Navigating the new norm: Kompass as a Digital Ally in Meeting the 2025 NICE Rehabilitation Standards.

KOMPASS

Contents

Executive Summary

This whitepaper explores how the Kompass digital rehabilitation platform supports the implementation of the National Institute for Health and Care Excellence (NICE) 2025 guidelines. These guidelines for rehabilitation in people with chronic neurological disorders have been expanded to include those with an acquired brain injury. Proposing a framework which advocates for coordinated, person-centred care, early intervention and holistic assessment, the guidelines promote integrated service delivery across health and social care settings. Kompass, formerly Goal Manager®, addresses these domains through a clinically grounded digital infrastructure that integrates SMART frameworks, Goal Attainment Scaling (GAS), and the World Health Organisation's (WHO) International Classification of Functioning, Health and Disability (ICF) assessment. The platform improves care consistency, facilitates data capture for service improvement, and supports patient-centred practice, all domains referenced by the new guidelines. Prior research using the Kompass frameworks has demonstrated real-world application and implication for workforce development and technology adoption, demonstrating implementation in practice, in settings described by these guidelines. Due to this existing potential, this whitepaper explores further how Kompass could aid the meeting of NICE guidelines in healthcare settings.

What are the NICE Guidelines for rehabilitation?

The draft NICE (2025) guidelines respond to the current challenges faced in neurorehabilitation, by outlining principles for structured service provision, including the use of shared goals, transparent data, and digital enablement to support coordinated care. The guidelines emphasise the need for rehabilitation services that are goal-focused, coordinated, and evaluated through meaningful, person-centred outcome measures. By detailing these areas, the guidelines provide a framework for best practice.

Principles for structured service provision:

Designing rehabilitation services in a structured, proactive way is a core component of the new guidelines. There is a clear call for services to be planned with patient input, span the whole care pathway, and integrate all necessary supports. Key principles include:

- Co-design and Patient Partnership: The guidelines detail the importance if involving patients and frontline practitioners in service design: *"Ensure rehabilitation services and care pathways are designed and developed in partnership with the people who use them and the healthcare and social care practitioners who deliver them"*. This means commissioners and providers should actively seek insights from people with neurological conditions to shape how services operate.

- Feedback-Driven Improvement: The guideline advises using *"inclusive and proactive strategies to seek feedback from people with a chronic neurological disorder about their experiences of rehabilitation and use this feedback to inform service design"*. In practice, this might involve regular patient surveys, forums, or co-production meetings, ensuring services remain responsive to patient needs.

- Cross-Setting Care: Services should *"address [people's] rehabilitation needs, from when they first develop symptoms or impairments, or are diagnosed, and have lifelong support and care in mind"*. Rehabilitation should not be a one-off episode but a continuum that patients can re-enter as needed over their lifetime. Importantly, care should *"operate across all health and care settings, including hospital and community rehabilitation services, primary*

care and home care (including third sector and private sector providers)". In other words, robust links should connect specialist inpatient rehab units, community services, primary care, charities, and any other providers so that people receive seamless support wherever they are.

- Integrated Clinical Pathways: The guideline recommends *"integrated, collaborative and flexible clinical pathways across hospital and community rehabilitation services to address people's needs throughout their life"*. This ensures continuity, for example, a patient moving from hospital to community care should follow a predefined pathway so nothing is missed. It also requires clarity on roles: *"Agree who has overall designated responsibility for implementing clinical pathways for children, and, separately, for adults, taking into account local and national commissioning responsibilities"*. In effect, there should be named leads accountable for the smooth functioning of rehab pathways in a region.
- Comprehensive Service Specifications: Commissioners are encouraged to specify a broad range of rehabilitation interventions and supports when planning services. This ensures structured provision covers all patient needs. Service specifications should include: *"practitioners to lead and coordinate holistic rehabilitation needs assessments, and agree and oversee delivery of rehabilitation plans"* as well as provision for *"advocacy services (for people who need them)", "information, advice, education and training to support all aspects of rehabilitation",* and access to therapies, assistive equipment, environment adaptations, and vocational support. This comprehensive approach means services should not focus narrowly on one aspect, but rather address the full spectrum of challenges a person with neurological disability may face.

Collaborative goal setting

Establishing shared, person-centred goals is at the heart of effective rehabilitation. The guideline emphasises that goal setting should be a collaborative process between the person with the neurological condition, their support system, and the rehabilitation team. This ensures rehab is goal-focused on outcomes that truly matter to the individual. Key points include:

- Explain and Engage: Clinicians should *"explain the process and reasons for goal setting to the person"*. Understanding why goal setting is done helps the person engage meaningfully in the process itself.

