

Clinical Outcomes Report 2017

The Acute Neurological Rehabilitation Unit

The Wellington Hospital

part of **HCA**Healthcare UK

Welcome to our 2017 clinical outcomes report

It is my great privilege to follow in Lesley Pope's footsteps as Director of Rehabilitation Services at The Wellington Hospital. It is clear that the Unit has established an International reputation for providing rehabilitation programmes that consistently deliver on quality and outcomes. I believe that our strength lies within the excellence of our clinical teams; we have an exceptional team of consultants, nursing and therapy staff whose skills and experience enable us to care for the most complex of patients.

It would be easy to sit back and presume that we have the recipe right, however, as evidence, techniques and technology evolve, we must continue to review and analyse our services and outcomes to shape and develop our services. We owe it to our stakeholders to ensure that we are providing high quality and cost-effective programmes and this is a challenge that we continue to rise to. Our spinal, brain injury, stroke, prolonged disorders of consciousness and pain management programmes continue to support patients and their families both within the UK and from across the world. Feedback from our patients, families and stakeholders is they receive excellent care and of this we are immensely proud.

2017 has had many highlights. We introduced neurologic music therapy to our neurological rehabilitation programmes in partnership with Chroma, a renowned arts therapy provider. This has proved to be such a popular addition which we hope to extend in the coming year.

Our focus on driving quality through developing our staff has continued with an impressive array of internal training modules and support to present at and attend external courses and conferences.

We started an extensive refurbishment programme to update each of our rooms and their ensuite shower rooms. Our brief was to maintain accessibility and at the same time provide a less clinical feel, which we feel has been achieved.

As a Unit, we joined the Independent Neurorehabilitation Providers Alliance (INPA) and value working alongside our colleagues in other private neurological rehabilitation centres to drive quality and representation for those who need access to gold standard neurorehabilitation.

And so on to the future. In brief, 2018 is focused on continuing the refurbishment

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programme to include the installation of a new therapy kitchen area that truly supports enablement.

We will diversify our programmes to deliver greater flexibility for those who wish to access our services, but are limited by geography or funding arrangements. We will provide shorter periods of rehabilitation as well as day or outpatient programmes and we will continue with our staff development programme.

We hope you enjoy our 2017 report, as we are delighted with what we have achieved and look forward to an exciting 2018 and beyond.

Claire Dunsterville
Director of Rehabilitation Services



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SOPHIE'S STORY: ”

“This has stripped me down to the core of who I am in ways I could never have imagined. **You have no idea how strong you are until you are tested.**”

On July 26th 2017, Sophie's world changed forever. Up until then, she'd been happily living her life celebrating her 40th year with friends, frequently travelling abroad and enjoying a successful career. Sophie was fit and healthy, and a socialite, in her own words she was the “glue within her network of many friends.”

Sophie was in Malta with her then boyfriend, enjoying their last dinner before coming home, when out of the blue she didn't feel well; she started having excruciating chest pains, so severe that they decided to call an ambulance. After being sick, she began to feel a little better and felt a bit silly having made such a fuss as she walked into the ambulance. Little did she know, this would be the last time she would ever walk.

Once in Accident and Emergency, Sophie had a series of blood tests and scans. The next morning, a Maltese doctor delivered the prognosis. She had suffered a cervical spinal cord stroke and was told she would never walk again.

In shock, Sophie didn't register the news. She hadn't lost consciousness at any point, she couldn't understand the severity of what had just happened to her. She had suffered a rare stroke as only 1.25% of all strokes affect the spine. A blood clot travelled through her spinal cord depriving it of blood, and therefore oxygen, causing the nerve cells to die.



When Sophie found out, she phoned her parents, who were already at Gatwick on their way to her. She realised that when she broke the news, their lives would also change forever and that this would affect their plans for the future too.

Sophie spent less than a week in Malta. She had private medical insurance through her employer and was flown from Malta to The Wellington Hospital, where she was admitted to an acute ward. Sophie stayed in the acute unit for three weeks under the care of Dr Paul Jarman, where she became medically stable. Sophie then transferred to the Acute Neurological Rehabilitation Unit, where she spent a further six months under the care of her consultant, Mr Manish Desai. Sophie had an intense daily programme of nursing care and therapy. Sophie had been an avid Pilates fan so it was very tough for her to watch her body change due to rapid weight loss and muscle wasting.





