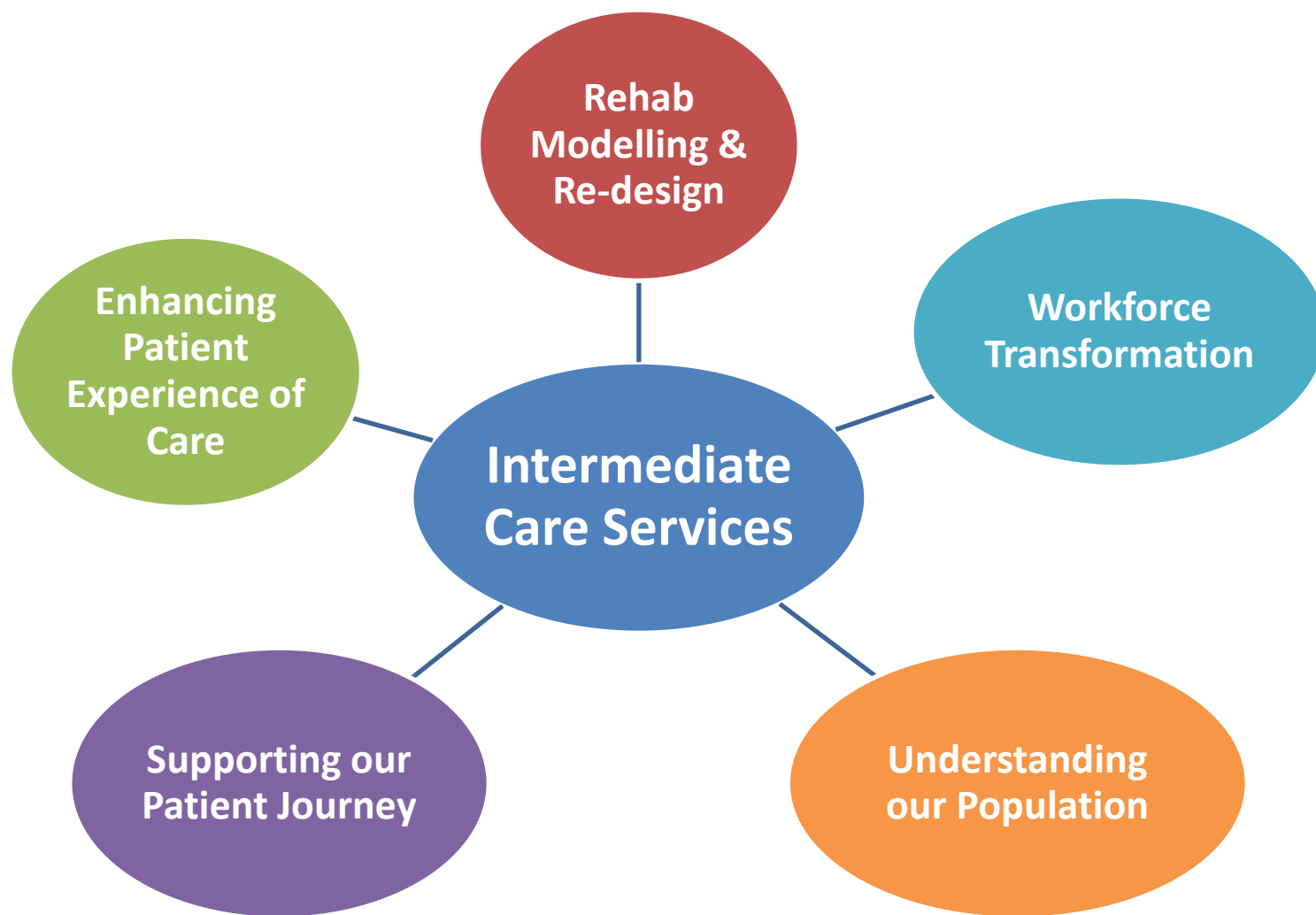


INTERMEDIATE CARE SERVICES (Phase 1)

CELEBRATING OUR ACHIEVEMENTS



Rehabilitation Transformation Programme



Enhancing Patient Experience of Care

Bexhill Hospital 'In Bloom'

- Building a therapeutic environment for patients, their families, staff and the local community



