

CONCEPT

## Rationale

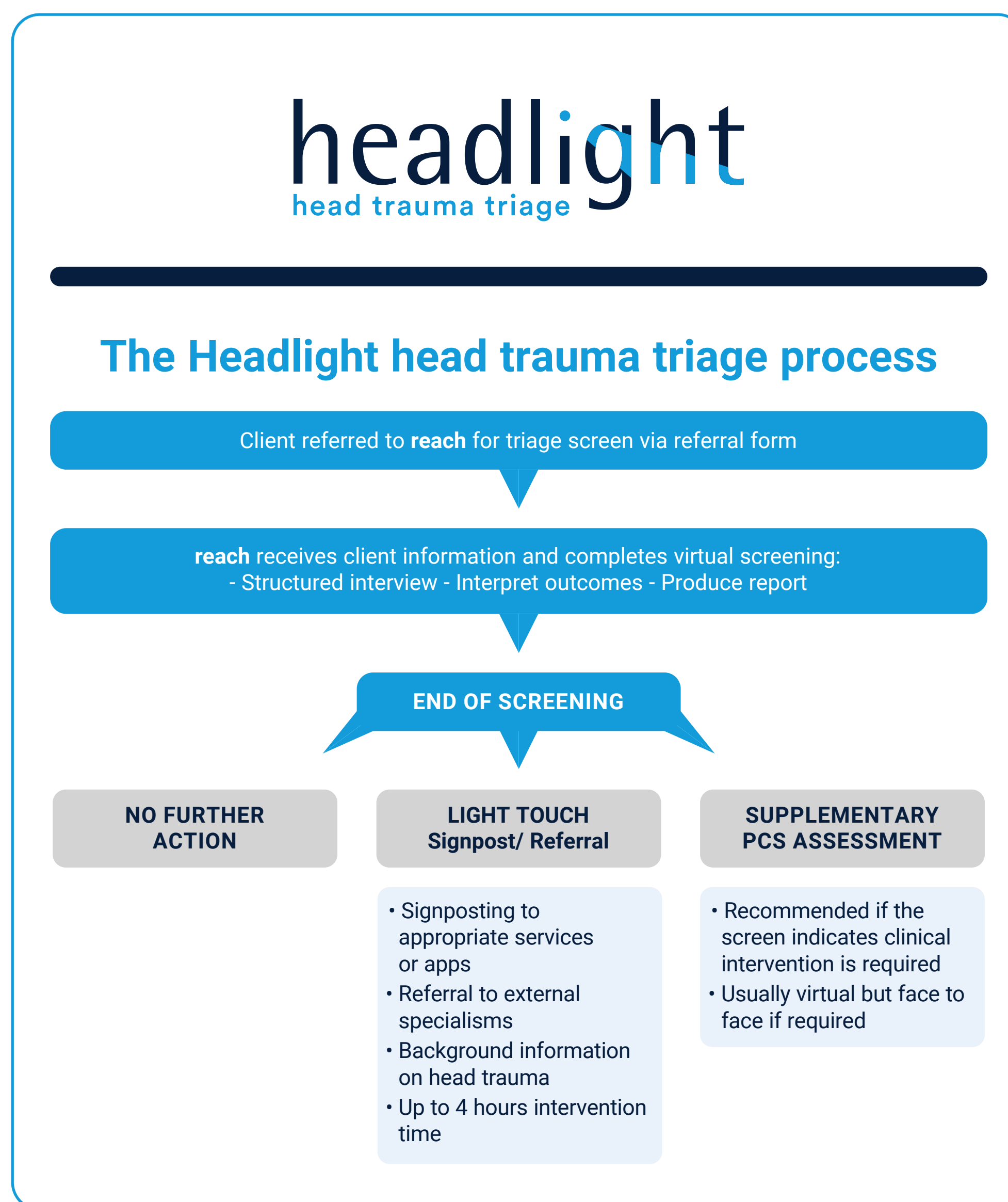
Evidence suggests the earlier head trauma cases receive assistance the less likely it is that ongoing symptoms will escalate into longer term difficulties requiring clinical management. The onset of secondary psychological symptoms may occur earlier in mild Traumatic Brain Injury (mTBI) – within 3 months – compared with moderate to severe TBI cases (Ponsford et al, 2018; Robert, 2020). With 70-90% of TBI's classed as concussion or mild brain injury, timely intervention and structured follow up to this group could deliver substantial gains on public health and societal costs (Maas et al, 2017), as well as reducing the duration of the head trauma litigation claims process.

## Who are reach?

A company with 30 years' experience in the provision of home-based assessment and rehabilitation for adults and children who have experienced a brain injury, ranging from the very mild to the most severe.

