Referral into the Rehabilitation Pathway.
A referrers perspective

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Literature Review

Clinical effectiveness of brain injury rehabilitation
Evidence for the effectiveness of Multidisciplinary Rehabilitation following ABI.

Turner Stokes. *Journal of Rehabilitation Medicine* 2008;40;691-701

- Early & intensive rehabilitation results in earlier gains in independence and reduced LOS in Hospital

- Specialist Rehabilitation for people with severe ABI and complex needs improves independence and reduces need for ongoing care and support

- Behavioural Management programmes for ABI patients with severe behavioural problems improves social behaviour and reduces need for ongoing care and support

- Community rehab, vocational rehab, late rehab
Literature Review

Clinical and Cost effectiveness of post acute brain injury rehabilitation

- Studies from both NHS and independent sector
- Measures on Admission, Discharge and Follow up
  - Outcome measures of function
  - Care and Support needs
- Rehab can bring about gains in function, leading to savings in ongoing care which off-set the cost of rehabilitation and represents a cost-efficient option
Brain Injury Rehabilitation Trust


• **2006** A. D. Worthington et al, Cost –benefits associated with social outcome from Neurobehavioural rehabilitation. *Brain Injury* 2006;20(9); 947-957

• **2013** M. Oddy & S. da Silva Ramos, The Clinical and cost-benefits of investing in neurobehavioural rehabilitation; A multi-centre study. *Brain Injury* 2013;27(13-14);1500-1507
Post Acute Neurobehavioural rehabilitation can have a positive impact on the lives of individuals with brain injury and the associated costs are off-set by significant savings in the longer term.

Most significant cost benefits are seen in those admitted within a year of injury but significant benefits are also seen in those admitted more than a year post injury.

Functional gains and reductions in levels of care required on discharge were maintained 6 months later.
Changes over 13 years

• Decreased length of stay in rehabilitation

• Decrease in time from injury to admission to post-acute rehabilitation

• People admitted to post—acute rehabilitation have greater rehabilitation needs

• Larger percentage of patients admitted from acute hospital
L Turner-Stokes Northwick Park

• Efficiency of Specialist rehabilitation in reducing dependency and costs of continuing care for adults with complex acquired brain Injuries. *J Neurology Neurosurgery Psychiatry* 2006;77;634-639

• Cost efficiency of longer-stay rehabilitation programmes; Can they provide value for money? *Brain Injury* 2007; 21;1015-1021
78.1% patients demonstrated a reduction of care needs between admission and discharge

8.4% remained the same

11.7% showed increased care needs as the full extent of their cognitive and physical condition became clear

Rehabilitation is cost efficient for the most severely disabled patients with ABI and has the potential to generate savings in the cost of continuing care in the community, even though they remain dependent on care from others.
Delayed Discharge Literature Review

Delayed discharge from rehabilitation after brain injury
A. Worthington *Clinical rehabilitation* 2006;20; 79-82

- One in three beds occupied by a person whose discharge was delayed
- Lack of accommodation
- Failure to obtain funding for post discharge support

- “We suggest that improved availability of community rehabilitation programmes and supported living schemes could help to improve efficiency and turnover in inpatient rehabilitation services” L Turner Stokes et al 2006
NHS Clinical Commissioning and Case Management of Brain Injury rehabilitation in Dorset

- NHS Level 2 Acute specialist rehabilitation Poole Hospital
- Named Patient Programme Budget for intensive post acute Acquired Brain Injury rehabilitation
- Designated Clinical Commissioner
- Clinical Case Manager
- Regular N.P.P. Team meetings
Advantages and disadvantages of the Dorset Named patient programme

Disadvantages - effortful and time consuming.

• Not having an NHS post acute rehab facility means that placements have to be sought and funding applications made for each patient

• Monitoring of placements
Advantages

• Scope to look for the residential rehabilitation placement that suits the individual

• Flexibility to set up intensive community based rehabilitation and support packages for patients in their own homes

• Scope to move patients on from residential rehabilitation to transitional living within one funding stream

• Seamless Support for the individual and their family from the acute Hospital to the community with Case Management.
What are we looking for in a good quality post-acute residential placement?

A flexible, person centred approach that delivers a rehabilitation pathway targeted at the individual patient’s needs.
What are we looking for in a good quality post-acute residential placement?

1. Experienced, Multidisciplinary team with specialist Clinicians, Therapists, Nurses and support staff delivering a 24 hour rehabilitation approach

2. Intensity of therapy available. (Eg 5 x week physio if needed)

3. Equipment and facilities for delivering rehabilitation

4. Facilities for practicing domestic daily living tasks on a daily basis.

5. Frequent Community access
What are we looking for in a good quality post-acute residential placement?

6. Good communication with a designated keyworker
   - Significant progress
   - Feedback and copy letters from Medical appointments
   - Information regarding accidents and incidents

7. Regular Reviews and opportunity to observe therapy sessions

8. Review reports emailed out prior to the review

9. Recognised outcome measures on admission, at six months and on Discharge

10. Collaborative Discharge Planning
What are we looking for in a good quality post-acute residential placement?

All this near to the individual’s home and family!!

(recognising there is a balance between specialist centres and local services)

• To serve the needs of a rural community
• To facilitate family visiting and involvement in rehabilitation
• To facilitate home visits and weekend leave
Questions ?