Her programme included intensive nursing input to help her structure her daily regime of personal care, and clinical psychology to support Sophie in coming to terms with her injury. Occupational therapy and physiotherapy increased her independence with everyday tasks such as showering and dressing, moving in bed, getting in and out of her wheelchair and using it to get out and about in the community. Additional therapies such as functional electrical stimulation cycling, robotic gait training, using standing frames and hydrotherapy, helped to support her recovery and maintain cardiovascular fitness and muscle mass.

Sophie is extremely knowledgeable about her condition. She understands how no two spinal cord injuries are the same. There are two types of spinal cord injury; complete and incomplete. A complete injury is when the spinal cord is completely severed. This could happen after a car accident when someone has broken their back. An incomplete

injury is when the spinal cord is only partially damaged and there remains some pathways through the whole length of the spinal cord, such as in Sophie's case where the injury runs from C6/7 to T8 of her spinal cord. At this level of injury, Sophie should not have complete use of her arms and hands. They were weak to begin with and it was difficult to even hold a cup of tea. Through her rehab programme, she has worked really hard to get these back and has also managed to gain significant movement in her torso.

During her time in the Rehabilitation Unit, she clearly remembers the significant milestones such as being able to sit up by herself, opening a bottle of water, holding the hairdryer by herself for the first time and holding a cup of tea. Having to ask someone to do everything for her was very hard. It was a "relief not having to rely on someone."

Sophie now returns to the Rehabilitation Unit for outpatient rehabilitation twice a week for hydrotherapy and functional electrical stimulation cycling. Sophie loves the mirrored hydrotherapy pool because of the visual feedback she gets from it; in her words "she can see herself standing up" and focus on her posture.

The stroke has taken away so many of the things that Sophie used to define herself by. However, she is very positive, says there is a lot to do and she is just at the beginning of a long journey. The support from friends, family and the Rehabilitation Unit has got her through so far. She's clear that with a strong mind and a positive outlook, she can achieve far more than might be expected.

"Your **goalposts** move quite quickly, as soon as you can do something **you want more.**"

Our patients

We treat a wide range of neurological conditions and in 2017 our largest group was **Stroke**, followed by **Spinal Cord Injury** and **Traumatic Brain Injury**.

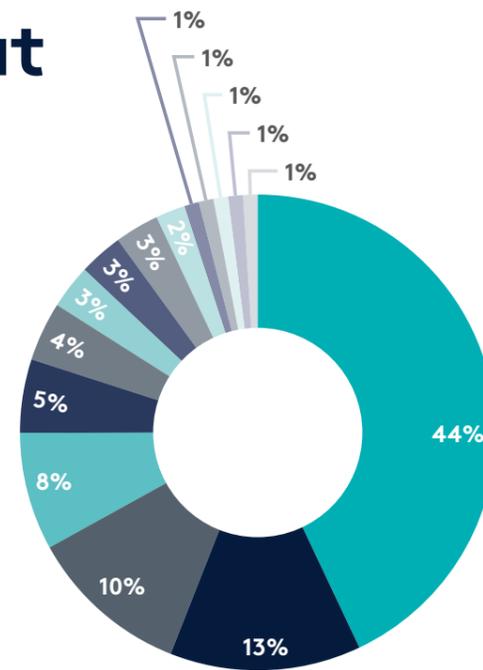


We have expertise in a wide range of complex conditions and in 2017 also treated patients with a diagnosis of: **Hypoxic Brain Injury, Multiple Sclerosis, Parkinson's Disease, Cerebral Palsy, Brain Tumour, Vascular Dementia, Encephalitis, Neuropathies, Guillain-Barré Syndrome, Complex Medical Rehabilitation, Amputee, Chronic Pain, Transverse Myelitis, Stiff Person Syndrome and Vestibular Schwannoma.**

Conditions we treat

Diagnosis of patients admitted in 2017 as a percentage of overall admissions: **n = 152**

- Stroke (CVA)
- Spinal Cord Injury
- Brain Injury
- Complex Medical
- Chronic Pain
- Other Neuro
- Brain Tumour
- Parkinson's Disease
- Guillain-Barré Syndrome
- Amputee
- Critical Illness Neuropathy
- Congenital/Postnatal
- Encephalitis
- Small Vessel Disease
- Multiple Sclerosis



Age of patients

On the Acute Neurological Rehabilitation Unit at The Wellington Hospital, we treat patients 18 years and above. We have a Paediatric Rehabilitation facility at The Portland Hospital for patients from 0 to 17 years.