## What is the Headlight head trauma triage protocol?

A process providing an effective, proportionate, and cost-efficient therapeutic approach, to determine a client's current needs and whether further assessment or intervention is required. This enables insurers/claims handlers, lawyers, case managers and employers to act at a very early stage in a claim.



## Headlight screen

Completed over a virtual platform and includes:

- Background information gathering
- Standardised tool to evidence ongoing symptoms
- Comparison of daily occupations pre and post head trauma
- Current cognitive, behavioural/emotional and physical status
- Any additional information to inform the way forward

## Headlight supplementary post-concussion symptoms assessment

If indicated following the screen, this is completed over a virtual platform and includes:

- Standardised measures to further assess awareness, cognition, fatigue, mood, anxiety, and mental well-being

## Headlight intervention programmes

If indicated following the supplementary post-concussion symptoms assessment, a brief virtual rehabilitation programme which:

- Is individually tailored in content and duration
- Takes an educational approach
- Identifies strategies to self-manage and reduce symptoms
- Promotes practice of strategies in daily occupations

PILOT

## Pilot study

The major insurer, Aviva, highlighted a significant number of claims where mTBI had not been highlighted as a possible outcome at the time of accident/incident, for example where significant orthopaedic injuries had been the primary focus of initial hospital treatment or where an apparently mild head trauma was not referred for diagnostic imaging and the client sent home with basic head injury advice. They approached reach to help to improve their claim predictions, which resulted in the development of a clinical protocol to triage head trauma cases and a collaborative pilot study.

*I just feel different now. I didn't really appreciate how much I had been struggling before – now I know.*



## Referral criteria

### Inclusion:

- Head trauma / wound to the skull
- Possible concussion
- Glasgow Coma Scale 13-15 – with minimal or no loss of consciousness
- No evidence of cerebral cortex damage on scan- CT or standard MRI
- May / may not have returned to work
- Not returned to pre-accident social involvement

### Exclusion:

- Evidence of cerebral cortex damage
- Prolonged period of unconsciousness (more than 15 minutes)
- Pre-accident psychotic background
- Pre-accident drug or alcohol abuse (which would affect baseline for treatment)

## Outcomes of pilot study

- Worked extremely well as a virtual process
- Amendments made to report templates but not process
- Provided a swift method of assessment and recording, resulting in prompt reporting back to the referrer
- Highlighted the key points required to evidence and make recommendations
- Quick decisions were made on the recommendations
- Overall claim time was reduced

## Conclusion of the pilot study

Until advances into the study of biomarkers to predict mTBI and some of its long term sequelae are introduced into clinical practice, the reach Headlight head trauma triage protocol provides an economic screen for clients who may otherwise remain undiagnosed and facilitates timely access to further intervention if indicated. **The service was ready for launch into the wider market.**

