



**ASCOT REHABILITATION**

**QUALITY REPORT 2018**





### **A Message from the CEO**

The purpose of this Quality Report is to provide a tool for assessing the quality of the Rehabilitation services we provide and gives a summary of the main quality indicators, which are: relevance, accuracy, accessibility and clarity, timelines and punctuality, comparability, and coherence.

Our Quality Report describes our work in four important areas which are key to service quality:

1. The clinical effectiveness and outcome measures of the treatments and interventions we offer
2. The experience of those using, or supporting those who use our services;
3. The accessibility of our services (Inpatient, outpatient and outreach) for patients and other health care professionals
4. Recognition of our success

Providing our patients with high quality clinical care is our top priority and we know how important it is to patients and their families to know that when they have to come into our hospital they are going to receive the best possible care, be safe and cared for in a clean, welcoming and infection free environment. That is why we are continually implementing quality improvement initiatives that further enhance the safety, experience and clinical outcomes for all our patients.

Our Quality Report provides a brief overview of how we did and intend to go even further during the coming year and beyond to build on this solid foundation.

We will continue to promote a culture of continuous quality improvement and encourage our staff to innovate and adopt 'best practice' in order to deliver the highest standard of care to our patients.

**Dr Ali Al-Memar**

**Consultant Neurologist**

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## **Introduction**

2018 - Where did that go? It is very rare to find a job so consistently rewarding, year after year. I feel very lucky that each day I come into work with a bounce in my step and looking forward to seeing what the day will bring. No job is without its challenges, but seeing the improvements people make as they progress through our service makes even the most challenging days worthwhile. The case studies showcase the variety and varying complexities of patients who we see through our doors each year. We create bespoke rehabilitation programmes around each person, taking carefully into account each individual's needs' and goals and we are proud to provide access to the latest, most up to date treatment options.

We continue to support our teams to enhance their clinical skills and to remain experts within their field. We were also awarded an 'Outstanding' rating from CQC, which serves to reinforce further the quality of the services we provide.

In 2019 we are looking forward to holding a stakeholder event, to which we are inviting previously discharged patients to inform us how, on reflection, they might further make suggestions to improve the patient experience. We will also include families, as they are as important part of the rehabilitation program we provide, and without their support patients would often not be able to get home or make the progress they do.

Each day brings about new challenges and each year new, improved ways of working. We are absolutely committed to ensuring all of our patients get to reach their full potential, leading lives that can be as fulfilling and rewarding as possible.

**Louise Turpin**

**General Manager and Head of Rehabilitation**



**A message from the Medical Director, Dr Hamid Sultan**

I have great pleasure in introducing the Ascot Rehab Quality Report for the year 2018 to service users, stakeholders and the wider public. The report endorses our continuing commitment to provide the highest standard of patient centred rehabilitation service.

In May 2018 we had a rigorous inspection by CQC, thanks to the all staff for their effort and hard work, we were awarded an overall rating of “Outstanding”. A rating we can all be proud of.

In October 2018, we invited the Comparative Health Knowledge Systems (CHKS) to Ascot Rehab. CHKS are a leading provider of healthcare intelligence and quality improvement service. After a 3 day inspection, we were awarded a 3 year accreditation, the highest accreditation available. The CHKS report commended the inter-disciplinary team work, staff commitment to achieve the organisation’s objectives and the communication of staff with the senior management team. This accreditation complements the 3-year accreditation we have secured in December 2017 by CARF (Committee on Accreditation of Rehabilitation Services), an international accreditor.

Our main priority is to the care we offer to our patients, in a safe and welcoming environment. I am delighted to report that we have not recorded any Hospital Acquired Infections (HAI) like C. Difficile infection MRSA or Noro virus outbreak. We have stringent infection control procedures to deal with Multi Drug Resistant Micro-organisms (MDRO) that some of our newly admitted patients have been admitted with. CHKS commended our infection control programme and its implementation in our daily practice.

We very much value feedback from our service users, their representatives and fund holders to improve our service. We conduct regular reviews of such feedback and act positively upon constructive suggestions to improve our patient’s experience. We endeavour to share the outcomes of feedback with our service user on our website.

We have a very good record of staff stability despite national shortage of applicants from various disciplines, a valid indication of a happy working environment and supportive employer. Our employees are recruited through an efficient and effective process to ensure the required competencies are met.

As a Medical Director, staff have my full support in continued professional development, innovation and creativity. We have a robust annual appraisal system to monitor and praise progression, and consistent and ongoing supervision.

Ascot Rehab is ambitious in extending services to high dependency patient and patients with complex needs like Tracheostomy ventilation dependant patients by staff training and establishing the required infrastructure.

We continue to attract high calibre of consultants to join our experienced team of senior medical staff, this gives patients wider choices and covers a wider spectrum of clinical conditions that Ascot Rehab can care for and offer rehabilitation input.

In our Annual Report we attach great importance to accuracy, honesty and transparency.

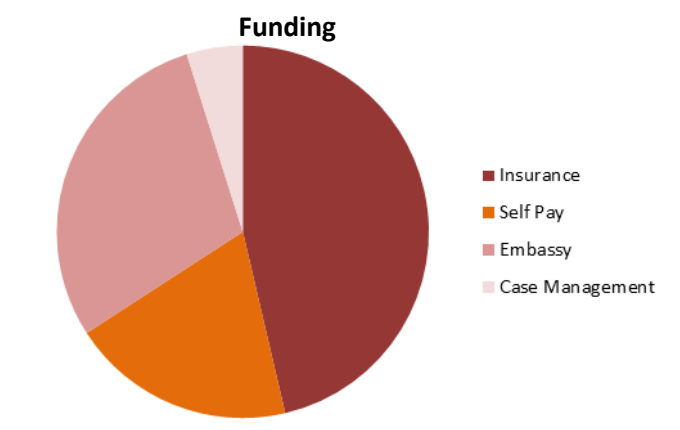
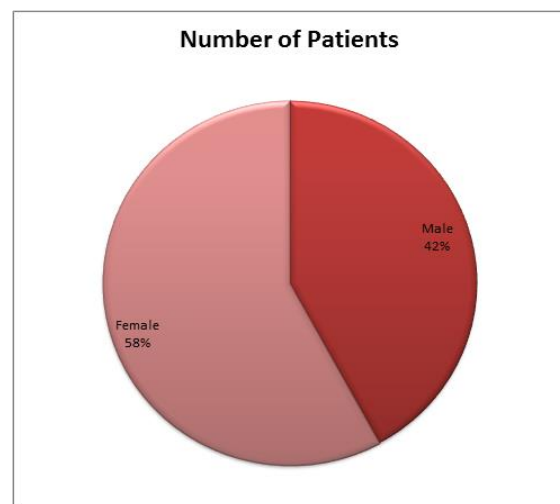
I am delighted with all our achievements in 2018 and would like to congratulate our senior management Team for their vision and all staff for their contributions.

