Network Policy

Peninsula Trauma Network Rehabilitation Standards

Date	Version
June 2016	V8

Purpose

Following the national introduction of Regional Trauma Networks, Major Trauma Networks are required to have a policy for the Rehabilitation of patients with traumatic injuries.

The purpose of this policy is to provide direction and guidance for actions from key individuals and organisations within The Peninsula Trauma Network to improve the patient pathway and ensure that patients are transferred to the definitive point of care as quickly and safely as possible.

Who should read this document?

Trauma Network Clinical and Governance Directors
MTC and TU Clinical Leads for Major Trauma
MTC and TU Rehabilitation Leads
Trauma Team Leaders
All Clinicians Transferring Patients to Specialist Centres
Acute Trust Lead Therapists and Nurses

Accountabilities

Production	Jude Fewings, PTN Rehabilitation Lead
Review and approval	PTN Rehabilitation Group
Ratification	PTN Executive Board
Dissemination	All PTN acute Trusts, All PTN Community Trusts and CIC's
Compliance	All Parties

Links to other policies and procedures

Major Trauma, NHS England D15 & Trauma Operational Delivery Networks, NHS England D15a
Peninsula Major Trauma Ongoing Care Policy
National Major Trauma Services Quality Indicators 2016
Specialist Rehabilitation in the Trauma pathway: BSRM core standards. Oct 2013

Version History

V6	Rosie Yarnall	Rehabilitation Lead, Peninsula Trauma Network
V8	Jude Fewings	Director of Rehabilitation, Peninsula Trauma Network

Approval Date	Due for Review
9th June 2016	June 2018

1. INTRODUCTION AND PURPOSE OF THE STANDARDS

The purpose of this policy is to provide direction and guidance for key individuals and organisations and improve the pathways and quality of rehabilitation for major trauma patients.

This policy needs to be viewed as a living document, and aims to set the direction and standards for Trauma Rehabilitation within the Peninsula Trauma Network.

2. SCOPE

2.1 The standards will be formally agreed and accepted amongst stakeholder organisations within the Peninsula Trauma Network (PTN).

2.2The standards apply to trauma patients who have been identified within the PTN with a potential ISS of >8.
ie Candidate major trauma patients. (See Appendix A)

2.3 These standards aim to ensure collection of relevant data to take place in relation to the patient's rehabilitation journey, using the National Major Trauma measures.

3. STANDARDS

3.1 The Peninsula Trauma Network is committed to providing major trauma patients with an assessment of their rehabilitation needs. The process of reviewing a patient's rehabilitation needs should continue in Trauma Units and community services, using the guiding principles from:

- Major Trauma NHS England, D15
- Trauma Operational Delivery Network, NHS England D15a
- NICE Guidelines on 'Rehabilitation after critical illness' (2009)
- NHS Outcomes framework 2013-14
- National Major Trauma measures, Peer Review Programme
- BSRM standards on Rehabilitation after major trauma

Major Trauma Centre

3.2 At the MTC, there should be a defined MDT service for acute trauma rehabilitation which meets the needs of patients with ISS >8 or those identified as "candidate" major trauma patients.

3.3 The MTC will provide assessment within 3 calendar days by a Rehabilitation Medicine (RM) consultant or alternative consultant with skills and competencies in rehabilitation. Allowing up to 96 hours if seriously at risk of dying or if assessment prior to 72 hours is not clinically possible, with the output being an initial analysis of the patients needs, which will inform the initial rehabilitation prescription.

3.4 The trauma rehabilitation multidisciplinary team (MDT) will be responsible for completing the Rehabilitation Prescription, in conjunction with relevant specialist ward multidisciplinary teams. The first comprehensive Rehabilitation Prescription should be completed at 4 Calendar days after admission.

3.5 There should be a trauma rehabilitation multidisciplinary team (MDT) (T16-20-109) meeting at least weekly to agree the patient's current needs, goals and rehabilitation pathway for each patient.

3.6 The Co-ordinators at the MTC who have responsibility for the Rehabilitation Prescription should ensure this document is transferred with the patient. If the patient has complex needs, then the most appropriate member of the MDT should liaise with the receiving service to ensure key information is discussed before transfer.