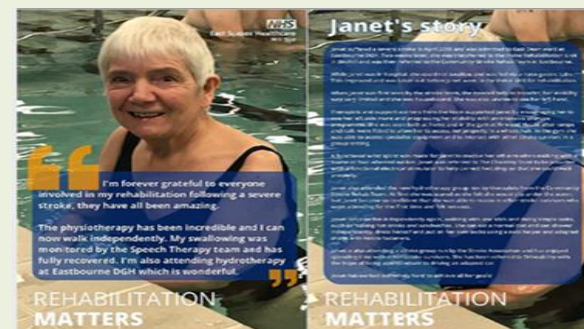
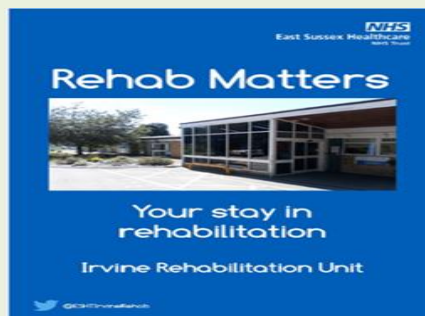
Irvine Unit Café

- Refurbished café, run by volunteers from the Bexhill League of Friends, provides patients and their relatives with a change of environment
- Encourages patients to eat away from the bedside



Rehab Matters

- A patient and public information series to enhance our patient & public understanding of our rehabilitation services
- Portfolio of over 20 short accounts by patients of their care and rehabilitation



Rehabilitation Transformation Programme



Rehab Modelling & Re-design

Activity Hub

- Developed an under utilised space into an Activity Hub to support the intensity and frequency of rehabilitation, also provide a spacious and welcoming area for patients, friends and relatives to relax and spend time
- Sessions run every day offering patients additional support within their rehabilitation programmes, eg gardening, boccia, quizzes, craft session, reminiscence sessions, singing and music
- Supports the Get up, Get moving campaign within the unit and encourages patients away from their bed side



Optimising Dosage for Rehabilitation

- Patients offered and timetabled for 5 interventions a day from Rehabilitation Menu

Clinical	Therapeutic	Activity	Social
Formal clinical input delivered by qualified rehabilitation staff	The groups and activities delivered and led by our RSW/HCA/ Therapy Assistant staff	Opportunities for social / activity based sessions which could be delivered by our volunteers	Wider social activities organised by the unit but could be supported by our volunteers (These may be regular sessions or ad hoc)
1:1 clinical sessions	Exercise Group	Hand / UL massage	Chaplin organised sessions
FLM/ DPM	Rehab Circuits	Botcha	PAT dog
Environmental assessments	Upper limb Group	Reminiscence activities	Music sessions
Goal setting sessions	Baking Group	Gardening	Family & Friends sessions
Education	Breakfast group	Puzzles and games	Welcome sessions
Joint community sessions	Communication group	Books	Sunday Service

Rehabilitation Transformation Programme

Rehabilitation Co-ordinator

- A non-clinical Co-ordinator role supporting clinicians and patients, and address gaps in the pathway of complex rehab patient flow across all ESHT service

Welcome Process for Patients

- A rehab volunteer greets the patient within 24 hours of arrival
- Explains the information within 'Your Stay in Rehabilitation' pack
- Offers an actual or virtual tour of the unit (via iPad) and familiarises the patient with the Rehab Passport

Supporting our Patient Journey

Rehabilitation Passport

- a resource for patients and/or families to use to document their personal milestones of achievement, follow-up appointments & navigate the pathway for their rehabilitation journey



Rehab Review Round

- Weekly rehab review round for patients who are over the target LOS, who have an RCS (Rehab Complexity score>9) or a high disability score
- Reviews focus on key areas such as tone management, disability management, mood & cognition and discharge planning

Rehab Risk Stratification Tool

- Supports clinical decision making, discharge planning and choice of rehabilitation destination, through benchmarking against a set of clinical parameters
- Three key assessment measures that have a national profile within the rehabilitation community: acuity; dependency; and rehab complexity. Acuity is measured by the National Institute of Health Stroke Scale (NIHSS). Dependency is measured by the Northwick Park Dependency Scale (NPDS). Complexity is measured by the Rehab Complexity Scale (RCS)

