

A Balance Rehabilitation Group For Brain Injured Patients

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THE CONCERN

We have been running a Balance group for our Brain Injury patients (pre-Covid) and the issues arising were

- Inadequate rehabilitation space within the trust, current rehab space is not large enough for the number of clients required to attend to have an impact on our wait list times.
- The rehab space is on an inpatient ward which often results in cancelling due to ward closure.
- Staff to patient ratio to reduce waiting list is currently 1:1.
- We have an increased waiting list time (for high level balance rehab) as they are not classed as urgent.
- Due to limited space, unable to include cognitively impaired clients, as unable to have extra support present.
- Difficulty transitioning patients to self-management.

THE QI TEAM

Kate Batchelor – Clinical Specialist Physiotherapist in Brain Injury Rehabilitation
 Jenni King – Senior Physiotherapist Specialising in Brain Injury Rehabilitation
 Jess Jones – Senior Physiotherapist Specialising in Brain Injury Rehabilitation
 Therapy Technicians and Administrators from the Brain Injury Team

AIMS

Primary Aim:

To establish a rolling 6-week balance group for Brain Injured patients at the University of Gloucestershire (UoG), with Student involvement, on a weekly basis, by the end of May 2023, and have 12 patients complete the programme by the end of Dec 2023.

Secondary Aims to achieve balance group objectives:

1. To improve average employed staff to patient ratio from 1:1 to a minimum of 1:3 for balance rehabilitation.
2. For a minimum of 60% of patients to demonstrate a significant improvement in their CONFBAL score on completing the group.
3. For a minimum of 60% of patients to continue to perform regular/weekly exercise 3 months after completing the group.

OUTCOME MEASURES

Primary Aim – 6-week balance group in place, Number of patients completing the group
 Secondary Aims - Employed staff to patient ratio Confbal Scores pre and post group Patient continuation of regular exercise at 3 months