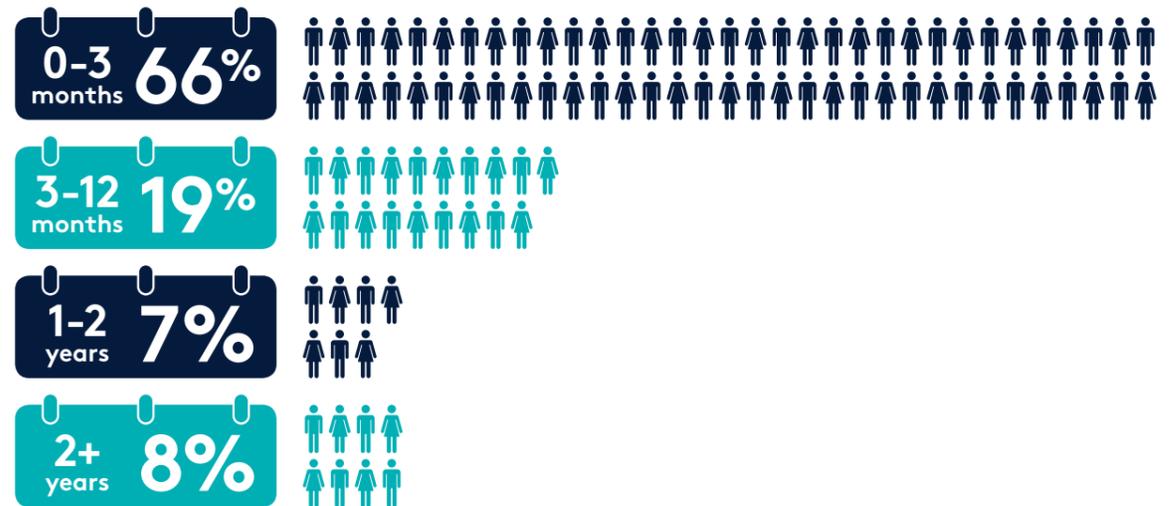
In 2017, our largest patient group was over 65, but we admitted patients from a range of age groups and our patient group has been getting younger over the past few years.



Time since injury or diagnosis

Having access to a wide range of medical specialties and acute care, including critical care enables us to admit patients soon after injury or diagnosis and start rehabilitation as early as is possible. **The majority of our patients are**

admitted within three months of their injury which means we can start rehabilitation very early and get better outcomes for our patients. We also provide an early rehabilitation service within the critical care areas.



Average length of stay

The average length of stay for rehabilitation patients is **3 months (92 days)**



This will depend on the patient's condition and their goals.

Prior to admission, each patient is individually assessed for suitability, and their predicted outcomes and goals of admission are determined.

96% of patients in the UK received a face-to-face pre-admission assessment

Outcomes

Each of our treatment programmes is **individually tailored** and **goal orientated**. We discuss goals, expectations and achievements with the patient and their family on admission, regularly during the programme, and on discharge. We also use standardised outcome measures to track progress.

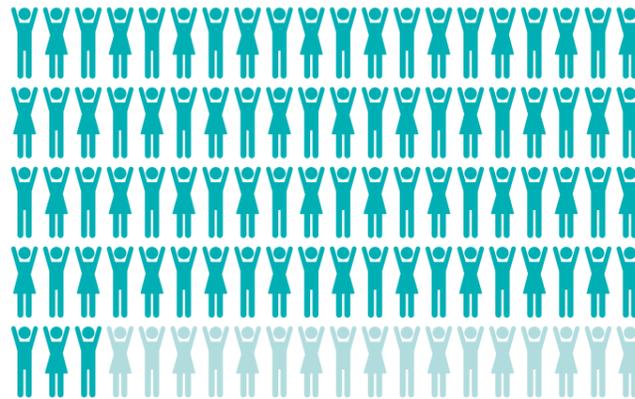
The following information relates to the time period from January 2017 to December 2017.