**Dr Hamid Sultan**

**Consultant Rehabilitation Medicine**

## Our Outcomes

- 35 Patients were admitted in 2018
- Average age of patient was 58 years old
- Average length of stay was 9 weeks
- 59% of patients were Male and 41% of patients were Female
- The majority of our inpatients were funded by private insurance



### **Outcome Measure Statistics**

Outcome measurement is used to plot the progress of an individual through rehabilitation and/or to describe the success or otherwise of a service. These are very different tasks but the conventional approach is to choose a selection of individual measures that cover a number of domains and to use the means of the calculated scores for all patients to assess the service.

Having considered the range of measures we selected measures which we hoped would cover a broad range of domains and which were measures that could cope with a heterogeneous group of patients. As a small service with a very broad remit, this is particularly challenging for Ascot Rehabilitation. Our service accepts people in low awareness states through to people returning to work. In addition we work with groups with acquired brain injuries including TBI, stroke, tumour and other neurological illness as well as those with degenerative disorders and spinal injury patients. As a consequence the scores that we collect on any series of measures applied to all our clients have a high degree of variability.



## **UK FIM/FAM**

The Functional Independence Measure or FIM is an 18-item, seven level ordinal scale. It is the product of an effort to resolve the long-standing problem of lack of uniform measurement and data on disability and rehabilitation outcomes. It was intended to be sensitive to change in an individual over the course of a comprehensive inpatient medical rehabilitation program. It was designed to assess areas of dysfunction in activities which commonly occur in individuals with any progressive, reversible or fixed neurologic, musculoskeletal and other disorders. One limitation relative to using the FIM in evaluating survivors of TBI is that it is not diagnosis specific. Although found to be reliable and valid, the scale has few cognitive, behavioural, and communication related functional items relevant to assessing persons with TBI.

The Functional Assessment Measure or FAM was developed as an adjunct to the FIM to specifically address the major functional areas that are relatively less emphasized in the FIM, including cognitive, behavioural, communication and community functioning measures. The FAM consists of 12 items. These items do not stand alone, but are intended to be added to the 18 items of the FIM. The total 30 item scale combination is referred to as the FIM+FAM. In the UK version further work was done to provide clearer definitions of the FAM scale. The FIM has good psychometric properties but the FAM remains weak in psychometric terms and many rehabilitation professionals do not agree with the scaling. Despite these misgivings we chose to include the FIM/FAM as one of our measures at Ascot because it is so widely used and as such may allow for some comparison between Ascot and other rehabilitation settings.

## **Outcome measures 2018**

Over the course of 2018 we have continued to measure outcomes on both an individual patient level and on a service level. Providing service level outcomes continues to be challenging because we are a small service with patients who have variable diagnoses and severity of difficulty. We have continued to use the UK FIM/FAM and the Care and Needs Scale (CANS) to measure the change in a patient's functioning over the course of their stay at Ascot Rehabilitation. In addition, as the service has developed and we are now receiving more patients with spinal injuries and more amputees, we have been exploring different outcome measures to provide information at a service level about these different pathways. These will be reported on in coming years.

The FIM/FAM is a measure of dysfunction in activities that are often addressed in the context of a rehabilitation setting. The FIM is focussed largely on motor function and specific activities of daily living and the FAM covers more cognitive, behavioural and communication elements of a functional rehabilitation programme. We continue to use the FIM/FAM, despite its limitations, because our stake holders recognise this measure and are able to use it to compare our service to that of other providers.

## **Data from FIM/FAM**

This report is based on the data set collected from the 29 patients who were discharged from our service in 2018 and for whom collection of FIM/FAM data was possible and sensible. Once again there is great variability of these data across patients, reflective of their different presentations and severity of disability and an average score is meaningless in this context. It is more helpful to consider the cumulative total FIM/FAM scores on admission and discharge and these are illustrated in Figure 1 below, with higher scores representing a higher level of functioning.

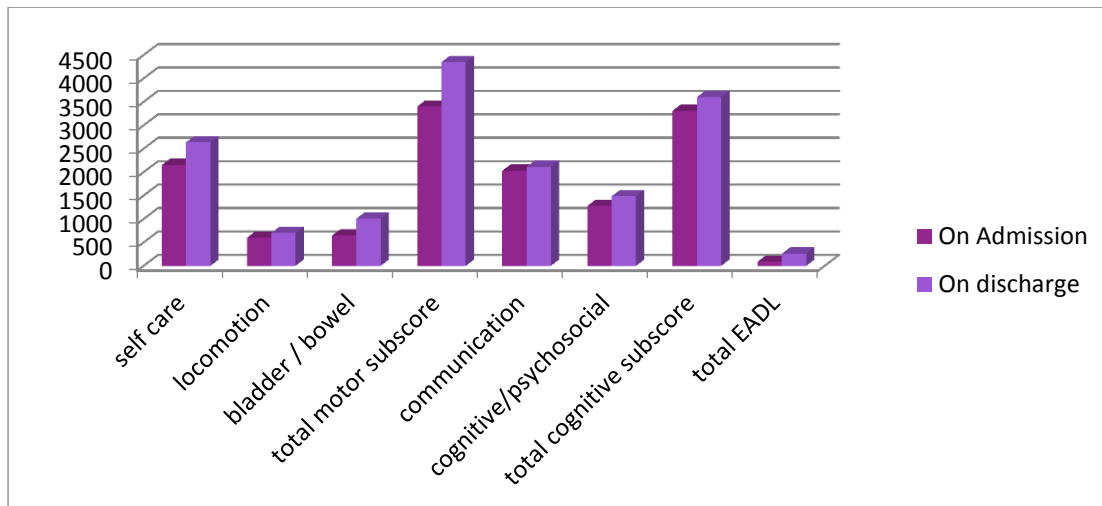


Figure 1. Cumulative total FIM/FAM scores on admission and discharge for all 30 patients discharged during 2018

Figure 2 illustrates the mean change per patient on FIM/FAM from admission to discharge of this same group do of patients. Higher scores represent greater improvement in this chart.

