

Homerton University Hospital 
NHS Foundation Trust

The Regional Neurological Rehabilitation Unit

Homerton University Hospital

Introduction



The Regional Neurological Rehabilitation Unit (RNRU) at Homerton University Hospital NHS Foundation Trust was established in 1963 and specialises in **early** inpatient rehabilitation for young adult patients after single incident neurological events other than complete spinal injury.

The unit is national guideline compliant and is recognised as one of the few centres in the United Kingdom providing such a service for people after brain injury.

The Place

The unit is purpose built at ground floor level and has 24 beds. It has been designed to ensure that all facilities benefit from spacious, modern accommodation. The ward areas are housed in two bays of six beds and one of eight, plus three side rooms and a flatlet for training in independent living.

The unit is integrated with the acute medical and surgical services of the hospital, so that patients can begin their rehabilitation early after acute illness. At the same time it provides an ideal therapeutic environment for retraining in all activities of daily living.

The comprehensive facilities include high, medium and low dependency ward areas, individual rooms, a transitional flatlet, ADL kitchen and laundry, communication group room, a family room, a therapeutic workshop, computer training facilities, individual physical therapy areas, a seminar room, research rooms, a physiotherapy gymnasium and a self contained therapy garden.

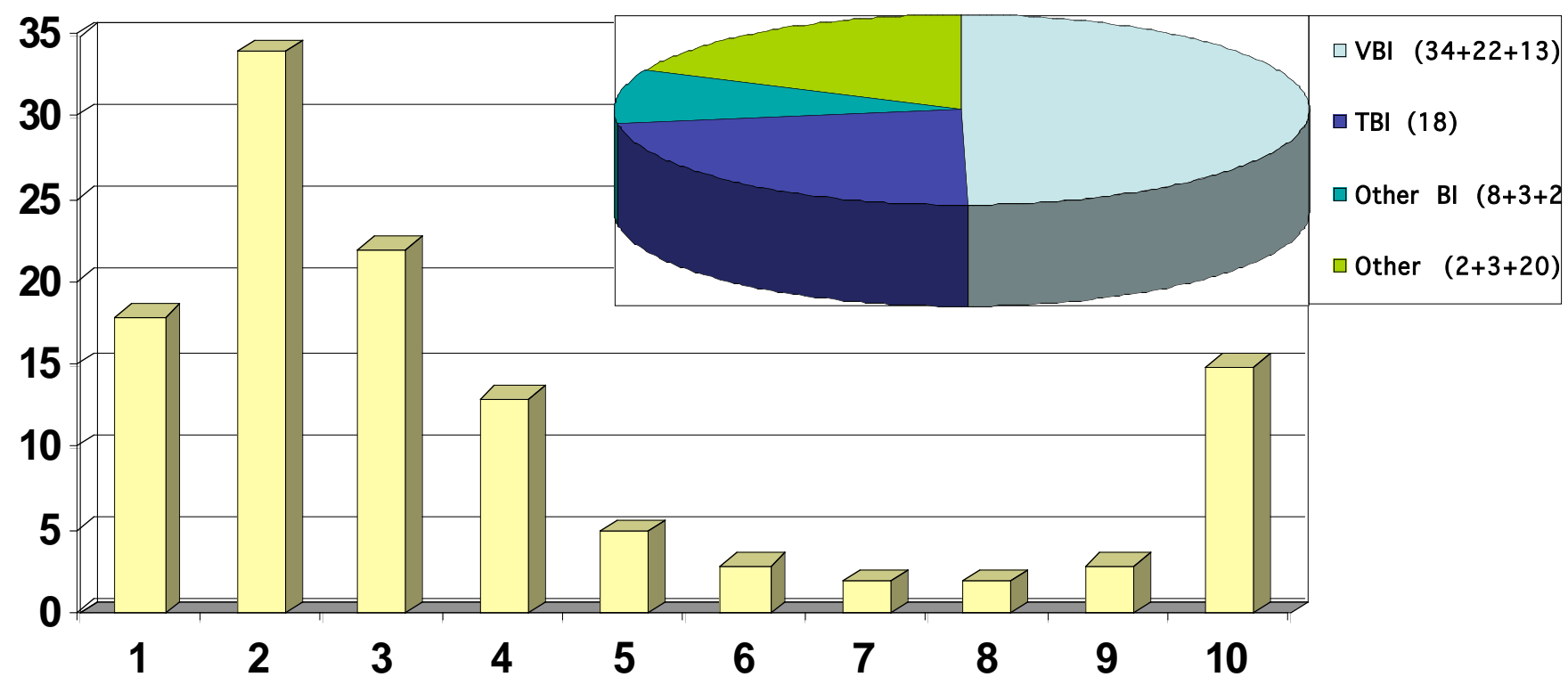
Referral

The unit primarily serves patients who live, or have been admitted to hospital, in the north eastern sector of Greater London and Essex. It also takes patients from the rest of the Greater London area and its environs when appropriate.