- Work with the Individual: Rehabilitation goals must be agreed collaboratively. The guideline says to *"work collaboratively with the person to agree long-term rehabilitation goals, broken down into short-term steps, that focus on what is most important to the person."* Rather than clinicians unilaterally prescribing goals, the individual's own priorities and aspirations drive the agenda.
- Person-Centered Goals: Goals should reflect the person's wishes and life context. The recommendations state to *"agree goals based on the person's wishes and aspirations that: focus on optimising participation in the most important aspects of the person's life, [and] aim to improve, maintain or reduce deterioration in functioning over time"*. In practice, this means rehabilitation is not merely about clinical test scores or generic targets, it's about enabling the individual to do the things that give their life purpose. Goals also should *"incorporate the need for psychological adaptation, acceptance and recovery"*, aligning with the ACT based 'Y model' (which considers the pre-injury and post-injury identity journey) in acknowledging that adjustment to life with a neurological condition is part of the rehabilitation journey.
- Adequate Time and Communication: The guideline highlights the importance of dedicating sufficient time and involving the right people in goal setting discussions: *"Allow sufficient time during consultations with the person… for goal setting, and later for rehabilitation planning."* This acknowledges that meaningful goals often require thoughtful conversation.
- Realistic and Flexible Targets: Clinicians are advised within the guidelines to *"discuss the potential for both positive and negative outcomes, including the impact that future changes in the person's functioning may have and the need to review goals regularly"*. This open dialogue sets realistic expectations and prepares everyone for adjusting goals if the condition changes.

Transparent data and outcome feedback

The guidelines underscore the importance of open communication, information-sharing, and using data (including patient feedback and assessment results) to drive care. For rehabilitation services to improve and respond to needs, they must gather and share information transparently among stakeholders. Notable guidance includes:

- Sharing Information Across Services: To avoid fragmentation, the guideline suggests that services share key data like assessments and care plans. Specifically, providers should *"consider sharing rehabilitation needs assessments to improve the speed, efficiency and responsiveness of service provision (for example, use of trusted assessments)"*. This transparency ensures that each professional involved has access to the same information about the person's needs and goals, enabling continuity of care, and facilitating efficiency.
- Patient Experience Data: As mentioned earlier, gathering patient-reported experience is a key form of data. The recommendation to seek feedback from service users collects qualitative data on what is or isn't working in current services. For commissioners and providers, this transparent information is key to quality improvement.
- Person-Centered Outcomes: The draft guidance inherently focuses on outcomes that matter to patients, such as participation in daily life and functional improvement. Success should be evaluated in terms of meaningful, person-centered outcomes, rather than just clinical test results, fitting with the aforementioned need for meaningful goal setting.

Digital enablement

Digital enablement refers to using technology to support rehabilitation delivery and access. The NICE draft guideline acknowledges the growing role of digital tools and remote methods in rehabilitation, highlighting key insights:

- Remote and Flexible Delivery: The guideline explicitly states that rehabilitation interventions should be delivered in the setting most appropriate and convenient for the person, including remote delivery opportunity: *"Deliver rehabilitation interventions in settings that are appropriate to the person's rehabilitation goals and meet their preferences"*. The COVID-19 pandemic accelerated the acceptance of remote rehabilitation; this guideline enshrines it as an option in routine care.
- Use of Digital Aids and Apps: The guidelines present that in the context of rehabilitation, digital applications and devices can serve as "*compensatory aids*" or training tools, with the guidelines highlighting the value of this

Meaningful, person-centred outcome measures

The guideline consistently steers services toward being goal-focused and outcome-oriented in a person-centred way, as seen through the inclusion of person-centred factors in each of the above sections. Guidelines emphasise that rehabilitation success should be judged by improvements that the patient finds meaningful, in function, independence, and life participation. Important aspects include:

- Functional Gains and Life Participation: The measure of effective rehab is detailed as how well a person can live their life, not just what their impairment scores are. Goals should be explicitly tied to *"optimising participation in the most important aspects of the person's life"*. This implies that outcome evaluation should look at participation outcomes as well as functional outcomes. Person-centred outcome measures like goal attainment scaling, functional independence measures, or patient-reported outcome measures (PROMs) that capture quality of life can be useful tools to quantify these changes.
- Individualised Benchmarks: Because each person's goals differ, outcome measurement in neurorehabilitation often must be individualised. The guideline's approach to goal setting details the breaking of long-term goals into short-term steps to provide a mechanism for measuring progress.
- Regular Review and Adjustments: The draft recommendations to review goals regularly highlights that outcome evaluation is an ongoing process, not a one-time event at discharge. Rehabilitation plans should include scheduled outcome assessments (formal or informal) to check if interventions are working or need changing.

Together, these principles form a comprehensive framework for the delivery of effective neurorehabilitation services.

Introduction to Kompass Health

Kompass is a cloud-based digital designed to facilitate best-practice rehabilitation across diverse clinical teams. Developed by a clinician who understands the administrative demands of rehabilitation, it has been extensively user-tested and developed to fit every healthcare setting which undertakes rehabilitation.