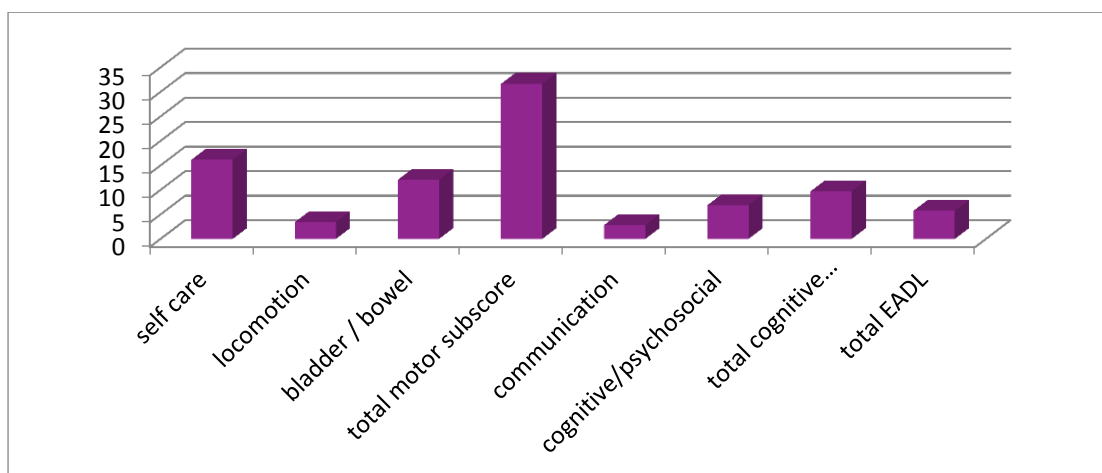


Figure 2. Mean change per patient on FIM/FAM subscales between admission and discharge for all 30 patients discharged in 2018.

These data illustrate that the programme at Ascot Rehabilitation brings about positive changes for patients across the broad range of scales of the FIM/FAM.

### **Care and Needs Scale (CANS)**

The CANS is designed to measure the level of support needs of adults with traumatic brain injury. It comprises two sections, a Needs Checklist and Support Levels. The data for the 30 patients discharged in 2018 shows that during their stay at Ascot Rehabilitation 67% of patients reduced the levels of support they required in terms of time and 53% reduced the level of support in terms of the nature of that support which represents a significant improvement in their abilities and a reduction in their needs.

## Our Patient Experience



In 2018 we continued to build on our reputation for excellence, both in our rehabilitation programmes and in the quality of our care and hospitality. We gather feedback from our patients and their families and we listened, responded and improved.

- With the input of our dietitian, chef and hospitality team we introduced our new menu cycle. Our new menu gives the patients a wider variety of options, with healthier options and dishes which appeal to all tastes and cultures.
- We continue to work with our Speech and Language Therapists, Hospitality and our chefs to develop a menu of appetising choices for patients who require modified textures.
- In 2019 we will be resuming our Meals and Diet Meetings on a regular basis. The meetings are key in keeping all people involved in the hospitality service updated.

- Our range of group therapy and leisure activities has extended, to include Tai Chi, art, Music Therapy, social interaction groups, outdoor mobility group, gardening group, and an upper limb group.
- We have begun the process of renewing the flooring in all patient bedrooms to a more modern and hygienic wood effect, which is safer and more comfortable for our patients with reduced mobility.



### **Patient Feedback**

‘Coming to Ascot Rehab was the best decision I ever made.’

At Ascot Rehab we are committed to improving and developing our services. We actively encourage patients and their family to give us feedback on what we do well, and on things we can do better. In 2018, 12 patients provided feedback based on their stay at Ascot Rehab.

### **On Arrival**

We recognise that arriving in a new environment can be a daunting experience for patients and their families and it is our priority to ensure that our patients feel welcomed and cared for from the outset. We strive to ensure every patient arrival is as smooth and as welcoming as possible. All patients who took part in the survey have told us we do well at welcoming them upon their arrival and with the introductory session they receive.

### **Nursing and Care**

How we care for our patients is key to what we do. We put the patients and their families at the heart of everything we do. It was therefore no surprise that the vast majority of our patients reported feeling that the nurses had a caring attitude towards them. Through continuous training and supervision we equip our nursing and caring team with the skills to provide optimum care. All of the patients in our survey felt that the the nurses and carers were well trained at what they do.

We asked patients whether we answered the call-bell in a timely way, whether medication was administered on time; and whether treatment plans and interventions were explained in a way they understood. All patients who took part in the survey felt that the nursing service met their needs.

### **Therapy**

The therapy programme at Ascot Rehab is at the core of what we do. Our patients decide what's important to them and set personalised goals. Our patients in the survey felt that they had improved with their therapy sessions throughout their stay. All patients in the survey said that their therapists have a caring attitude, and all were happy that sessions were punctual.

To aid recovery we provide non-conventional therapies which research has shown to assist in patient's rehabilitation such as Tai Chi, Music Therapy and Art Therapy. We listened to patient's feedback on the types of therapies we were delivering and as a result we have made some changes for 2019, including tailoring some sessions dependent on the needs of the patients. The art classes have proven to be a popular session and so for 2019 we will be expanding this activity to include using the outside space and planning short trips for our patients.

### **Hospitality**

Being able to access a variety of foods which meet the dietary and cultural needs and preferences of our patients is essential. We pride ourselves on listening to what our patients tell us about what they like, and on providing nutritious and appetising meals and snacks. Following feedback from 2017 and with input from our chef and dietician we introduced our new menu which enable the patient to have a wider choice, more variety and with freshly cooked and healthier meals. Following

our CQC, CHKS and CARF inspections, they all reported a good and well-run kitchen service. Our chef works hard to ensure the preferences of the patients are catered for adequately. This is indicated in the results of our survey where the majority of patients reported that they were satisfied with the food presentation and taste.

### **Interpreting & Transport**

Interpreting and transport services are available around the clock for patients and their families to help make the patients stay as easy and seamless as possible. All patients who had made use of the interpreting and transport services reported being satisfied to very satisfied at the services offered and the safety and attitude of the drivers and interpreters.

11 out of the 12 patients surveyed would return to Ascot Rehab and would recommend the service to others.



## Recognition of our Success



It is without doubt that 2018 was another exciting year for Ascot Rehab. With inspections, accreditations, specialist training and exhibitions both the staff and our patients have continued with us on our journey of success.

In May 2018 our regulatory body the Care Quality Commission (CQC) conducted a 3 day comprehensive inspection, involving our staff and our patients. We were delighted to be awarded an outstanding rating. This recognition was a huge achievement and is indicative of the staff's hard work and dedication. We followed this by inviting the Comparative Health Knowledge System (CHKS) back to Ascot Rehab for a full assessment. As leading providers of healthcare intelligence and quality improvement services in the UK we were thrilled to once again be awarded a 3 year accreditation, the highest accreditation available. We are proud that our re-accreditation recognises our commitment to excellence.

