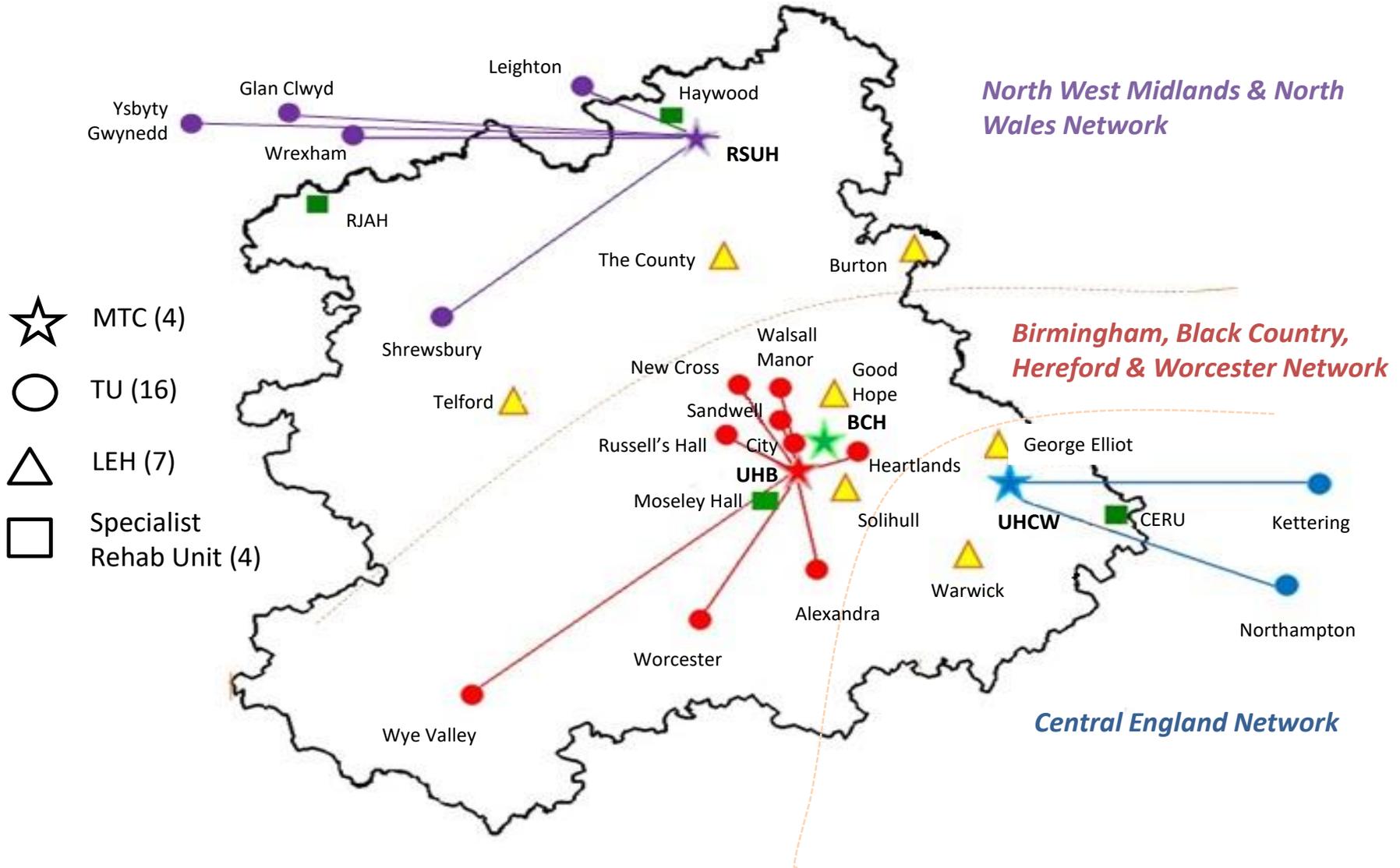


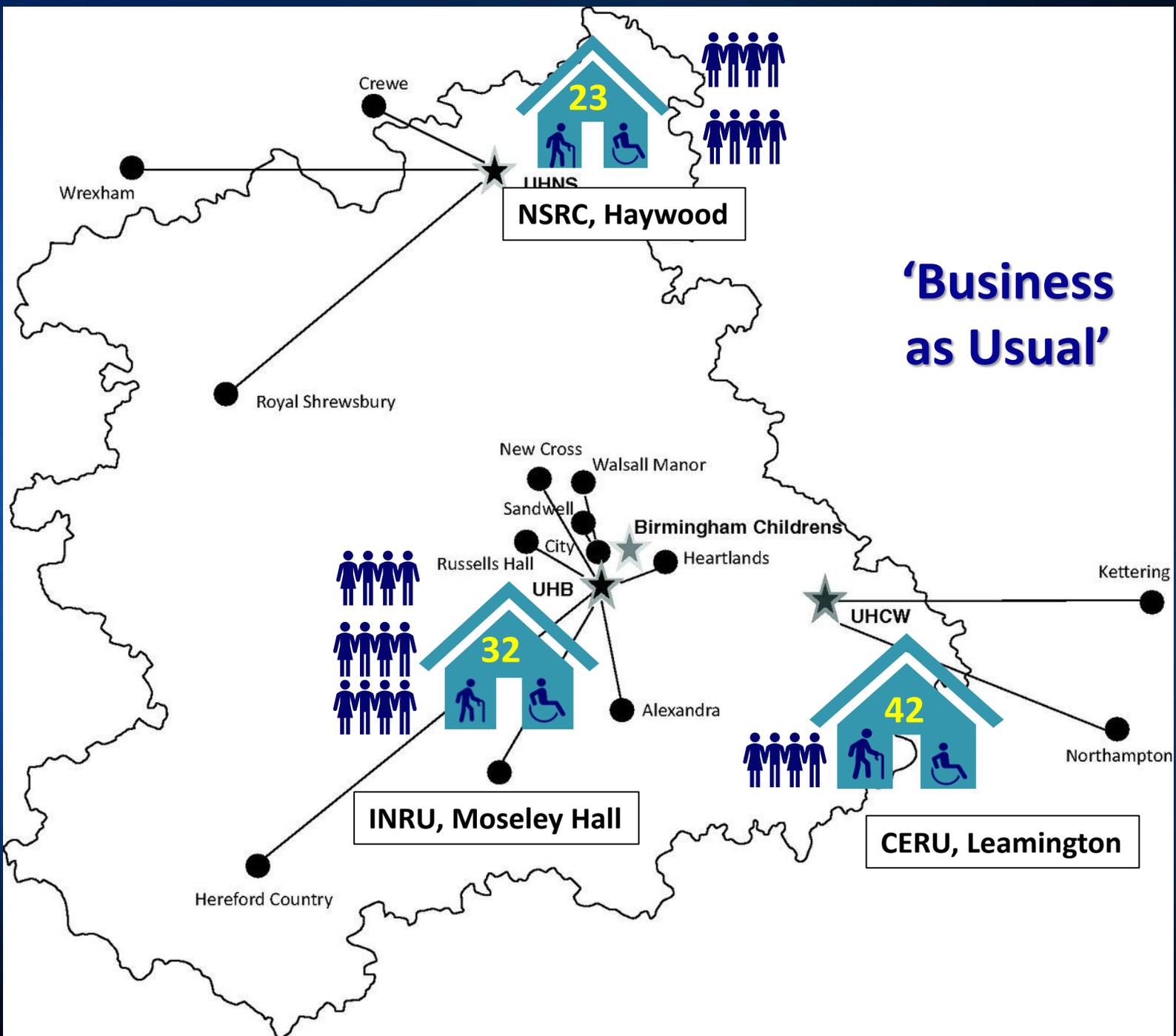
Planning Rehabilitation after a Mass Casualty Incident