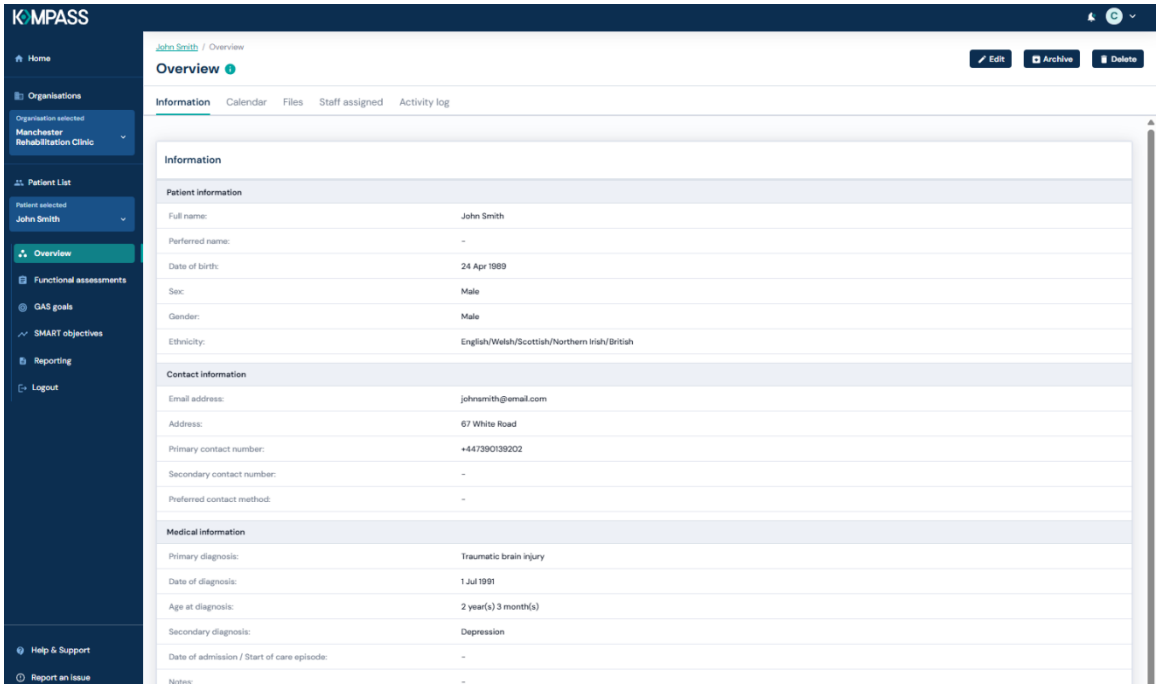
Kompass's alignment with national policy makes it a critical case for understanding how digital infrastructure can operationalise NICE recommendations and overcome longstanding barriers to rehabilitation delivery. Through offering an integrated digital solution explicitly designed to facilitate interdisciplinary collaboration, the Kompass platform enables clinicians and case managers to coordinate care more efficiently. By streamlining administrative workflows and centralising communication and documentation, it reduces the operational burden on clinical teams. In addition, the software is designed to minimise miscommunication arising from fragmented information exchange, an issue frequently reported in rehabilitation services (Clarke et al., 2018).

Kompass has integrated three established frameworks into the platform, the WHO's (2001) ICF assessment, SMART goals and objectives and GAS (Kiresuk & Sherman, 1968; Turner-Stokes, 2009) to address this implementation gap, thereby creating greater capacity for clinicians to deliver direct, person-centred interventions. Kompass supports the co-production of personalised goals by offering an open format to users. Kompass also offers a structured interface for progress monitoring, and generates automatic reporting to support both clinical review and accountability. Additionally, the platform's automated reporting function streamlines routine administrative tasks and simplifies auditing processes, enhancing overall service efficiency. These features are particularly valuable in light of the policy shift towards outcomes-based commissioning and service equity outlined in the NICE (2025) guidelines.

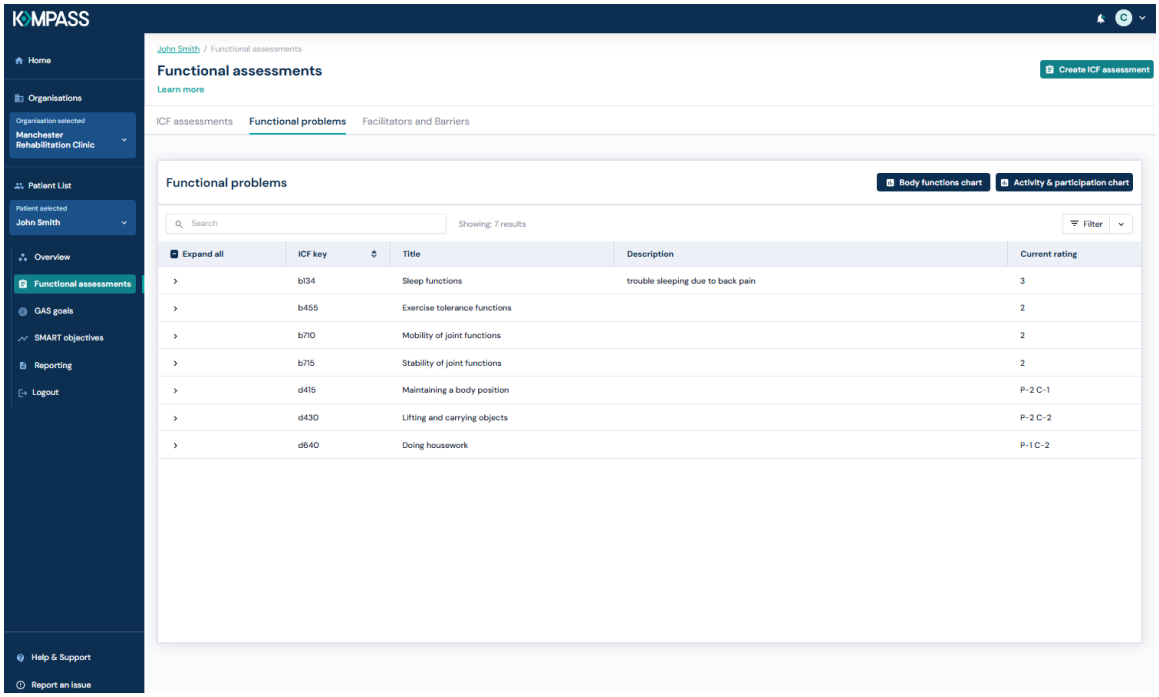
Overview of the Kompass system

Demographic Patient Information: A fundamental component of Kompass is its capacity to generate detailed, individualised patient profiles. The Kompass platform securely collates key patient information, including sex, gender, preferred name, ethnicity, primary and secondary diagnoses, and other demographic details, to ensure care that is both personalised and inclusive, while supporting diversity across service delivery. Each patient can be allocated to specific interdisciplinary team (IDT) members, facilitating clear role delineation and shared responsibility. The platform enables the secure storage of essential documentation within each

