TWO SITES - ONE MANAGEMENT PROGRAM A practice description on early initiation of highly specialised neurorehabilitation

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Background

The construction of Neuro-Intensiv Stepdown Unit (NISA) started in 2008. NISA provides a personal management program with a combination of intensive care and highly specialized neurorehabilitation for patients with servere acquried brain injury.

The Intensive Clinic (IC)/Silkeborg and The Clinic of early neurological rehabilitation(KTN)/Hammel Neurocenter entered a collaboration, focusing on staff with high expertise in neurorehabilitation treats the patients at the IC.

Occupational- and Physical therapist are professional anchored at the KTN, each day they work at the IC, to give the four NISA patients there personalized rehabilitation

Numbers of patients:

NISA-Silkeborg (n=25) NISA-KTN (n=30) Kontrol-KTN (n=21)

Numbers of patients in each group (n=X)Indication of "%" at Y-axis and the EFA-score at the X-axis Only 25 of 30 patients was scored with EFA at the admission to NISA Control group: 21 of 22 patients scored with EFA.

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Aims

The goal of early initiated of highly specialized neurorehabilitation is to facilitate patients' functional outcome.

When patients are assigned at the IC due to the need of a ventilator, they still receive highly professional rehabilitation.

Methods

Retrospective internal journal audit of patients admitted to NISA from 01.01.12-31.06.12

- 40 patients were admitted in that time of period
- 30 patients were transferred to KTN, for further rehabilitation
- 4 patients were discharged to other clinics at RHN for further rehabilitation
- 4 patients were discharged to home hospitals
- 1 patient passed away
- 3 patients remained hospitalized at NISA after the 30.06.12

Results

Tendency is:

Average hospitalization is 7 days, from the admission at NISA till reported ready to move on.

Patients transferred to KTN from NISA have a similar or slightly higher score at Early Functional Abilities score (EFA) compaired with the control group. Reasons could be that patients admitted at NISA have a more servere acquired brain injury, and that they have more complications in the rehabilitation.

Conclusion

The first follow-up study shows, that the collaboration does matter: Patients gain from the early initiated neurorehabilitation. They achieve a higher level of function thoughout the rehabilitation.











