/2015 13:00

Comments

MHH referral sent

Location-1

Date Referred

Date Accepted

UHB medic

Accepting Doctor

31/12/2015 13:00

04/01/2016 14:00

Therapy

Dr Falope

...referral took 5.04 days to be accepted

Accepting Location

INRU

...32 days elapsed

Location-2

referral	-	-	[BBCHW] Sandwell Gen
referred	-	27/01/2016 00:00	HEARTLANDS HOSPITAL
referral	-	-	STAFFORD HOSPITAL
referral	-	-	QUEEN ELIZABETH HOSP
referred	-	-	[BBCHW] University H
referral	-	-	New Cross Hospital
referral	-	-	UNIVERSITY HOSPITALS
referred	-	-	[BBCHW] University H
referred	-	-	QUEEN ELIZABETH HOSP
referred	-	-	[BBCHW] University H
referred	-	-	QUEEN ELIZABETH HOSP
referred	-	-	Worcestershire Royal
referred	-	-	[BBCHW] University H
referred	-	25/01/2016 08:45	[BBCHW] Walsall Mans
referred	26/01/2016 15:51	26/01/2016 15:52	SANDWELL GENERAL HOS
referral	-	-	[BBCHW] Walsall Mans
referral	-	-	[BBCHW] Solihull Hos
referred	-	-	QUEEN ELIZABETH HOSP
referral	-	-	SANDWELL GENERAL HOS
referred	-	-	QUEEN ELIZABETH HOSP
et referred	-	-	QUEEN ELIZABETH HOSP
referred	-	-	[BBCHW] University H
referred	-	-	[BBCHW] University H
et referred	-	-	[BBCHW] Sandwell Gen
referred	-	-	[BBCHW] City Hospita
referral	-	-	SOLIHULL HOSPITAL
referral	-	-	QUEEN ELIZABETH HOSP
referred	-	-	QUEEN ELIZABETH HOSP
referred	-	-	Russells Hall Hospit
et referred	-	-	EALING HOSPITAL
referral	-	-	[BBCHW] Worcester Ro
referred	19/01/2016 11:00	20/01/2016 12:00	HEARTLANDS HOSPITAL
referred	06/01/2016 14:00	06/01/2016 14:00	[BBCHW] University H
referred	-	-	[BBCHW] University H
referred	-	-	QUEEN ELIZABETH HOSP
referral	-	14/01/2016 12:00	QUEEN ELIZABETH HOSP



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Prescribing Information & Communication System - Hannah Farrell (Physio)

System Patient Print Help

Reg. No. [] Class [] OLOS -50 Age 42y Sex M Directorate NEU Loc W409 Bed [] Cons STUSG

Reviewed [] NACPR/TEAL Hand Over Confirm patient identity Dep 1a [] [] []

/ Pat Ad [] Observations Assessments ICU Notes Classify Drug Round Prescription Drug Chart Alert List Misc Res

New Patient...

Admit, Discharge, Transfer

Messages

Patient Information

Rehab/Discharge/Transfer Summary

Infection Control

Handover Notes

Enter Patient Weight/Height...

Episodes

Allergies...

GRACE Score...

Bed Number Assignment...

Bed Space Comments...

Bed History

Change Dependency Level...

Change Supportive Care Status...

Change RDS Status...

Change DNACPR/TEAL Status...

Show DNACPR History

Change Blister Pack Status...

Record Patient Review...

Show Patient Review History...

SLT Dysphagia Review...

Change Recovery at Home Status...

COPD Bundle...

Acute Reablement and Recovery...

Significant Conversations...

Has Died...

Cancel Date Of Death...

Change AHP Status...

Prepare Therapy Transfer Summary...

Prepare Cardiac Rehab Summary...

Prepare Physiotherapy Transfer Summary...

Prepare Dietetic Transfer Summary...

Prepare Burns Therapy Transfer Summary...

Prepare Diabetes Discharge Summary...

Prepare Rehabilitation Prescription...

Select tab



Rehabilitation Prescription

Rehabilitation prescription	
Start of spell:	<input type="text" value="17/08/2014 19:16"/>
Episode start time	<input type="text" value="13/09/2014 19:38"/>
Intended Discharge Time:	<input type="text"/>
Actual Discharge Time:	<input type="text"/>
Date and time commenced	<input type="text" value="18/08/14 @ 11:10, updated 29/08/14 @ 16:20"/>
Patient's contact details	<input type="text"/>
Key worker name and contact details	<input type="text" value="Samantha Illingworth, Bleep 1180"/>
Date of injury	<input type="text" value="17/08/14"/>
MTC	<input type="text" value="QEHB / Sandwell"/>
Rehab prescription type	<input type="text" value="Review"/>
JARN minimum dataset	
Rehab prescription completed	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Required
Presence of physical factors affecting activities or participation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not assessed
Presence of cognitive/mood factors affecting activities or participation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not assessed
Presence of psychosocial factors affecting activities or participation	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not assessed
Initial GCS	<input type="text" value="14"/>
Estimated ISS	<input type="text"/>
Clinical history and list of all injuries	<input type="text" value="Motorcycle versus car at high speed approximately 60mph. Head on collision."/> INJURIES: 1. Small subarachnoid haemorrhage and possible subdural haemorrhage in the right parietal lobe.
Summary of interventions to date	<input type="text" value="17/08/14 - Right ICD inserted"/> 17/08/14 - Bilateral wrist wound debridement and bridge plate ORIF 17/08/14 - Skin traction applied right leg.
Progress, management and complications	<input type="text" value="Sedated and ventilated. Sedation off 29/08/14 to assess."/> 17/08/14 - Not to log roll due to instability of spine and pelvic injuries. 22/08/14 - Awake decubitus due to spontaneous pneumothorax with thoracic aspiration for feature management.
Pre-injury/illness information	
Significant medical history	<input type="text" value="Nil known"/>

Current Barthel ADL index: 0
Current rehabilitation complexity score (RCS-ET): 23
☐ This rehab prescription has NOT been signed-off by a consultant in rehabilitation medicine.

Rehabilitation prescription

LeisureMotorcycling

Summary

Rehabilitation goals (incl. time frame)Establish management plans.
Maintain chest clearance and range of movement as able within fracture limitations.
Mechanical equipment externally until anal intake can be established.

Key management plan (e.g. procedures/reviews awaited, advice etc.)Flat bed rest due to SCI.
Brace needed for Cx, Tx and Lx
Conservative management Cx and Lx.