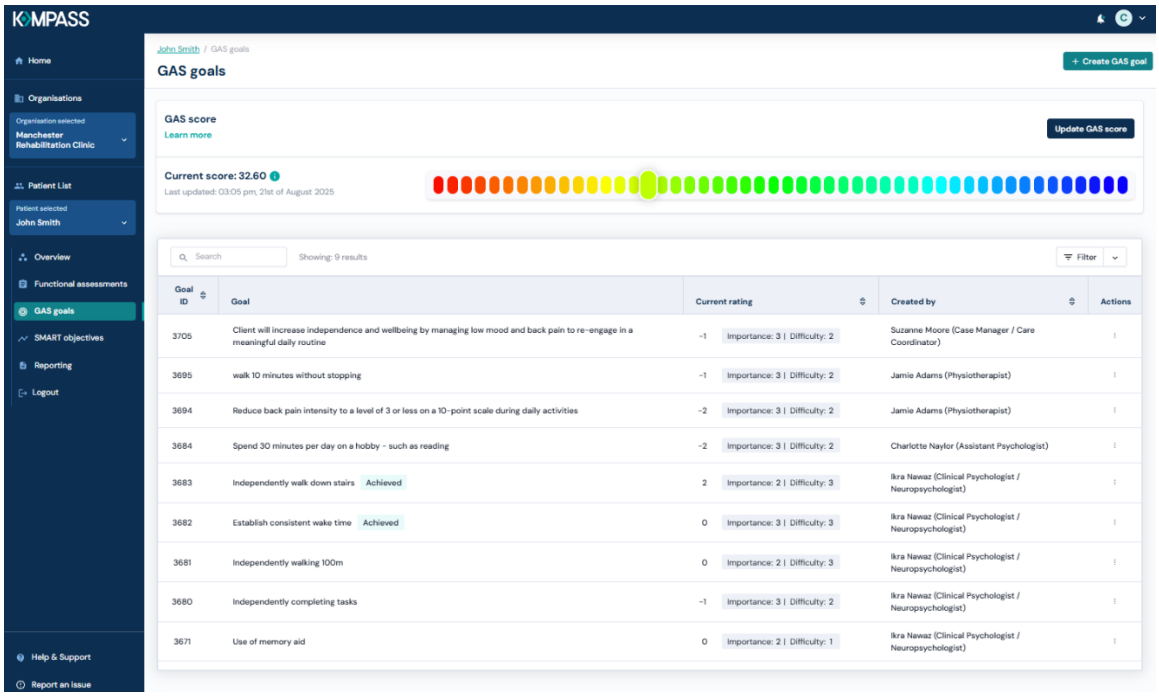
patient's profile, reducing the risk of information loss and fragmentation of service delivery. Additionally, key dates such as IDT meetings, can be scheduled and tracked within the system, ensuring that all team members remain informed and coordinated. By centralising demographic and administrative data, Kompass promotes real-time communication and continuity of care across professional teams.



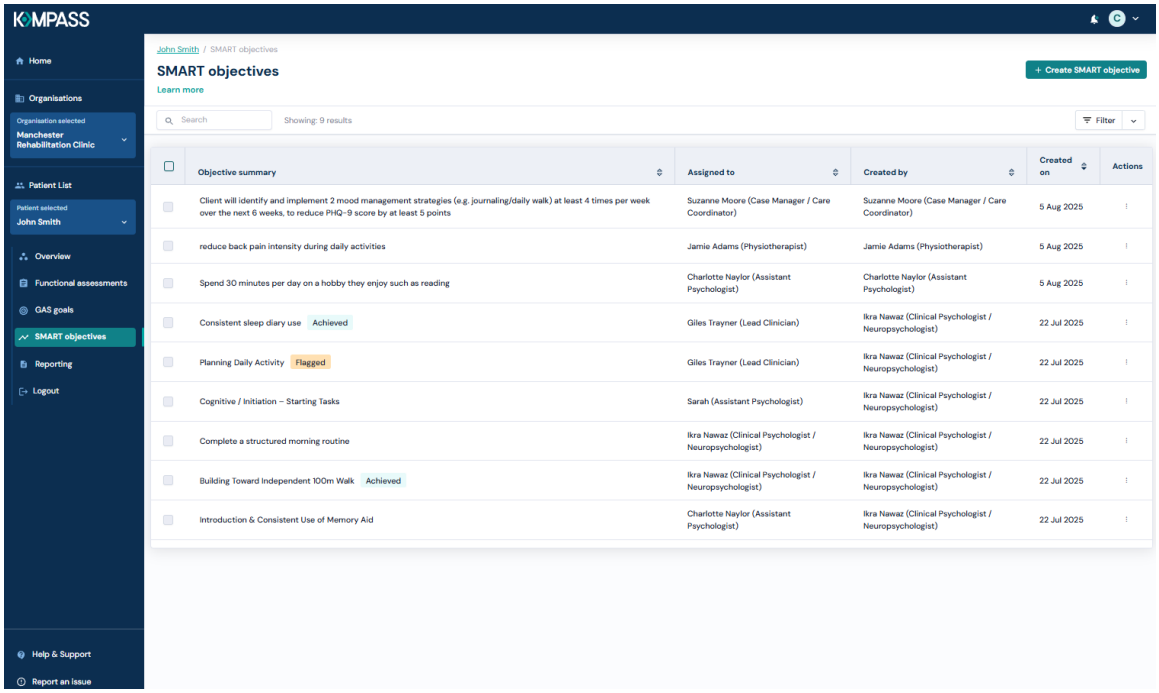
ICF Integration: Kompass integrates the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as a standardised framework for functional assessment. The ICF is widely recognised as the global benchmark for rehabilitation classification, providing a consistent language for describing health and health-related domains across disciplines. Its inclusion within Kompass supports a holistic understanding of disability, encompassing not only body structures and functions but also activities, participation, and contextual environmental factors. This facilitates a multidimensional approach to assessment and care planning, ensuring that rehabilitation remains person-centred and contextually relevant.



