FAQs – Major Trauma Rehabilitation Prescription – BPT (Adults)(2019)

Q: Is the Rehabilitation Prescription completed at each point of transfer of the patient throughout their rehabilitation journey? (i.e. from acute MTC to Specialist rehabilitation and Community settings)

- *Yes – the intention is that the Rehabilitation Prescription continues to be updated and used beyond the MTC in all rehabilitative, outpatient and community settings.*

Q: Who should complete the Rehabilitation Prescription and the mandated dataset for TARN?

- *There should be a local agreement within individual MTCs regarding whose designated responsibility it is to ensure the RP is completed. The Rehabilitation Prescription can be completed by an appropriate AHP (Physiotherapist, Occupational Therapist, Speech & Language Therapist, Dietician, Clinical Nurse Specialist, Clinical Psychologist / Neuropsychologist, etc.), Major Trauma or Rehabilitation Coordinator or Consultant in Rehabilitation Medicine. It is accepted that the RP may be commenced by an appropriate person below the level of a Band 7, however, it is a requirement to ensure that at the point of transfer of care or discharge, the completed RP requires sign off by a senior staff member at a minimum: Consultant or Specialist trainee in Rehabilitation Medicine, Band-7 specialist rehabilitation clinician or Major Trauma Coordinator.*
- *The RP is a multi-disciplinary document that should be completed by all relevant members of the multi-disciplinary team (i.e. Medical and Surgical staff, Nursing staff and AHPs)*

Q: What elements of the Rehabilitation Prescription (RP) requirements are mandated for the BPT to be awarded?

- *All of the elements in relation to the Rehabilitation Prescription are mandated and require completion to be eligible for BPT.*

Q: Will BPT be awarded if the Rehabilitation Prescription is posted to the patient following discharge rather than giving it face to face?

- *The rehabilitation prescription should be given directly to patients (or carers if appropriate) in a face-to-face discussion towards the end of their stay in hospital as this will allow them to have any questions answered and provide them with an important information resource as they leave hospital. Posting the RP to the patient at a later date should take place if the patient has not been given the RP before they leave hospital but this approach is not considered best practice and would not qualify for BPT. It may be appropriate to post the RP to the patient if they are transferred or discharged over a weekend or out of hours. It may also be appropriate to hand the responsibility of ensuring the patient is given a copy of their RP over to the next care provider in such cases.*

Q: What detail is required within the RP following the "first assessment within 48-72 hours"?

- *The initial RP should contain the relevant detail pertaining to Patient demographics, mechanism of injury, a list of relevant injuries and a management list for each of these injuries.*

- *It is accepted that the RP will evolve over time with a definitive version encompassing a Rehabilitation Plan containing the eight core items (nine core items – Children's version) being finalised at the point of transfer of care or discharge from the MTC, Trauma unit, etc.*

Q: Should a copy of the RP be sent to the GP if a patient is sent to Specialist rehabilitation directly from the MTC?

- *Yes – a copy of the RP should be sent to the GP and the next care provider on transfer or discharge from the MTC to qualify for BPT. It is accepted that this document will continue to evolve over time. The next care provider has a responsibility to ensure that the RP continues to be updated whilst the patient remains under their care and a further copy of the RP should be sent to the GP & next care provider on discharge.*

Q: Have GPs been informed about the Rehabilitation Prescription and its use with patients following Major Trauma?

- *GPs were involved in the development of the new RP. Professor Chris Moran (National Clinical Director for Major Trauma) has approached the Royal College of GPs to inform them about the RP for patients following Major Trauma. This information will be disseminated to members.*

Q: What are the likely actions for GPs that the RP will identify?

- *It is anticipated that the actions likely to be highlighted to GPs may include requests to review medications (including opioids), arrange onward referrals for Specialist services (i.e. Counselling or Psychology), wound and dressing checks by community nurses, etc.*

Q: If a patient refuses to accept a copy of their RP, does this affect the eligibility for BPT?

- *It is recommended that if a patient declines a copy of their RP that this is clearly documented within the document. It would be appropriate to indicate that the patient was offered a copy of their RP and hence answer "Yes" or "Not appropriate" to the relevant question. This would then not affect the eligibility for BPT.*

Q: If no contact number for advice is offered or documented within the RP- does this affect eligibility for BPT?

- *Yes – a contact number for advice is one of the 8 Core items that the RP should contain. If there is no contact number provided, this has to be noted as such when submitted to TARN.*

Q: What is deemed the appropriate "discharge" point when the RP should be completed? (i.e. Is it at "R"-point / when the patient is "rehabilitation ready"?)

