Conclusions

This essay has attempted to explore some of the issues arising from a prolonged stay in the acute hospital setting while waiting for a specialist neuro-rehabilitation unit bed. These issues were brought to life for me by patient L, who I was privileged to follow as they made this transition after a five-week delay. In choosing to focus on the issues from the patient’s perspective, I have not given any consideration to the implications of delayed admissions for healthcare service delivery, which might pose a rather different set of problems. For example, provision of intensive rehabilitation in the acute setting during the wait for a place in a specialist neuro-rehabilitation unit could lead to functional improvements by the time such a place becomes available, compared to the functional level at which the patient was assessed when they were accepted to the unit. If patients arrive for specialist rehabilitation with a higher level of functioning than the unit is intended to cater for, this has implications for the planning and resourcing of rehabilitation units.

That said, there are some straightforward implications for healthcare services that follow from the above discussion of delayed access to rehabilitation and lack of continuity of care. Careful consideration needs to be given to the experience of patients who no longer require acute care but who do not yet have access to a specialist rehabilitation place in a rehabilitation unit. Models that provide continuity of care pathways for stroke, incorporating dedicated stroke units, have helped to achieve a consistent rehabilitation focus for this patient group, but provision is less streamlined for patients with other neurological injuries (TBI in particular). A model that provides dedicated neuro-rehabilitation beds for such patients within the acute setting could help to avoid the situation like that of patient L, who did not appear to entirely ‘belong’ anywhere during their wait for a rehabilitation bed.

References


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