

Rehab Bulletin

Connecting staff across our rehabilitation services

Welcome to our March 2022 monthly rehab bulletin

Welcome to the monthly rehabilitation services bulletin. Published on a monthly basis, this platform has been designed to keep rehabilitation services colleagues informed of improvement activity and policy work along the rehabilitation pathway. We are keen to hear from you. Please reach out with suggested topics for discussion for our next bulletin via Trish Richardson (trish.richardson2@nhs.net).

What's the latest?

Learning From Experience

At the monthly Rehabilitation Recovery & Restoration Forum we have a slot for colleagues to feed back on the learning they would like to share with the group from projects, training, etc.

At the March Forum we welcomed Sarah Cozens and Lisa Panton, two 3rd year University of Brighton nursing students, who had been on a 9 week joint leadership placement with the NHSE Personalised Care Group and ESHT. They joined ESHT in week 3 of their placement in January for 5 weeks and worked on the following projects:

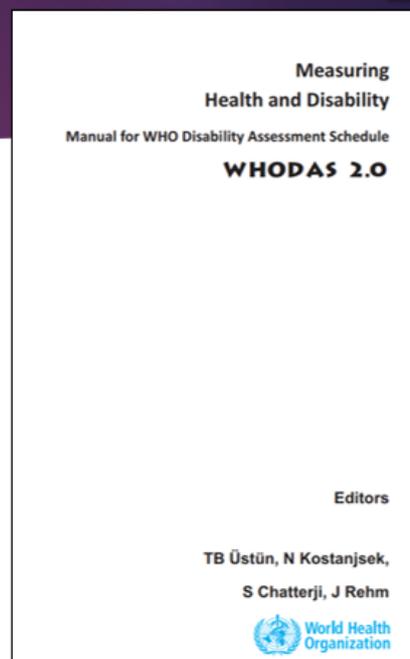
- ⇒ Test the Community Accessibility Tool at the point of triage, honing in on its usability and feasibility at this point in the patient journey
- ⇒ Address issues regarding the sensitivity of the Tool and loss of licencing for the Patient Activation Measure (PAM)
- ⇒ To determine what more could be done for patients so that they 'wait well' for community rehab following triage

Community Accessibility Tool and its Sensitivity

Sarah and Lisa were hosted by the JCR teams based in Eastbourne and Hastings which gave them the opportunity to shadow the triage clinicians and test two different tools to test the sensitivity of the Community Accessibility Tool.

WHODAS 2.0

- ▶ Examines the biological, psychological, social and environmental aspects that affect someone's ability to function
- ▶ Assesses functioning difficulties, rather than medical diagnoses
- ▶ Tested across cultures and translated into multiple languages
- ▶ Six domains: cognition, mobility, self-care, getting along, life activities and participation
- ▶ Focuses on the past 30 days only, given that this is the most accurate recall period
- ▶ Multiple versions: 36 item, 12 item (self-administered, proxy or interviewer) and 12 + 24 item (interviewer and computer-adaptive testing)



As an alternative to PAM, they tested the WHODAS 2.0 and feedback from colleagues and our Eastbourne based peer leader was that the questions constituted a holistic assessment, by examining a wide range of activities which are important to people in day-to-day life. They also ‘trialled’ the tool by asking the questions to 3 different patients and the assessment findings seemed to correspond with the therapists’ impressions. In one case an opportunity was also raised for social prescribing input.