4. THE REHABILITATION PRESCRIPTION

4.1 All patients with ISS >8 or those identified as candidate major trauma patients will have a rehabilitation prescription initiated within 2 calendar days of admission and the first comprehensive rehabilitation prescription completed at 4 calendar days following admission.

4.2 All patients should be reviewed by a Consultant in Rehabilitation medicine or an alternative consultant with skills and competencies in rehabilitation, within 3 calendar days of admission, who will add to the Rehabilitation Prescription.

4.3 The Rehabilitation Prescription needs to capture the rehabilitation process, including variances to rehabilitation delivery/rehabilitation care pathways.

4.4 At the point of transfer between healthcare organisations, the Rehabilitation Prescription must contain up-to-date clinically meaningful information and recommend the treatment plan at that time.

4.5 All Rehabilitation Prescription's should incorporate an agreed set of outcome measures. The following are the currently agreed measures for patients with category A or B needs and so those patients potentially requiring level 1 or 2 rehabilitation:

- RCS-ET
- Patient Categorisation Tool (PCAT) or Complex Need Checklist
- Northwick Park Dependency Score
- Neurological and Trauma Impairment Set

4.6 Following transfer, the receiving organisation should reassess the rehabilitation plan and goals within 72 hours of the patient's arrival. The aim will be a similar time frame for Community services unless previously agreed with the transferring service and the patient.

5. Trauma Units

5.1 All "candidate" major trauma patients (Appendix A has examples of injuries to aid identification of "candidate" major trauma patients) should receive a rehabilitation assessment including barriers to return to work. Where a prescription is required this should be completed within 3 calendar days. The prescription should be updated prior to discharge and a copy given to the patient.

5.2 All patients repatriated from the MTC should have their prescription reviewed and updated at the trauma unit.

5.3 There should be a rehabilitation coordinator who is responsible for coordination and communication regarding the patient's current and future rehabilitation including oversight of the rehabilitation prescription. (This rehabilitation coordinator should be a nurse or allied health professional)

5.4 If the patient has complex needs, then the most appropriate member of the MDT should liaise with the receiving service to ensure key information is discussed before transfer.

5.5 Each Trauma Unit should have a generic rehabilitation email address in order that necessary transfer information regarding the patients rehabilitation needs can be sent between MTC and TU's. There must be a protocol in place in each organisation to ensure that this mailbox is monitored and actioned on a daily basis as a minimum.

5.6 There should be the following allied health professionals with dedicated time to support rehabilitation of trauma patients:

- Physiotherapist,
- Occupational therapist,
- Speech and language therapist ,
- Dietician

5.7 There should be specified referral and access pathways for:

- Rehabilitation medicine consultant,
- Pain management advice,
- Psychology/neuropsychology assessment,
- Mental health/psychiatry,
- Specialised rehabilitation,
- Specialist vocational rehabilitation,
- Surgical appliances,
- Orthotics and prosthetics,
- Wheelchair services.

6. Peninsula Rehabilitation Network

6.1 The Peninsula Trauma Network Rehab Group (**PTNRG**) will:

1. Provide strategic direction and oversight to all rehabilitation services within the Network.
2. Monitor delivery of Rehabilitation Services for the PTN.
3. Be the conduit for effective change and for improvement in rehabilitation services and their provision across the PTN.
4. Develop relationships with other key personnel and organisations' for the benefit of patients who have sustained a Major Trauma.

6.2 The **PTNRG** will agree Network referral pathways for patients requiring specialist rehabilitation for:

- Neurological injuries, including traumatic brain injuries, spinal injuries
- Complex musculoskeletal injuries
- Vocational rehabilitation (Return to work) for patients with & without brain injury

6.3 The **PTNRG** will ensure that there are agreed referral guidelines for access to rehabilitation services

6.4 The **PTNRG** should ensure that all organisations providing rehabilitation offer a good standard of communication with patients and their relatives, including:

- Early interaction with patients and their relatives
- Use of Business cards
- Provision of Information sheets/booklets
- Provision of links to appropriate websites
- Forwarding of letters and RP to GP's and/or other parts of the MDT
- Provision of a single point of contact post-discharge for patients and their relatives

6.5 The **PTNRG** should ensure that all organisations providing rehabilitation participate in a network directory of rehabilitation services –

- All providers will be responsible for the upkeep of their services' clinical inventory.