Referrals are accepted for younger patients after single incident neurological events other than complete spinal injury. Patients with relapsing or deteriorating conditions are not admitted. The majority of patients admitted have suffered head injuries, strokes, subarachnoid haemorrhages or other forms of focal or diffuse brain damage resulting, for example, from certain infections or cardiorespiratory arrest. Patients who are expected to be permanently vegetative or minimally aware are not usually admitted and patients with tracheostomies are at present only admitted under exceptional circumstances.

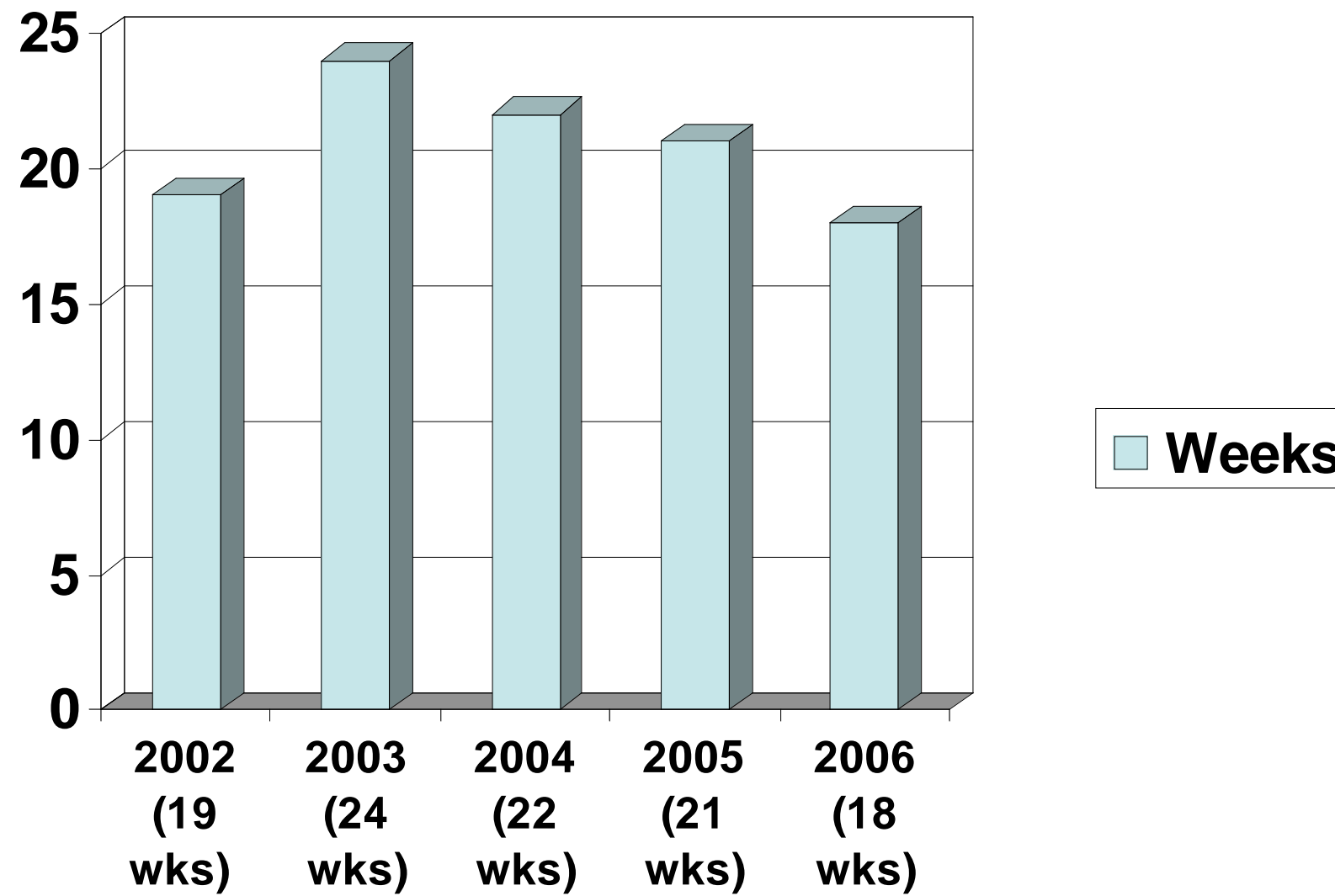
Patients are usually referred from acute beds in Neurosurgical or Neurology units or District General Hospitals. Referral is generally through the responsible consultant in the acute hospital and should be made as soon as possible after acute illness by faxed letter(020 8510 7318) or telephone (020 8510 7970).

