**Rehab Team at Kettering General Hospital**

**Inpatient Rehab June 2020 – March 2020 / Home Rehab October 2020 –March 2020**

**Staffing provision:- x1 Band7 PT, x2 Band 4 Therapy Assistant Practitioners, x1 Band 3 Occupational Therapy Assistant (Qualified OT on standby for any concerns queries)**

**Working hours:- 8.15-4.45 Monday – Sunday**



9% of patients were originally awaiting an interim Discharge to

assess placement

**90%** of patients had their original planned discharge destination for Medical Rehabilitation in a community hospital

**501** patients seen over 40 weeks

466 patients discharged

**Increased no. patients with rehabilitation needs following 1st peak of Covid-19. Extra Therapy provision implemented across 7 days with existing workforce to improve function, change discharge pathway and increase no. patients on home pathway.**

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**39.5%** of patients identified to go on **home pathway**

**Only 22.8% of patients actually discharged to Medical Rehabilitation**

**70.6%** of patients identified to have a discharge **pathway change**

**46.9% of patients discharged on a Home Pathway promoting Home First philosophy in line with NHS Hospital Discharge Service Policy and Operating Model**

**(August 2020)**

All Patients in hospital Rehab Team

EMS on admission – **6.80 0.55**

EMS on discharge – **8.50 4.25**

**Elderly Mobility Score implemented across specialities to measure functional changes.**

**2 point significant, statistical change (Morton et al 2008)**





**136** patients seen at home

29 on going from Inpatient Rehab Team

**In preparation for winter, Home outreach and safety-netting service introduced using existing staffing. To promote increased function, transition from hospital to home and improve flow through hospital by reducing demand**

**on community services.**

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‘**Helped me walk again’**

**‘The advice they gave was fantastic and made an incredible difference to my life’**

**‘Encouraged and guided with the next goal in mind. Thank you Rehab Team, I couldn’t have done it without you’**

**‘Their professionalism and helpfulness was exemplary’**

‘**They secured his recovery at home was the right place to be, making**

**it safer, supporting**

**and reassuring’**



On average patients required **3** follow up visits and **2** safety-netting

phone calls



**In response to 2nd peak of Covid-19, reduced Medical rehabilitation bed therefore patients seen at home for up to 10 working days**

**‘Discharge to Assess’ and ‘Home First’ training provided to promote cultural change**

**Up skilling and training of all Therapy staff to provide low level equipment across**

**subsequent**

**professions to**

**support**

**development**

Community Therapy services have a remit period of up to 48 hours. The service has saved up to **272 bed days** with a **cost saving of up to £68, 272** at £251 per

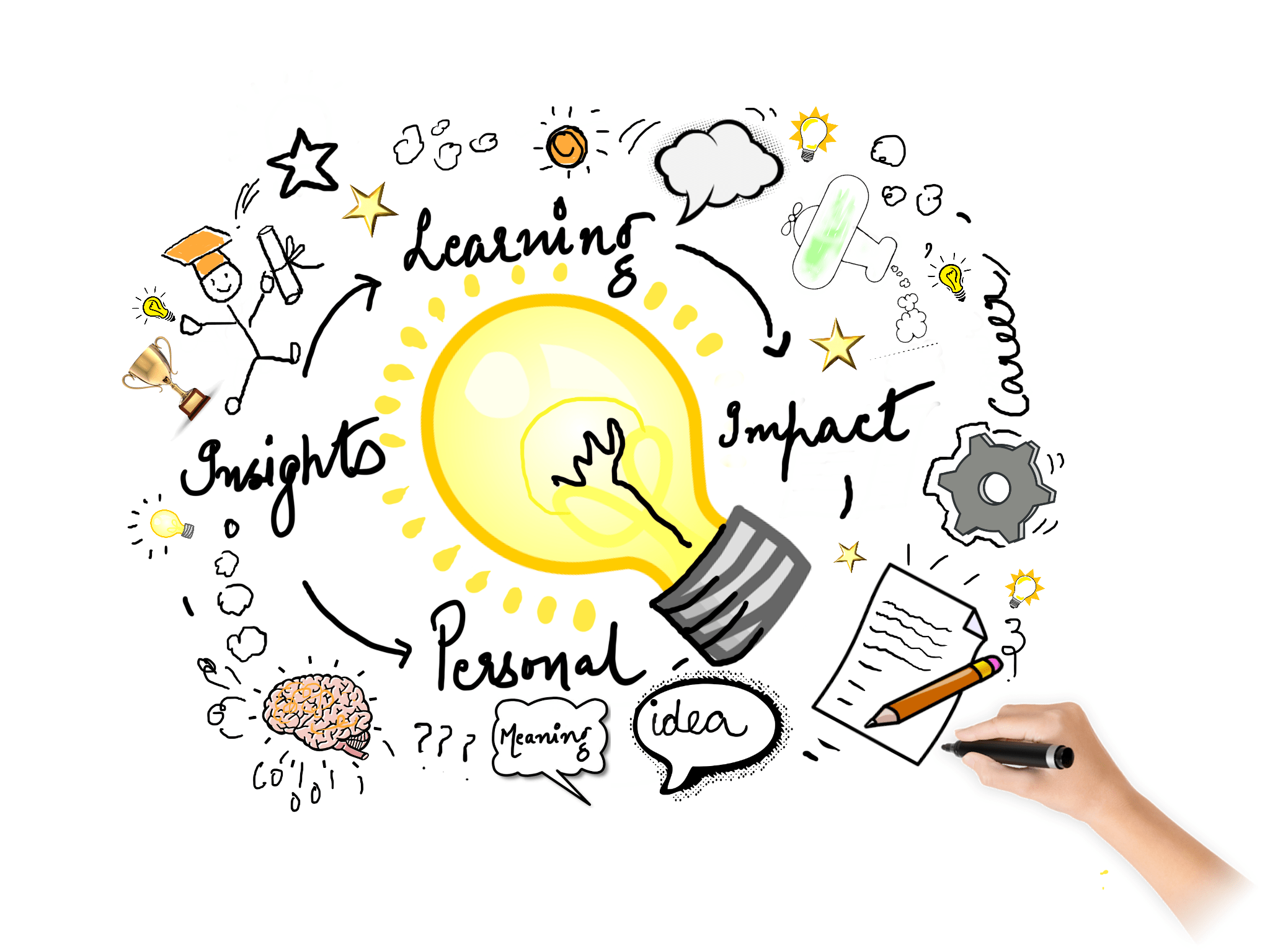
acute medical

bed.

All patients EMS Rehab Team

Discharge hospital **– 5.48 2.3**

Discharge service – **8.59 6.6**



**Daily attendance of Senior Therapist**

**to MDT Daily Discharge meetings**

**with external partners.**