It is important to our patients that they work towards meaningful goals and that they can be discharged to their home, where possible.

83%



of our patients who completed their rehabilitation programme achieved their goal of admission



81%



of our UK patients were discharged to their home environment



The Modified Barthel Index (MBI) is an outcome measure used by the clinical team to measure everyday functions, such as mobility, going to the toilet, feeding and getting dressed. We record this measure on admission and discharge to measure progress. A change of over 20 points is considered clinically significant.

Average improvement in the Modified Barthel Index was 27 points for patients admitted within one year post-injury.

Those admitted several years post-injury often had differing goals of admission and were not always aiming to make functional improvements. Of these, 80% achieved their goal of admission.

94%



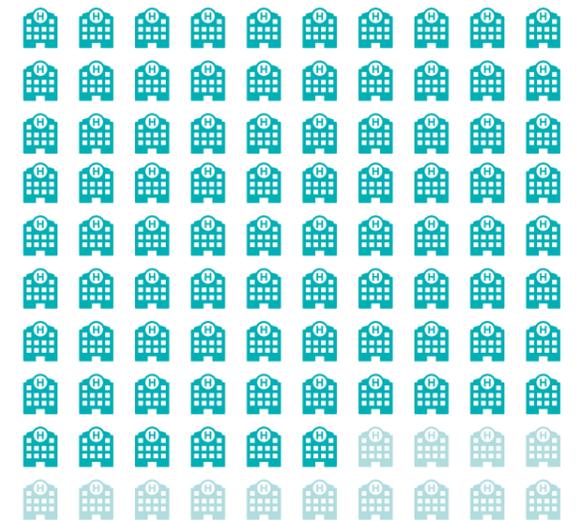
of patients resident in the UK were discharged on their estimated discharge date



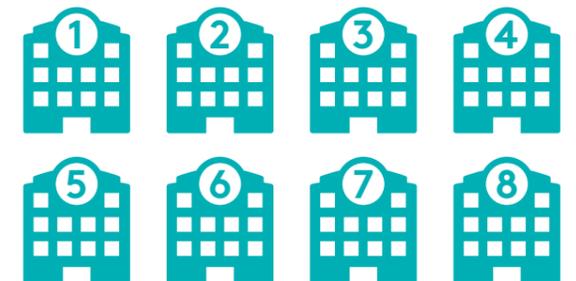
86%



of UK patients were admitted from a hospital environment



On discharge only 8% of these patients required further inpatient care



Patient feedback

80% of patients rated the overall opinion of their care as very good or excellent

80% of patients reported consultant availability as very good or excellent

87% of patients rated the amount and level of therapies that they received as very good or excellent



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Quotes:

“As I came from another hospital, I have a direct comparison and The Wellington Rehab is head and shoulders above the previous hospital” (Patient Satisfaction Questionnaire, 2017)

“Amount of therapy is excellent, especially compared to the NHS” (Patient Satisfaction Questionnaire, 2017)

“Therapists are extremely good”
(Patient Satisfaction Questionnaire, 2017)

“Such enthusiastic and knowledgeable team members!”
(UK insurer)

“The environment created by the nurses and therapists has made it as comfortable and welcoming as much as a hospital can. Lovely family feeling”
(Patient Satisfaction Questionnaire, 2017)

“Very good experience with immediate response to medical problems and instant referral to specialists when I had a problem” (Patient Satisfaction Questionnaire, 2017)

“Very good – especially the pre-meeting when everything was explained. Very happy that my relatives were included pre-admission and considered when arranging transfer”
(Patient Satisfaction Questionnaire, 2017)



CARF re-accreditation

In April 2017, the Unit was awarded a further re-accreditation by the Commission for the Accreditation of Rehabilitation Facilities (CARF). This is an internationally recognised accreditation body which evaluates both clinical and non-clinical domains, ensuring those Rehabilitation Units that achieve accreditation are meeting internationally recognised standards of care and are continually improving the quality of the services they provide.

