

Outcome Report 2017/18

Stocksbridge Brain Injury Rehabilitation
and Neurological Centre



Stocksbridge Brain Injury Rehabilitation Centre is a specialist centre providing rehabilitation, support and care for people over the age of 18 with a brain injury or other neurological condition.

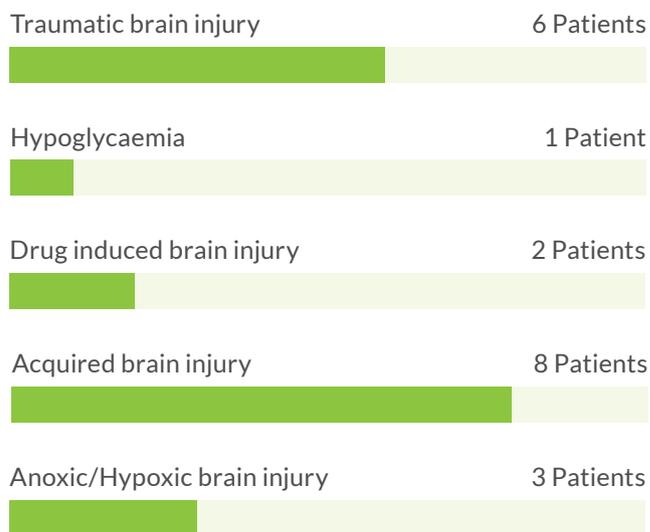


To show the positive impact of our work we routinely use a range of industry-recognised outcome measures to demonstrate the improvements our patients make during their stay at Stocksbridge.

We use a person-centred approach that integrates the work of a Multi-Disciplinary Team (MDT) comprising Neuropsychology, Occupational Therapy, Physiotherapy, Speech and Language Therapy, specialist social and recreational staff, nursing and a rehabilitation support team.

The data presented in this report is collected for the last 20 patients discharged from Stocksbridge Brain Injury Rehabilitation and Neurological Care Centre prior to April 2018.

The brain injury or neurological condition that led to admission for these 20 patients was as follows:



How do we measure patient outcomes?

Commonly we use the following outcome measures to chart the progress our patients make:

- Barthel Index
- Rehabilitation Complexity Scale (RCS-E)
- Functional Independence and Functional Assessment Measures (FIM/FAM)

On admission, all patients are assessed using the above scales to give us an indication of each patient's capabilities at this point in time and to provide guidance on the development of personalised care plans.

We repeat these assessments at regular intervals during a patient's admission to monitor progress, amend treatment plans as needed and then we do a final assessment prior to discharge.

We then take each patient's scores on admission and compare them with their score on discharge. Depending upon the outcome measure used, this score will either show a negative or positive trajectory.

This report shows the mean outcomes across the 2017/18 patient cohort.



"I will feel forever grateful that at such a difficult time for us, my husband was able to come to Stocksbridge for rehab. Now he is moving on it is important for me to let you know how thankful and appreciative we both are for all the care and compassion you have given us during his time here and for all the support you have given me personally.

He has made enormous progress with you and that is down to the care, commitment and professionalism shown by everyone here. The great pride you all clearly have in your work shines through in all that you do. We will always remember you and be eternally grateful to you all"

- Family member, May 2018

How well do our patients recover?



For our 20 patients discharged prior to April 2018, all our outcomes show an improvement between admission and discharge.

Barthel Index of Activities of Daily Living

The Barthel Index provides a record of what a patient can physically do without any physical or verbal help.

This provides a measure of independence; the higher the score, the greater the independence achieved during the time from admission to discharge.

The mean score on admission for our 20 patients was 7.8. A score of less than 10 indicates particularly complex needs.



ON ADMISSION

Patients score

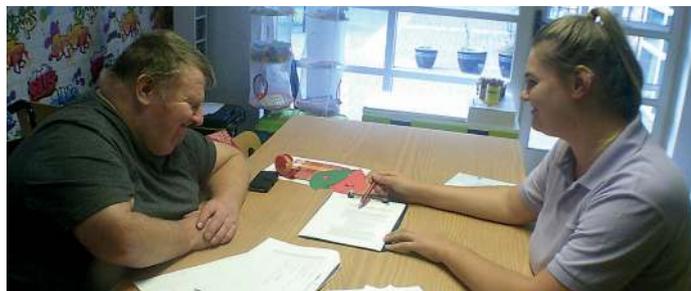
7.8



ON DISCHARGE

Patients score

8.5



To put this in context, an increase of just one point on one everyday skill, for example “grooming” can make the difference between a person needing assistance and no longer requiring any help for everyday grooming tasks such as shaving, brushing their hair or teeth.