This year we concentrated on integrating our new technology into our therapy programmes and saw outstanding results in the Armeo upper limb robotic machinery as well the Lokomat – our new robotic gait machine. See our case studies later on in this report. We gained patient involvement in gardening group over the summer months, working towards enabling patients to become more independent. We continued to build and maintain excellent working relationships with providers, referrers and other key stakeholders including the London Prosthetic Clinic for both lower and upper limb prostheses.

We were the proud sponsors of the Leigh Day (personal injury & medical negligence lawyers) conference where we opened the event with talks on what we do at Ascot Rehab and the exceptional progress of our patients. We heard from experts in their fields relating to head Injury and recovery.

In 2018 we reviewed and implemented clinical pathways for stroke, amputees and spinal cord injuries and conducted full audits of stroke standards in line with national guidelines for best practice, ensuring we offer the highest evidence based standard of care in a timely manner

## **CASE STUDIES**

### **Neuro Psychology**

Matilda is in her early twenties and was an overseas student studying for a degree when she was knocked over by a car whilst crossing a road on a zebra crossing. She was severely injured and most significant amongst her injuries were spinal injuries, a partial traumatic amputation of her left upper limb and a severe brain injury. Following a period of time in acute care she was discharged back to her student digs without any rehabilitation. She was mobile but cognitively very impaired and she was experiencing high levels of pain. A personal injury claim was begun on Matilda's behalf and this enabled her to access Ascot Rehabilitation.

Matilda arrived in a very deconditioned state having spent most of the previous six months unable to leave her student room. She was very focused on her disability and all the things that she was now unable to do. She assumed that by this length of time post injury there was little more that could be done. She did not understand anything about her brain injury, she found communicating difficult because she was so tangential and her problem solving was severely impaired. She had verbal memory difficulties and she found it difficult to stay focussed. Physically Matilda was deconditioned and very weak, but did not have neurological motor problems. She experienced high levels of pain and her response to pain was adding to her physical deconditioning. The pain was centred on her neck and upper back and she also experienced phantom limb pain and pain around the stump of her traumatic amputation. Matilda experienced high levels of physical and cognitive fatigue.

On her arrival at Ascot Rehab the first job was turn her expectations on their head and to get her to think about what was important to her in life, what she would like to be able to do and where she would like to go after rehab at Ascot Rehab. In conjunction with her keyworker here Matilda drew up a spider gram chart (See Figure 1) to illustrate what was important to her. She said that what she wanted to be able to do was live in the community and be pain free. With support she identified what she would need to think about in order to achieve this and this is how the spider gram was built, from her hopes and dreams in the first instance, rather than from goals driven by us.

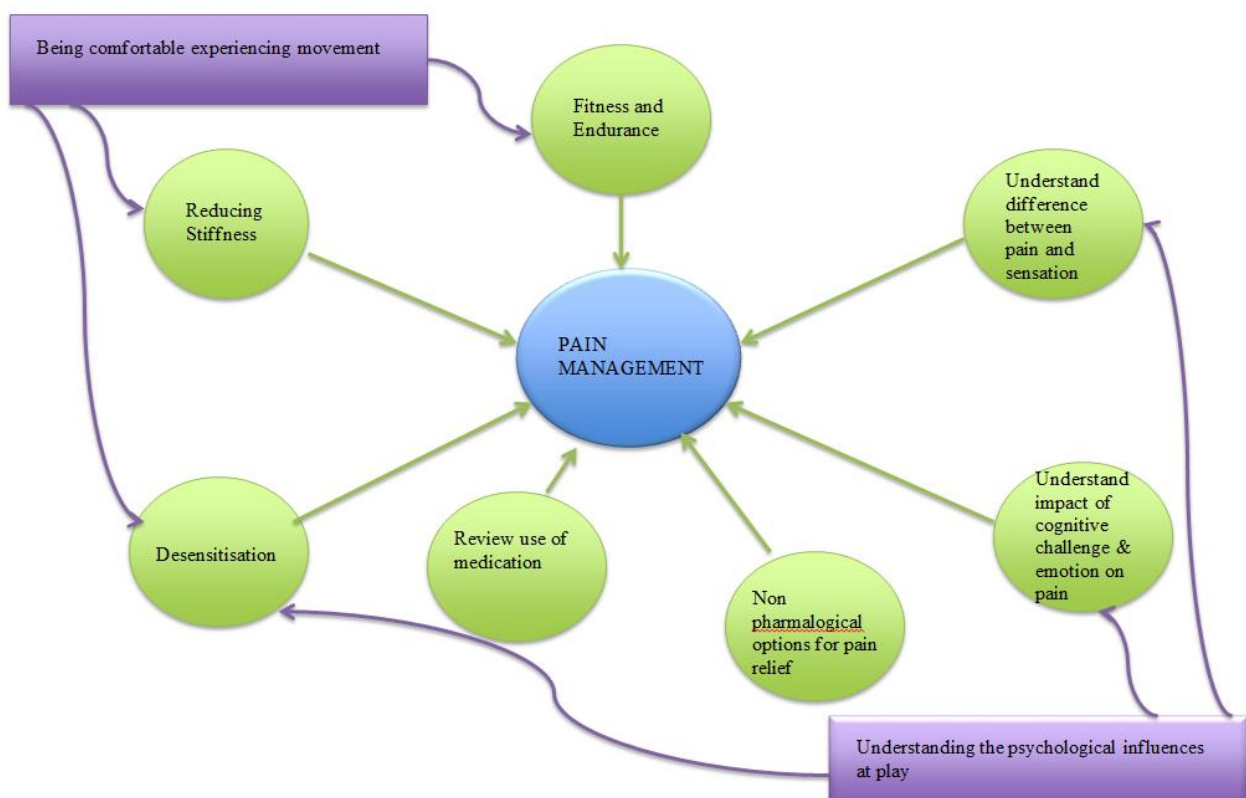
Matilda's first focus was on pain. Pain was part of how she experienced every part of her day and she found it exhausting but she also found it impossible to shift her attention from it. Together with the rehabilitation team, Matilda thought about the nature and extent of her pain and different ways that we could help her to tackle it. She was not keen on taking medication and the consultant neurologist supported her with that because of the impact of analgesic medication on her cognitive function and her fatigue levels. The physiotherapists looked at alternative, non-pharmacological methods of pain relief including acupuncture and hydrotherapy, alongside an exercise programme which focused on fitness and endurance and reducing stiffness. The neuropsychologists focused on exploring how Matilda's pain was affected by her stress levels or cognitive difficulties. The occupational therapists focused on desensitisation of Matilda's stump and on helping her to feel the difference between pain and sensation. Once the shape of this transdisciplinary approach to managing pain had been agreed more specific goals were set with Matilda.

