

Initial Assessment Structure in a Specialist Outpatient Clinic for Acquired Brain Injury In Adults



Mark Paramlall MRCPsych (1,2), Rohan Kandasamy MRCP (1,2,3), Himanshu Tyagi PhD, MRCPsych (3,4) Jen McCabe (1)
 (1) North Bristol NHS Trust (2) Frenchay Brain Injury Rehabilitation Centre
 (3) National Hospital for Neurology and Neurosurgery (4) University College London Hospitals



Rosa Burden Centre + Frenchay Brain Injury Rehabilitation Centre
 NBT Outpatient Acquired Brain Injury Neuropsychiatry Checklist

Introduction

Consistent with the NHS quality agenda, Dept. of Health, 2011(1) there has been a drive to routinely incorporate outcome and performance measurement data in clinical practice. An absolute requirement within NHS services (2) are Patient-Rated Outcome Measures (PROMS) which are used by some Royal College of Psychiatry faculties to quantify outcomes, improve accountability, performance management and service. They can also be used to screen for common health problems and ensure the comprehensive assessment of complex Acquired Brain Injury (ABI) Patients who typically present with various neurological and psychiatric comorbidities.

The North Bristol NHS Trust Outpatient Clinic at The Frenchay Brain Injury Rehabilitation Centre and The Rosa Burden, Southmead Hospital, conducts new assessments and regular patient reviews for referrals from South West England. As part of a quality improvement initiative a semi-structured process of assessment was trialed, to improve patient experience by providing a comprehensive initial assessment, improving treatment productivity and reducing over-running clinics.

Method

Referrals were audited and common reasons for referrals identified. Questionnaires and tools used in the clinic were reviewed and those most frequently used were compiled. The evidence for questionnaires utilized for different psychiatric comorbidities and applicability in ABI was examined in the literature. The finalized patient questionnaires booklet section and their sequence was decided based on expert peer recommendations and patient feedback. The collateral section was similarly developed with some questionnaires modified for operational reasons.

PART A: SELF RATED PRE-ASSESSMENT QUESTIONNAIRE

Includes:

- Rivermead Post Concussion Symptoms Questionnaire,
- Patient Health Questionnaire (15): Somatic Screen,
- Patient Health Questionnaire-9: Depression screen,
- General Anxiety Disorder 7: Anxiety screen,
- Mood Disorder Questionnaire: Bipolar Affective Disorder
- PCL-C Civilian Version PTSD Checklist.

Patient Name: Date of Birth:

Date of Completion:

After a head injury or accident some people experience symptoms that can cause worry or nuisance. We would like to know if you now suffer any of the symptoms given below. Because many of these symptoms occur normally, we would like you to compare yourself now with before the accident. For each symptom listed below please indicate the one that most closely represents your answer. You may ask your carer/spouse/close relative to help you go through these and we do appreciate this is quite long, so please feel free to take a few days to complete it.

SECTION I
 Compared with before the accident, do you now (i.e., over the last 24 hours) suffer from:

PART B: CARER/ FAMILY PRE-ASSESSMENT QUESTIONNAIRE

Includes:

- Modified Overt Aggression Scale: Screen for Aggression,
- Neuropsychiatry Inventory Questionnaire (NPIQ): Assesses Psychiatric Symptoms In Patients with Neurological Disorders

Collateral History
 (to be completed by carer/spouse or close relative)

Patient Name: Date of Birth:

Name of Person Completing Form:

Relationship to Patient:

Date of Completion:

SECTION I
 After a head injury or accident some people experience symptoms that can cause worry or nuisance. We would like to know if you have noticed any of the behaviours given below. Please answer the following questions based on changes that have occurred since the patient suffered from their brain injury.

PART C: CLINICIAN PROFORMA

Includes:

- Patient Demographics
- Referral reason
- History, including:
 - Symptom History
 - Medical History
 - Medication History
 - Psychiatric History
 - Developmental History
 - Family History
- Functioning and Lifestyle evaluation
- Important Risk Factors
 - Current functional level at home
 - Social functioning
 - Functioning at work
- Section for collating findings from parametric evaluations in previous questionnaires
- Treatment Plan

Neuropsychiatry Outpatient Assessment Form

Patient Name: Date of Birth: MRN: Consultant: Date of Completion:

Identifying Information

Patient:	Date of Birth:	Date Seen:
Age:	Gender: <input type="checkbox"/> m <input type="checkbox"/> f	
Current Occupation: <input type="checkbox"/> student <input type="checkbox"/> unemployed <input type="checkbox"/> Disability occupation:		
Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> separated <input type="checkbox"/> Divorced		
Ethnic origin:		
Other person providing collateral:	Patient's phone no:	

Outcome

The final booklet was divided into three sections:

Patient-Rated, Observer Rated and Clinician Section.

Consultation efficiency was improved with the Patient and Observer rated sections completed prior to the initial assessment. The checklist is used for all initial assessments with good uptake and allowed for standardization of clinical information gathering. PROMs for mood are collected at each clinic appointment with other domains repeated if abnormal at initial clinic assessment or clinically relevant.

The second version of the booklet is being developed to incorporate a pre-morbid ADHD screen and we are planning to use a web based electronic interface where the patient and carer are sent a link to access a secure online electronic version of the checklist. Responses will be via drop down menus and on completion and submission of the checklist, results will be calculated automatically and uploaded into the notes.

Conclusion

The use of PROMs in acquired/ traumatic brain injury can be challenging, as patients often have cognitive or communication impairments. Previous examples of Brain Injury Checklists have depended solely on the patient as the informant or were clinician rated. Our Neuropsychiatry ABI Checklist is standardized assessment for ABI patients, that is the only instrument, to our knowledge, that includes a patient (subjective), carer (objective) and clinician (objective) section to ensure an integrated, comprehensive approach that provides effective screening, a method for audit and outcome measurement. The items are freely available and widely used allowing for longitudinal comparisons. The NPIQ collateral history section caregiver distress rating for symptom manifestation helps identify directed interventions for the patient, the caregiver, or both and has proven especially useful when patients have had to be seen without their carers present due to Sars-Cov-2 infection control protocols.

Contact: Dr Mark Paramlall @markparamlall

References

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