Diagnoses of 117 patient admitted 2005 and 2006

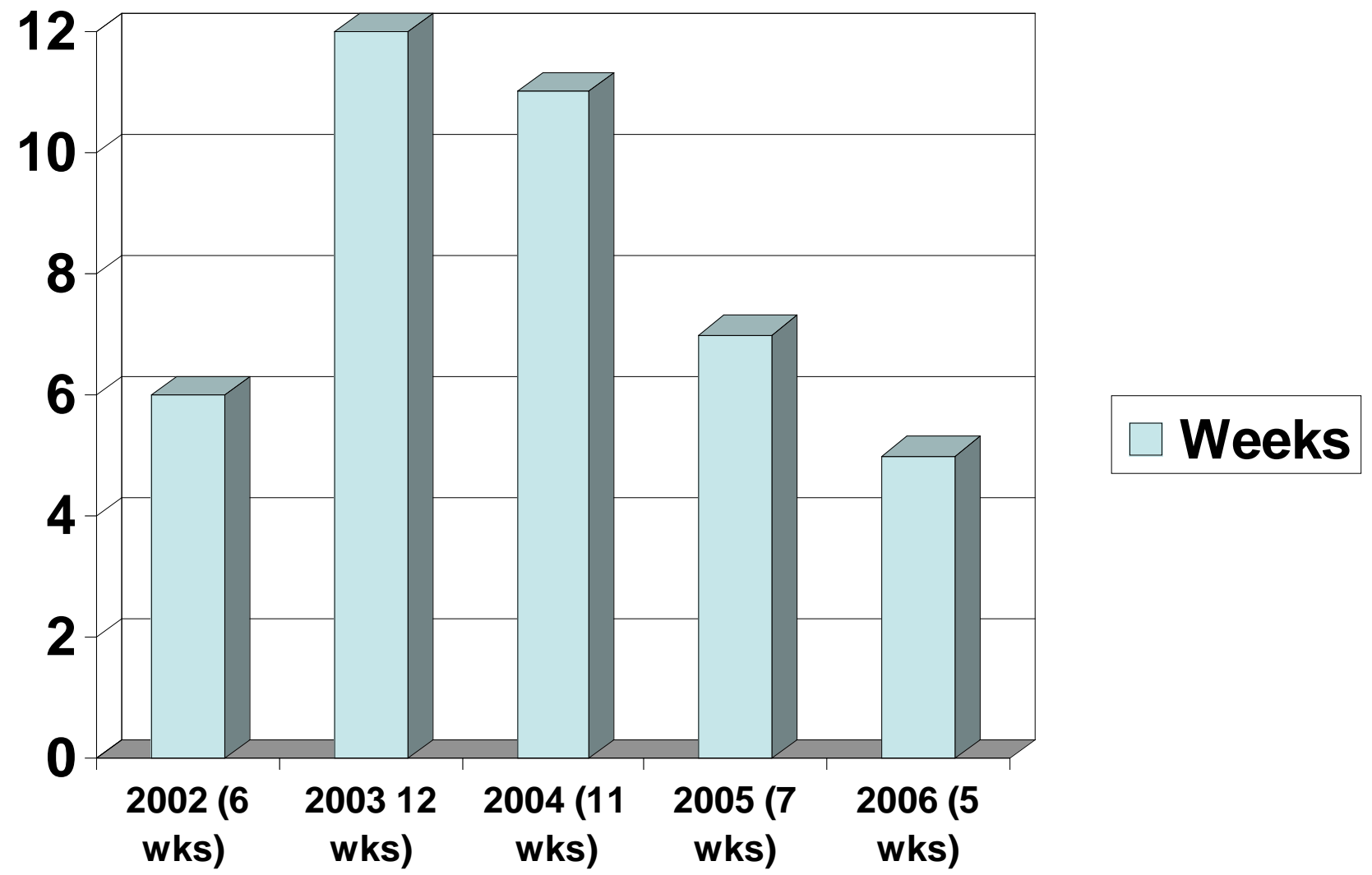


1. Traumatic brain injury	(18)	6. Anoxic brain injury	(3)
2. Cerebral infarct (2)	(34)	7. CNS inflammation	
3. Subarachnoid haemorrhage	(22)	8. Guillain Barre Syndrome	(2)
