

Outcome Report 2020

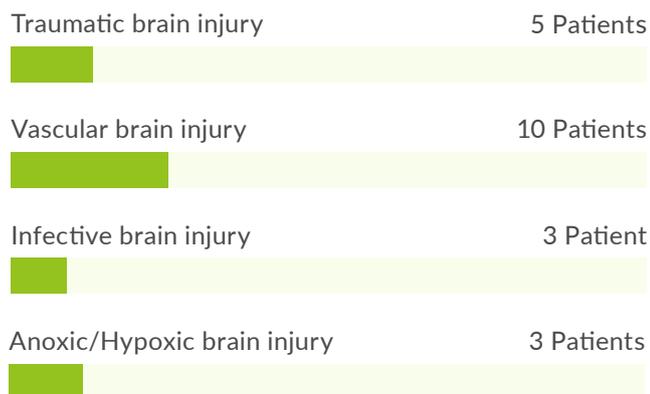
Murdostoun Brain Injury
Rehabilitation Centre



Murdostoun Brain Injury Rehabilitation Centre is a specialist centre for people over the age of 16 years with a traumatic or acquired brain injury.

We provide specialist rehabilitation, support and care for people in the very early stages of recovery post brain injury. From the moment someone comes through our doors, our commitment to each individual is always the same; to believe in their ability to improve and to provide the best care we can to help them become as independent as possible.

During 2020 we admitted 21 patients to our Murdostoun Brain Injury Centre. They were diagnosed as follows:



Our patients ranged in age from 29 years to 77 years and the majority of our patients were from Lanarkshire and Greater Glasgow and Clyde. However, we did admit a couple of patients from further afield: Highland and Ayrshire and Arran. In 2020 we admitted considerably more men than women (15:6).

How do we measure patient outcomes?

Following a brain injury patients experience either cognitive, communicative or physical difficulties or most commonly a combination of all.

To check that our therapeutic model delivers good outcomes for our patient group, we routinely use a range of evidence-based outcome measures to obtain an objective measure of all our interventions.

Whilst this is important, we also recognise that progress against such measures does not always adequately reflect those important small steps towards independence that our patients achieve.

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

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

On admission, all our patients are assessed using the above scales to give us an indication of each patient's cognitive, communicative and physical capabilities at this point in time. This information also helps us create a personalised care plan. We then 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 on the outcome measure used, this score will either show a negative or positive trajectory.

For the purpose of this report, rather than comment on individual scores, we have taken a mean across the 2020 patient cohort.

How well do our patients recover?

Key Measure 1



We discharged 25 patients during 2020.

The average length of stay for these 25 patients was 215 days (30 weeks).

Patient Complexity

It is always helpful to consider the complexity of the patient cohort on admission when examining the data.

The Rehabilitation Complexity Scale (RCS) provides an overall measure of a patient's care, nursing, therapy and medical needs and helps to inform our Multi-Disciplinary Team (MDT) on the type of rehabilitation input a patient needs.

It is generally used for those patients with very complex rehabilitation needs.

High scores represent high complexity. The highest score possible on the RCS scale is 20 points.



ON ADMISSION

Patients score

8.38



For our Murdostoun patients, the mean complexity for our 2020 patients on admission was 8.38.



ON DISCHARGE

Patients score

5.20



This lower score on discharge shows that when our patients are discharged they have made positive progress.



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

If a person is able to achieve all the tasks on this scale without assistance, the maximum score would be 20.

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 teeth or hair.



ON ADMISSION

Patients score **13.04**



ON DISCHARGE

Patients score **14.68**



Northwick Park Dependency Score (NPDS)

This scale was designed specifically to assess how many people would be required to help a person with a brain injury complete specific tasks and the time that would be needed to complete each task.

A completely independent person would score 0 points.

Lower scores represent more independence.