Services referred to (incl. contact details & waiting time)Nutrition and Dietetics 18/08/14
Speech and Language Therapy 8.9.14

Other key information (e.g. patient/family wishes)

Patient or carer received copy of rehab prescription
☐ Yes
☒ No

Reason rehab prescription withheldSedated and ventilated.

Information shared with patient/carer

Neurological/locomotor

Neurological/LoomotorMotor loss,Sensory loss/hypersensitivity,Pain

Neuro/locomotor details and planPR in A&E - good anal tone and sensation
No upper limb neurological deficit.
Left lower limb decreased L4 sensation and pain feeling movement. Right lower limb L3 decreased sensation with decreased dorsiflexion power.

Respiratory

RespiratoryAssisted ventilation,ET tube,Oxygen therapy

Type of assisted ventilationSPONT

Respiratory details and planSPONT PS 20 PEEP 5 FIO2 0.45
Right intercostal drain in situ - for review by cardiothoracics +/- removal.

Mobility and transfers

Mobility and transfersNursed in bed

Mobility and transfers details and planMiami J collar in situ. Roll in alignment. Awaiting sedation off and assessment of neurology to determine if patient has spinal cord damage.

Continence

ContinenceCatheter/pads/conveen

☐

B
I
U
S

Tick off All
OK
Cancel

Current Barthel ADL index: 0

Current rehabilitation complexity score (RCS-ET): 23

☐ This rehab prescription has NOT been signed-off by a consultant in rehabilitation medicine.



Rehabilitation prescription	
Leisure	Motorcycling
Summary	
Rehabilitation goals (incl. time frame)	Establish management plans. Maintain chest clearance and range of movement as able within fracture limitations. Mechanical equipment externally until anal intake can be established.
Key management plan (e.g. procedures/reviews awaited, advice etc.)	Flat bed rest due to SCI. Brace needed for Cx, Tx and Lx. Conservative management Cx and Lx.
Services referred to (incl. contact details & waiting time)	Nutrition and Dietetics 18/08/14 Speech and Language Therapy 8.9.14
Other key information (e.g. patient/family wishes)	
Patient or carer received copy of rehab prescription	<input type="radio"/> Yes <input checked="" type="radio"/> No
Reason rehab prescription withheld	Sedated and ventilated.
Information shared with patient/carer	
Neurological/locomotor	
Neurological/Loomotor	Motor loss, Sensory loss/hypersensitivity, Pain
Neuro/locomotor details and plan	PR in A&E - good anal tone and sensation No upper limb neurological deficit. Left lower limb decreased L4 sensation and pain limiting movement. Right lower limb L3 decreased sensation with decreased dorsiflexion power.
Respiratory	
Respiratory	Assisted ventilation, ET tube, Oxygen therapy
Type of assisted ventilation	SPONT
Respiratory details and plan	SPONT PS 20 PEEP 5 FIO2 0.45 Right intercostal drain in situ - for review by cardiothoracics +/- removal.
Mobility and transfers	
Mobility and transfers	Nursed in bed
Mobility and transfers details and plan	Miami J collar in situ. Roll in alignment. Awaiting sedation off and assessment of neurology to determine if patient has spinal cord damage.
Continence	
Continence	Catheter/pads/conveen
<input type="checkbox"/> Current Barthel ADL index: 0 <input checked="" type="checkbox"/> Current rehabilitation complexity score (RCS-ET): 23 <input type="checkbox"/> This rehab prescription has NOT been signed-off by a consultant in rehabilitation medicine.	



Rehabilitation prescription

Discharge planning

Discharge planning and details: Too acute.

Injury management details [1]

Injury 1: Traumatic SAH and small petechial haemorrhages

Consultant/team: Neurosurgery

Management plan: ICP bolt inserted 17/08/14

Review date: Ongoing on ITU

Action required: 29/08/14 - ICP bolt no longer in situ.

Injury management details [2]

Injury 2: Bilateral open wrist fractures

Consultant/team: Trauma and Orthopaedics

Management plan: ORIF 17/08/14

Review date:

Action required: Plan - definitive management with plates and consider removal after 8 weeks if stable and progressing and XRay satisfactory at this stage.

Injury management details [3]

Injury 3: Multiple unstable spinal fractures

Consultant/team: Neurosurgery

Management plan: For MRI with contrast 18/08/14 and review.
28/08/14 - C5-T6 spinal fixation.

Review date: Ongoing

Action required: Post op management: Miami J collar and roll in alignment. Will require thoracic extension for mobilisation.

Injury management details [4]

Injury 4: Pelvic / Femoral fracture

Current Barthel ADL index: 0

Current rehabilitation complexity score (RCS-ET): 23

☐ This rehab prescription has NOT been signed-off by a consultant in rehabilitation medicine.

Buttons: B, I, U, S, [List], [Print], [Check off All], [OK], [Cancel]



Rehabilitation Prescription (Discharge)

Wed 24 Apr 2013 11:19

Admitted: 15 November 2012 **Ward:** Ward 407
Discharged: 09 January 2013 (planned)

Core information

Date rehab prescription commenced: 23.4.13 - 16.55 hours
Patient contact details: NOK: Sharon - Partner -
Key worker name and contact details: Deborah Lane - Clinical Specialist Physiotherapist -
07810 857226
Date of injury: 14.11.12
MTC: QEHB
Discharge/transfer destination: Specialist Rehabilitation / Continuing Care setting

TARN minimum dataset

Rehab prescription completed: Yes
Physical factors: Yes
Presence of cognitive/mood factors: Yes
Presence of psychosocial factors: Yes

Assessment scores

Initial GCS: 3/15
Current RCS (ET): 20 (on 24/04/13)
Admission RCS (ET): 20 (on 24/04/13)

Clinical history and list of all injuries

RTC - Motorcyclist vs Car. Asystole at the scene - CPR x 1 cycle - Spontaneous output recovered.
Sustained Right Parietal Small Subarachnoid bleed (initial CT Head -14.11.12) / Hypoxic Brain Injury
(17.11.12 - repeat CT Head) / Bilateral Pulmonary Contusions with small pleural effusion.
No bony injuries. Spine cleared.

Summary of interventions to date

Initially required ITU care - intubated & ventilated. Required insertion of tracheostomy to aid weaning / airway protection. Conservative HI management (ICP Bolt inserted for 2/52 post-injury). Multi-therapy assessment & intervention throughout admission.

