

Major Trauma Project Rehabilitation Work Stream: the story so far

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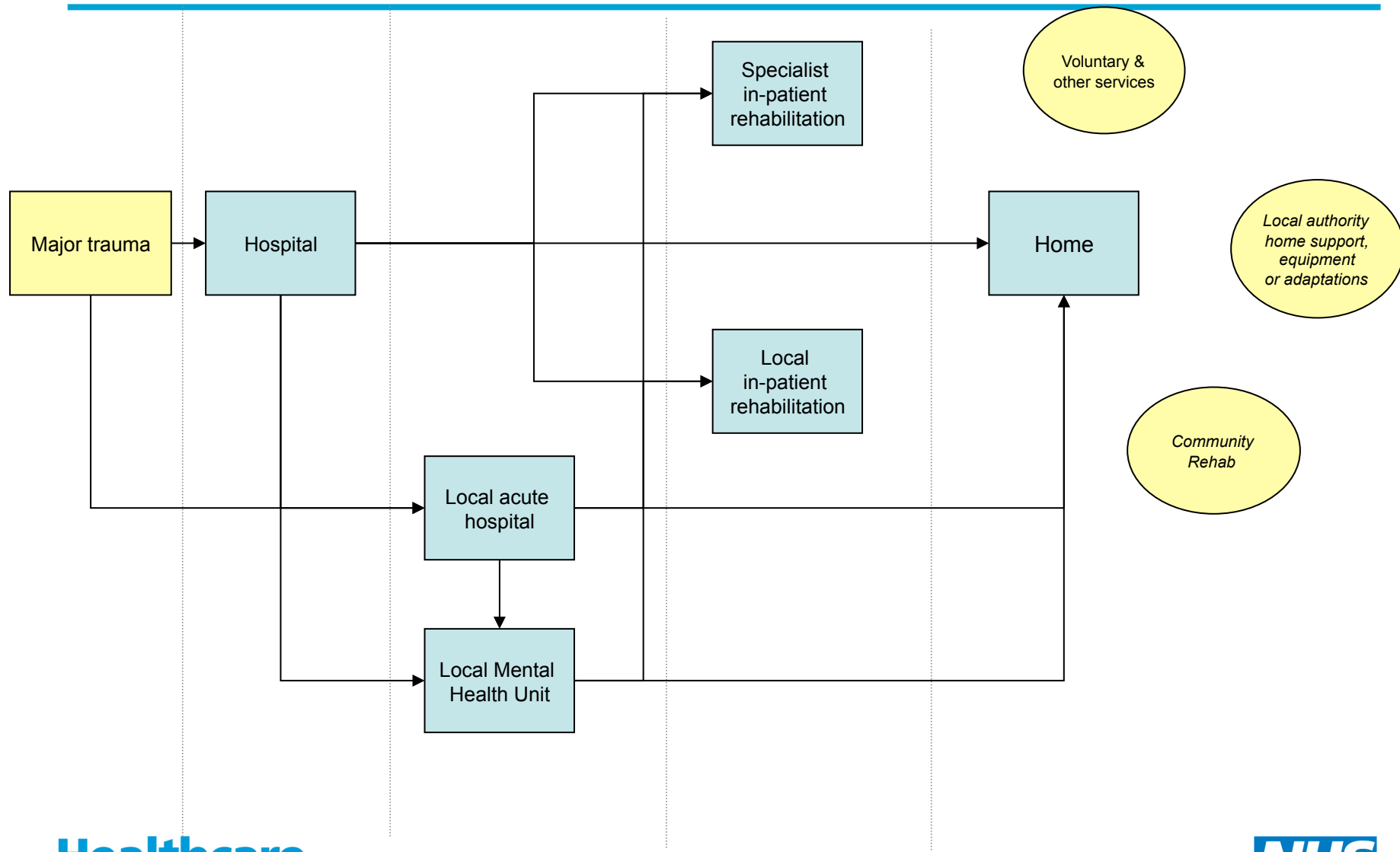
Rehabilitation work stream: progress to date

- 2008 phase objectives
- Problems identified
- Strategy for trauma rehabilitation
- 2009 phase project plan
- Summary of outputs
- Acute rehabilitation
- Navigation
- Overview of pathway & next steps