ON ADMISSION

Patients score **15.00**



ON DISCHARGE

Patients score **11.42**



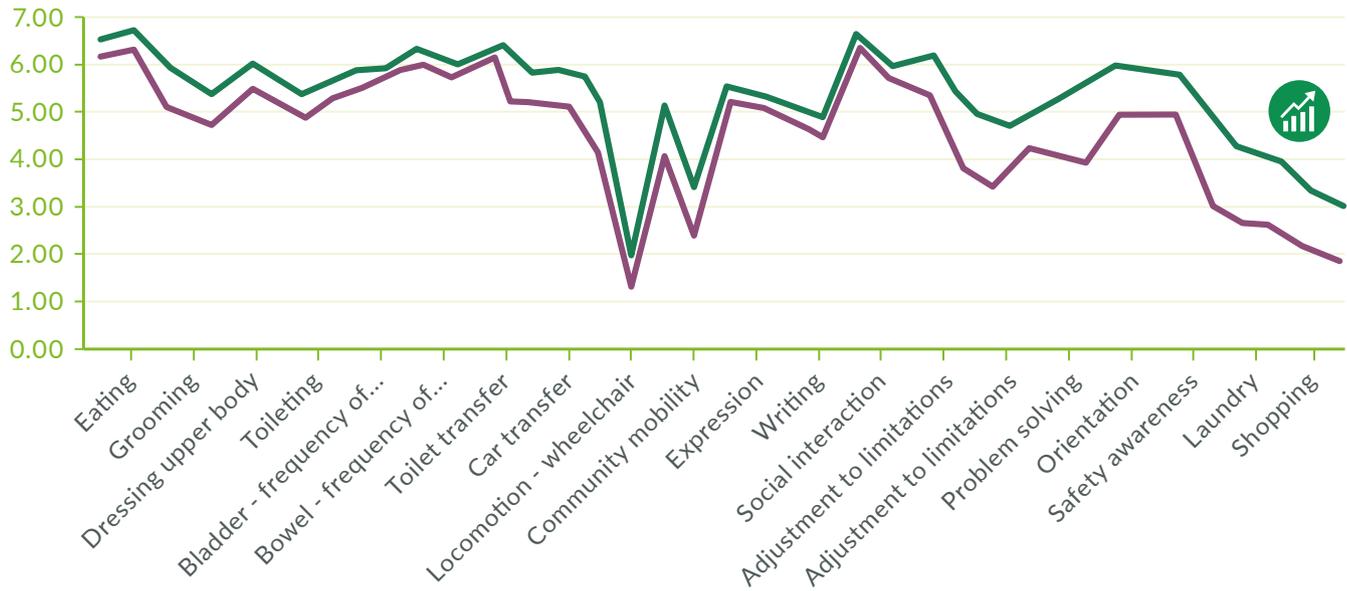
FIM/FAM

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

- 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 person is physically.

- The Functional Assessment Measure (FAM), an enhancement to FIM, has 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. A score of seven indicates that an individual is independent with that specific function or ability.



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.

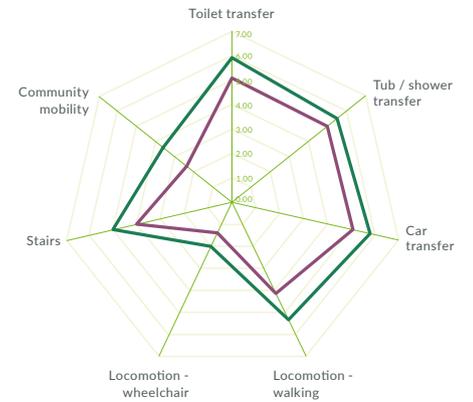
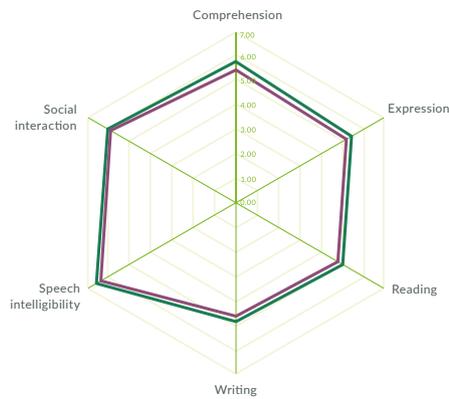
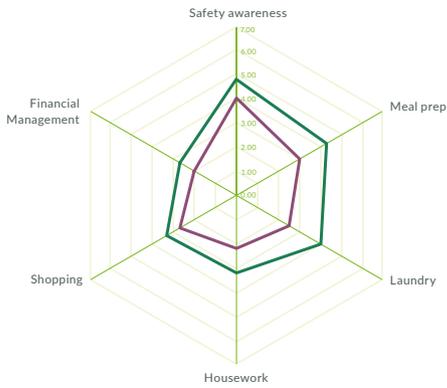
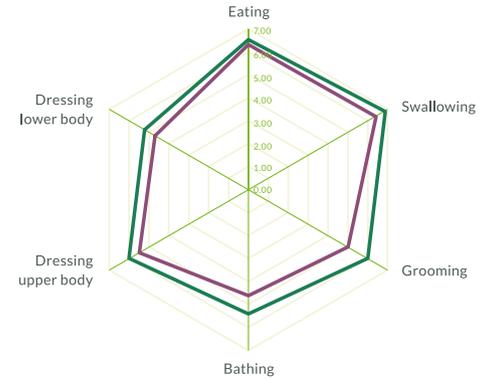
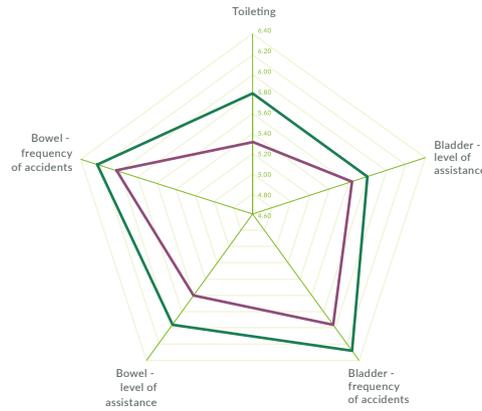
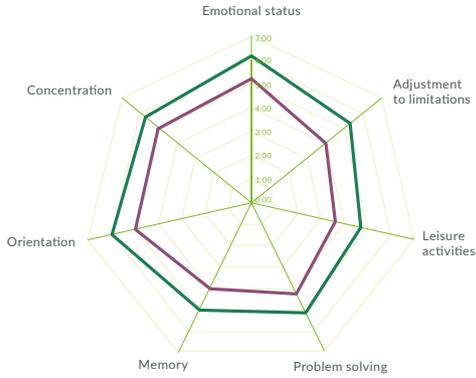
FIM/FAM