6.6 The **PTNRG** will provide oversight and support of the network rehabilitation education programme for health care professionals

7. AUDITING and GOVERNANCE

7.1 The MTC will implement the Rehabilitation Prescription using the timeframe set in the National Major Trauma services quality indicators.

7.2 TU's will implement the Rehabilitation Prescription within the timeframe set in the National Major Trauma services quality indicators.

7.3 Receiving rehabilitation services will report back to the Network, once a quarter at the **PTNRG** meeting on the number of patients admitted/transferred with a rehabilitation prescription in place.

7.4 Patients should be transferred to the most appropriate rehabilitation setting. Where this has not happened the details should be forwarded to the Network on a governance form to the PTN governance mailbox, for review by the Network Rehabilitation director:

plh-tr.PTNGovernance@nhs.net

7.5 The **PTNRG** will monitor delays/gaps in rehabilitation pathways, with regards to both admission and discharge from specialist rehabilitation units across the Peninsula Trauma Network and other tertiary units.

7.6 The **PTNRG** will monitor delays/gaps in the provision of all other community rehabilitation pathways.

7.7 Monitoring will take place at the **PTNRG** with regard to variance in services available and where patients receive their rehabilitation.

7.8 These variances will be reported to the to the Network Executive Board, CCG's and PTN governance meetings as appropriate.

Appendix A

TARN INCLUSION CRITERIA:

The decision to include a patient should be based on the following 3 points:

A. ALL TRAUMA PATIENTS IRRESPECTIVE OF AGE

B. WHO FULFIL ONE OF THE FOLLOWING LENGTH OF STAY CRITERIA

Direct Admissions

Trauma admissions whose length of stay is 3 days or more

OR

Trauma patients admitted to a High Dependency Area regardless of length of stay

OR

Deaths of trauma patients occurring in the hospital including the Emergency Department (even if the cause of death is medical)

OR

Trauma patients transferred to other hospital for specialist care or for an ICU/HDU bed.

Patients Transferred in

Trauma patients transferred into your hospital for specialist care or ICU/HDU bed whose combined hospital stay at both sites is 3 days or more

OR

Trauma admissions to a ICU/HDU area regardless of length of stay

OR

Trauma patients who die from their injuries (even if the cause of death is medical)