Progress, management and complications

Limited progress throughout hospital stay. Presenting with significant Spastic dystonia affecting head, trunk and all 4 limbs. Likely to require long-term tracheostomy. Remains oxygen dependent. Dependent for all aspects of care.

Pre-injury/illness information:

Significant medical history

Mild Asthma

Family support

Lives with partner and three children (11, 12, 19). One daughter visits her father regularly. One daughter refuses to visit her father.
Previously worked as a mechanic. Previously enjoyed camping, reading, spending time with his family and music.

Work

Previously worked as a mechanic

Leisure

Enjoyed camping, reading, spending time with his family & music

Summary:

Rehabilitation goals

1. Ongoing tone management & maintenance of ROM relative to Spastic Dystonia presentation
2. Posture & Seating Assessment & Management
3. Ongoing liaison with UCAP team regarding tracheostomy management & weaning off oxygen therapy
4. Ongoing assessment & rehabilitation planning in relation to low arousal (minimally conscious) state
5. Multi-disciplinary discharge planning & Continuing Care needs assessment / planning

Key management plan

Insertion of ITB Pump - 1.3.13 (dose titration continuing under Neuro-rehab team guidance)
PEG Insertion - 24.12.12

Services referred to

Worcester Wheelchair Services - 11.4.13

Other key information

Partner keen for John to be transferred to a rehabilitation facility / continuing care establishment closer to home. Park Attwood suggested.

Patient or carer received copy of rehab prescription

No



RCS-E & Barthel Index

Prescribing Information & Communication System - Hannah Farrell (Physio)

System Flowsheet Test Patient Print Help

Reg. No. NHS No. 6070903374 Name Age 42y Sex M Loc W409 Cons STUSG Pat No Pat List Pat Srch Bed DNACPR/TEAL Hand Over

Old Episode 1/2015 -- 02/02/2016 Confirm patient identity Dep 1a

Pat Admin Procedures Requests Forms Labs Flowsheet Observations **Assessments** ICU Notes Classify Drug Round Prescription Drug Chart Alert List Misc Res

Waterlow MUST Falls PHAF MMS Dysphagia Mouthcare AMT10 **Specialty** Therapy

ASI ICU Mead model Neutropenia Ortho **Trauma** Rheumatology

RCS Barthel ISS

Filter results: All Inpat Other

Open column: now datetime ...

			03/11/14	04/12/14	04/12/14	09/12/14	09/12/14	22/12/15	22/12/15	12/01/16	12/01/16	02/02/16	02/02/16	
			10:50	12:42	12:43	11:41	11:45	15:16	15:17	09:19	09:20	10:44	10:45	
Medical needs			6	5	5	2	2	2	2	2	2	1	1	Medical needs
Care			4	2	2	2	2	2	2	2	2	2	2	Care
Risk			4	1	1	1	1	2	2	2	2	2	2	Risk
Skilled nursing needs			4	3	1	2	1	3	3	3	3	1	1	Skilled nursing needs
Therapy needs			3	4	3	4	4	3	3	3	3	3	3	Therapy needs
Therapy intensity			3	3	1	3	1	3	1	4	1	1	1	Therapy intensity
Equipment needs			2	2	2	1	1	2	2	1	1	2	2	Equipment needs
RCS E (needs)			22	19		14		15		15		10		RCS E (needs)
RCS E (needs)														RCS E (needs)
RCS E (gets)					14		11		13		12		10	RCS E (gets)
RCS E (gets)														RCS E (gets)

Prescribing Information & Communication System - Hannah Farrell (Physio)

System Flowsheet Test Patient Print Help

Reg. No. NHS No. 6070903374 Name Age 42y Sex M Loc W409 Cons STUSG Pat No Pat List Pat Srch Bed DNACPR/TEAL Hand Over

Old Episode Inpatient 11/12/2015 -- 02/02/2016 Confirm patient identity Dep 1a

Pat Admin Procedures Requests Forms Labs Flowsheet Observations **Assessments** ICU Notes Classify Drug Round Prescription Drug Chart Alert List Misc Res

Waterlow MUST Falls PHAF MMS Dysphagia Mouthcare AMT10 **Specialty** Therapy

ASI ICU Mead model Neutropenia Ortho **Trauma** Rheumatology

RCS **Barthel** ISS

Filter results: All Inpat Other

Open column: now datetime ...

							03/11/14	20/11/14	04/12/14	09/12/14	22/12/15	12/01/16	02/02/16	
							10:49	01:09	12:45	11:41	15:18	09:21	10:47	
Bowels							0	0	0	0	0	0	0	Bowels
Bladder							0	0	0	0	0	0	0	Bladder
Grooming							0	0	0	0	0	0	0	Grooming
Toilet							0	0	0	0	0	0	0	Toilet
Feeding							0	0	0	0	0	0	0	Feeding
Transfer							0	0	0	0	0	0	0	Transfer
Mobility							0	0	0	0	0	0	0	Mobility
Dressing							0	0	0	0	0	0	0	Dressing
Stairs							0	0	0	0	0	0	0	Stairs
Bathing							0	0	0	0	0	0	0	Bathing
Barthel ADL index							0	0	0	0	0	0	0	Barthel ADL index



Rehab Complexity Scale

Trauma patient

☒ Yes ☐ No

Medical needs

3 - Potentially unstable medical /psychiatric condition

Medical needs details

Medical

Care

2 - Requires help from 2 people

Risk

3 - High risk. Above standard observations AND managed under MHA section

Skilled nursing needs

3 - Requires specialist nursing care

Skilled nursing needs details

General registered nursing,Rehab-trained nurses

Therapy needs

Physio,O/T,SLT,Dietetics,Social work,Psychology

Therapy intensity

☐ None ☒ Physio ☒ O/T ☒ SLT ☒ Dietetics ☒ Social work

☒ Psychology ☐ Counselling ☐ Orthotics ☐ Prosthetics ☐ Rehab Engineer ☐ Music/art therapy

☐ Play therapy/school ☐ DEA/Jobcentre Plus ☐ Recreational therapy ☐ Other

Equipment needs

Therapy needs

Tick therapy disciplines required to be actively involved in treatment.

therapy intensity

State overall intensity of trained therapy intervention required from team as a whole.

- Score 0 - No therapy intervention or < 1 hour total/week. Rehab needs met by nursing/care staff or self-exercise programme.
- Score 1 - Low level. Less than daily e.g. assessment/review/maintenance/supervision OR group therapy only.
- Score 2 - Moderate. Daily intervention. Individual sessions with one person to treat for most sessions OR very intensive group programme of ≥ 6 hours/day.
- Score 3 - High level. Daily intervention with therapist PLUS assistant and/or additional group sessions.
- Score 4 - Very High level. Very intensive e.g. 2 trained therapists to treat, or total 1:1 therapy > 30 hrs/week.