Rehabilitation Complexity Scale (RCS-E)

This scale provides an overall measure of a patient's care, nursing, therapy and medical needs and helps to inform the type of rehabilitation input a patient needs. It is generally used for those patients with very complex rehabilitation needs.



ON ADMISSION

Patients score **11.15**



ON DISCHARGE

Patients score **9.85**



Lower scores represent a reduction in complexity.
For example a score of two for equipment would indicate that an individual requires highly specialist equipment,

whereas a score of 0 indicates that an individual requires no equipment at all.

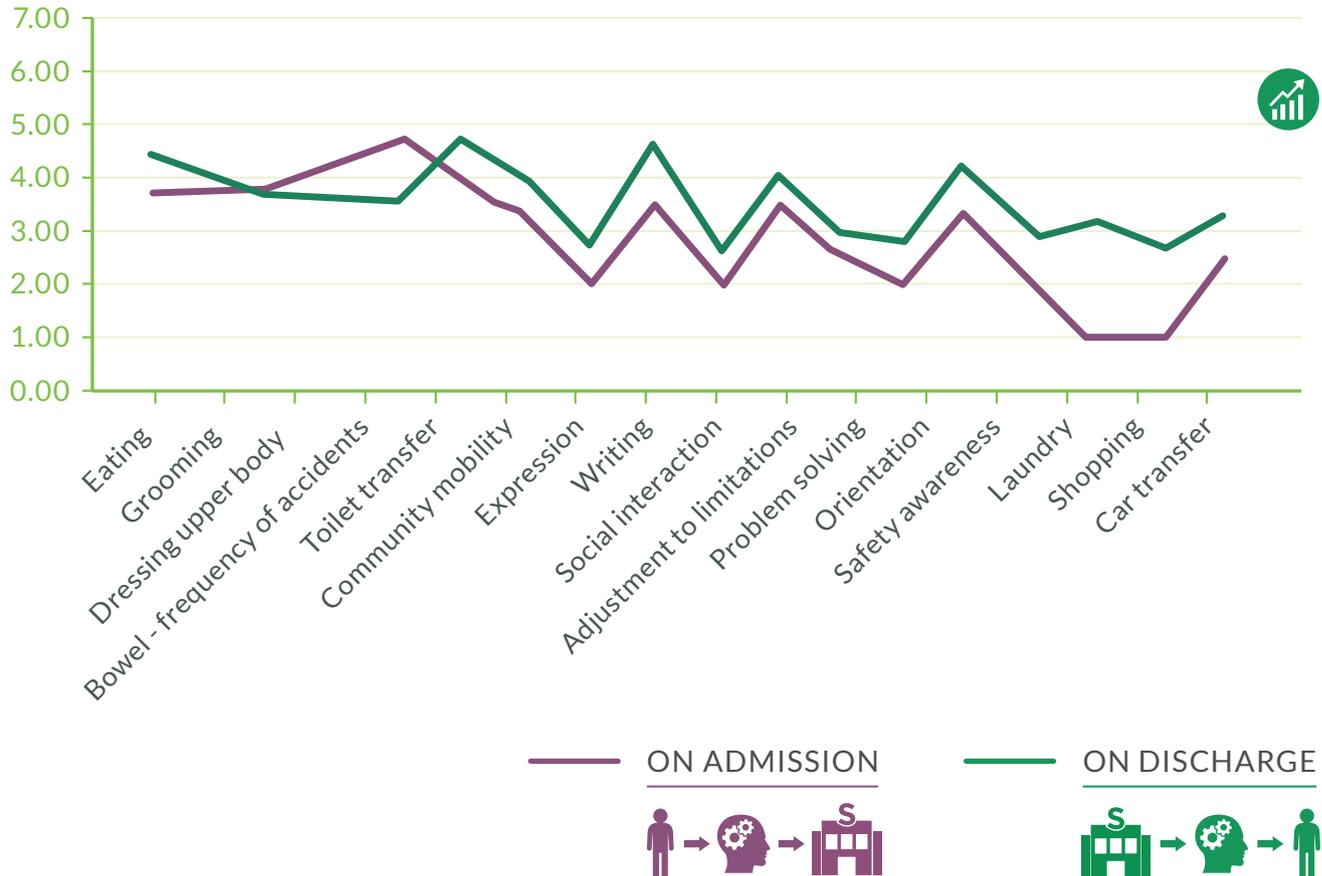
FIM/FAM

The FIM/FAM scale measures how people with a brain injury improve under our care by looking at both physical and cognitive gain. There are two elements to the FIM/FAM scale that measures this functional gain.