Dr Alex Ball
Consultant in Rehabilitation Medicine

Haywood Hospital
Royal Stoke University Hospital

Network Map





'Business as Usual'

23
UHNS
NSRC, Haywood

32
INRU, Moseley Hall

42
CERU, Leamington



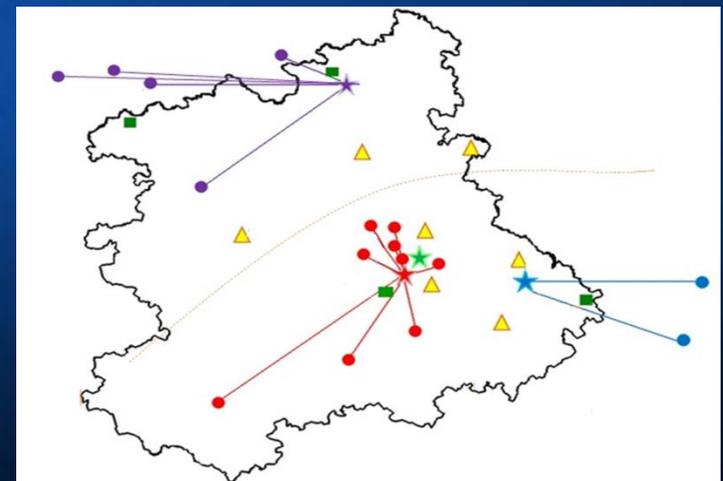
Specialist Rehabilitation

- Level 1 / 2a NHSE units
- Total beds for region **n= 117**
- 22 Level 2b beds in addition
- Spinal Injuries:
 - RJAH Oswestry
 - Stoke Mandeville
 - Southport
 - Sheffield



Non-Specialist Rehabilitation

- Elderly / intermediate care
- DGH rehabilitation wards
- Community hospitals
- Wards with access to therapies
 - Trauma and orthopaedic
 - General medical
 - Stroke
- Outpatient therapy
- Community teams
- 'Third sector' provision
 - Wide variety
 - Capacity uncertain



Business as usual...

- Individualised goal planning
- MDT meetings
- Rehabilitation prescription
- Referrals, waiting times


Midlands Trauma Network

Insert patient ID or label

Summary

Rehabilitation Goals (including predicted time frame)

Key management plan: (e.g. procedures / reviews awaited, advice re: weight bearing status, use of orthoses)

Services referred to: (including contact details and anticipated waiting time)

Other key information: (e.g. patient/family wishes, potential discharge barriers, immigration /residency)

Complexity: Rehabilitation Complexity Scale Extended (RCS-E) (Refer to UKROC guidance for scoring)

	0	1	2	3	4
Care	Independent	1 carer	2 carers	3-3 carers	3+
Risk	None	Low	Medium	High	Very High
Nursing	None	Qualified	Rehab nurse	Specialist nursing	High dependency
Medical	Non active	Basic	Specialist	Potentially unstable	Acute medical/surgical
Therapy disciplines	None	1	2-3	4-5	2+
Therapy intensity	None	Low level (< daily)	Moderate (eg daily)	High (> resistant)	Very High (>50 hours/week)
Equipment	None	Basic	Specialist	-	-

RCS-E: C _____ N _____ M _____ T₀ _____ T₁ _____ E _____ Total _____ /22

Name: _____ Signed: _____ Date: _____

Deliberation

2



Mass Casualty scenario

- The unexpected
 - Numbers
 - Demographics
 - Injury patterns
- New business as usual