Equipment needs

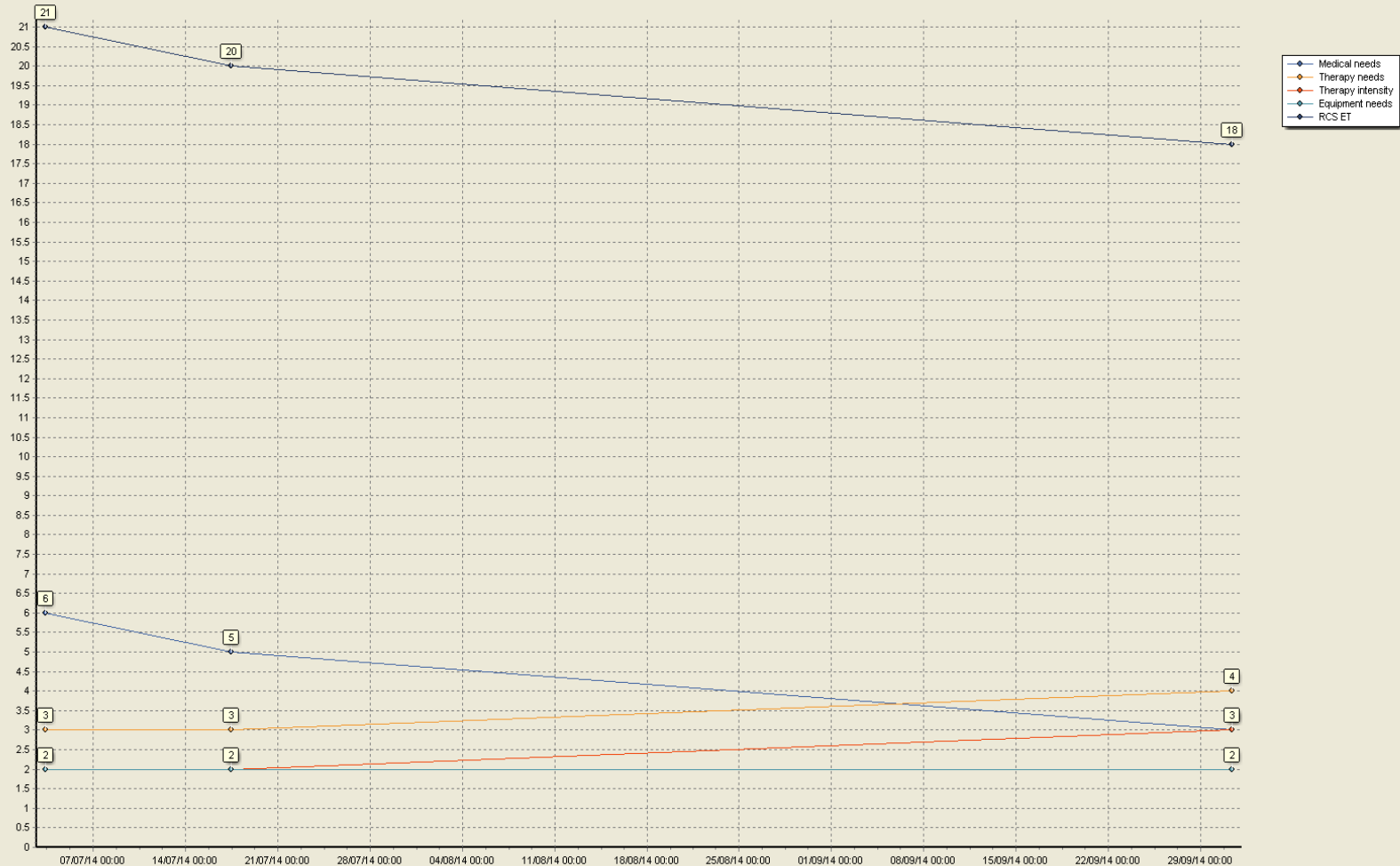
Describes the requirements for personal equipment.

- Score 0 - No needs for special equipment.
- Score 1 - Requires basic special equipment.
- Score 2 - Requires highly specialist equipment: for example electronic assistive technology or highly customized equipment.
- Score 3 - Requires extremely specialist equipment: really fancy hi-tech trauma equipment only available in MTC.