REVIEW

## 12-month review (November 2022)

50

Headlight screening assessments completed

39

recommended for Headlight supplementary PCS assessment

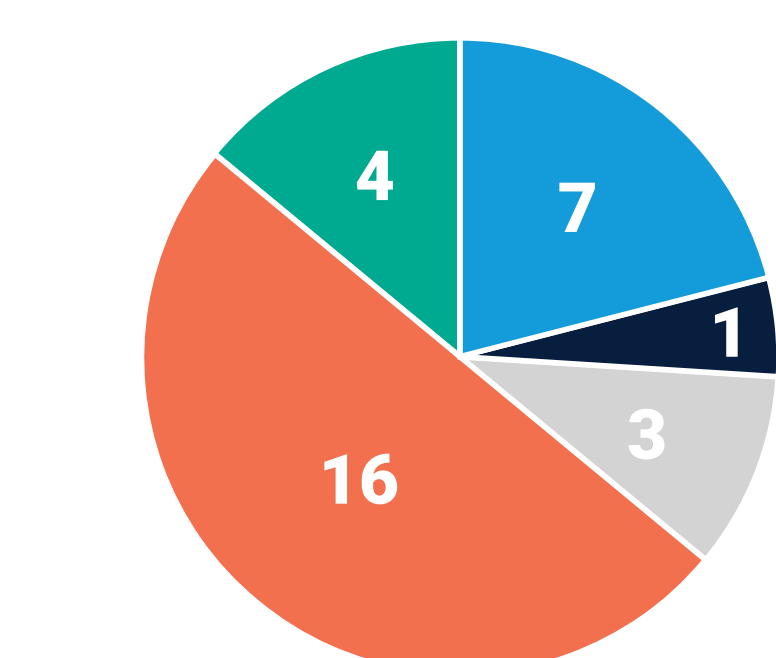
31

then recommended for a Headlight intervention programme

45

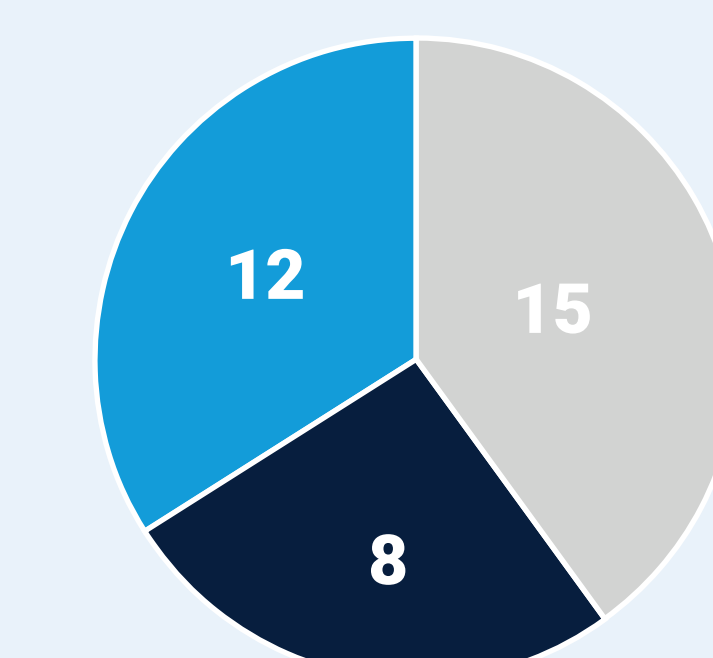
had one or more onward referrals to external specialisms

## Status of the 31 Intervention Programmes



■ Programme in progress  
■ Programme on hold  
■ Awaiting approval  
■ Completed  
■ Early termination

## Main focus of the 16 completed programmes



■ Structure, Routine & Balance of Activities  
■ Cognitive Strategies  
■ Fatigue Management

## Programme Outcomes

Of the 16 people to complete a Headlight programme:

11

have returned to work

1

has resumed role as full time parent

2

are preparing to return to work

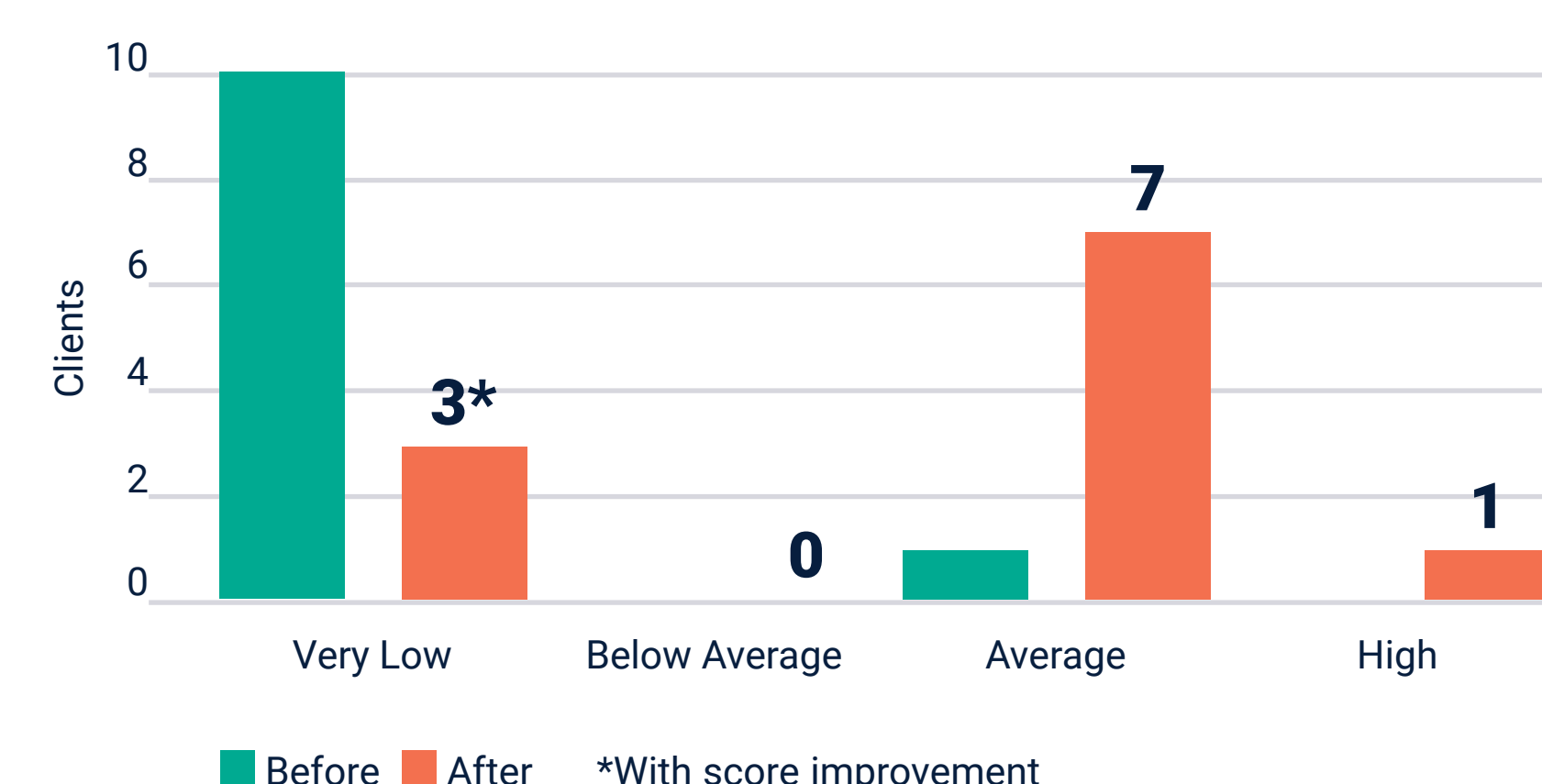
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awaiting orthopaedic surgery