4. Intracerebral haemorrhage	(13)	9. Polyneuropathy	(3)
5. Hypoxic ischaemic brain injury	(5)	10. Other	(15)

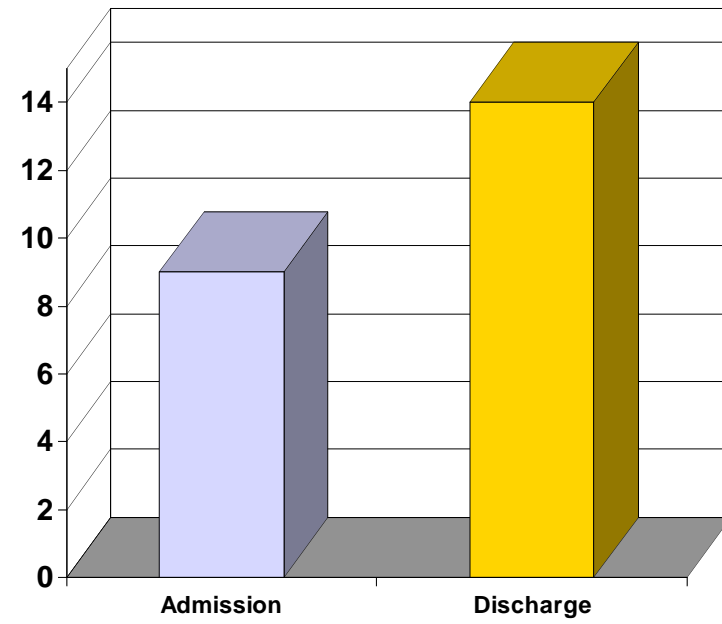
Average length of stay for patients admitted that year



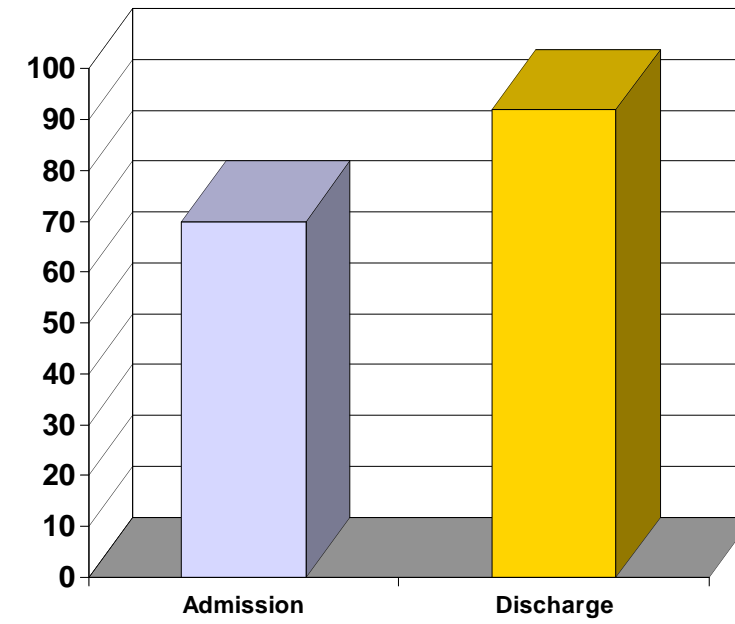
Average wait from assessment to admission