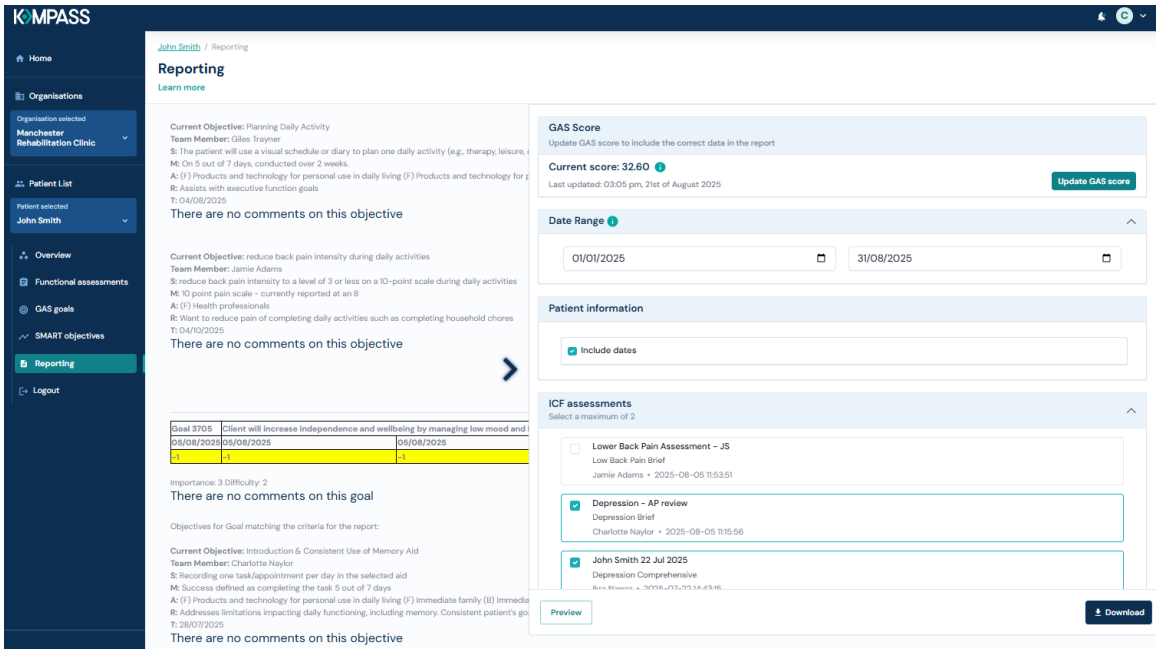
GAS Methodology: Central to Kompass is its application of Goal Attainment Scaling (GAS) as a structured mechanism for monitoring individualised goal progress. GAS enables the tracking of patient goals, rating each goal's importance and difficulty on a 4-point scale. Each goal is then scaled along clear stages, either using pre-populated or fully custom levels, ranging from -2 (much less than expected outcome) to +2 (much greater than expected), with 0 indicating the goal has been achieved. Capturing both positive and negative fluctuations in a patient's rehabilitation trajectory. Kompass automates the calculation and visualisation of GAS scores, presenting data in both scale and radar diagram formats. This functionality provides clinicians with an up-to-date overview of progress, supporting reflective practice and timely adjustment of interventions to align with patient needs.



SMART Objectives: The platform supports SMART criteria to describe specific steps toward goal achievement, ensuring each target is Specific, Measurable, Achievable, Relevant, and Time-bound. This ensures that objectives are clearly defined, contextually appropriate, and realistically achievable within agreed timeframes. By structuring goals and objectives according to best-practice principles, Kompass supports clinicians to deliver targeted interventions that are transparent, auditable and responsive to patient priorities. The integration of SMART objectives also facilitates interdisciplinary collaboration by providing a shared reference point for goal-oriented practice. All members of the interdisciplinary team (IDT) assigned to a patient can work collaboratively towards a shared overarching goal, while setting discipline-specific SMART objectives that contribute to achieving it.



