The Rehabilitation Complexity Scale: extended (version 13)

Further instructions for application

For each subscale, circle <u>highest level</u> applicable

CARE or RISK

Describes the level of support the patient needs for either basic self care or to maintain their safety

NB: If not sure which to record, rate both CARE and RISK and use highest score

BASIC CARE AND SUPPORT NEEDS

Includes assistance for basic care activities (either physical help or stand0by supervision) Includes washing, dressing, hygiene, toileting, feeding and nutrition, maintaining safety etc.

C 0	Largely independent. Manages basic self-care tasks largely by themselves.
	May have incidental help just to set up or to complete – e.g. application of orthoses, tying laces etc
C 1	Requires help from 1 person for most basic care needs ie for washing, dressing, toileting etc.
	May have incidental help from a 2 nd person – e.g. just for one task such as bathing
C 2	Requires help from 2 people for the majority of their basic care needs
C 3	Requires help from ≥3 people for basic care needs
C 4	Requires constant 1:1 supervision e.g. to manage confusion and maintain their safety

RISK- COGNITIVE / BEHAVIOURAL NEEDS

(An alternative care primarily for 'walking wounded' patients who may be able to manage all/most of their own basic care, but there is some risk for safety eg due to confusion, impulsive behaviour or neuropsychiatric disturbance) Includes supervision to maintaining safety or managing confusion eg in patients to have a tendency to wander, or managing psychiatric / mental health needs.

R 0	No risk – Able to maintain their own safety and to go out unescorted Able to maintain their own safety at all times					
R 1	Low risk – standard precautions only for safety monitoring within a structured environment					
	But requires escorting outside the unit					
	Maintains own safety within a structured environment, requiring only routine checks, but requires accompanying when outside the unit					
R 2	Medium risk – additional safety measures OR managed under MHA section					
	Additional safety measures even within a structured environment, eg alarms, tagging, or above standard monitoring (eg 1-2 hrly checks)					
	OR managed under section of the Mental Health Act (time for additional paperwork etc)					
R 3	High risk –Frequent observations (May also be managed under MHA section)					
	Needs frequent observations even within a structured environment, eg $\frac{1}{2}$ -1 hrly checks, or 1:1 supervision for part(s) of the day/night					
R 4	Very high risk - Requires constant 1:1 supervision					
	Needs 1:1 supervision all of the time					

-	DIVERSING NEEDS the level of skilled nursing intervention form a qualified or specialist trai	ined nurse			
N 0	No needs for skilled nursing – needs can be met by care assistants only	Tick nursing disciplines required:			
N 1	Requires intervention from a qualified nurse (with general nursing skills and experience) e.g. medication, wound/stoma care, nursing obs, enteral feeding, setting up infusion etc)	General registered nursing Rehab-trained nurses			
N 2	Requires intervention from nursing staff who are trained and experience in rehabilitation e.g. for maintaining positioning programme, walking / standing practice, splin application, psychological support	t Palliative care nursing			
N 3	 Requires highly specialist nursing care e.g. for very complex needs such a Management of tracheostomy Management of challenging behaviour / psychosis / complex psychological needs Highly complex postural, cognitive or communication needs Vegetative or minimally responsive states, locked-in syndromes 	S Specialist neuro nurse (eg MS, PD, MND) Other			
N 4	Requires high dependency specialist nursing (high level nursing skills <u>and</u> intensive input) eg medically unstable, requiring very frequent monitoring/ intervention by a qualified nurse - hourly or more often, (usually also specialist training eg IV drug administration or ventilation etc).				
-	L NEEDS the approximate level of medical care environment for medical/s	surgical management			
M 0	No active medical intervention - Could be managed by GP on basis of occasional visits)	Tick medical interventions required:			
M 1	Basic investigation / monitoring / treatment (Requiring non-acute hospital care, could be delivered in a community hospital with day time medical cover) i.e. requires only routine blood tests / imaging. Medical monitoring can be managed through review by a junior medic x2-3 per week, with routine consultant ward-round + telephone advice if needed)	Blood tests Imaging (CT / MRI) Other Investigation State type			
M 2	Specialist medical / psychiatric intervention - for diagnosis or management/procedures (Requiring in-patient hospital care in DGH or specialist hospital setting) i.e. requires more complex investigations, or specialist medical facilities e.g. dialysis, ventilatory support. Frequent or unpredictable needs for consultant input or specialist medical advice, surgical intervention , psychiatric evaluation/treatment.	Medication adjustment / monitoring Surgical procedure (eg tenotomy) State type			
М З	 Potentially unstable medical /psychiatric condition - Requiring 24 hour on-site acute medical / psychiatric cover (depending on type of need) Potentially unstable: May require out-of hours intervention – e.g. for uncontrolled seizures, immuno-compromised condition, - or for psychiatric medical adjustment / emergency risk assessment etc) Needs to be managed in a setting where there is on-site 24 emergency medical /psychiatric cover. 	Medical procedure (eg Botulinum toxin) State type Specialist opinion State discipline			
M 4	Acute medical / surgical problem (or psychiatric crisis) Requiring emergency out-of-hours, intervention Requires acute medical/surgical care e.g. infection, acute complication, post surgical care. Ie actual involvement of the 24 hour medical (or surgical or psychiatric) services, whether on a planned or unplanned basis	Medico-legal or capacity issues Other			

THERAPY NEEDS

Describes the

a) number of different therapy disciplines required and

b) intensity of treatment

Includes individual or group-based session runs by therapists, but NOT rehabilitation input from nursing staff which is counted in N2.