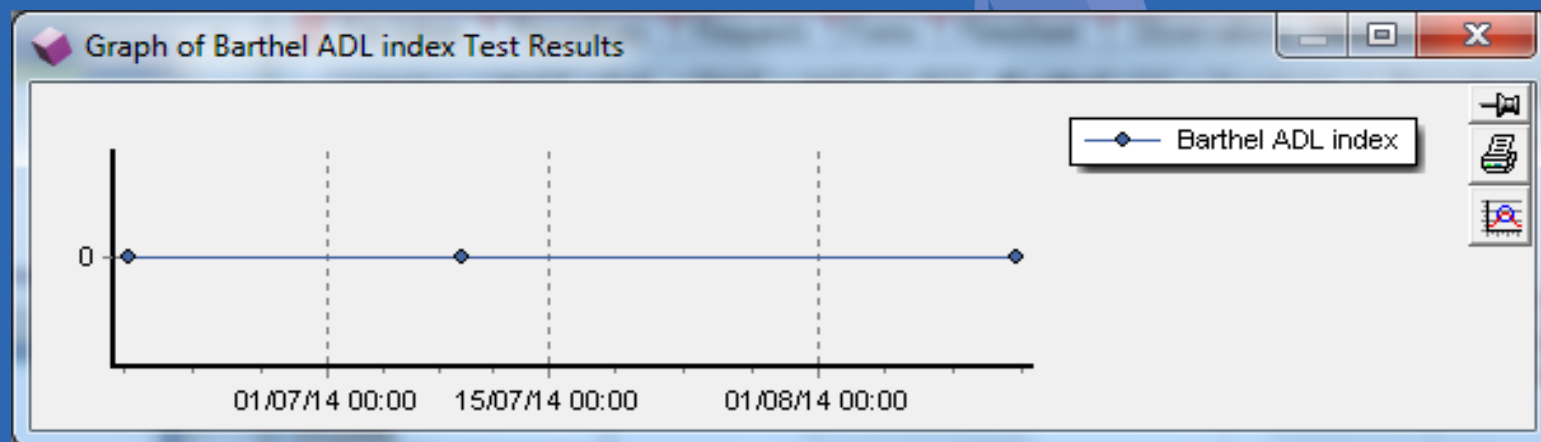
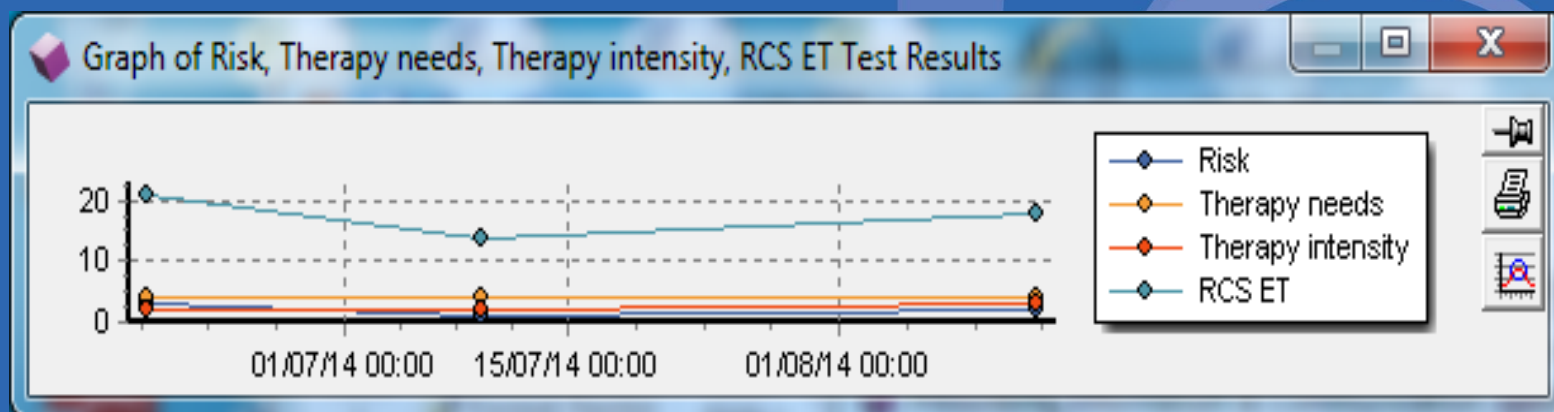
OK Cancel



Graph of Medical needs, Therapy needs, Therapy intensity, Equipment needs, RCS ET Test Results



RCS-E & Barthel Outcome Measurement



Major Trauma Dashboard

Q1 2014/15

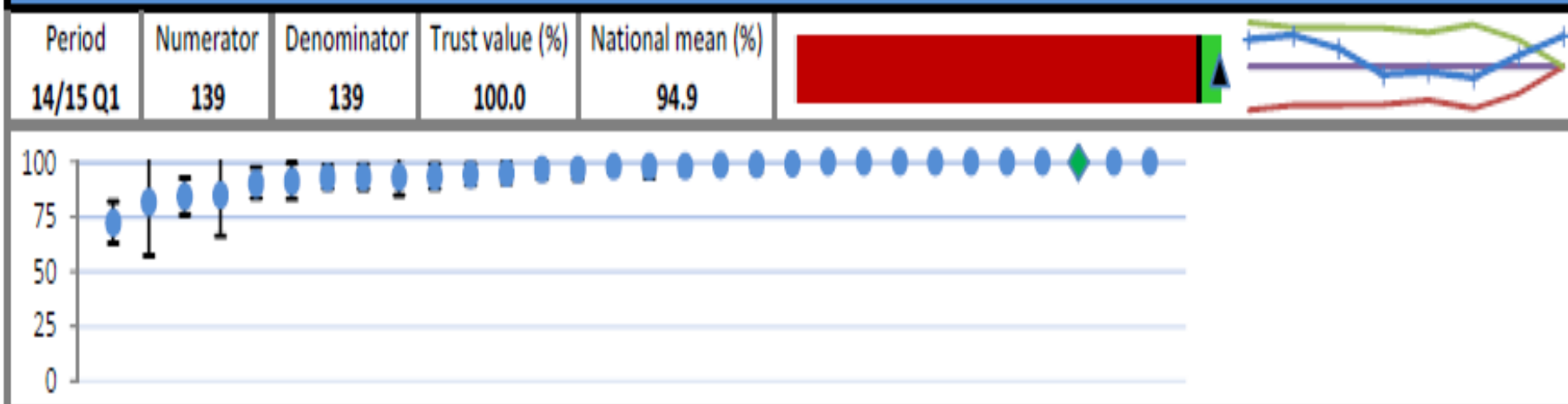
Developed by the Major Trauma Clinical Reference Group

Prepared for Major Trauma Centres by the Trauma Audit & Research Network

Queen Elizabeth Hospital Birmingham

Please refer to the Support Document and Report Overview for details of the Major Trauma Measures