Progress Monitoring and Reporting: To further enhance efficiency, Kompass offers an integrated reporting tool that consolidates assessment data, goal progress, and discharge information into clear, customisable reports. Changes in functional status, as captured by ICF assessments, can be mapped alongside GAS scores and SMART objectives, producing comprehensive visual summaries. This streamlining of administrative tasks significantly reduces the time clinicians spend on manual documentation, enabling them to focus their expertise on direct interventions while maintaining robust records for service evaluation and audit purposes.



Additional Software Development: Looking ahead, Kompass continues to expand its capabilities through targeted, grant-funded innovations. Scheduled enhancements include an Analytics Wizard for advanced service-level data monitoring, an Outcome Measures Wizard to support detailed individual progress tracking, and a Patient Portal designed to promote patient engagement and autonomy. These developments reflect Kompass's commitment to evolving as a dynamic, evidence-informed tool that responds to the changing needs of both practitioners and service users within contemporary rehabilitation contexts

How Kompass Health complements the new NICE Guidelines

Guideline	Kompass
Designing and commissioning rehabilitation services	The 2025 guideline calls for integrated, responsive, patient-centred rehabilitation services co-produced with users. Kompass directly supports this by providing a centralised digital hub for managing interdisciplinary rehabilitation. By digitising frameworks like ICF, GAS and SMART, it standardises workflows across disciplines, promotes consistency in best practice, and reduces fragmentation, core principles of the new NICE recommendations. Furthermore, in every grant project awarded to Kompass, co-design has been a major aspect in development. NICE emphasises clear service specifications and pathways. Kompass operationalises this by structuring assessments, goals and outcomes within a robust, auditable system. Commissioners can use Kompass's reporting tools to demonstrate compliance with outcome monitoring, service quality, and patient progress. Its ability to link services and coordinate care aligns with the guideline's push for integrated pathways.
Assessing Rehabilitation Needs & Goal Setting	The guideline highlights the importance of timely, holistic assessments and realistic goal setting. Kompass mitigates information loss, one of the biggest risks in underfunded, overstretched systems, by acting as a single source of truth for patient data, files, and progress. By enabling teams to collaborate on shared digital goals, Kompass reduces communication breakdowns and ensures continuity of care across settings. This directly addresses guideline concerns about the negative impacts of poor information flow. Using the ICF framework and GAS within user-centric and concise workflow, professionals can carry out truly holistic needs assessments, link functional domains to SMART objectives and track progress visually. The platform's GAS scoring ensures that goals reflect the

	whole person, not just isolated symptoms, mirroring the guideline's core commitment to holistic, patient-centred rehabilitation.
Rehabilitation Planning & Delivery	The NICE draft emphasises coordinated plans co-developed with patients and delivered across settings. Kompass is purpose-built to do exactly this: it stores all care plans, assessments, and goals in one place, accessible to all authorised team members. Its reporting tools pull real-time data into reports, freeing up time for direct interventions rather than admin. By integrating reminders, goal reviews and MDT input, Kompass supports continuous, adaptive rehabilitation planning, which the guideline defines as best practice.
Information, Advice & Learning as Part of Rehabilitation	In terms of user accessibility, Kompass actively builds capacity by offering free demos, help videos, and in-platform tooltips that guide users in real-time. More critically, it upskills the workforce by teaching clinicians how to apply complex frameworks (ICF, GAS, SMART) through scaffolded prompts and embedded educational features. This democratises access to specialist practice and reduces disparities in care quality between regions, addressing what the guideline's workforce and capacity sections advocate. Furthermore, Kompass is currently in the process of building a bespoke Learning Management System (LMS). Learning Management Systems (LMSs) are increasingly recognised as essential tools for training healthcare professionals in the use of emerging digital health technologies. LMS platforms support scalable, consistent, and flexible learning, allowing staff to access standardised training materials at their own pace and revisit content as needed, important factors in ensuring knowledge retention and procedural accuracy (Childs et al., 2005). In the context of digital health, where technology evolves rapidly, LMSs facilitate timely updates and dissemination of new protocols, helping organisations stay aligned with current best practice.

	A key benefit is improved training efficiency and competency tracking. LMSs can automate assessments, track engagement, and provide supervisors with dashboards for monitoring learning outcomes across teams, supporting quality assurance and regulatory compliance (Ruiz et al., 2006). This is particularly valuable in multidisciplinary rehabilitation services, where standardising training on complex frameworks (e.g., ICF, GAS) and digital tools (e.g., Kompass) is vital for ensuring fidelity to clinical models and enhancing care coordination. Moreover, LMSs enable blended and remote learning, which is critical for geographically dispersed teams or services working across multiple settings. This flexibility supports faster onboarding of new staff and reduces the need for repeated in-person training sessions, ultimately saving time and resources while enhancing workforce readiness for digital transformation (George et al., 2014).
Rehabilitation to Maintain, Improve or Support Function	Kompass promotes functional rehabilitation by enabling clinicians to dedicate more time to direct therapeutic intervention and less to administrative tasks. Through its integrated digital infrastructure, Kompass streamlines assessment, documentation, goal tracking, and reporting processes, functions that traditionally consume significant clinician time and reduce opportunities for patient-facing care. By embedding the WHO's ICF, Kompass offers a reliable and standardised framework for identifying both facilitators and barriers to function across multiple domains, including body structure, activity, participation, and environmental factors. This allows clinicians to develop highly individualised rehabilitation plans based on actual functional impairments and contextual challenges. These insights directly inform meaningful goal setting through GAS, which captures improvement and decline in a quantifiable and visually interpretable format. Objectives linked to these goals are guided by the SMART framework, allowing for incremental progress toward functional outcomes. Kompass supports both