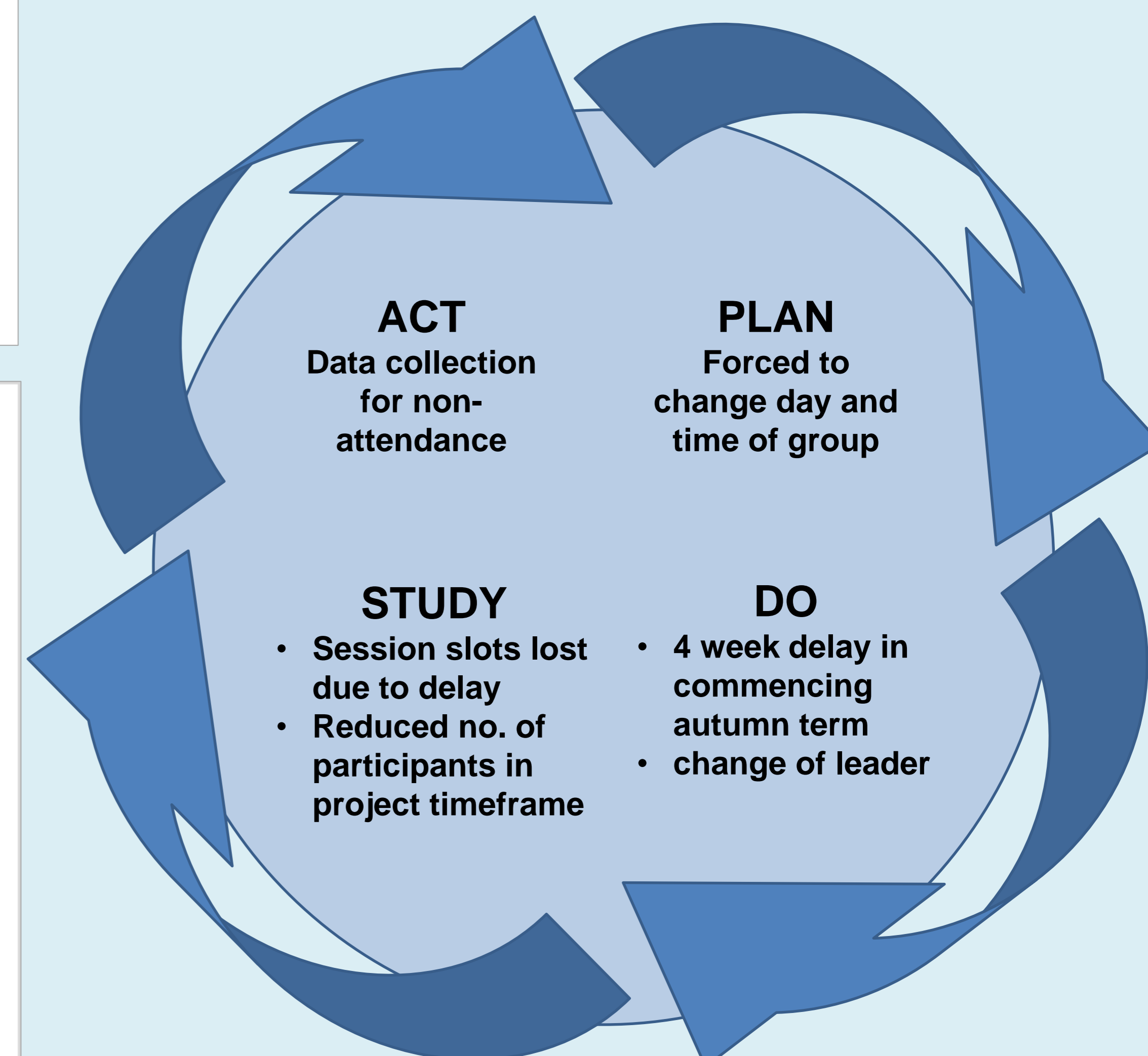
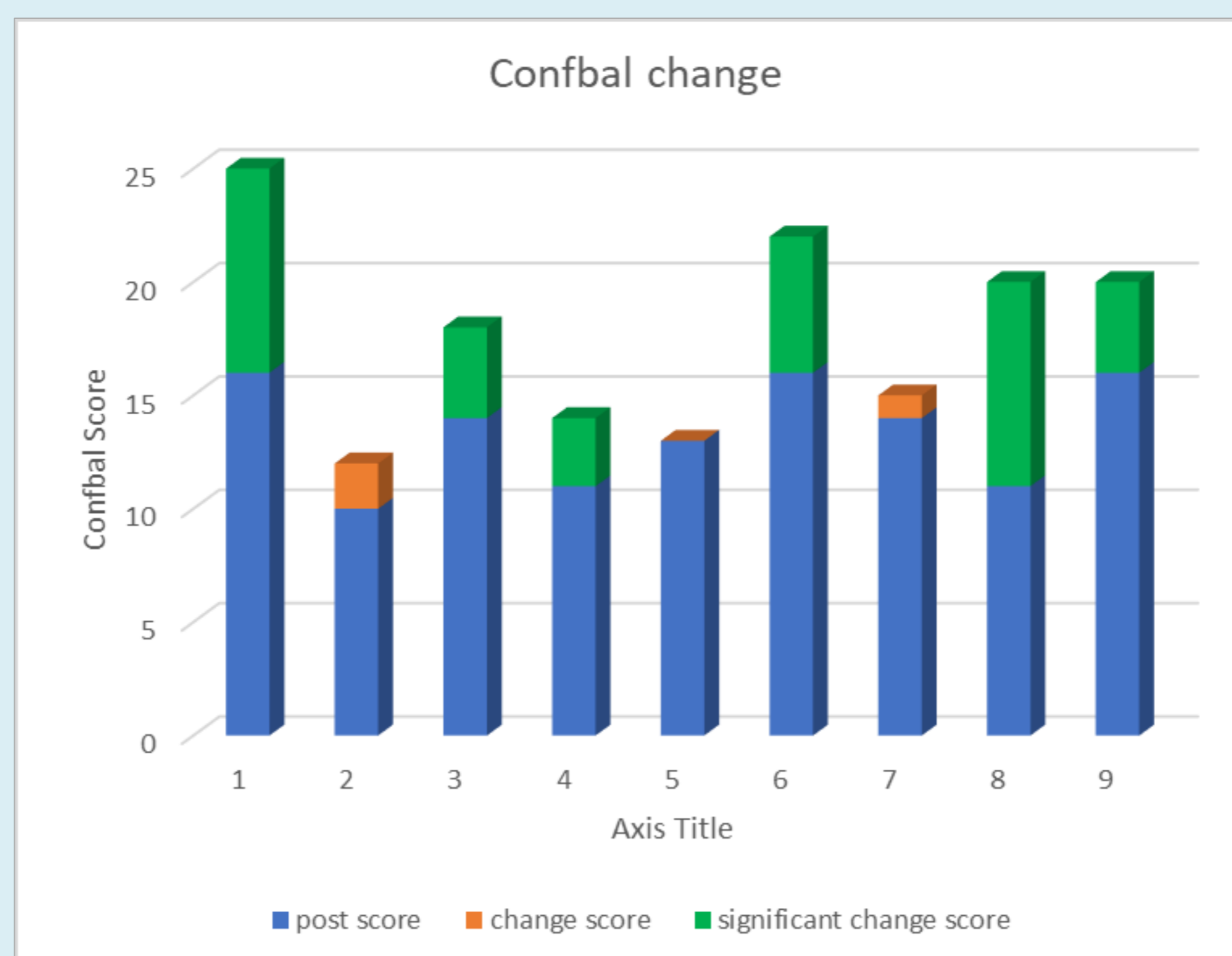