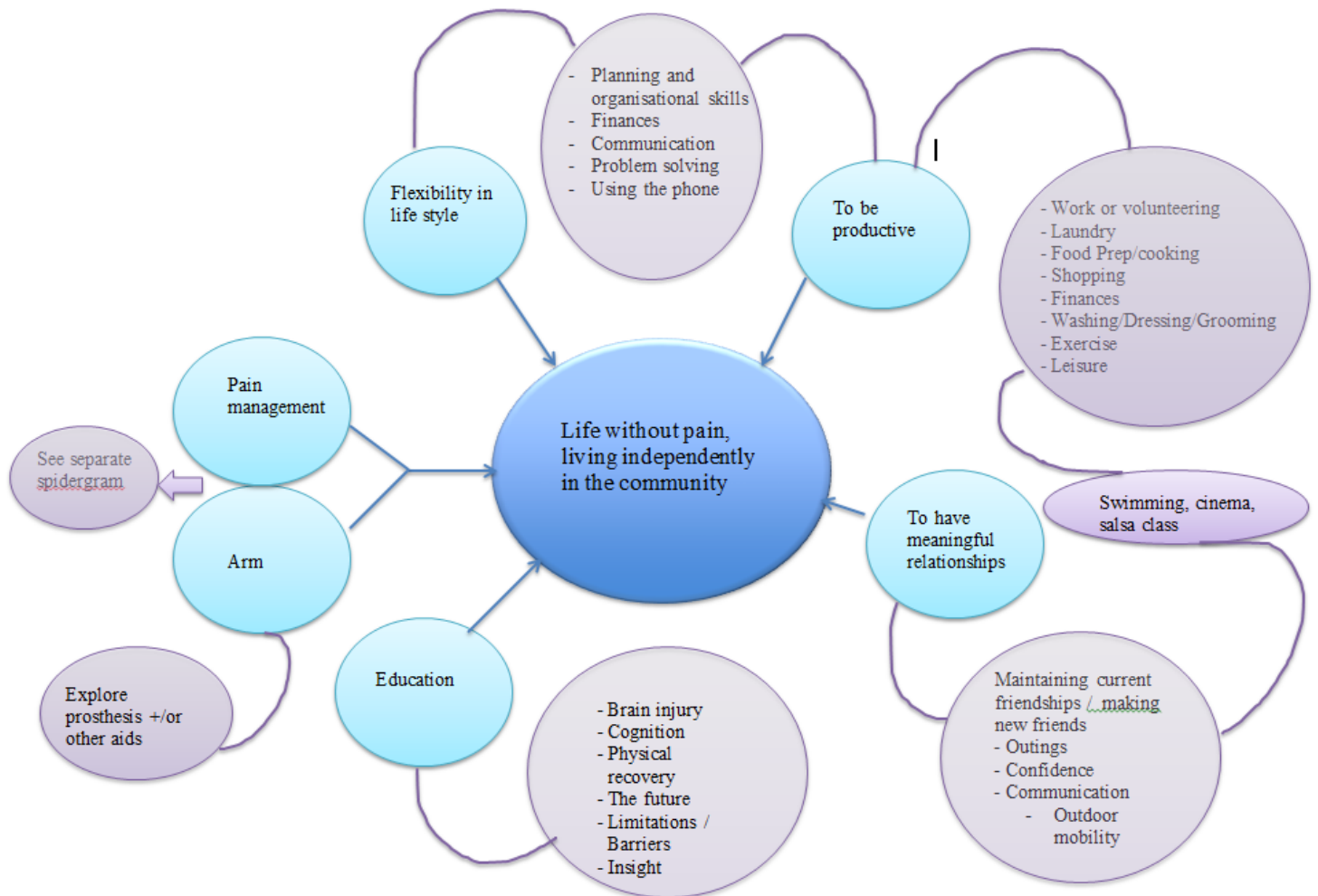
Matilda was empowered by this approach and it was very successful. She experienced a significant reduction in pain in her neck and back and she felt more able to manage the pain she felt in her stump and the phantom pain. Matilda told me that this was because she understood why she experienced this pain better, she had some means to tackle it which didn't leave her feeling doozy and dozy and because she no longer focused all her energy on trying to ignore it, which paradoxically left her focused on it all the time. Much of her programme then focused on managing day to day living skills and working towards independence in household management. The programme focused on functional skills but wove into this the need to manage working with only one arm and also the cognitive challenges that Matilda faced, including her high level communication difficulties. The programme went well but the team felt that there were some unpredictable blocks in progress.

Matilda was a foreign student in London and prior to the accident she had been part of a close expat group from her country. Her family were back home and during the time that she stayed at Ascot Rehab she did not receive any visit from her parents or two sisters. As she progressed Matilda then revealed that she had not told her family about the extent of her injuries. In her country being disabled had huge stigma, not just for the disabled individual but also for the whole family. Matilda was ashamed and desperately worried that she would be rejected by her family. At Ascot we work

with people from all over the world and have worked with many people facing similar dilemmas. Together we worked with Matilda to consider this difficulty and to find a way forward that did enable her to talk to her family about what had happened to her. Mixing with others in group sessions and discussing how others had faced these or similar challenges was very helpful for Matilda. Having achieved this another area was unlocked and in the latter part of her stay with us Matilda focused on contacting her friends and trying to re-establish social contacts. We worked with her to create a script to explain what she wanted to whilst keeping on topic and managing her anxiety about how her friends might react to her contacting them after such a long time and how they might react to the news she was giving them.

Matilda came to us having spent the majority of the past 6 months in bed, in great pain and unable to negotiate her day-to-day life because of her cognitive difficulties. She left us with her pain significantly improved and able to manage the pain she continued to have, having learnt skills to manage in her own home and to live independently with some limited support to manage planning and to troubleshoot. She had re-established contact with her family and re-established a social group. She was looking forward to the future and considering voluntary work as the next step.





## **CASE STUDY**

### **Occupational Therapy**

#### **Upper limb Rehabilitation - The use of Hocoma Armeo devise in conjunction with traditional therapy – Occupational Therapy**

##### **Introduction:**

Exoskeletons for lower and upper extremities have been introduced in neurorehabilitation because they can guide the patient's limb following its anatomy, covering many degrees of freedom and most of its natural workspace.

This emerging technology enables independent and repetitive movement practice in a motivating, enriched and interactive virtual learning environment.

Robotic therapy high intensity training is one of the key determinants of motor recovery. When combined with conventional therapy, robotic therapy yields largely favourable outcomes in terms of improving motor control, reducing motor deficits, and increasing ability to carry out activities of daily living

##### **CASE PRESENTATION**

Jon is a 66 year old chef. He used to cycle to work in a daily basis. Jon suffered a road traffic accident while cycling to work on Oct 2015. From the accident resulted polytrauma with maxillofacial, costal and spinal fractures, injury to right thigh, right rotator cuff injury, no evidence of head injury.

