

Outcomes Report 2018

Frenchay Brain Injury
Rehabilitation Centre
(BIRU)



Frenchay Brain Injury Rehabilitation Centre (BIRU) is a 52 bed specialist hospital for brain injury and neurological rehabilitation.

Our centre is split into two units: BIRU North and BIRU South. BIRU South houses a Level 1b regional rehabilitation service covering the South West of England.

Level 1b

This service is for those patients who need specialist intensive care and therapy from a highly trained specialist inter-disciplinary team and access to treatment and facilities not available locally.

Level 2b

We also offer a Level 2b rehabilitation service for patients who have either completed a period of Level 1 rehabilitation and have ongoing active therapy needs or for patients who have less complex rehabilitation and care requirements in the first place.

UKROC

The UK Rehabilitation Outcomes Collaborative (UKROC) database, set up in 2008, is a national clinical database

which routinely collects key information about any patient admitted to a specialist rehabilitation unit in England.

The aim of this national database is to compare services and patient outcomes and since April 2013, it has been the commissioning dataset for Level 1 and Level 2 specialist rehabilitation units. Our Level 2 service opened in January 2017 so our Level 2 UKROC data should be viewed with this context in mind.

The UK ROC publishes its data quarterly and this report summarises some key measures for Huntercombe's Frenchay Brain Injury Rehabilitation Centre. The report compares progress made by Frenchay patients with patients receiving the same level of rehabilitation in other UK centres. The data is for the period 2017/2018.

Understanding the data

At Frenchay we take a holistic view of the patient with regard to their rehabilitation. UK ROC measure how people with brain injury improve under our care by looking at physical (motor) and cognitive gain. There are two measures of functional gain that do this:

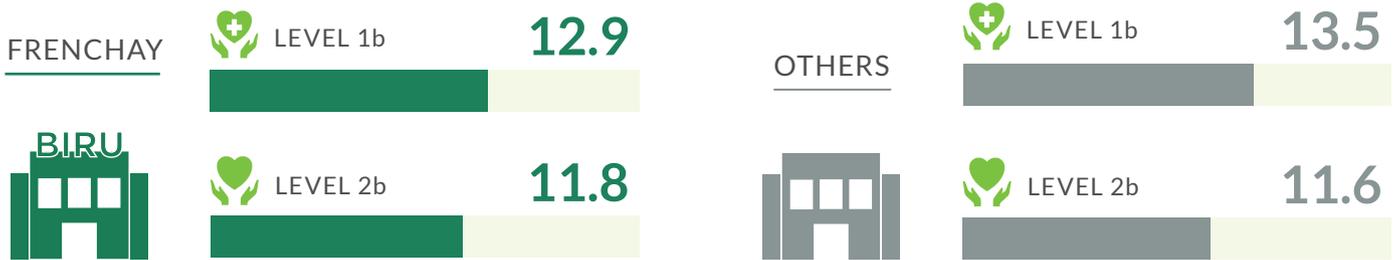
- The Functional Independence Measure (FIM) is an 18 item measure of disability with each item being scored between one and seven. This measures how able a patient is physically.
- The Functional Assessment Measure (FAM) enhances FIM with an additional 12 items also scored between one and seven looking largely at cognitive and psychosocial function.

With both elements of FIM/FAM a higher score indicates greater independence and less disability.

Patient Complexity

When comparing Frenchay's data against the national average it is important to also consider the complexity of the patient cohort on admission compared with other providers. To do this UK ROC uses the Rehabilitation Complexity Scale (RCS) which provides an overall measure of a patient's care, nursing, therapy

and medical needs at the point of admission. Lower scores represent a reduction in complexity. This data shows that patients admitted to Frenchay's Level 1b service are slightly less complex than the national average but there is little difference in the complexity of patients being admitted to our Level 2b service.