SMASc

- ▶ Identifies barriers to self-management
- ▶ 6-point Likert scale
- ▶ Assesses 5 domains: knowledge, goals for the future, daily routines, emotional adjustment and social support
- ▶ The instrument cannot calculate a total score, but does generate scores for each of the 5 domains
- ▶ Considering social support is measured with this tool, we felt able to remove the Multi-Dimensional Scale of Perceived Social Support from the original matrix.
- ▶ Further information about its development can be found [here](#)

TABLE 2 The final SMASc instrument

| | Strongly disagree | | | | Totally agree |
|--|-------------------|---|---|---|---------------|
| I have enough knowledge about my condition | 1 | 2 | 3 | 4 | 5 6 |
| I have good social support, which makes it easier for me | 1 | 2 | 3 | 4 | 5 6 |
| I have those who support me to make self-management work | 1 | 2 | 3 | 4 | 5 6 |
| I find joy in everyday life despite my illness | 1 | 2 | 3 | 4 | 5 6 |
| I know how to handle the illness in daily life | 1 | 2 | 3 | 4 | 5 6 |
| I have found good daily routines | 1 | 2 | 3 | 4 | 5 6 |
| I have received sufficient amount of information | 1 | 2 | 3 | 4 | 5 6 |
| I feel satisfied with my situation | 1 | 2 | 3 | 4 | 5 6 |
| I have a plan for how to deal with my illness | 1 | 2 | 3 | 4 | 5 6 |
| I have concrete plans for my future self-management | 1 | 2 | 3 | 4 | 5 6 |

They also tested the Self Management Assessment Scale (SMASc) which was developed for people with long-term conditions (LTCs) and allows clinicians to see in which areas self management support is required. They ‘trialled’ the tool on 2 patients and again the findings of the tool corresponded with the therapists’ clinical judgements. They noted that some of the questions do touch on emotive subjects, but thought this was preferable to the questions of the Multi-Dimensional Scale of Perceived Social Support (originally used in the Tool) as they thought it had the potential to generate an even greater emotional response (following feedback).

A revised Accessibility Matrix Community Risk Tool

Using findings from: telephone triage, WHODAS 2.0, SMASc, and clinical judgement, please calculate a risk score for the individual

| The Stratification tool | | | | | | |
|-------------------------|--|---------|--------|----------|------|------|
| Code | | 4 | 3 | 2 | 1 | 0 |
| D | Level of disability (WHODAS 2.0) | Extreme | Severe | Moderate | Mild | None |
| SM | Need for self-management support (SMASc) | | | | | |
| S | Social need (Items 2 and 3 of SMASc) | | | | | |

| Risk Stratification Matrix | |
|----------------------------|----------------|
| Points | |
| ≤3 | Very low risk |
| 4 to 6 | Low risk |
| 7 to 9 | High risk |
| 10 to 12 | Very high risk |

When scoring, please provide a breakdown of the total score according to the codes e.g. Score total: 9 (D2, SM3, S4)

| | | |
|----------------|----|-----------------------------------|
| Very high risk | D | Urgent clinician review |
| | SM | Urgent social prescriber referral |
| | S | ?input from social worker |
| Very low risk | | ?PIFU pathway |

As the revised version of the tool does not generate scores which feed directly into the Accessibility Matrix, they recommended that the overall scores be used in combination with the telephone triage questions and clinical judgement to score. They suggested that the overall scores are broken down with the codes so that clinicians can quickly see where the need lies. They identified that the next stage of this project would be to identify clear patient pathways for each level of risk, depending on whether the score is high for disability, self-management support, or social support.

Recommendations for Improvement and Further Research

FURTHER RECOMMENDATIONS FOR FUTURE RESEARCH AND DEVELOPMENT OF THE ACCESSIBILITY MATRIX COMMUNITY RISK TOOL

- Trial tool with a larger cohort
- Develop the tool further to predict and map population
- Engage clinicians in implementing the tool (by identifying those who could be signposted to other services saves resources in the future and improves patient outcomes)
- Include patient information leaflets on the JCR website
- Address challenges to health literacy and language to ensure cultural and inclusive participation for the whole community
- Enable the individual to make shared decisions about their own healthcare and improve their well-being, to improve their experience by asking "what matters to you"

Sarah and Lisa's presentation can be viewed [here](#).

Finally, Sarah and Lisa would like to say a big thank you to all the staff who supported them during their placement in ESHT and the Personalised Care Group.