Jon was admitted at Ascot Rehab in July 2017 for a 3 week intense rehab period prior to his reverse shoulder replacement. The therapy input during his stay was focused on:

- Facial exercises to promote symmetry,
- Anxiety management,
- Hydrotherapy, exercise group and outdoor mobility, getting up off the floor,
- Bath transfers and equipment provision, dressing practise,
- Cooking and use of his right upper limb,

- Armeo for AROM,
- Home exercise programme

Jon was referred as an outpatient to Ascot Rehabilitation for Occupational Therapy and Physiotherapy input following a reverse right shoulder surgery. He attended twice a week over 4 months.

At admission the Jon's functional assessment reveals that:

- He needs assistance to manage socks and shoes
- Requires supervision during shower
- Not able to undertake domestic tasks
- Increased fear of falling which limits his outdoor mobility
- Pain increased after surgery
- Less positive mood as feeling more dependent on his wife

**Jon's goals:**

- To be able to return to driving
- To be able to eat peas holding a spoon in his right hand

**Jon's intervention included:**

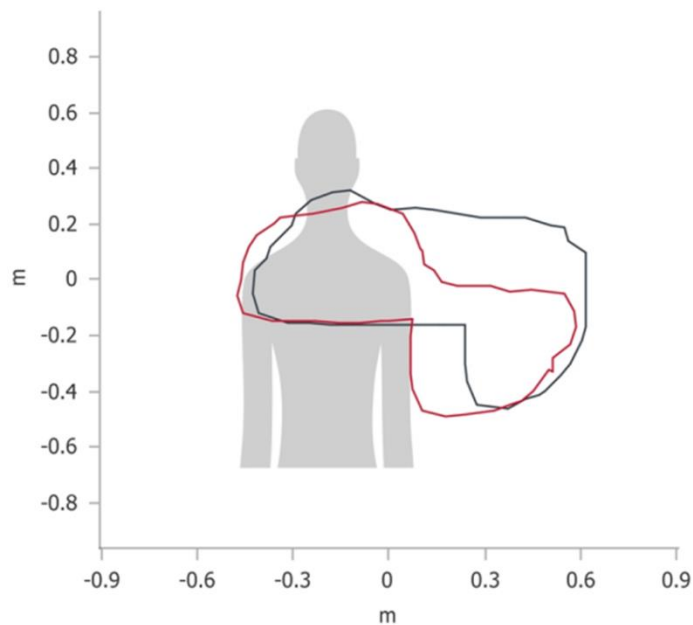
- Hocoma Armeo Spring<sup>®</sup>
- Muscle strengthening
- Managing pain
- Prevent loss of range
- Improve range of movement
- Manage pain
- Promote alignment and optimal positioning
- ADL practice – chopping and carrying pans, dressing



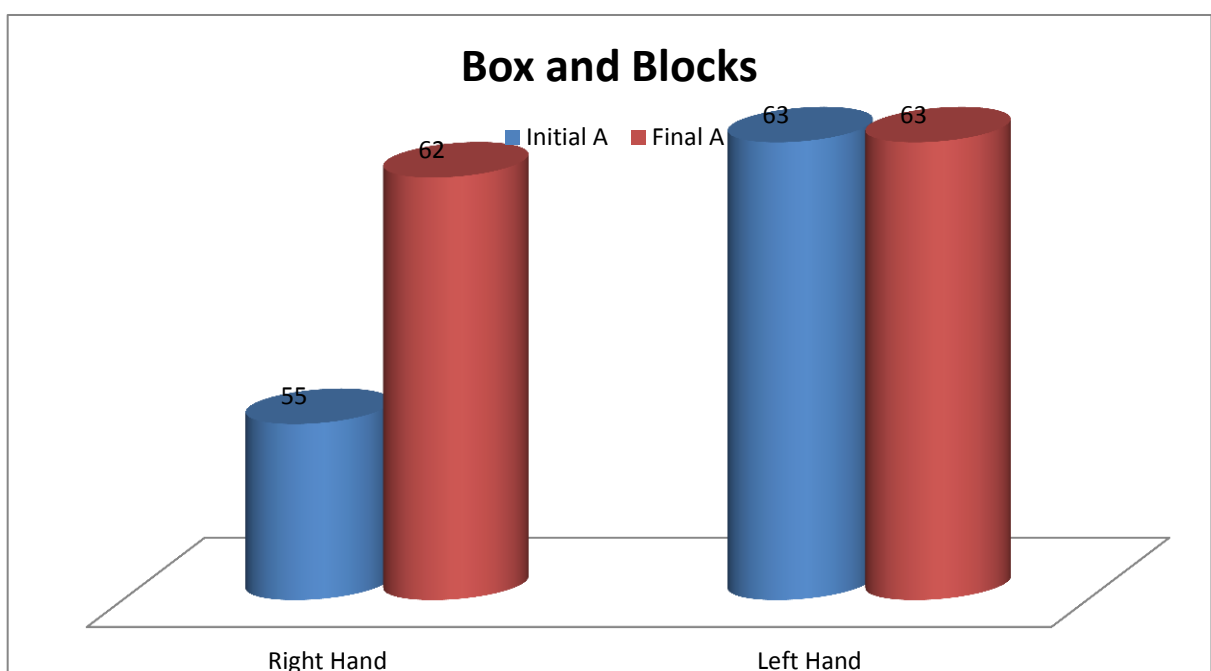
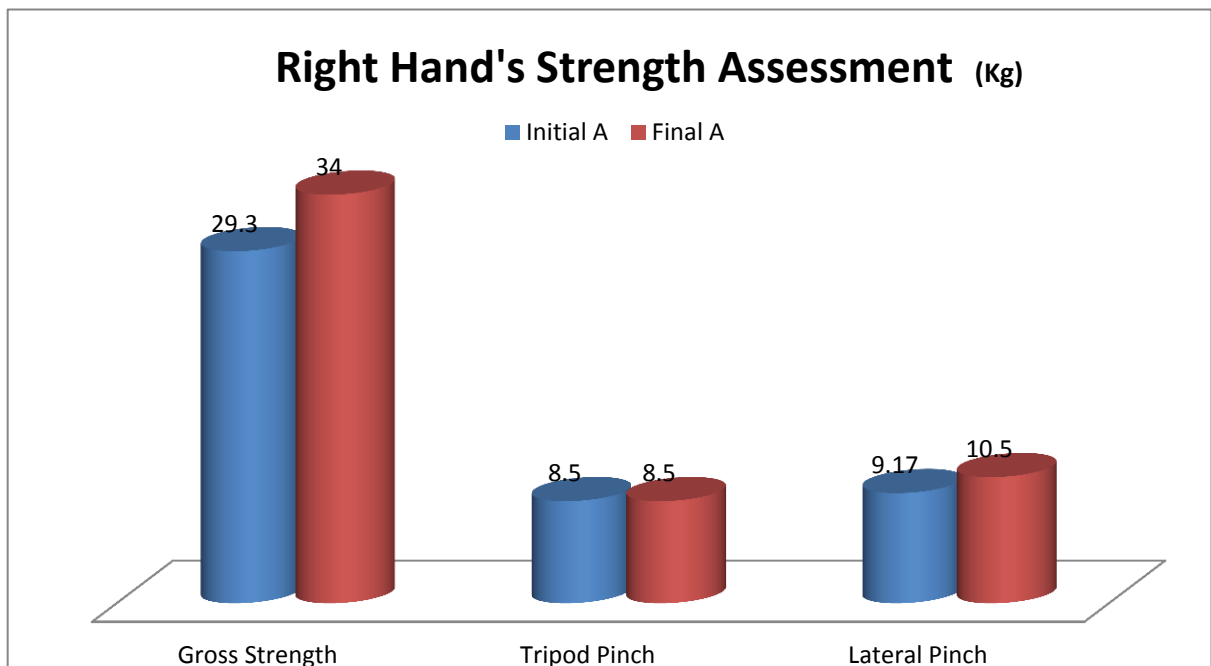
## RESULTS