The Acute Neurological Rehabilitation Unit first underwent the accreditation process in 2011, when it was awarded the prestigious three-year accreditation. Since then, we have successfully achieved re-accreditation in 2014 and now again in 2017. Whilst there are many accredited rehabilitation facilities across North America and Europe, the Acute Neurological Rehabilitation Unit at The

Wellington Hospital is one of only three Units in the UK accredited under the inpatient rehabilitation standards.

To achieve accreditation, the Unit must comply with standards relating to every aspect of the service, including the delivery of care, health and safety practices, reporting of outcomes and strategy, finance and human resources. These standards are monitored during a site visit by two surveyors who review documented evidence, as well as interviewing patients, relatives, staff and other key stakeholders. A three-year accreditation represents substantial conformance with the CARF standards and indicates the Unit has successfully demonstrated to surveyors its commitment to offering measurable programmes and services of the highest quality.



What the surveyors said...

“The service has an enthusiastic, dedicated group of co-workers”

“Team members are creative in developing and investigating innovative treatment approaches and present their work frequently at national and international conferences”

“There are several therapy gyms with state-of-the-art equipment, including a hydrotherapy room. These enhance the programme and rehabilitation process for the persons served”

“The programme uses a variety of approaches to facilitate optimal treatment plans for specialised populations, including comprehensive care pathways and specialist sub-groups”

“Staff members respond enthusiastically to the programme’s offers of abundant educational opportunities both on and off site”

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Research and development

The Rehabilitation Unit was represented at several conferences both in the UK and Internationally over 2017. Several members of the clinical and administration teams gained additional knowledge on current best practice and up-to-date research, as well as offering them a valuable opportunity to meet stakeholders and peers.

The Unit had stands at the European Neurological Convention, UK Acquired Brain Injury Forum, Field Fisher Brain Injury and Technology Conferences; Rehab Week and Therapy Expo.

Sophie Armengaud, Clinical Specialist Physiotherapist, presented on Interdisciplinary Spinal Cord Injury Rehabilitation at the Neuram Foundation Spinal Injuries Conference and Workshop in June 2017 in Rose Hill, Mauritius. (Neuram was set up in 2017 as a not-for-profit Foundation to raise awareness on areas related to neurological disabilities and for improving neurological rehabilitation care in Mauritius. The conference was aimed at increasing awareness of the effects and optimal treatment of spinal cord injury



and stroke to help reduce secondary complications and increase quality of life.) Sophie also presented at Rehab Week during a Workshop titled 'Making Strides in Neurological Rehabilitation Using Exoskeleton Technology'. Clinical case studies were presented of our experience using exoskeletons with rehabilitation patients and their use in a holistic treatment plan.

Eva Nunez, Occupational Therapy Lead, presented a poster on 'The Use Within Therapy of Embodied Virtual Reality Mediated Repetitive Task Training for Upper Limb Rehabilitation: A Case Study' at the Royal College of Occupational Therapy Neurological Conditions Conference in September.

Rob Bateman, Senior Physiotherapist, spoke at a solicitors training conference on 'Rehabilitation after Spinal Cord Injury'. Tamsin Reed, Physiotherapy Lead, was invited to speak on 'The Clinical Applications of Advanced Technology in Neurological Rehabilitation' at the European Neuro Convention, Rehab Week and Field Fisher Tech Conference in London, as well as events in Shanghai and Bucharest.



Clinical expertise



Dr Thomas Britton MA MD FRCP
Consultant Neurologist

Specialises in neurological rehabilitation medicine, neurology, headache, sleep disorders and tremors.



Professor Michael Hanna
BSc (Hons) MBChB (Hons) MD FRCP (UK)
Consultant Neurologist

Specialises in neurological rehabilitation, headaches, muscle weakness, epilepsy and stroke.



Mr Manish Desai MBBS MS (Tr&Ortho) MRCS
Consultant in Spinal Injuries and Rehabilitation

Specialises in spinal cord injuries and trauma rehabilitation, management of spasticity and neuropathic pain.



Dr Paul Jarman MA MB BS PhD FRCP
Consultant Neurologist

Specialises in Parkinson's disease and all aspects of neurology, including stroke and epilepsy.