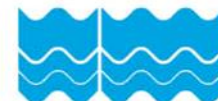
NIHSS	RCS	NPDS	Service options
21-42 (Severe)		46+ Very High Needs help from 2 or more for all care needs	Nursing home / long term residential facility
15-20 (Mod/ Severe) ** >16 increased likelihood of death	>11	46+ Very High Needs help from 2 or more for all care needs	Complex Rehabilitation Services (NHSE) Level1/2
15-20 (Mod/ Severe) ** >16 increased likelihood of death	7-10	31-45 Medium High Needs help from 2 for most care needs	Bedded Rehabilitation Level 3 Irvine Unit stroke Rehabilitation
		26-30 Needs help from 2 for some care needs	Rye
5-15 (Moderate stroke)	4-6	10-25 Requires help from 1 for most care needs	ESD/ Community Stroke Service
1-4 (Minor stroke)	0-4	0-9 Mainly independent with care needs, may need incidental help e.g. with shoe laces, zips etc	Home with Voluntary community support

Understanding
our Population

Intermediate Care Dashboard

- Provides a daily 'live' state of the patient journey through intermediate care, supports the team daily board-round and provides information for the team on:
 - ✓ Length of wait to access Intermediate care
 - ✓ Length of stay and current position in relation to the stretch target of 21 days for the unit
 - ✓ Pathway identification
 - ✓ Rehab Complexity and Dependency scores
 - ✓ Identify patients whose rehabilitation is complete, and are able to be supported outside of intermediate care
 - ✓ Workforce capacity and demand

Rehabilitation Transformation Programme



Workforce Transformation



Education, engagement and support

Rehab Matters
Connecting staff across our rehabilitation services

Achieving the Rehab Strategy
4.7
The group was set up to work with higher level stroke patients with balance problems who did not need a significant amount of therapy input. They meet weekly for a one hour session of Irvine Rehab Unit and patients need to be medically fit to engage in a group class and have a BBG score above 35. The gym is used and adapted to make a more challenging environment for getting off their feet aspects of balance. Bringing the patients together improves efficiency by reducing travel time and outcomes for the first cohort have been very positive.

Community balance group
The group was set up to work with higher level stroke patients with balance problems who did not need a significant amount of therapy input. They meet weekly for a one hour session of Irvine Rehab Unit and patients need to be medically fit to engage in a group class and have a BBG score above 35. The gym is used and adapted to make a more challenging environment for getting off their feet aspects of balance. Bringing the patients together improves efficiency by reducing travel time and outcomes for the first cohort have been very positive.

Sentinel Stroke National Audit Programme (SSNAP)
The SSNAP monitors stroke services in terms of their efficiencies and process. The aim is to provide timely information to commissioners, clinicians, patients and the public on how well stroke care is being delivered, which can be used as a tool to improve the quality of care.

Understanding our rehab population
We now know that 30% of patients in some services have high complexity. As part of the Rehab Strategy, we have been exploring ways to identify and describe our rehab population, using complexity scoring, dependencies and acuity scores. The majority of our rehab teams are now using the same complexity scoring, regardless of presentation. This data is helping teams to support the design of their service.

For your diary
A Stroke Specificity Model workshop is being held on October 16th to share proposals for the region. If you would like to attend, please email - england.ssn@nhs.net

Congratulations...
...to Jan Phelps who has taken a Head of Nursing role in Medicine, we're sorry to see her go but wish her all the best. Nursing in intermediate care services will now be led by Jane Purvis. ...to all colleagues who have been shortlisted for the Pride of ESHT awards, fingers crossed for 10th July. ...and thank you to Joanne Whiting who has taken up a new role in Urology. We will soon be welcoming Jo back as the new motor, who joins us from Seaford 4.

Meet the Team
Down Non-Clancy
I joined ESHT in 2008 as a relational physio. I've always had an interest in neurological conditions and in seeing neuro outpatients in a specialist role working across the Trust. This is a new role designed to support and educate patients with a new neurological diagnosis and support patients through their rehab journey. The current neuro outpatients team is full of experience and I can't wait to join their team.

Supporting our patients
Patient stories have now been developed across all rehab services to raise awareness of the impact of our work. For more info, contact Karen Poole - karen.poole@esht.nhs.uk

Latest News
Rehab decision tree
A bridge tool to support integrated discharge teams to get it right first time (GIFT). Our rehab referral role is in development and will be completed soon.

East Sussex Healthcare NHS Trust

New/re-designed roles

- Advanced Clinical Practitioner – Intermediate Care
- Activity Co-ordinators
- On-site Dietician and Speech & Language Therapist, Irvine Unit