Objectives of rehabilitation work stream (phase one- 2008)

- Establish the 'current state' model for major trauma rehabilitation;
- Identify the main problems with the 'current state'
- Establishing volume requirements for rehabilitation following major trauma;
- Make suggestions for development required to achieve improvement

Major Trauma Rehabilitation Pathway – Current State



Current state problems

- Coordination and navigation through the system
- Cross boundary working and discharge facilitation
- Access to equipment and adaptations
- Delay in accessing specialist rehabilitation
- Housing Issues
- Immigration Status
- Data management
- Inconsistencies in service provision

Overarching conclusions

- Broad spectrum of rehabilitation needs
- Rarely common or predictable pathways
- Inappropriate and inefficient use of existing services
- A more collaborative and flexible approach is required
- Consistent service standards and improved data management urgently required

Vision for the future

- *a proactively managed system*
- *consistently high quality care and rehabilitation*
- *most appropriate setting, at the most appropriate time*
- *system works across boundaries*
- *care and rehabilitation provided as close to home as possible, as soon as is clinically appropriate.*

Proposed strategy for trauma rehab services

<p>1. Service Delivery Models and Structure</p> <p>Development of acute rehabilitation facilities</p> <p>Common standards and policies</p> <p>Governance opportunities</p> <p>Shared care models</p>	<p>2. Workforce</p> <p>Development of workforce model</p> <p>Workforce development plan</p> <p>Case management/coordination</p>
<p>3. Information</p> <p>Development of common data standards across the system</p> <p>Directory of services</p>	<p>4. Capacity</p> <p>When able to, carry out detailed capacity analysis of services contributing to major trauma rehabilitation</p>

Work stream Plan - 2009

- Service Specification
- Acute Rehabilitation Service
- Trauma Rehabilitation Pathway
- Core Rehabilitation Dataset
- Documentation
- Navigation Model
- Directory of Services
- Clinical Governance

Trauma Rehabilitation Workshop

- Engagement with full range of interested parties
- Topics explored:
 - Rehabilitation Pathway
 - Outcomes, Information and Standards
 - Workforce
 - Rehabilitation Clinical Governance

Top ten priorities

- Navigator/complex case manager role across pathway
- Outcome measures
- Core competencies
- Framework for commissioning
- Neuropsychology and counselling service expansion
- Agreed standards of documentation and communication

Top ten priorities (continued)

- standards for equipment availability/provision
- Long term follow up/review processes
- Defined standards
- Lack of a) acute rehabilitation and b) specialised services for musculoskeletal
- Documentation transferable between settings

Work stream outputs

- Service specification enhanced
- Acute rehabilitation paper produced
- Potential pathway structure outlined
- Data set scoped
- Documentation
- Navigation paper produced
- Directory of services
- Clinical governance

Acute Rehabilitation

- Paper outlining rationale and model
- Key message: appropriate levels of rehabilitation at earlier stage in pathway is likely to improve outcomes and efficiency of overall system
- For further consideration by London Trauma Office
- Explore NHSL innovations initiatives
- For discussion with commissioners regarding possibility of trialling model
- Exploration of opportunities to collaborate with military services at Selly Oak

Navigation

- Paper describing function with guidance for implementation allowing for local innovations
- Navigation required within MTC's and in localities for ongoing management
- Coordinates complex rehabilitation pathways; acts as central contact point
- Next steps:
 - Supporting documentation available to MTC's for integration of principles as appropriate
 - liaison with commissioners regarding development of locality roles
 - Consider existing, established roles e.g. within brain injury, avoiding duplication and mirroring effective models

