

# Reviewing the patient journey on ward 1B and how we can improve their experience and outcome

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## Background:

At present children who have suffered an Acquired Brain Injury (ABI) are admitted to Paediatric Intensive Care Unit (PICU) or ward 1B and remain on ward 1B receiving input from the neuro-rehabilitation Multi-Disciplinary Team (MDT) until this plateaus. They are then discharged to local teams for their ongoing therapy needs.

**Aim: To improve the patient rehab journey through ward 1B to community services**

## Stage 1:

Case study reflection on a patient's journey during a different way of working initiated in COVID:

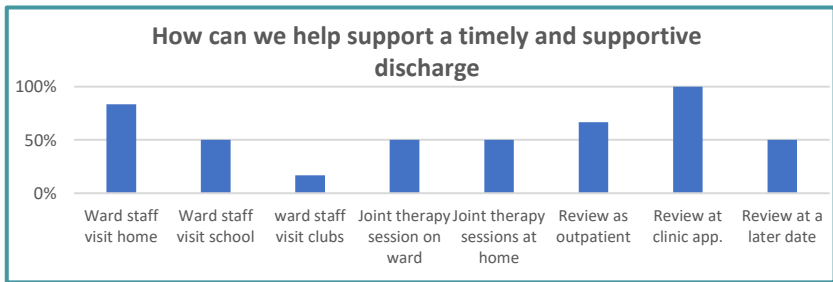
- Able to offer transitional therapy input following discharge
- Increased communication between MDT, acute and community therapists and family using teams
- Patient at the centre of all we do.
- Improved satisfaction with patient care and therapy

## Stage 2:

Reviewed transitions between PICU, ward 1B and community therapy using a questionnaire at end of PICU stay and then at the end of ward 1B stay

### Key findings:

- Parents on PICU weren't aware of staff involved in neuro-rehab
- Parents felt more involved in rehab on ward 1B
- Parents on PICU didn't feel involved in their child's rehab



- Parents reported they had stayed longer due to differences in community therapy input
- All parents felt being followed up by ward therapist in clinic would be beneficial

## Stage 3:

Developed a patient information leaflet to be given on PICU to provide information about neuro rehab and aid the transition from PICU to ward 1B.

### Key findings:

- Leaflet easy to read
- Explains different roles

**What is Neuro-Rehabilitation?**  
Neuro-Rehabilitation is about helping children and young people to recover or adjust after a brain illness or injury. Your team includes specialist therapists and professionals who work with the nurses and doctors to make sure therapy is appropriate to your child's current needs. We work closely with your family to reach your goals and ensure a smooth journey from ward to home.

**Play Specialist**  
Your Play Specialist will help with mood and recovery by providing familiar activities, fun, games and helping with routine. We also support with play ideas for babies and parents.

**Neuro-Psychologist**  
Your Clinical Neuro- Psychologist assess your child's thinking skills including memory, learning and problem solving. We also give emotional support to children and families while in hospital.

**Speech and Language Therapist**  
Your Speech and Language Therapists help with your child's eating, drinking and swallowing. We also help with communication (e.g. understanding and talking, use of signs or pictures).

**School**  
Teachers provide education at the bedside for pupils from Reception to Year 11. We aim to meet the current learning needs of your child. We work closely with their home school, parents/carers and the medical team to achieve this.

**Social Worker**  
Social Workers provide emotional and practical support, information and advice while in hospital. We work as part of Newcastle City Council's services for children.

**Meet the Team**  
You may see some or all of our team depending on your child's needs.

**Dietitian**  
Your Dietitians will work with you to assess your child's feeding and nutritional needs. We will make sure your child receives the food and feeding help they need to be as healthy as possible.

**Occupational Therapist**  
Your Occupational Therapists will help your child to do the things they need or want to do during their day. This could be sleeping comfortably, washing and dressing, going to the toilet, school work or playing.

**Physiotherapist**  
Your Physiotherapists will help your child with things like strength, balance and walking. We will give you exercises and play ideas to help your child get better. Mostly we love to play games and have fun!

## Stage 4 - What Next?

Additional funding awarded to review the whole rehab pathway with a view to exploring alternative models of service delivery and improve patient experience

Sub projects as part of this:

### 4a:

To review the empirical evidence and national guidelines on benefits of specialist inpatient rehabilitation. Some key points so far:

- Rehabilitation can improve the person's ability to work and reduce the need for care
- We can presume this is similar in children but often the effects aren't seen / evidenced until adulthood

- Premorbid family adaptive functioning is a better predictor for rehabilitation outcomes 1 year after injury than the severity of brain injury (Rivara et al., 1992)
- Most patients who are discharged home post ABI (with good acute rehabilitation) still have unrecognized or unmet needs at 6-24 months after injury

### 4b:

To gather family views on how the rehab process could be improved.

We are planning to use an online whiteboard to ask the below questions in relation to rehab on the ward and transition into the community.

What worked well?

What didn't work well?

How can we improve?

### 4c:

To gather data on length of stay of patients in the last 3 years and the reasons behind this (rehab/ social / medical)

### 4d:

To gather information about the services offered by other centres nationally to understand best practice / alternative models of service delivery

**The project keeps evolving! We are hoping it will result in a business case for a dedicated paediatric rehabilitation unit. This will allow us to apply a tailored rehab model and transition pathway to improve patient experience and reduce reliance on acute beds**