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:

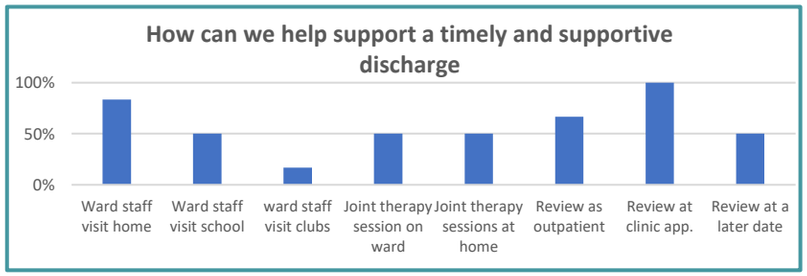
- Able to offer transitional therapy input following discharge
- Increased communication between MDT, acute and community therapists and family using teams
- Patient at the centre of all we do.
- Improved satisfaction with patient care and therapy

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



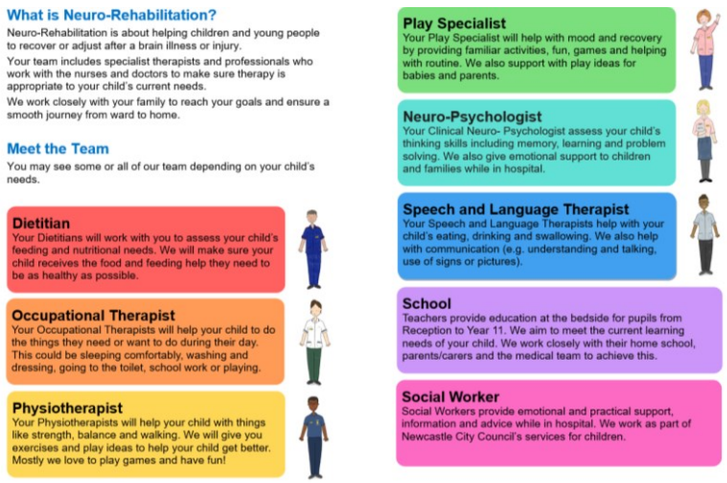
- Parents reported they had stayed longer due to differences in community therapy input
- All parents felt being followed up by ward therapist in clinic would be beneficial

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



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:

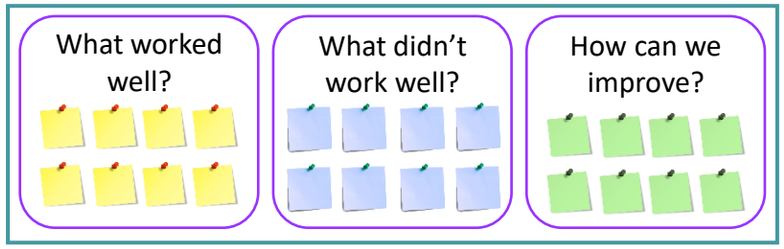
To review the empirical evidence and national guidelines on benefits of specialist inpatient rehabilitation. Some key points so far:

- 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.



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