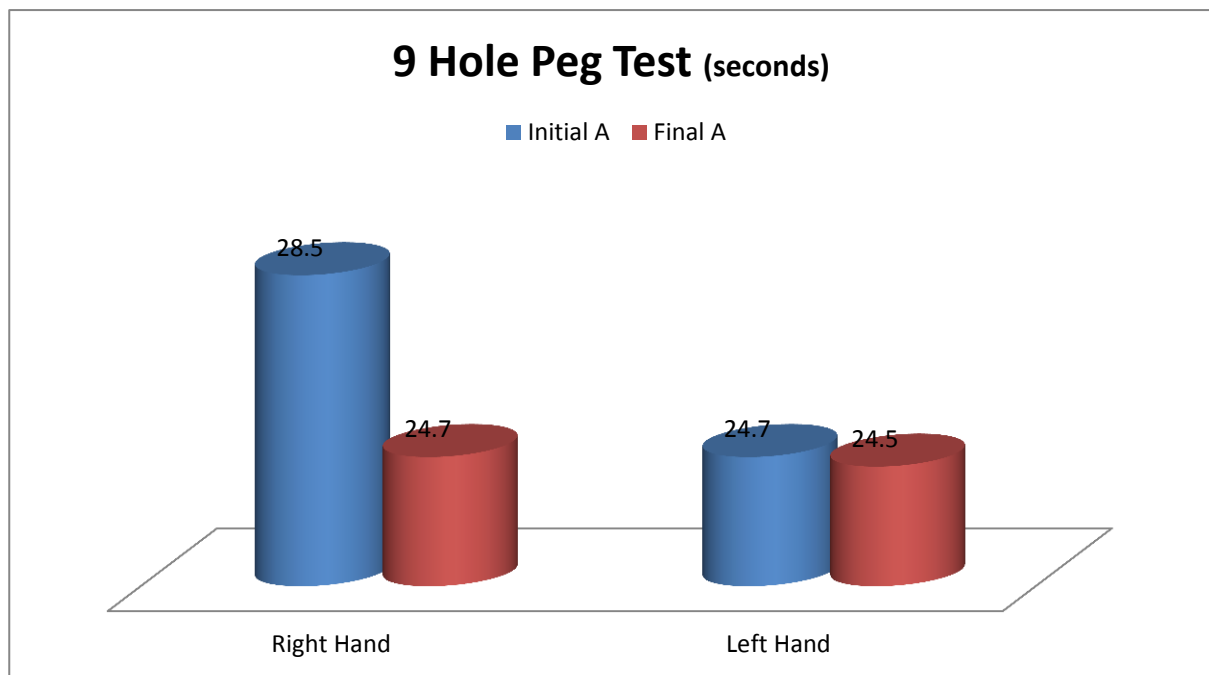
Right UL	Initial Assessment		Final Assessment		Left UL
Shoulder movement	Active ROM	Passive ROM	Active ROM	Passive ROM	<b>Active ROM</b>
Flexion	35	90 (aarom)	100	130	<b>135</b>
Abduction	40	50(aarom)	85	95	<b>95</b>
Extension	10	15	20	35	<b>35</b>
External rotation	-10	0	0	35	<b>35</b>

Frontal



Red: Initial range Black: final range





At discharge Jon no longer feared falling and damaging his shoulder, he is currently mobilising independently and is aware that he needs to plan his outdoor mobility to incorporate rest breaks. Jon's main goal was to return to driving. He had already investigated which vehicle to purchase and was keen to drive again.

Following his outpatient rehabilitation Jon is now independent again with dressing tasks but finds tucking the shirt into the back of his trousers a challenge due to reduced right shoulder external rotation. Jon has returned to cooking his family meals and feels his ability to chop is improving. This has had a positive effect on his mood and independence.

## **CONCLUSION**

The results of present pilot study suggest that upper limb functionality can be positively influenced by robotic therapy combined with traditional therapy program.

## **CASE STUDY**

### **Physiotherapy**

#### **Robotic Gait Rehabilitation - The use of Lokomat by Hocoma device in conjunction with intensive neurorehabilitation**

##### **Introduction:**

Exoskeletons for lower extremities have been introduced in neurorehabilitation because they can guide the patient's functional enablement towards gait recovery in an intensive way that cannot be achieved via manual handling only and traditional rehabilitation. Robotic therapy high intensity training can be one of the key determinants of motor recovery due to the amount of repetition that is required to promote neuroplasticity following brain or spinal cord injury. In our centre we have the unique opportunity (and in UK ) to use the Hocoma robotic equipment – Lokomat on top of our intensive physiotherapy programme. Effective Gait Training via Robot-assisted therapy enables effective optimal exploitation of neuroplasticity and recovery potential. According to Mehrholz et al. 2017\*, every seventh dependency in walking could be avoidable if robot-assisted devices were used. With the Lokomat you can also train patients with severe disabilities, who have been shown to benefit the most from Lokomat training.

##### **Case presentation**

BW is a 32 year old gentleman who suffered partial spinal paralysis secondary to compression fracture at his lower thoracic spine a year ago that was initially surgically reconstructed with metal stabilisation.