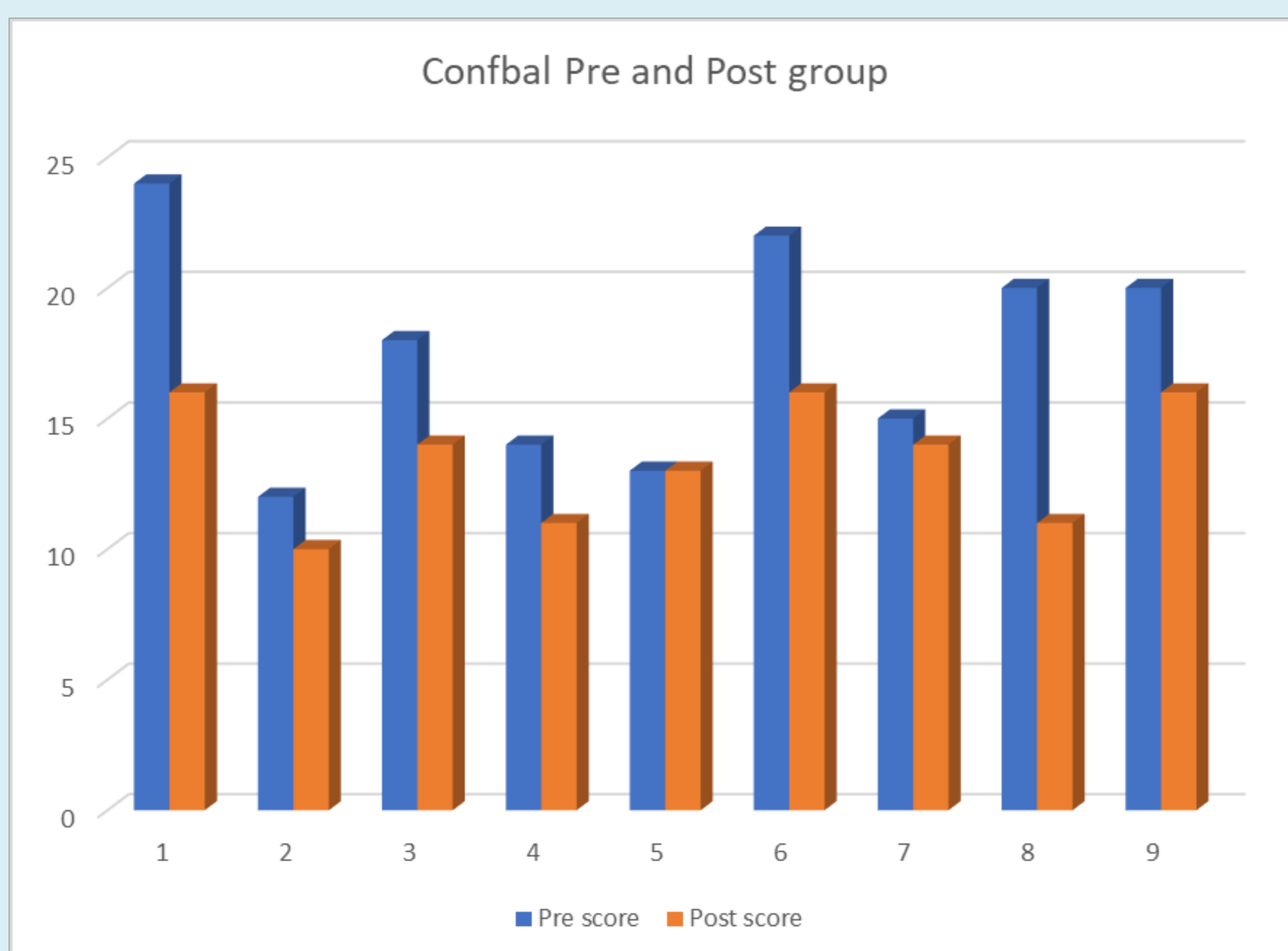
PROCESS MEASURES