- *It is recommended that the RP is completed / finalised at the* ***actual*** *point of discharge or transfer of care from the MTC / Trauma unit.*
- *It is accepted that there may be a delay in patients repatriating to their local hospitals or accessing the appropriate Specialist inpatient rehabilitation beds, and hence local teams may decide that they wish to complete the RP when the patient* ***could*** *be discharged rather than at the point of* ***actual*** *discharge. However, the rehabilitation needs of patients may continue*

to change prior to their **actual** *point of discharge whilst they are waiting to access appropriate services or units. The RP will require updating at the point of transfer / discharge to reflect this.*

Q: What should be included in the RP to indicate that a safeguarding assessment (where appropriate) in relation to the circumstance(s) of injury has been completed?

- *This is predominantly a component of the Children's RP although safeguarding is referred to in the guidelines for both versions. Where a safeguarding assessment is indicated, this should be documented /highlighted in the "Psychosocial" components of the Rehabilitation Needs Checklist. It may also be appropriate to indicate requirements / intervention in relation to Safeguarding within the "Services referred to" section of the RP (Core item 7).*

Q: How should the Rehabilitation Prescription requirements be managed if the patient chooses to take self-discharge from the MTC or Trauma unit?

- *In this situation, it is recommended that a copy of the Rehabilitation Prescription is sent to the GP and next care provider as appropriate. It may not be indicated for a copy of the Rehabilitation Prescription to be sent to the patient if there has not been the opportunity to discuss the document with them. It would be appropriate to indicate that it was "not appropriate" to give a copy to the patient.*

Q: Are patients from Overseas who receive acute care and management within a MTC, eligible for a RP?

- *A patient from Overseas treated in a MTC with identified rehabilitation needs should receive a copy of their RP on transfer or discharge from the MTC. This will help to inform ongoing rehabilitation needs / provision for the next care provider whether this be in the patient's home country or within the UK. An appropriate category in relation to Discharge destination should be selected. A further option in relation to "Overseas status" will be discussed with TARN and added accordingly to the list of options at a future update.*

Q: Should an RP be commenced when a patient is admitted to one MTC but transfer to a further MTC is pending for management of other injuries (i.e. it is not possible to assess the extent of the rehabilitation needs of the patient until management of all injuries sustained has been addressed)?

- *Yes – an initial RP should be commenced within the initial admitting MTC detailing the known injuries, management and rehabilitation needs known at that point in the pathway. The initial draft of the RP should then be sent, continued and updated if the patient is transferred to another MTC for management of additional injuries.*

Q: If the patient has no ongoing rehabilitation needs at the point of discharge / transfer of care, do they require a RP?

- *If a patient has no ongoing rehabilitation needs at the point of discharge or transfer of care, they do not require completion of the RP and it is not necessary to complete all of the mandated fields (i.e. Copy to patient / next care provider / GP, etc.)*

- *This will not affect the payment of the BPT if it is quantified that the patient has no rehabilitation needs on discharge.*

Q: If a patient has rehabilitation needs at the point of admission to the MTC but no rehabilitation needs on discharge, do they still require completion of the RP?

- *An initial RP may have been commenced at the point of admission if it is anticipated that a patient may have rehabilitation needs as a result of their injuries. However, if the patient's rehabilitation needs change during their admission, and on discharge, they have no ongoing rehabilitation needs; a completed RP would not be required at the point of discharge / transfer of care.*

Q: At what point should the minimum Rehabilitation dataset be completed?

- *As completion of the minimum Rehabilitation dataset should reflect the patients' rehabilitation needs on discharge, this dataset should be completed at transfer of care or discharge.*

Q: <u>What is the patient's rehabilitation need?</u> – In relation to this category, how should we indicate where patients require multiple services to meet their rehabilitation needs (i.e. Outpatient support and community therapy)?

- *In this instance, it would be advised that you indicate the main service provider that will provide and meet the rehabilitation needs of the individual on discharge.*

Q: <u>What is the patient's rehabilitation need?</u> – How do you record when a patient is discharged directly to a Mental Health unit?

- In this instance, it would be appropriate to indicate that the patient has been discharged / transferred to a **"Specialist Inpatient"** setting.

<u>Q: What is the patient's rehabilitation need?</u> – What do you classify as a "specialist outpatient" service?

- *A "specialist outpatient" service includes Musculoskeletal outpatient Physiotherapy, Vocational rehabilitation, Peripheral Nerve Injury Clinic, TBI Clinic, Concussion Clinic, etc.*

Q: "Where is the child domiciled?" – Is this question in relation to the child's domiciliary status on admission or discharge?

- *This question is to ascertain the child's domiciliary status at the point of admission.*

Q: What is meant by the term "Gang involvement"?

- *The term "Gang Involvement" should be chosen if a child /adolescent is known to be part of or involved with a "Gang" or "Gang culture".*

Q: In relation to the section pertaining to "Employment / Education" status, which option should be chosen for a Baby or Pre-school child? Could an additional option be added for this category?

- *There is an option for "Nursery" within the list of categories. Alternatively "Other alternate educational placement" could be selected.*
- *An option for baby/pre-school child has been added*