	short- and long-term functional rehabilitation goals, empowering clinicians to plan, deliver, and evaluate interventions that are not only person-centred but also grounded in evidence-based best practice.
Rehabilitation to Support Education for Children and Young People	The guideline highlights empowering patients, especially young people, through information and participation. Kompass's new development, Kompass Kids, arose directly from co-design with young people with brain injury who felt unsupported post-discharge. The app's goal-tracking, signposting and self-management features reflect NICE's emphasis on agency, co-production and accessible information. While Kompass health focuses on clinicians, Kompass Kids demonstrates the platform's commitment to patient empowerment and patient-centred care, fulfilling guideline recommendations for patient feedback and participatory service design.
Rehabilitation to Support Education, Work, Social and Leisure Activities, and Relationships	Meaningful goal setting through Kompass supports rehabilitation in education, work, social, leisure, and relationship domains by linking functional assessments to personalised, achievable goals. By identifying individual barriers and facilitators, clinicians can collaboratively set SMART objectives that reflect real-life priorities. Progress then tracked using GAS, ensures outcomes remain relevant and measurable. This structured, person-centred approach empowers individuals to regain participation in valued life roles, while Kompass's streamlined administration allows clinicians to focus on delivering targeted interventions that promote reintegration across educational, vocational, and social contexts.
Why these NICE Recommendations?	NICE framed these recommendations to address workforce pressures, system fragmentation and variable standards. Kompass is user-centred by design, developed by clinician Dr Penny Trayner and colleagues, for clinicians and refined through direct user feedback. It facilitates cross-team and cross-organisation collaboration, with built-in features for adding clients to other teams or services. By standardising holistic assessment, goal setting, care coordination, and reporting, Kompass operationalises the guideline's

	rationale to ensure evidence-based, integrated care pathways and maximises the time clinicians can spend on meaningful patient contact.

Impact of Kompass in line with NICE Guidelines

Early Engagement

A lack of centralised support for simplistic, clinician-designed systems has resulted in a bottom-up culture of technology adoption in the NHS, leading to inconsistencies in availability of efficacious technology, and complete lack of communication between technologies adopted (Llewellyn et al., 2014). However, Kompass is different, knowing that effective implementation begins with the early engagement of stakeholders, including clinicians, service leads, commissioners, and digital transformation teams. As Kompass was co-designed by neuropsychologist Dr Penny Trayner in response to clinician-identified challenges around inconsistent documentation, poor goal setting infrastructure, and fragmented interdisciplinary workflows, this engagement has been paramount in its development. This co-creation process reflects NICE's (2025) emphasis on user-centred design and clinician leadership in rehabilitation service planning. Early stakeholder engagement also supports service-wide strategic alignment, ensuring that new digital workflows are understood, supported, and resourced across multiple care settings.

Embedding Fit-for-Purpose Assessment and Outcome Measurement Tools

Kompass integrates gold-standard, fit-for-purpose frameworks for rehabilitation, including the ICF, and GAS and SMART goal and objective methodologies. These tools have been shown to improve the personal relevance, measurability, and standardisation of rehabilitation outcomes (Turner-Stokes, 2009; Levack et al., 2015). The ICF framework enables comprehensive biopsychosocial assessment, capturing not only functional limitations but also environmental barriers and facilitators, thus supporting truly individualised care planning (Cerniauskaite et al., 2011). The inclusion of such frameworks within Kompass meets NICE's call for the routine use of evidence-based tools to guide goal formulation, delivery, and evaluation.

Supporting Patient-Centred Goal Setting and Engagement

While Kompass is clinician-facing, it reinforces patient-centred care by operationalising collaborative goal setting practices that reflect what matters most to individuals. Research consistently demonstrates that patient-centred goal setting has been shown to enhance engagement, motivation, and functional outcomes in rehabilitation by aligning therapeutic activities with personally valued roles and aspirations (Rosewilliam et al., 2011; Levack et al., 2015). Crawford et al.

(2022) provide further evidence that structured, collaborative goal setting can improve therapeutic alliance, increase patient satisfaction, and promote self-efficacy, all of which are critical for sustained participation in rehabilitation. Their findings underscore the importance of embedding goal discussions into routine care and ensuring that patients perceive these goals as meaningful and attainable. It also creates a sense of agency over the rehabilitation process, which is associated with improved adherence and psychological wellbeing (Plant et al., 2016). Kompass structures the rehabilitation process around individualised goals and automates visual progress tracking through GAS and radar diagrams. This enables meaningful reviews with patients and families, promotes shared decision-making, and addresses NICE's recommendation to empower individuals through active involvement in rehabilitation planning.