Outcome Measures



Barthel Index

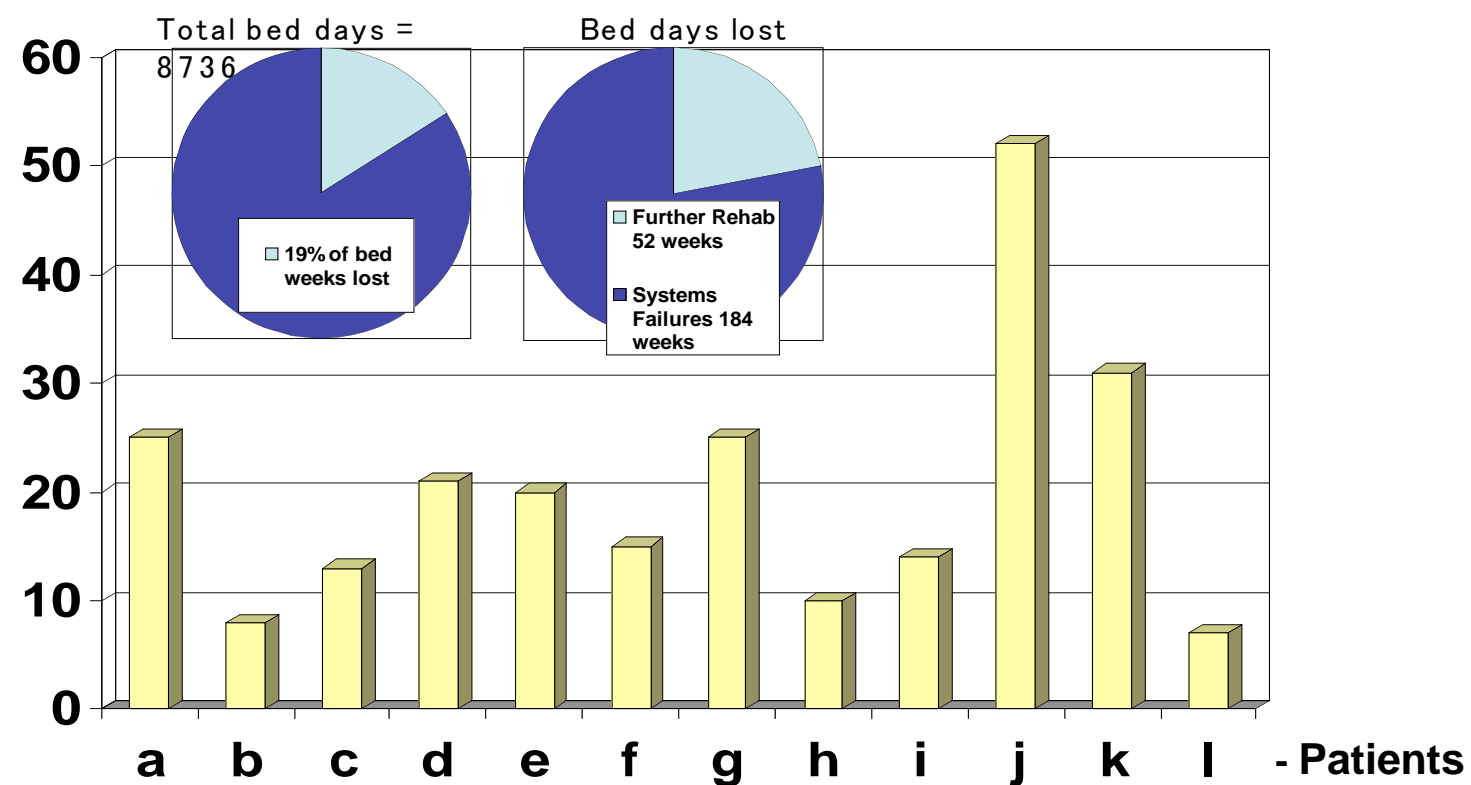


Functional Independence Measure

Delayed discharges 2003

Number of bed weeks lost for each of the 12 patients delayed.