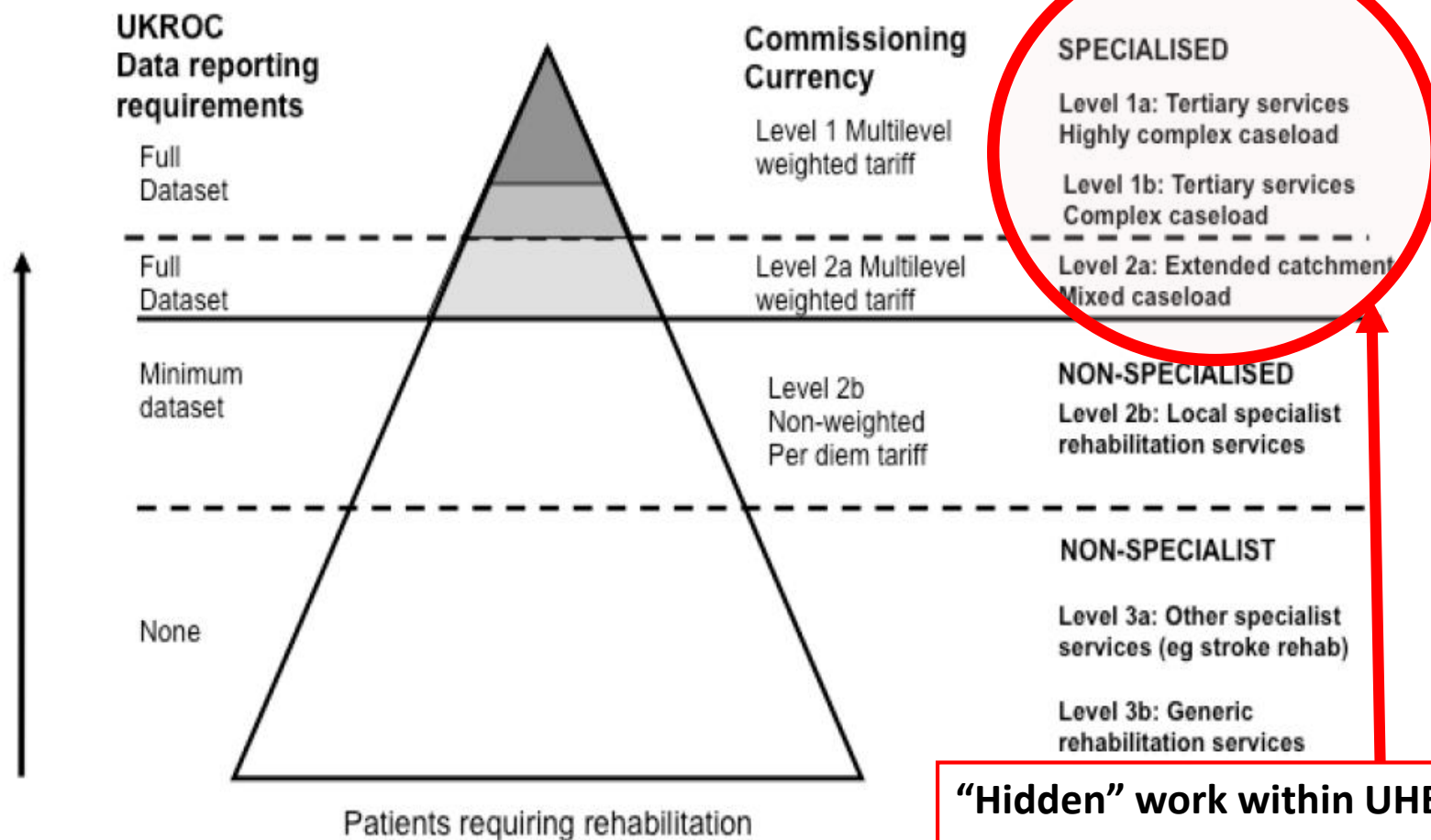
MTC 12- Proportion of patients with an ISS of more than 8 that have a rehabilitation prescription completed