Training and Workforce Development

Institutional inertia was reflected in the reluctance of some clinical staff members to assume new duties that would take away from their direct patient care responsibilities (Heinemann et al., 2022). In addition, one of the most common barriers to outcome measure implementation is inadequate clinician training (ICON, 2022). Staff training is acknowledged as a vital step when introducing new health information systems and research has identified lack of shared knowledge and skills in addition to ongoing training development in relation to digitised procedures (Bygholm, 2018). Effective training procedures are required to address any motivational or accessibility barriers to adoption (Ward & Wood, 2000). Kompass has embedded scaffolded digital learning tools directly into the platform to meet this training need. These include tooltips, structured workflows, and prompt-based guidance on how to apply ICF, set SMART objectives, and rate GAS accurately, as well as the ongoing development of an LMS to accompany the platform. These features not only support consistent application of streamlined clinical frameworks, but also contribute to workforce development, upskilling staff and standardising best practice across settings, including among newly qualified professionals or non-specialist teams. Furthermore, service leads can track user engagement and goal coverage across staff members, facilitating audit, supervision, and reflective practice. When technology is tailored to clinician needs, its integration becomes far easier, (Antonacci et al., 2023), something that Kompass has both considered, and met.

Technical Infrastructure for Integrated, Coordinated Care

A key challenge in delivering timely and coordinated rehabilitation lies in the fragmentation of information systems and communication pathways (Clarke et al., 2018; Johnson et al., 2015). Research from Covington and Duff (2021) Custer and

Huebner (2019) and Gupta et al. (2019) all demonstrate the lack of heterogeneity in outcome measurements across rehabilitation services for different conditions. This stems largely from the diversity of the populations requiring rehabilitation. These populations are highly varied, necessitating tailored approaches to ensure equitable care (Custer & Huebner, 2019; Gupta et al., 2019). Kompass addresses this by providing a cloud-based, GDPR-compliant digital platform that centralises patient data, care plans, and progress monitoring across interdisciplinary teams. The inbuilt ICF, with codes and assessments applicable to any condition necessitating rehabilitation responds extremely well to this varied population, by considering both different presentations, but also facilitators and barriers, and activity and participation. Furthermore, the ability to assign clients to multiple teams or organisations supports seamless transitions across services, directly aligning with NICE's emphasis on coordinated care planning and continuity. Furthermore, built-in reporting tools allow for real-time generation of assessment summaries, MDT meeting reports, and discharge documentation, freeing clinicians from laborious admin tasks and enabling more time for therapeutic engagement.

Continuous Quality Improvement and Reflective Practice

Kompass enables quality assurance through its robust analytics and audit functionality. Outcome trends can be tracked across individuals, teams, and services, supporting ongoing evaluation of clinical effectiveness and equity of service delivery. The visualisation of progress via GAS scores and ICF-based radar diagrams also fosters reflective practice, encouraging clinicians to monitor change, refine care plans, and assess their own caseload management. This aligns with NICE's (2025) emphasis on ongoing service improvement, outcome measurement, and adaptive rehabilitation delivery.

Efficiency and Cost-Effectiveness:

Kompass directly addresses key strategic concerns highlighted in recent UK policy papers on digital transformation in healthcare, including those by The King's Fund (2020), HCPC (2022), and NICE (2025). One of the most pressing issues in clinical rehabilitation is the time lost to administrative burden, with clinicians frequently spending hours outside of direct contact time to complete documentation, reports, and outcome measures. Kompass resolves this through automated report generation, centralised data storage, and real-time collaboration, substantially reducing administrative workload and freeing clinician time for therapeutic engagement. According to The King's Fund (2020), digital tools that enhance workflow efficiency can yield significant savings across NHS services by improving clinical productivity and reducing service fragmentation. Kompass exemplifies this by enabling efficient implementation of complex clinical frameworks such as the ICF

and GAS, which traditionally require extensive training and time to administer manually. By embedding these into intuitive digital workflows, Kompass reduces clinician effort while preserving fidelity to best practice, supporting faster onboarding, better supervision, and fewer errors or omissions.

The economic implications of this are substantial. Estimates suggest that early and well-coordinated rehabilitation can reduce hospital stays and long-term health and social care costs by thousands of pounds per patient annually (NHS England, 2022). For example, effective rehabilitation following stroke can save up to £10,000 per patient per year through reduced readmissions and delayed or avoided entry into long-term care (Department of Health, 2017). Kompass contributes to such savings by preventing duplication, improving continuity of care across providers, and embedding outcome-led decision-making into daily practice. In doing so, it supports NICE's (2025) emphasis on cost-effective digital enablement and outcome reporting within rehabilitation commissioning frameworks.

Furthermore, future iterations of Kompass, such as the development of a Patient Portal, aim to foster patient autonomy and reduce healthcare dependency by encouraging self-management, shared goal review, and access to personalised resources. This shift towards patient empowerment is not only clinically desirable but also economically strategic: evidence from long-term condition management shows that digitally enabled self-management can reduce emergency admissions by up to 20% (Bardsley et al., 2013), further supporting financial sustainability in overstretched systems. By aligning digital transformation with operational efficiency and person-centred care, Kompass represents a scalable, cost-effective solution for modern rehabilitation services.

Conclusion

Kompass exemplifies how digital infrastructure can operationalise the NICE (2025) guideline's recommendations for neuropsychological rehabilitation. It embeds best-practice goal setting, enhances interdisciplinary collaboration, and provides structured, review-ready outputs that improve clinical efficiency and service transparency. Through these features, it helps bridge the gap between evidence-based guidelines and everyday clinical delivery, allowing services to align with guidance with ease. Future implementation should prioritise system integration, patient-facing functionality, and use within education and training frameworks to maximise its impact on care quality and equity.

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