Specific issues

Children

Frail
elderly

Burns

Amputee

Complex
MSK

Spinal
injuries

PTA

Staff

Equipment

PTA

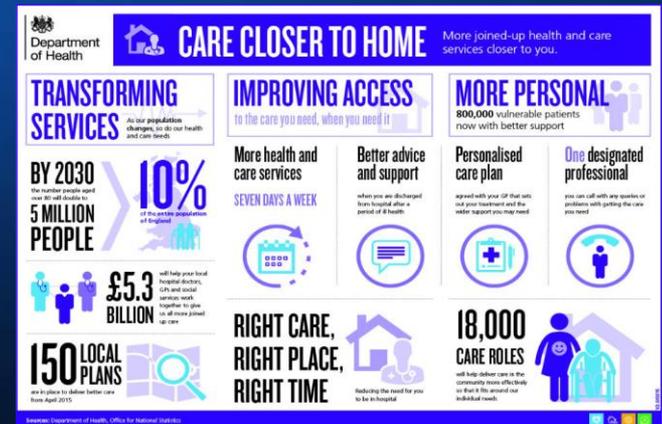
Post-traumatic amnesia / agitation

- Identification and management in brain injury
- Environment, 1-1 supervision
- DoLS, keeping in hospital

- Information for families
- Access to practical help
- Support for non-specialist wards
- Access to specialist rehabilitation advice

Repatriation

- Patients far from home
- Crossing Network boundaries
- Knowing where services are



Military support

- Experience and expertise
- Beyond initial support?
 - Ongoing care has never been tested for civilian population
 - Demographics and sustainability
- Private providers
 - Opportunities for agreements?



Longer term issues

- beyond 180 days

- New 'business as usual'
- Community rehabilitation
- Vocational rehabilitation
- Care and social services
- Income and financial support



Compromises

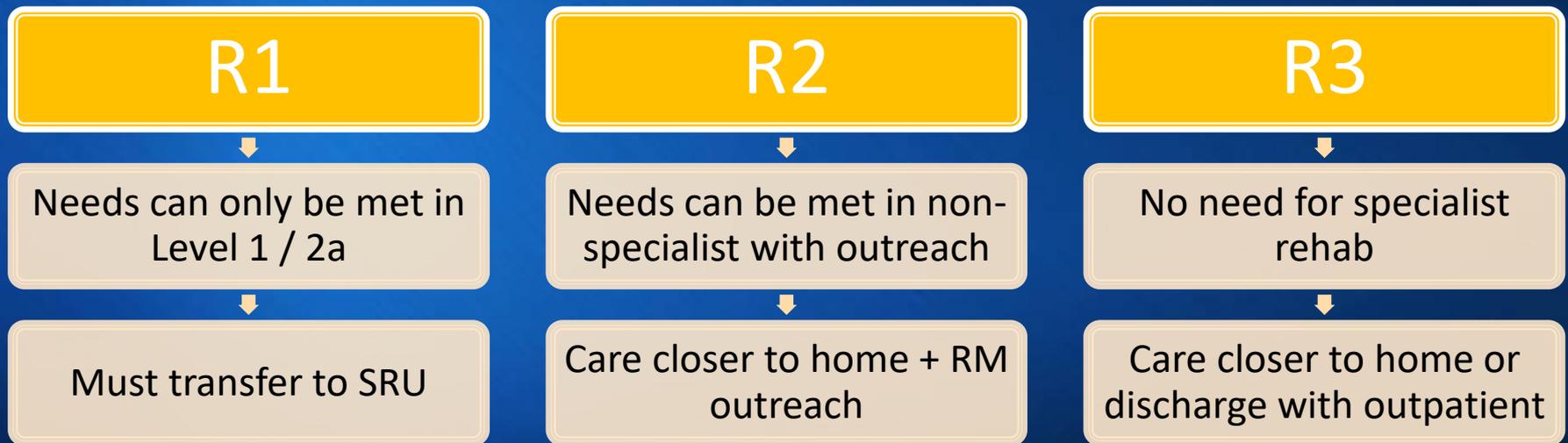


- Reality check
 - Away from 'Gold Standard'
 - Outcome measurement
 - Data collection

- Diversion of usual business
 - Patients going out of Network for rehabilitation
 - Flexibility and creative thinking

Mass Casualty Rehabilitation Triage?

- Simplification of exiting complexity assessments
- Allow overview of size of problem



Next actions:

- Immediate thoughts?
- What can your team do now?
- Network / pathway actions?