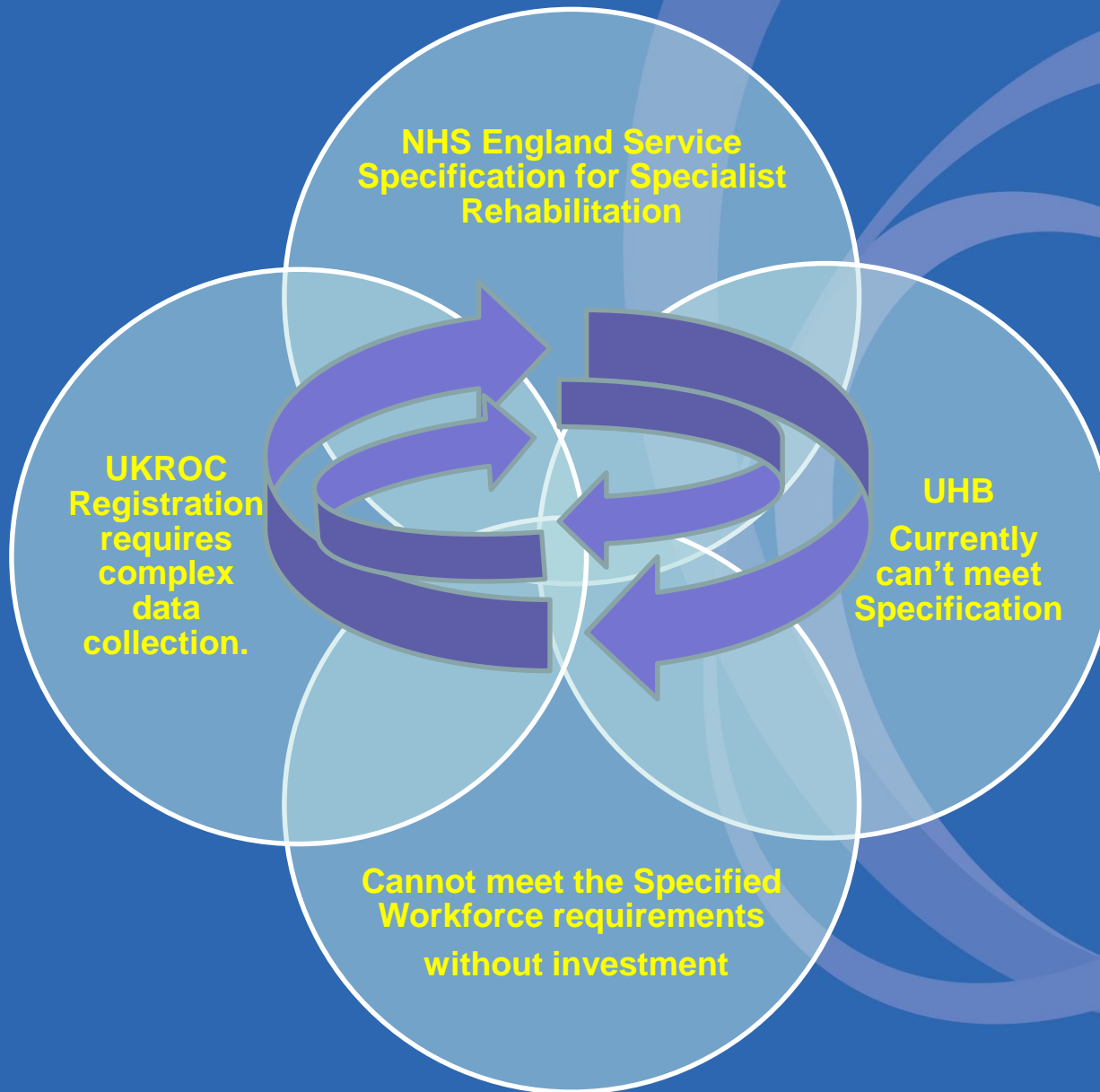


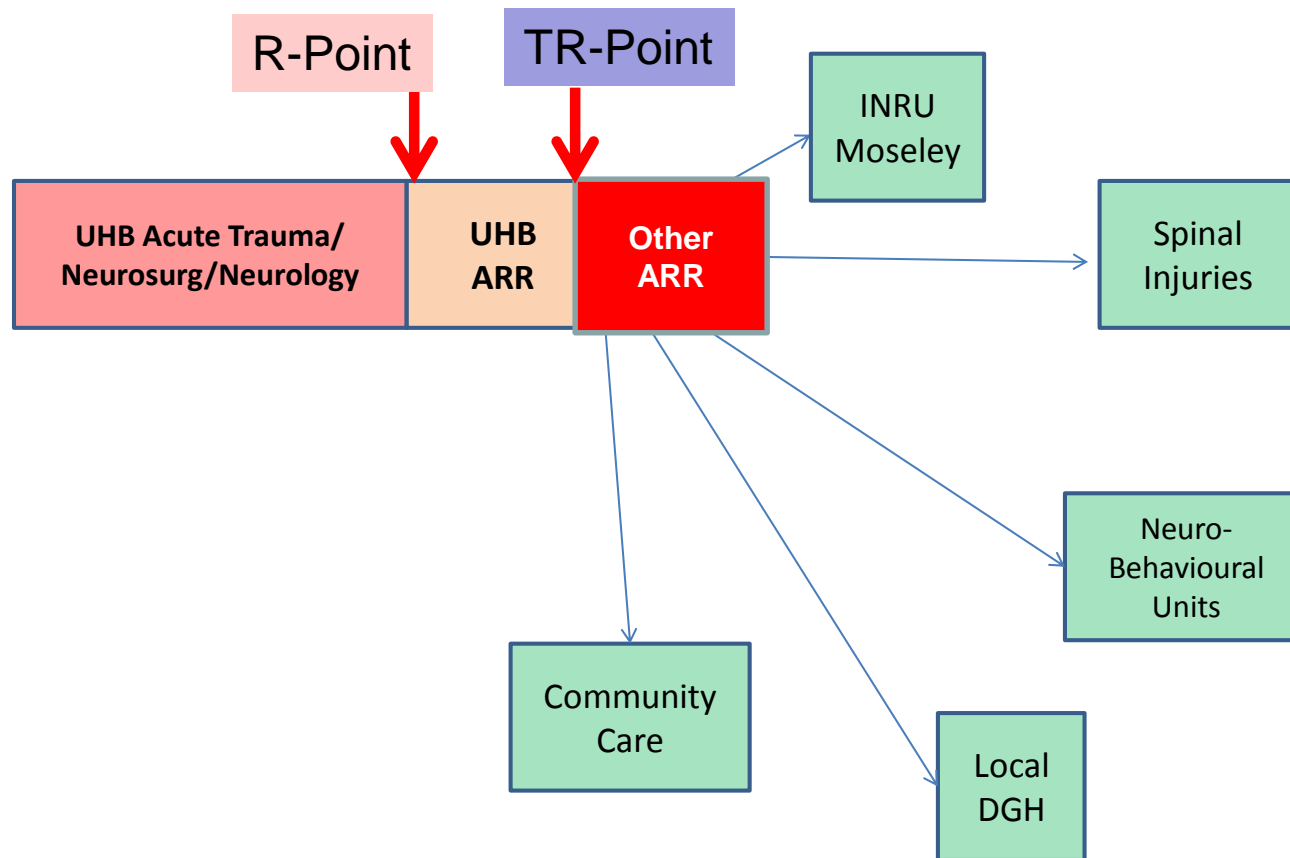
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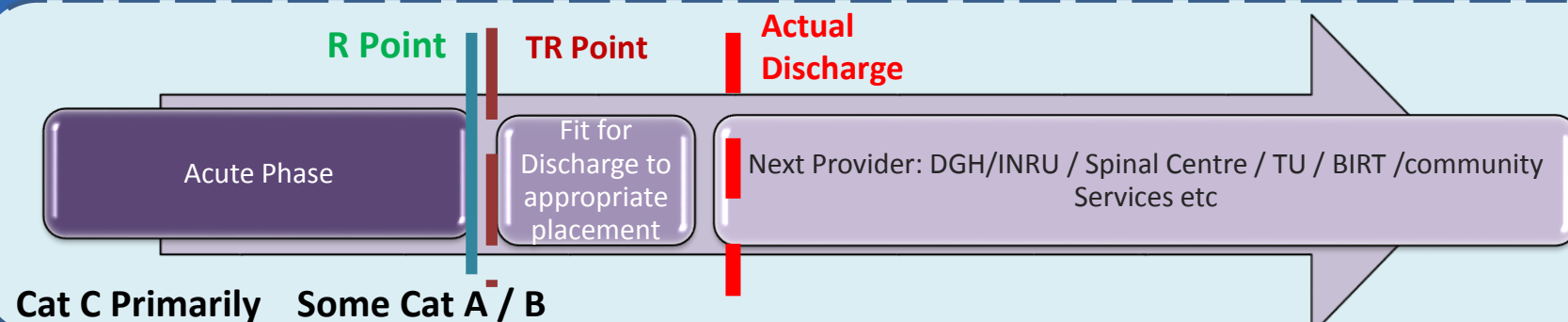
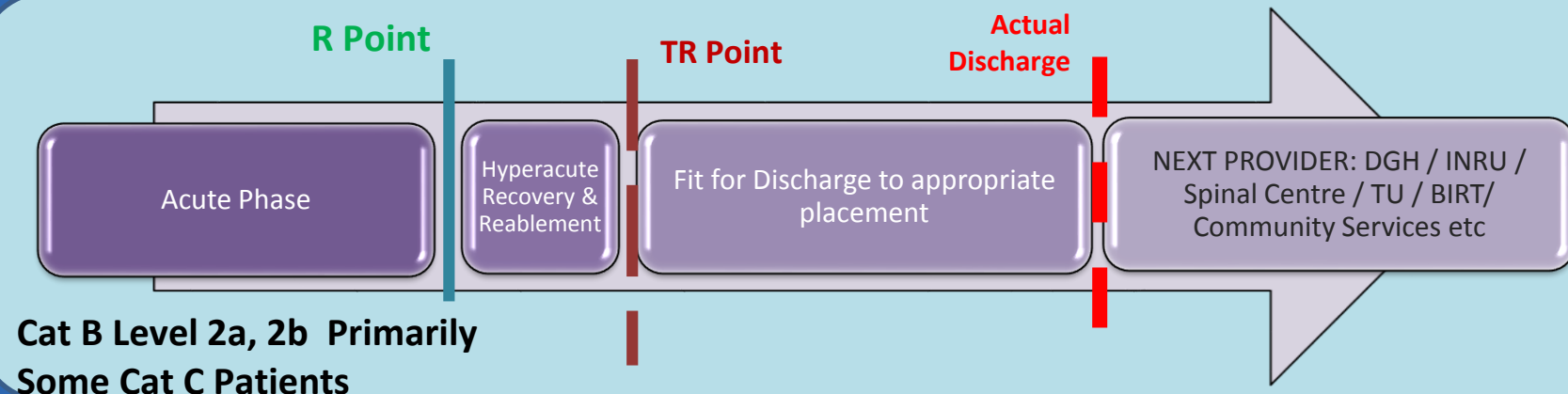
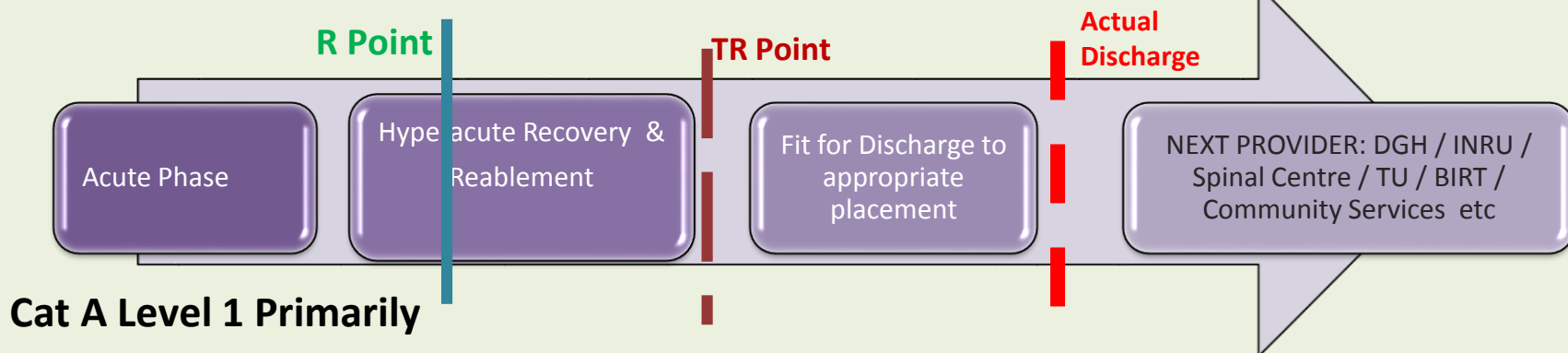
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Complexity of caseload