ON ADMISSION



ON DISCHARGE



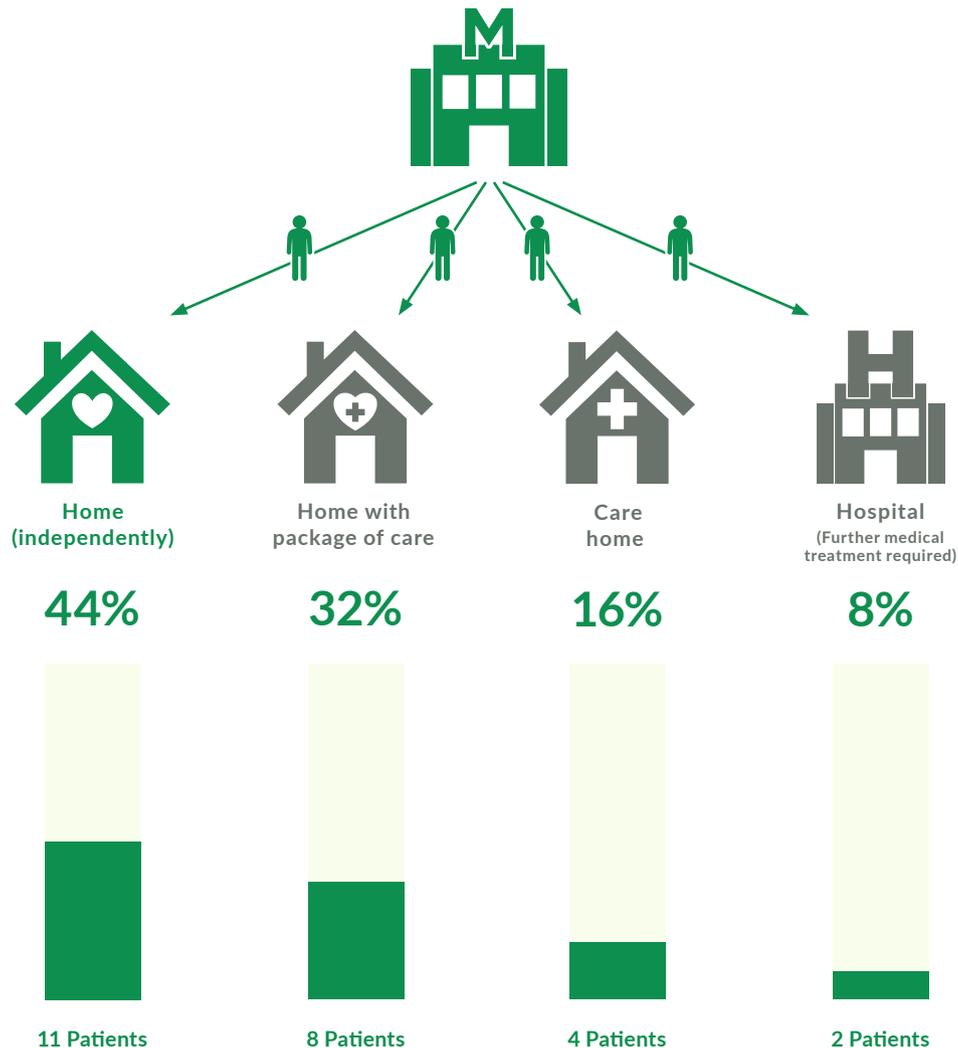
Where do our patients go?

Key Measure 2



In 2020, on discharge from our brain injury centre, three quarters of our patients were able to go home either 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 need.



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

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