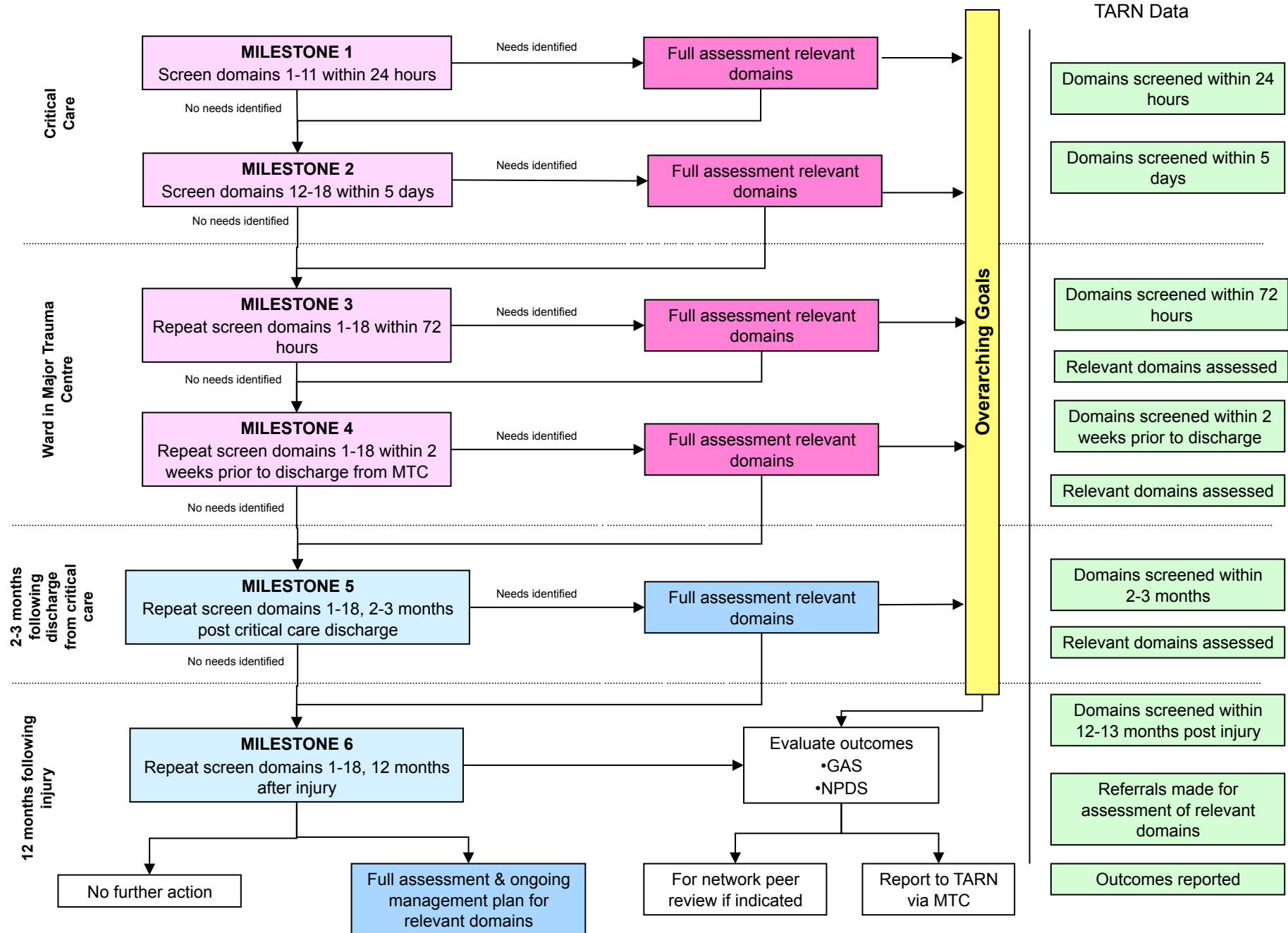
Overview of pathway

- Six key milestones
- Eighteen domains
- Promotes repeated comprehensive review of needs
- Supported by documentation structure
- Performance metrics and outcome measures
- Initially for first 12 months post injury
- Reflects existing guidance (NICE, BSRM)

18 domains

- | | |
|----------------------|---|
| 1. Respiratory | 10. Cognition |
| 2. Musculoskeletal | 11. Communication |
| 3. Swallowing | 12. Mobility and transfers |
| 4. Nutrition | 13. Social Situation |
| 5. Pain | 14. Function (activities of daily living) |
| 6. Neurological | 15. Housing/accommodation |
| 7. Sensation | 16. Vocation and roles |
| 8. Bowel and Bladder | 17. Leisure |
| 9. Mental Health | 18. Finance |

Major Trauma Rehabilitation Assessment Milestones



Pathway: Next Steps

- Develop programme for pilot
- Identify pilot sites
- Establish working group
- Pilot pathway with support from London Trauma Office
- Further develop data collection systems