Dr Richard Greenwood BA MB BChir MD FRCP
Consultant Neurologist

Specialises in general diagnostic neurology, acute brain injury including stroke, restorative neurology and neurological rehabilitation.



Dr Hadi Manji MA MB BChir MD FRCP
Consultant Neurologist

Specialises in general neurology, peripheral nerve disorders, headaches, neurological infections.



Dr Eli Silber MB BCh FCP (Neurology) SA MD (Lond)
Consultant Neurologist

Specialises in multiple sclerosis, general acute neurology,
headache and tremor.



Dr Orlando Swayne MB BS
Consultant Neurologist

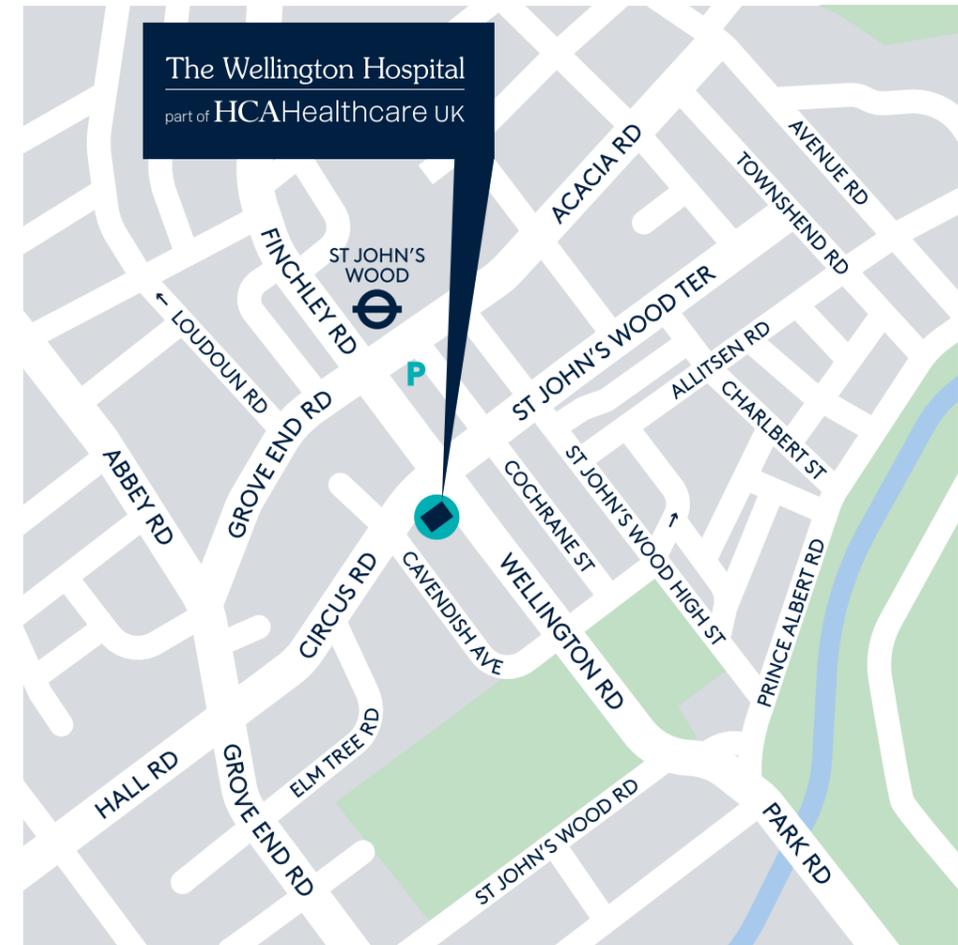
Specialises in stroke recovery, neurological rehabilitation
and the management of neurodisability.



Dr James Teo MA MB MRCP PhD
Consultant Neurologist

Specialises in stroke, Parkinson's disease, movement disorders,
botulinum toxin therapy for spasticity and dystonia and
stroke prevention.

How to find us



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Our group

Connect with us



GP Services

HCA UK at The Wilmslow Hospital

HCA UK at University College Hospital

Leaders in Oncology Care

London Bridge Hospital

The Christie Private Care

The Harley Street Clinic

The Lister Hospital

The Portland Hospital

The Princess Grace Hospital

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