BW was very engaged to the intensive physiotherapy programme here at Ascot Rehab and on admission was mobilising with two elbow crutches. Following successful implementation of Lokomat and physiotherapy BW progressed to independent mobilising with the occasional use of ankle foot orthosis mainly during outdoor long distance mobility

During therapy sessions BW received bilateral foot sensory stimulation. BW showed improvement as depicted by increasing sensation on the dorsal side of his foot.

During physiotherapy sessions BW was working on his balance and strengthening bilaterally of lower limbs. He attended sessions where he performed strengthening exercises and he also engaged in dynamic balance tasks relative to the Berg Balance Scale functional tasks.

BW has been having Lokomat treatment two times a week, he engaged well with this and has been able to increase his stamina, distance and time he is able to achieve on it. He has also achieved a reduced amount of guidance force that the machine gives and is able to support increasing percentage of his body weight during the gait cycle.



**BW achieved the following goals during his one month stay at Ascot Rehab**

- BW could trial use of one crutch
- Reduce his reliance on his upper limbs for transfers
- BW will practice going up and down a flight of stairs using one crutch and a rail- using two rail independent, or using one rail with supervision.
- To be able to mobilise in the community with one crutch for a short distance of 30m
- To improve score on Berg balance by 7 points
- To be able to walk 10m with no walking aid in 4 weeks
- To be able to stand unsupported for 2 min
- To be able safely ascend and descend a flight of stairs with no walking aids

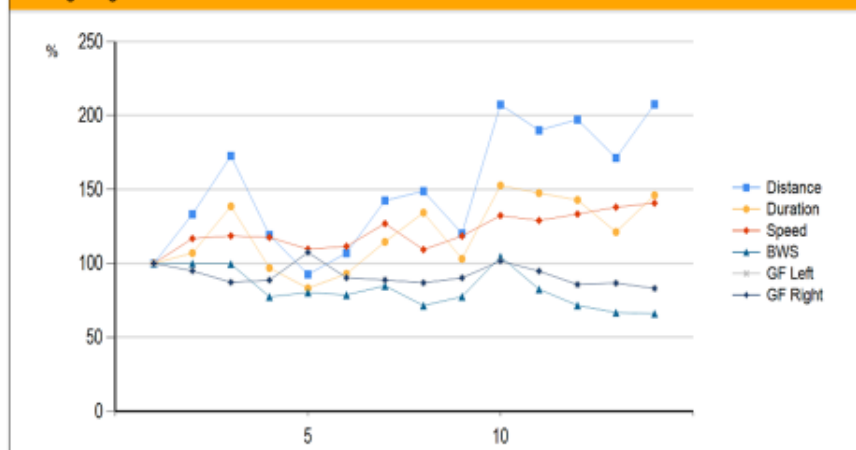
## Results



Lokomat Report for a-s, b



### Training Progression



ascotrehab.com

At discharge BW was no longer at increased risk of falling even in crowded and demanding in balance places i.e. curved pathways. BW was able to mobilise independently for more than 100 meters and was able to return to his work and social life.

## **CONCLUSION**

The results of the pilot study suggest that lower limb functionality and gait training can be positively influenced by robotic therapy combined with traditional therapy programme.

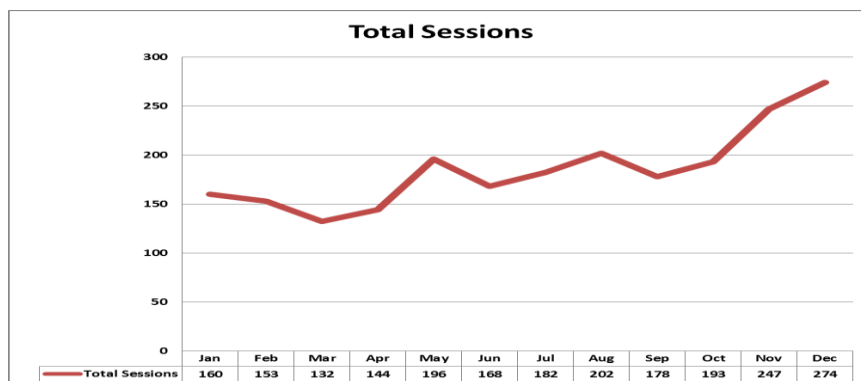


## Outpatient Services

Ascot Rehab provides a number of general and intensive outpatient/outreach rehabilitation services.

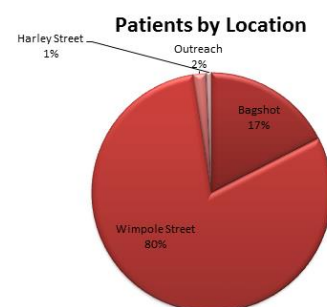
In 2018, Ascot Rehab successfully expanded these services to provide professional paediatric rehabilitation for children and young adults from a state of the art London clinic, offering the latest in modern rehabilitation equipment such as the Hocoma Armeo Spring and the Giger MD.

In 2019, we are extending our outpatient opening hours for patients. This will include evenings and weekends to provide more flexible outpatient services. In addition to this, we will be continuing to expand on women's well-being, pelvic flooring therapy and will include specialist Paediatric services for patients with special educational needs.



## Outpatients/Outreach Services 2018:

- Treated a total of 283 patients
- There were 119 Male patients and 164 female patients
- There were 270 Adult patient and 13 paediatric patients
- A total of 2229 sessions took place



## **Our Highlights and Achievements**

- Awarded a CQC rating of Outstanding following a comprehensive inspection
- Accredited with CARF (Commission on Accreditation of Rehabilitation Facilities) for a period of 3 years representing the highest level of accreditation that an organisation can be awarded. This demonstrates our substantial conformance to the CARF international standards and the completion of a rigorous peer review process.
- Accreditation by Comparative Health Knowledge Systems. CHKS is a leading provider of healthcare intelligence and quality improvement which benchmarks against large providers of healthcare.
- Awarded the Queens Award for Enterprise, International Trade 2017 in Her Majesty's birthday celebrations
- Recipient of the Laing Buisson Awards in Rehabilitation, 2017.
- Positive patients and stakeholders feedback.
- Outstanding rating by care quality commission 2018

## **Our future**

Sadly, there is no shortage of patients requiring this service. We have plans to continue growing, and to continue investing in the latest and best medical equipment – transforming lives through excellent care. We will keep investing in our staff to ensure they have access to best training opportunities and equip them with the skills to provide our patients with the best possible care. We will continue listening to the feedback from our patients and their families as part of our continuous improvement.

*To be the leading centre of excellence in rehabilitation services, providing the highest quality of rehabilitation and care to our patients.*