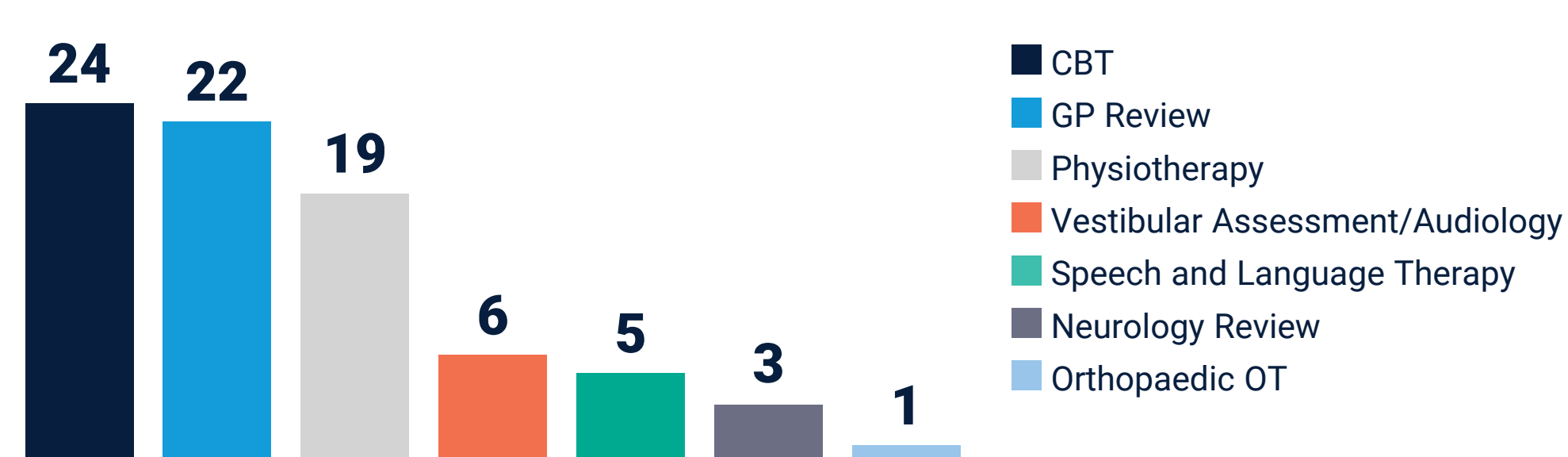
## Warwick-Edinburgh Mental Well-being Scale

Repeated by 11 of 16 clients at end of intervention. All 11 demonstrated improvement in their mental well-being:

- 7 Improved from 'very low' to 'population average'
- 1 Improved from 'population average' to 'high'
- 3 improved whilst remaining in the 'very low' category



## Total onward referrals to external specialisms



## Conclusions of 12-month review

The majority of cases screened were identified for onward referral to external clinical specialisms and/or for therapeutic intervention by our neuro-occupational therapy clinicians, demonstrating the Headlight service is filling a previously unidentified gap in the market, through which many injured parties fell. Some of the deficits identified have the potential to cause significant impacts upon the lives of those concerned, which may have escalated to long-term difficulties requiring clinical management. Our service offers referrers a pathway to take appropriate action at an early stage of a claim, with early intervention being the gold standard for limiting the severity of ongoing symptoms and preventing longer term social, emotional, and economic complications.

Contact us

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