Patient Ability on Admission

MOTOR



2016/17

56.5

2017/18

46.7

MORE ABLE

LESS ABLE

COGNITIVE



2016/17

50.5

2017/18

41.3

MORE ABLE

LESS ABLE

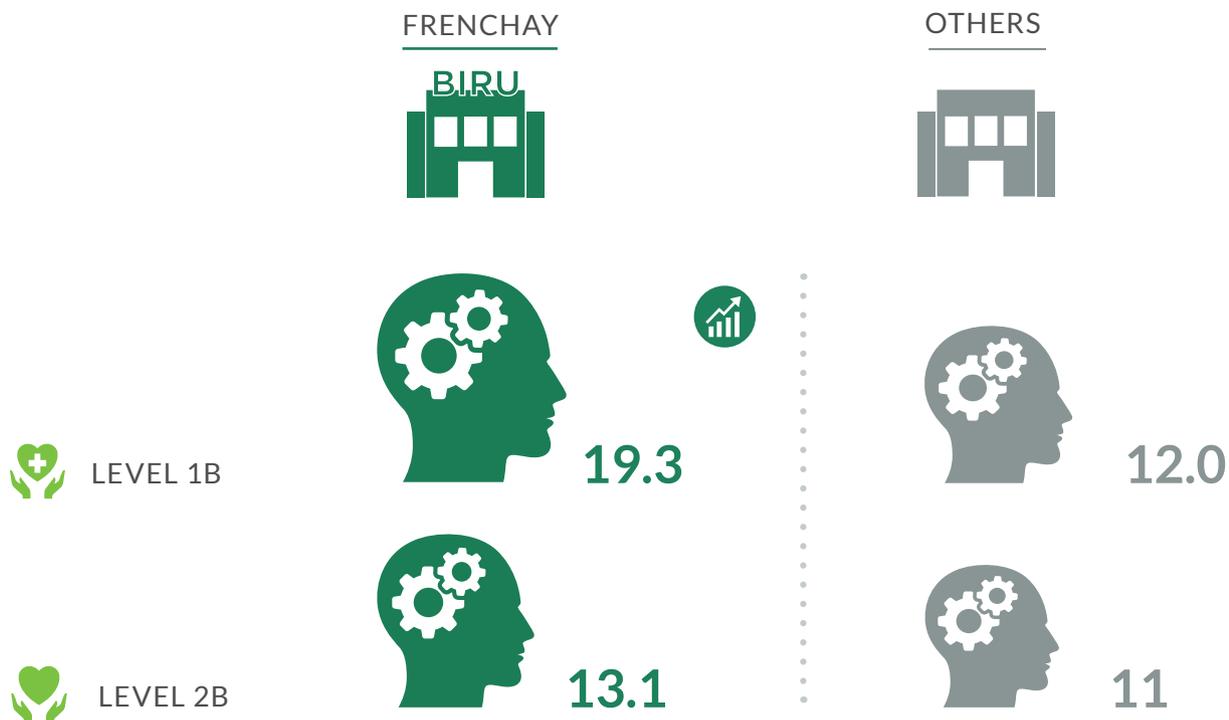
In 2017/18 our mean Fim/Fam scores on admission were lower than the previous year.

These lower scores demonstrate that we are now admitting less able patients.

What cognitive improvements do patients make?



Patients make greater gains cognitively in both our Level 1b and Level 2b services than other providers of the same service.



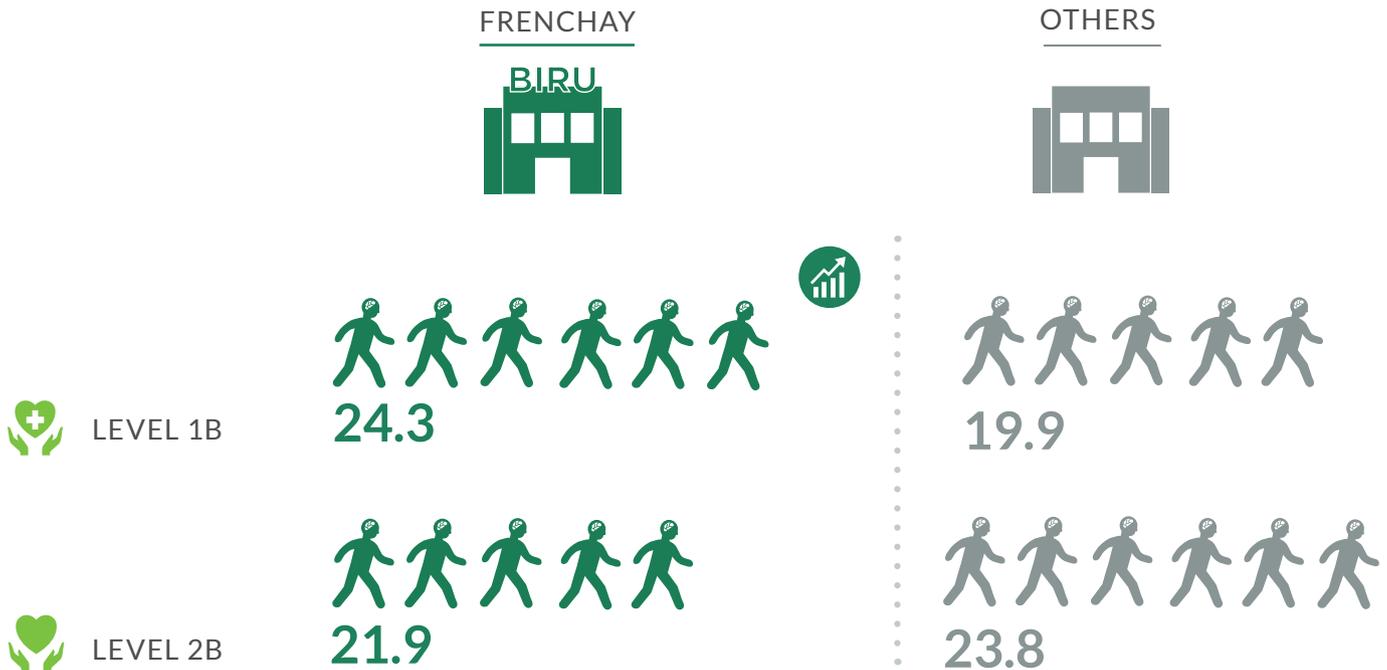
To obtain this measurement we take a mean average on admission and compare this with the mean average on discharge. The difference between the two figures shows the gain patients have made. These scores should be considered in the context of patient complexity and ability at the beginning of their rehabilitation journey and in the context of length of stay. Our length of stay