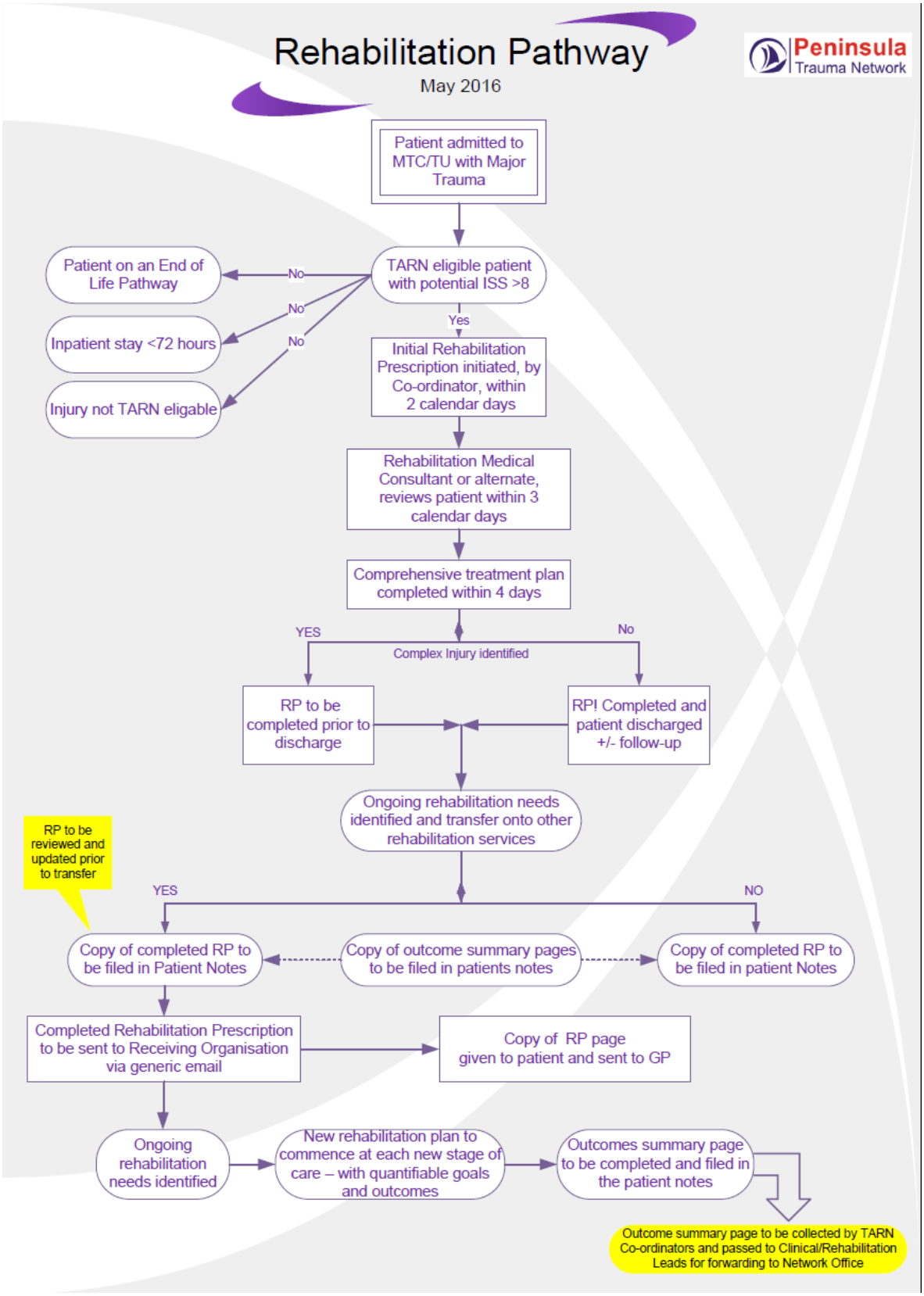
Patients transferred in for rehabilitation only should not be submitted to TARN.

C. AND WHOSE ISOLATED INJURIES MEET THE FOLLOWING CRITERIA

BODY REGION OR SPECIFIC INJURY	**INCLUDED – IN ISOLATION (EXCEPT WHERE SPECIFIED)**	**EXCLUDED – IN ISOLATION (EXCEPT WHERE SPECIFIED)**
HEAD	All brain or skull injuries	LOC or injuries to scalp
THORAX	All internal injuries	
ABDOMEN	All internal injuries	
SPINE	Cord injury, fracture, dislocation or nerve root injury.	Spinal strain or sprain.
FACE	Fractures documented as: Significantly Displaced, open, compound or comminuted. All Lefort fractures All panfacial fractures. All Orbital Blowout fractures	Fractures documented as Closed and simple or stable.
NECK	Any Organ or vascular injury or hyoid fracture	Nerve injuries Skin injuries
FEMORAL FRACTURE	All Shaft, Distal, Head or Subtrochanteric fractures, **regardless of Age.** Isolated Neck of Femur or Inter/ Greater trochanteric fractures **<65 years old**	Isolated Neck of femur or Inter/Greater trochanteric fractures **> 65 years.**

