UHCW NHS Trust Major Trauma Rehabilitation Pathway.

MTS Inpatient team.

- Specialist Rehabilitation Medicine Consultants. (Rota consists of 4 Consultants. There is identified Major trauma time Monday to Friday within a UHCW roster that also includes OP clinics and clinical cover for the Ward 42 Neurorehab Unit).
- 1 WTE Major Trauma Therapy Lead.
- 3 WTE Major Trauma Rehabilitation Co-ordinators/ Keyworkers.

Major trauma admissions are initially reviewed and their management needs co-ordinated by the acute Trauma Co-ordinators. They are registered on the UHCW MT database. This is a record of relevant medical history, all injuries and current management plans and the patient’s day to day progress. A MT summary letter can be created from the database for patients transferring to other hospitals/ to specialised rehabilitation. Following the period of acute medical stabilisation the Trauma co-ordinators hand the case over to the Rehab co-ordinators to oversee with a rehabilitation and discharge planning focus. Management of patients with acute spinal cord injury is an exception to this. These patients remain under the over-see of the acute co-ordinators for the duration of their stay at UHCW with rehab co-ordinator support where required.

Rehabilitation Prescriptions are initiated for major trauma cases by the ward Therapy teams (OT/ PT) within 2 working days of admission and overseen by the Rehab co-ordinators. In core major trauma specialty areas the Rehabilitation Prescription is integrated into the Therapy assessment documents. Cases initially managed in Critical Care, the Major Trauma ECU, and those it is recognised will have complex rehabilitation needs, have an extended specialist Rehab Prescription completed. The Rehabilitation Prescriptions are paper based and held within the patient’s current medical documentation. Ward based nursing and therapy teams within UHCHW NHS Trust deliver the multidisciplinary rehabilitation identified in the Rehabilitation Prescription, overseen and assisted where possible by the Rehab co-ordinators.

All patients with traumatic brain injury are managed following a cognitive screening process undertaken by Psychology/ Occupational therapy teams. PTA screening is carried out for all patients with post traumatic confusional states and outcomes documented in the medical notes. A pragmatic view is taken to the relevance of formal testing in those with a known history of cognitive deficit such as dementia.

A limited amount of trauma counselling is available and referrals are facilitated by the Rehab co-ordinators.

AMHATT (Acute mental health assessment triage team) are available to assess and initiate management of patients demonstrating new psychiatric presentations, neuro behavioural issues, and those with a known mental health conditions that are impacting on their current management.

Patients are identified and timetabled for Rehab Consultant assessment and review by the Rehab co-ordinators. The Rehab co-ordinators are present at the majority of these reviews to ensure communication of accurate information between clinicians, patient and family.

The Rehabilitation Consultant clinically assesses and advises on early rehabilitation requirements and follow up needs. In addition they provide an OP traumatic brain injury follow up clinic to monitor the recovery of Coventry cases that have not required inpatient specialist rehabilitation.

They also assist in identifying appropriate rehabilitation pathways and rehabilitation units to provide this for patients requiring specialist inpatient rehabilitation. When referring to Specialist rehabilitation services the Rehab co-ordinators send a copy of the extended Rehabilitation prescription and the major trauma summary letter via nhs.net or to a secure fax facility. At the point of transfer up to date copies are sent on to the accepting unit.

The Central England Rehabilitation Unit (CERU) provides specialised ‘Level 1’ rehabilitation. The Rehab Consultant assesses and accepts suitable cases for CERU. This acceptance is communicated by the Rehab co-ordinators to the CERU Bed manager. Once the patient is medically stable and appropriate for transfer they should be transferred to CERU within 24 hours. If the patient’s needs are determined to be Level 2, the Rehab Consultant can accept them onto the waiting list for admission to Ward 42 Neurorehab at UHCW NHS Trust.

Patients with spinal cord injury are referred as per the national guidelines and this is facilitated by the acute trauma co-ordinators. Whilst undergoing acute management at UHCW patient care for this group of patient’s is directed and documented using the UHCW traumatic spinal cord injury pathway. UHCW NHS Trust is linked to Oswestry Spinal Cord Injury Unit and Stoke Mandeville Spinal Cord Injuries Unit.
UHCW MTC: ACUTE TO REHABILITATION PATHWAY.

Major Trauma patient in UHCW

Yes

Specialised rehabilitation required?

No

Review

Stay at UHCW

Local TU or LEH able to meet rehab needs?

No

Local patient/ early D/C possible

Yes

CERU. (Central England rehabilitation Unit)

SCIU.

SCI cases that are likely long term ventilation/ a slow wean may be transferred to their local Critical care unit if they are able to manage them in the interim.

UHCW Ward 42 Neurorehab Unit

Home package/ CNRT. (Coventry Neurological Rehab team.)

Home / Community based D/C.

UHCW Medical OP clinics

OPD Therapy services

Community based Therapy services.

Community and social care support

TU or LEH
Patient identified as requiring specialised complex rehabilitation by Major Trauma Rehabilitation Consultant (RC) and Major trauma service Rehabilitation Keyworker (KW).

All medical management needs met/ have a clear management plan and patient is medically appropriate for transfer.

Yes

Patient is from within Central England Trauma Network?

No

Referral to local network Specialist rehab unit
- facilitated by KW.

Proposed: Patient can be provisionally accepted by RC for CERU before medically stable.
- This is documented in the medical notes and on the specialist rehab spreadsheet that is shared with CERU weekly.
- Logged on MTS caseload spreadsheet without date.

Yes

Central England Rehabilitation Unit acceptance of patient
- RC documentation in medical notes
- RC informs CERU of acceptance
- KW logs date on MTS caseload spreadsheet.
- KW same day contacts bed manager at CERU and sends copy of RP and MT discharge summary.
- Patient and family informed by KW
- KW regular contact with bed manager.

Transfer target is within 24 hours of acceptance but factors that may delay this include:
needing PEG feed insertion prior to transfer
trache numbers at CERU
specialling numbers at CERU

No

Regular RC review with KW.
- Patient can be provisionally accepted by RC for CERU before medically stable.
- This is documented in the medical notes and on the specialist rehab spreadsheet that is shared with CERU weekly.
- Logged on MTS caseload spreadsheet without date.

Unable to meet patient current needs/ no bed capacity

Accepted

Transfer as per Rehab bed identified box.

Proposed: Patient can be provisionally accepted by RC for CERU before medically stable.
- This is documented in the medical notes and on the specialist rehab spreadsheet that is shared with CERU weekly.
- Logged on MTS caseload spreadsheet without date.

Rehab bed identified.
- Ward team informed by Rehab unit/ KW.
- Patient and family informed by KW or nursing team.
- Ambulance transport and TTOs organised by ward team.
- Copies of up to date RP and discharge summary put in transfer documents by KW.