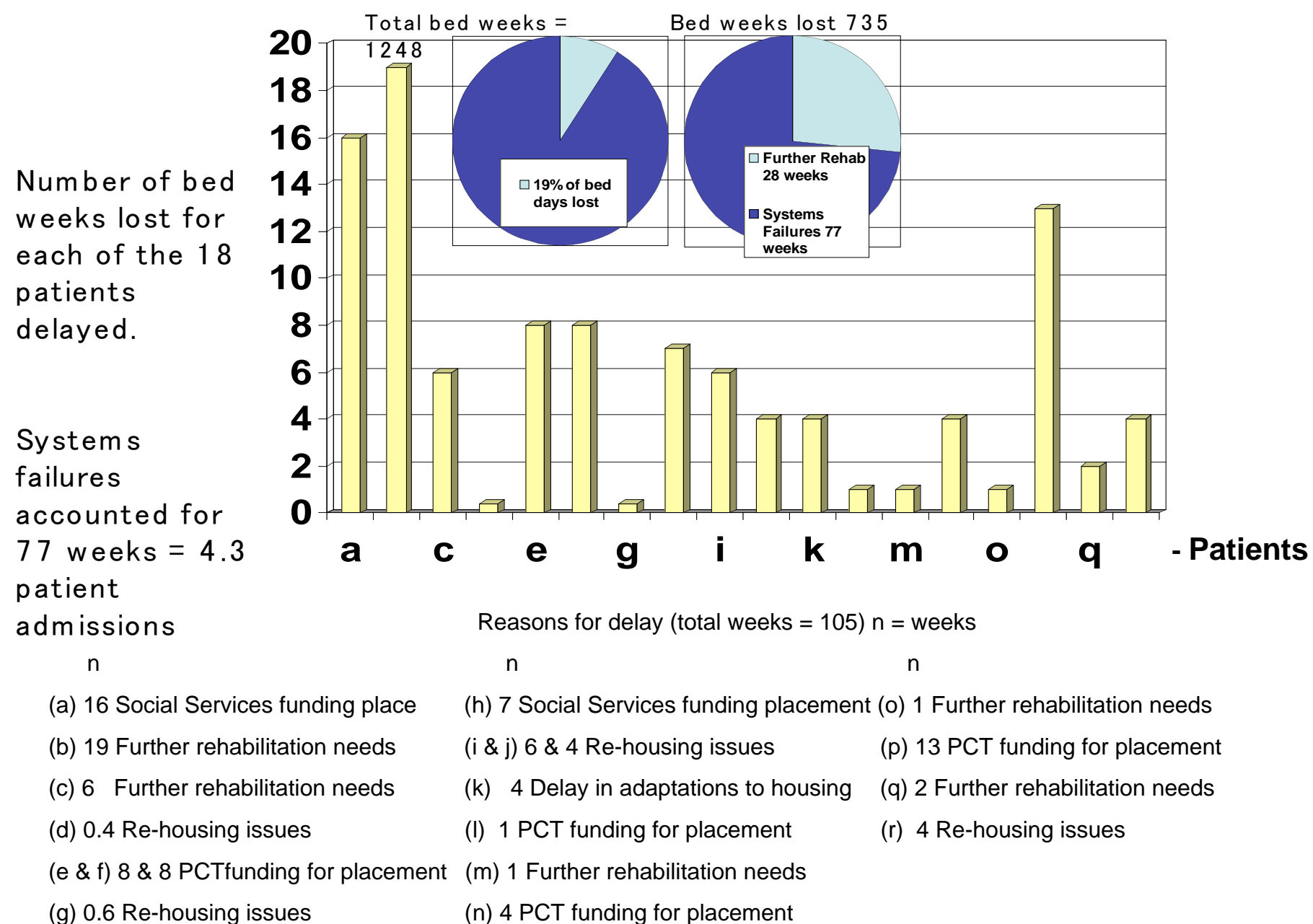
Systems failures accounted for 184 weeks = 10 patient admissions



Reasons for delay (total weeks = 236) n = weeks

- | | |
|---|---|
| n | n |
| (a) 25 Re-housing issues (funding, suitability) | (g) 25 Problems with funding to Putney |
| (b) 8 Difficulty finding suitable nursing home. | (h) 10 Re-housing issues (suitability) |
| (c) 13 Further rehabilitation needs | (i) 2 Further rehabilitation needs |
| (d) 21 Re-housing issues (funding, suitability) | (j) 56 Further rehab needs (n = 22), problems arranging care (n = 34) |
| (e) 20 Difficulty arranging return home abroad | (k) 31 Difficulty in getting acceptance to/funding for Banstead |
| (f) 15 Further rehabilitation needs | (l) 7 Problems with adaptations to home |

Delayed discharges 2006



Discharge Destinations