Primary Aim – Number of patients attending the group Patient compliance
 Secondary Aims - Engagement with 3 month follow up Student attendance numbers

Primary Drivers	Secondary Drivers	Change Ideas
Staff	Students	Commitment from UoG to allocate 2 x MSc students to assist with running of group. Invitation to other educators to include their students Use of students on placement with BIT
	Admin	Use of admin staff in supporting data collection/questionnaires Support with booking and providing info to patients
	Therapy Techs	Flex in/out of group depending on group size and number of students available
Environment	Access to alternative space	Secure agreement with UoG for a regular weekly booking of rehab suite at Oxstalls campus Provide access to more equipment Increased space = increased group size
	Safety	Off-site – reduce infection control issues Increase numbers in larger space Allow broader criteria i.e. cognitive patients with 1:1 support Broaden program to allow increased dynamic activities
Patients	Patient selection	Allow broader criteria i.e. cognitive patients with 1:1 support Improve pathway
	Waitlist	Reduce employed staff to patient ratio
	Outcomes	Promote long term exercise habits Improve confidence in physical functions

RESULTS

1. The 6 week rolling program commenced, with Student attendance at 17 of the 21 weeks. This provided 37 clinical hours for students.
2. First group was on 16th May 2023.
3. Ratio of employed staff to patient was 2:5, had those who were offered appointments attended this would have met our aim of 1:3.
4. Offered to 12 patients across 21 weeks, 9 completed a 6 week block by the end of Dec 2023.
5. 67% of patients had a positive and significant change in their CONFBAL score on completing the group.
6. 75% of patients were continuing with regular/weekly exercise at 3 months post group.



CONFBAL

Scoring 1 = Confident 2 = Slightly confident 3 = Not confident

How confident are you that you can...

1. Sit down on a chair without losing your balance?
2. Get up out of a chair without losing your balance?
3. Pick up something from the floor without losing your balance, not holding on to any support?
4. Stand unsupported for 5 minutes without losing your balance?
5. Walk without support for about 10 yards indoors without losing your balance?
6. Walk up a gentle slope indoors without losing your balance, using your usual walking aid if necessary?
7. Walk down a gentle slope indoors without losing your balance, using your usual walking aid if necessary?
8. Walk over an uneven pavement without losing your balance, using your usual walking aid if necessary?
9. Go downstairs indoors, without using the handrail, without losing your balance?
10. Go upstairs indoors, without using the handrail, without losing your balance?

Conclusions and Next Steps

- 4 week delay in commencing autumn term, due to awaiting confirmation of change of time/day, led to lost sessions and change of leader.
- Change of leader meant smaller initial groups in autumn term and thus reduced throughput.
- Although we didn't reach our aim for employed staff to patient ratio the improvement still had a significant impact on waiting list times, this is something we will look to analyse further.
- Analysis of UTA/DNA has led us to warrant a stricter policy on managing those situations which we will update and implement in the next term.
- A term time only group supports the wider staffing during school holidays and doesn't impact patient outcomes.
- Plan to investigate potential option to team up with another specialist service.