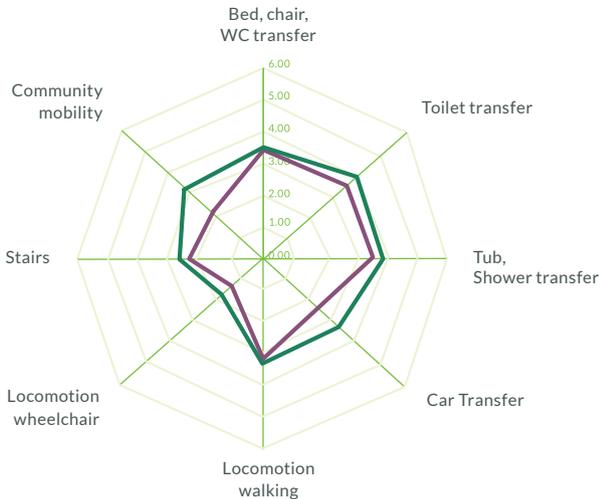
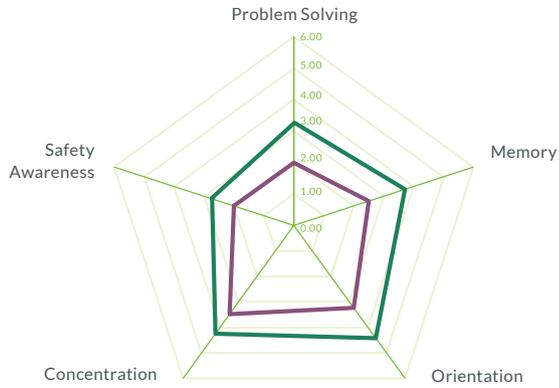
- The Functional Independence Measure (FIM) is an 18-item measure of disability with each item being scored between one and seven. This measures how able a patient is physically.

- 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.



FIM/FAM



ON ADMISSION



ON DISCHARGE



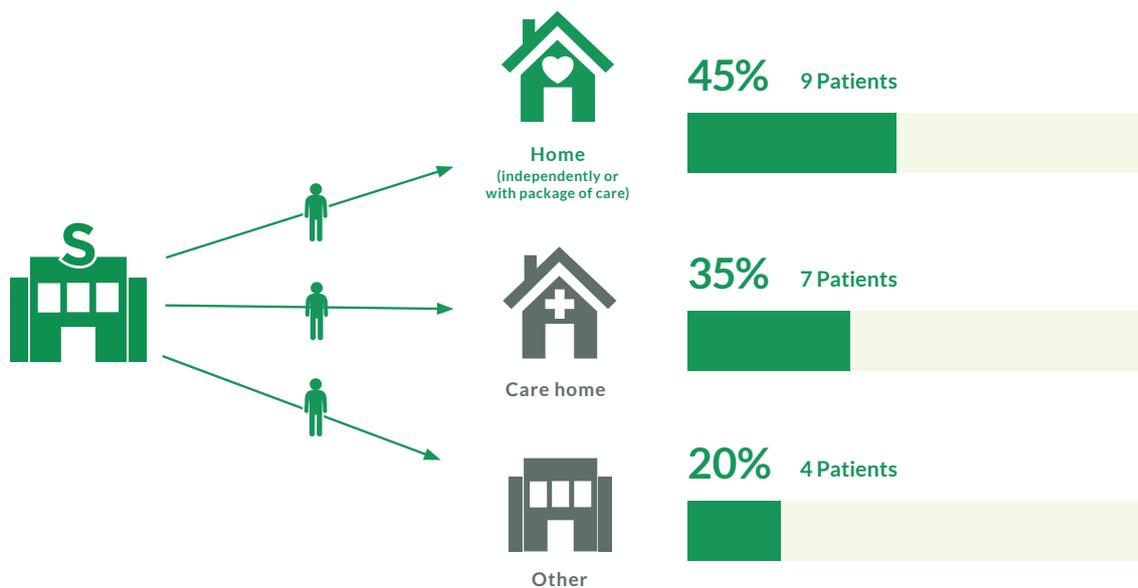
A score of 7 indicates that an individual is independent with that specific function or ability. An increase of just one point on “grooming” could mean that an individual no longer

requires any assistance for everyday grooming tasks such as shaving, brushing their hair or teeth.

Where do our patients go?



For our 20 patients discharged prior to April 2018 nearly half were able to return home to live independently or with a package of care. Where realistic, it is always our aim to try to help patients to a point that they can live independently, but our care is always tailored to each individual patient and their particular needs.



The 'other' category includes patients that we had to discharge back to acute wards as their physical condition deteriorated. Some of these patients returned to us when

they were stabilised but our statistics do not reflect this. This category also includes one patient who transferred to another Huntercombe brain injury service closer to their home.

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