FOOT OR HAND: JOINT OR BONE	Crush or amputation only.	Any fractures &/or dislocations, even if Open &/or multiple
FINGER OR TOE	None	All injuries to digits, even if Open fractures, amputation or crush &/or multiple injuries.
LIMB – UPPER (EXCEPT HANDS/FINGERS)	Any Open injury. Any 2 limb fractures &/or dislocations.	Any Closed unilateral injury (including multiple closed fractures &/or dislocations or the same limb)
LIMB – BELOW KNEE (EXCEPT FEET/TOES)	Any Open injury. Any 2 limb fractures &/or dislocations.	Any Closed unilateral injury (including multiple closed fractures &/or dislocations or the same limb)
PELVIS	All isolated fractures to Ischium, Sacrum, Coccyx, Ileum, acetabulum. Multiple pubic rami fractures. Single pubic rami fracture <65 years old. Any fracture involving SIJ or Symphysis pubis.	Single pubic rami fracture ≥65 years old.
NERVE	Any injury to sciatic, facial, femoral or cranial nerve.	All other nerve injuries, single or multiple.
VESSEL	All injuries to femoral, neck, facial, cranial, thoracic or abdominal vessels. Transection or major disruption of any other vessel.	Intimal tear or superficial laceration or perforation to any limb vessel.
SKIN	Laceration or penetrating skin injuries with blood loss >20% (1000mls) Major degloving injury.	Simple skin lacerations or penetrating injuries with blood loss < 20% (1000mls); single or multiple. Contusions or abrasions: single or multiple. Minor degloving injury.
BURN	Any full thickness burn or Partial/superficial burn ≥10% body surface area NOT referred to a Burns unit	Partial or superficial burn <10% body surface area. Or any burn referred to a Burns unit.
INHALATION	All included - if not referred to Burns unit	If referred to Burns unit.
FROSTBITE	Severe frostbite	Superficial frostbite
ASPHYXIA	All	None
DROWNING	All	None
EXPLOSION	All	None
HYPOTHERMIA	Accompanied by another TARN eligible injury	Hypothermia in isolation
ELECTRICAL	All	None

Appendix B


Rehabilitation Pathway
May 2016
Peninsula Trauma Network
Patient admitted to MTC/TU with Major Trauma
TARN eligible patient with potential ISS >8
No
Patient on an End of Life Pathway
No
Inpatient stay <72 hours
No
Injury not TARN eligable
Yes
Initial Rehabilitation Prescription initiated, by Co-ordinator, within 2 calendar days
Rehabilitation Medical Consultant or alternate, reviews patient within 3 calendar days
Comprehensive treatment plan completed within 4 days
YES
Complex Injury identified
No
RP to be completed prior to discharge
RP! Completed and patient discharged +/- follow-up
Ongoing rehabilitation needs identified and transfer onto other rehabilitation services
RP to be reviewed and updated prior to transfer
YES
NO
Copy of completed RP to be filed in Patient Notes
Copy of outcome summary pages to be filed in patients notes
Copy of completed RP to be filed in patient Notes
Completed Rehabilitation Prescription to be sent to Receiving Organisation via generic email
Copy of RP page given to patient and sent to GP
Ongoing rehabilitation needs identified
New rehabilitation plan to commence at each new stage of care – with quantifiable goals and outcomes
Outcomes summary page to be completed and filed in the patient notes
Outcome summary page to be collected by TARN Co-ordinators and passed to Clinical/Rehabilitation Leads for forwarding to Network Office

NHS service provider organisations, that have agreed to work collaboratively to improve rehabilitation services for people who have experienced Major Trauma injuries

Service Type	Organisation
Major Trauma centre, Acute Hospital	Plymouth Hospitals NHS Trust
Trauma Unit, Acute Hospital	Northern Devon Healthcare NHS Trust
Trauma Unit, Acute Hospital	Royal Cornwall Hospitals NHS Trust
Trauma Unit, Acute Hospital	Royal Devon & Exeter NHS Foundation Trust
Trauma Unit, Acute Hospital	Torbay and South Devon NHS Foundation Trust
Plym, Neuro-rehabilitation unit	Plymouth Community Healthcare
Marie Therese House, Neuro-rehabilitation unit	Royal Cornwall Hospitals NHS Trust
Mardon Neuro-rehabilitation unit	Royal Devon & Exeter NHS Foundation Trust
Northern Devon Healthcare NHS Trust	Community Hospitals & Community Services
Plymouth Community Healthcare	Community Hospitals & Community Services
Royal Devon & Exeter NHS Foundation Trust	Community Hospitals & Community Services
Torbay and South Devon NHS Foundation Trust	Community Hospitals & Community Services