for our Level 1b service is marginally longer than for other providers (20 weeks at Frenchay as opposed to 18 weeks at other providers). Similarly for our Level 2 service patients stay longer than for other providers (16 weeks opposed to 10 weeks). On occasions it has been difficult to discharge our Level 2b patients more quickly due to delays in onward placements being ready.

What motor improvements do patients make?



Frenchay Level 1 patients make greater gains by discharge in motor scores when compared with the national average. Although our Level 2 patients made gains in motor function during their time with us (mean score on admission was 65.8, on discharge was 87.7), they made slightly less gains than other Level 2 providers.



In the early days of our new Level 2 service, the majority of patients referred to us had significant cognitive and communication needs and we predicted that this cohort had less potential for improvements in motor ability. This may be because our Level 2 patients were admitted to our service direct from our Level

1 service whereas other Level 2 providers normally admit patients directly from a hospital post injury. Patients are more likely to make more significant motor gains in the early days post injury than several months down the line when physical progression has plateaued.

By how much does specialist rehabilitation at Frenchay reduce the ongoing cost of care?



UK ROC measures the cost of care for patients before they start rehabilitation, and again at discharge and calculates the savings. On average, ongoing weekly care costs are £414 less per week after treatment at Frenchay for our Level 1 service and £566 for our Level 2 service. Even though we are admitting patients with more complex needs than we previously did as a service, we are still continuing to make significant cost savings.



£414

Saved per week



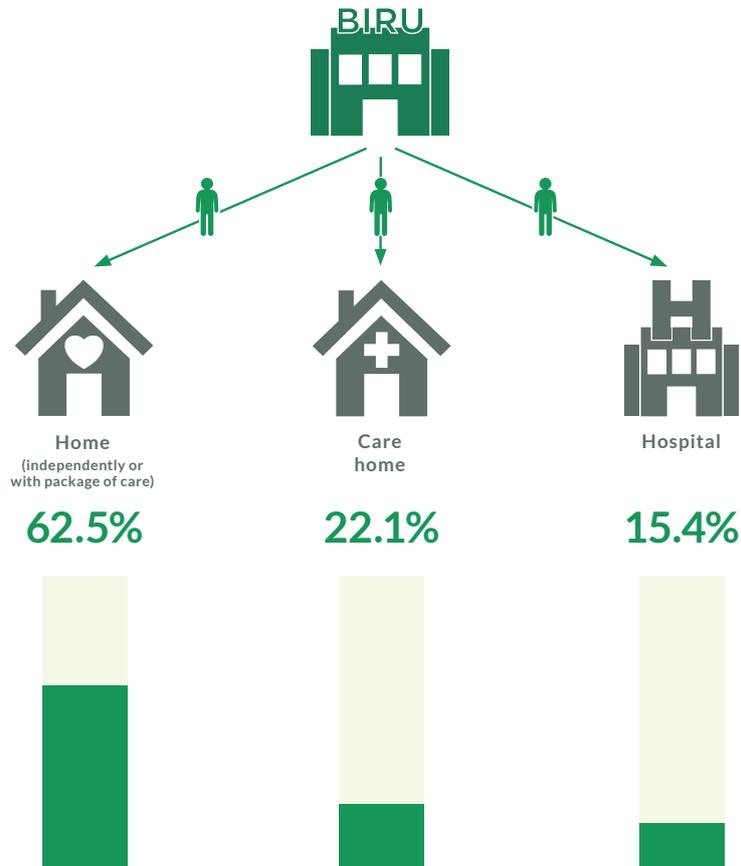
£566

Saved per week

Where do our patients go?



In 2017 we discharged 104 patients. Nearly two thirds of our patients are discharged home independently or with a package of care.



During 2017, as we admitted more patients with complex physical health needs including patients in minimally conscious states, on occasion we did need to refer patients back to acute wards in the event that

their physical condition deteriorated. Some of these patients return to us when they are stabilised but our statistics do not reflect this.

If you would like any further information on our outcomes or our services, please contact us:

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