(NB The Northwick Park Therapy Dependency Assessment (NPTDA) can be used to calculate total therapy hours in more complex cases e.g. and provide more detailed information regarding time for each discipline etc. It also includes quantitative information on the rehabilitation time provided by nursing staff)

Therapy Disciplines: State number of different therapy disciplines required to be actively involved in treatment

TD 0	0 – no therapist involvement	Tick therapy disciplines required:						
TD 1	1 discipline only	Physio O/T	Psychology Counselling	Orthotics Prosthetics				
TD 2	2-3 disciplines	SLT Dietetics	Music/art therapy Play therapy/school	Rehab Engineer Other:				
TD 3	4-5 disciplines	Social work	DEA/Jobcentre Plus	ouldi.				
TD 4	≥6 disciplines	Other	Recreational therapy Other					

Therapy Intensity: State overall intensity of trained therapy intervention required from team as a whole TI O No therapy intervention (Or a total of <1 hour therapy input per week - Rehab needs are met by nursing/care staff or self-exercise programme) **TI 1** Low level – less than daily (eq assessment / review / maintenance / supervision) OR Group therapy sessions only (ie Patient does not receive therapy sessions every day (or has <1 hour therapy per day) This usually means that a) they currently have mainly needs for care, nursing or medical treatment, or b) they are on a low intensity review only or group-based programme - or c) they are on a winding-down programme in preparation for discharge) **TI 2** Moderate - daily intervention - individual sessions with one therapist to treat for most sessions OR very intensive Group programme of ≥6 hours/day (ie Patient may have treatment from a number of different therapists (see TD), but is treated by one therapist at a time They will normally have therapy sessions every day 5 days a week, for a total of 2-3 hours per day (some of which may be periods of self-exercise under distant supervision if they are able) Or they have therapy in group based sessions on a very intensive basis (> 6 hours per day spent in group sessions) High level – Daily intervention with therapist PLUS assistant and/or additional group sessions TI 3 Patient requires a second pair of hands for some treatment sessions, treatments (eq physical handling) and so is treated by a therapist with an assistant (who may be unqualified) OR they require an intensive programme \geq 25 hours of total therapy time per week, (eq 4-5 hours per day 5 days per week) some of which may be sessions with a therapy assistant, or group-based sessions in addition to their individual daily therapy programme **TI 4 Very High level** – **very intensive** (eq 2 trained therapists to treat, or total 1:1 therapy >30 hrs/week) Patient has very complex therapy needs requiring two trained therapists at a time (with or without a 3rd assistant) - eq for complex physical handling needs, management of unwanted behaviours etc OR they require a very intensive programme involving > 30 hours of total therapy time per week. Total Total T score (TD + TI) :....

EQUIPMENT NEEDS

E 0	No needs for special equipment	Basic Special Equipment	Highly Specialist Equipment		
E 1	Requires basic special equipment (off the shelf)	Wheelchair/seating Pressure cushion	Environmental control Communication aid		
E 2	Requires highly specialist equipment (eg Electronic assistive technology or highly customized equipment that is made or adapted specifically for that individual)	Special mattress Standing frame off-shelf orthotic Other	Customised seating Customised standing aid Customised orthotic Assisted Ventilation Other		

RCS Version 13. Prof Lynne Turner-Stokes 05.04.2012

CENT	RE DETAILS				-					
		of centre								
	No of neuro-re									
Type of service		Com	Complex specialised rehabilitation service							
			Specialist rehabilitation service General rehabilitation service							
	Sample of	f natients		urrent in-pat		2				
	Sample of	patients	Sele	cted sample	from a total	of				
REH	Selected sample from a total of REHABILITATION COMPLEXITY SCORES for current in-patients: Date//									
No.	Patient	Care	Risk	Nursing						Comment
	C R N M TD TI E				Total					
		0-4	0-4	0-4	0-4	0-4	0-4	0-2	0-22	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26							1			
27										
28							1			
29										
30					<u> </u>					
Dla	1		de frant	<u> </u>		L	1		1	l

Photocopy if necessary to include further patients. NB. Total RCS score = sum of C or R (use highest score) + N, M, TD, TI & E