Hyper Acute Recovery and Reablement Patient Tracker

Logged in as **hhfl**, [Logout](#)

Go to patient: | Active (62) | **7 PICS Patient(s) to add** | [Add Patient](#) | [Export](#) | [Reports](#)

There are 87 patients that have been discharged, but are still active on the tracker or without an off-date (Highlighted in blue).

<u>Therapy Lead</u>	<u>Forename</u>	<u>Surname</u>	<u>Location</u>	<u>R-Point</u>	<u>Current Epoch Length</u>	<u>Discharged</u>	<u>TR-Point</u>	<u>Cat-C</u>	
			Ward 305	02/12/2015			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	11/01/2016			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	21/01/2016			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	28/01/2016			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ward 407	26/01/2016			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ward 407	04/01/2016		25/01/2016 18:50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	01/12/2015			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	26/01/2016			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	11/01/2016			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	26/01/2016			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ward 407	01/01/2016			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ward 407	17/12/2015			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	27/01/2016			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	21/12/2015			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	15/01/2016			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	19/01/2016			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ward 407	05/01/2016			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 407	11/01/2016			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Ward 407	18/01/2016			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ward 408	11/01/2016			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

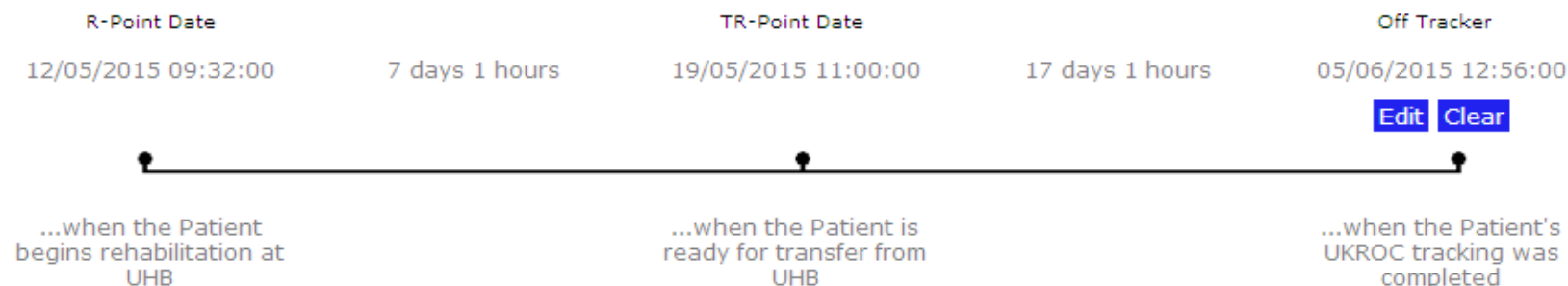
 Local intranet | Protected Mode: Off



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Tracker Timeline



Status on Tracker

Discharged ▼

Epochs

History

	Epoch Start	Epoch End	Cat	Service	RCS	RCS				
			Cat	Score	Level	Needs	Gets	Barthel	Depend	Latest Change
Save	05/06/2015 12:56	05/06/2015 12:56	B	27	2b	14	12	6	1b	09/06/2015-dhle
Save	19/05/2015 11:00	05/06/2015 12:55	B	27	2a	17	16	1	1a	03/06/2015-dhle
Save	12/05/2015 09:32	19/05/2015 10:59	A	32	2a	15	12	1	1a	03/06/2015-dhle



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Intended Discharge Destination Q3+4

Destination	Number Patients
Specialist Neuro Rehab and Spinal	128 [35%]
DGH	156 [42%]
Home	84 [23%]

Actual Discharge Destination Q3+4

Destination	Number Patients
Specialist Neuro Rehab and Spinal	40 [13%]
DGH	101 [34%]
Home	156 [53%]

