EARLY DISCHARGE AND REHABILITATION IN PAEDIATRIC ACQUIRED BRAIN AND NEUROLOGICAL INJURY - A Service Model to Increase Inclusion & Participation

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Background and Aims
Paediatric neurorehabilitation (PNR) services after an acquired brain injury (ABI) are often inconsistent and children experience prolonged admission. We work in a tertiary centre seeing CYP post trauma, brain injury from inflammation, infection or tumour. We set up a team to improve family satisfaction, facilitate early participation, shorten length of stay (LOS) and provide outreach care.

Methods
Pre-team data for CYP with an ABI admitted for > 7 days. A new pathway was agreed, appointing a physiotherapist, occupational and SLT, neuropsychology and Consultant leadership. All hospital teams were engaged. This team provides early intensive rehabilitation, proactive parallel discharge planning (alongside acute care). Early communication with key child specific community colleagues (local authority, education and therapy) & post discharge outreach home based and outpatient care.

Results
Case Mix: Numbers, ages, gender and specialty case mix over three years activity were similar 43,49,50 (2011,14,15). Complexity of need determined by percentage referred from PICU were comparable but length of stay 31,19,17 days (2011,2014,2015) differed.
Satisfaction and patient participation feedback, return home, return to school was facilitated. In the groups pre 19 (44%) and post 33 (67%) returned to main stream school. Fewer children were placed in specials school after team establishment. Only 1 child in both groups was educated at home after discharge.

Conclusion
We present our findings demonstrating the impact of early planning and specialist outreach care, in reducing hospital length of stay. Preliminary participation and inclusion in educational placements after an ABI is encouraging for the immediate year post team establishment, further analysis is planned.