Addressing Client Needs Through Interdisciplinary Multi-site Groups in Acquired Brain Injury Transitional Rehabilitation

Nina Wegener[1], Sarah Jeffery[1], Sarah Kekki[1], Elizabeth Beadle[1], Kerrin Watter [1,2], Areti Kennedy [1,2]

[1]Acquired Brain Injury Transitional Rehabilitation Service, Division of Rehabilitation, MSH, Brisbane Australia

[2]The Hopkins Centre, Division of Rehabilitation & Griffith University, Brisbane, Australia

Introduction

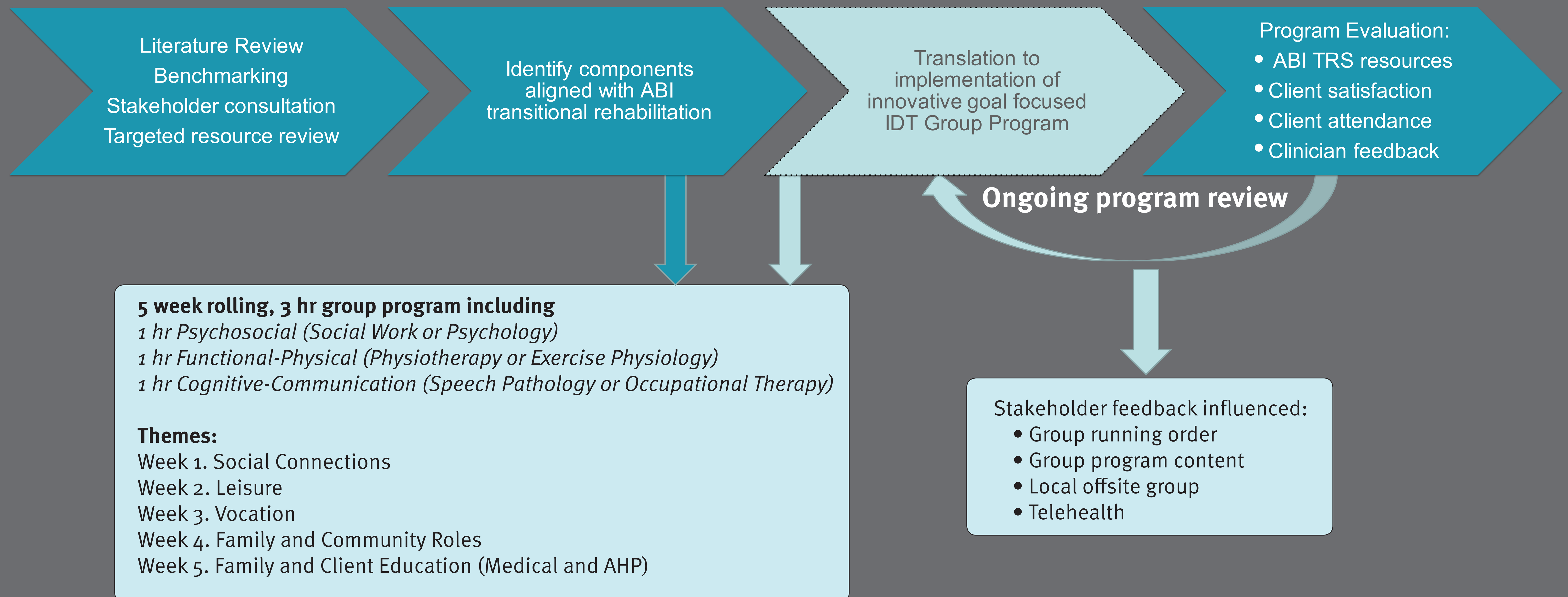
Transition from hospital-to-home is a critical time for people with acquired brain injury (ABI) and their families[1]. Recognised issues include changes to physical, cognitive and communication skills, which impact independence, reintegration and community access[1, 2]. The Acquired Brain Injury Transitional Rehabilitation Service (ABITRS) is a new service that provides time limited community-based rehabilitation to people with ABI discharging home from hospital.
The ABI TRS identified the clinical need to implement a new therapeutic model of care (MOC), which would:

- increase therapy intensity
- practise rehabilitation skills in real-life situations
- improve clients' rehabilitation access in the community
- address clients' goals of reintegration and independence
- assist with community participation & reintegration

Group-based rehabilitation was identified as a MOC that would address these areas. This included providing a tailored program with contextually relevant activities to address an individual's goals. Group-based rehabilitation for adults with ABI has been shown to enhance learning experience, motivation and mood through peer interaction as well as being a cost-effective means of utilising health resources and increasing intensity in rehabilitation programs[3-5]. Emerging research also identifies that clients perceive group intervention to be beneficial for sharing experiences, reducing isolation, receiving help and feedback, and assisting with adjustment and adaptation to life after TBI[2]. Having an emphasis on interventions targeting functional 'real world' activities in group settings should benefit people following TBI[2].

Method

The Agency for Clinical Innovation (ACI) framework[6] was used to develop a new model of care i.e., interdisciplinary group rehabilitation.



Results and Conclusion

The new MOC has been successfully integrated into ABI TRS. Consumer and stakeholder feedback has influenced ongoing program development and acknowledged the clinical benefit of the program. Using a service delivery model that involves the whole interdisciplinary team should support the ongoing implementation and translation to clinical practice and the long-term sustainability of the program.

"Being around a group of supportive peers motivates and pushes you"

"Learning about new challenges and being able to create a strategy to help in the situation"

"I enjoyed hearing how others are dealing with their injuries and discussing how others are going"

An interdisciplinary group program was developed, with the following components:

Clinical content:
- functional goal-focussed activities;
- utilising expert clinician delivery;
- targeting psychosocial, physical, cognitive-communication, self-management and education.

Service Delivery:
- group-based intervention,
- use of telehealth for isolated clients;
- implementation of offsite groups to encourage local community access;
- delivered across the interdisciplinary team.

In the first year of implementing the interdisciplinary group program:
- 39 clients attended two or more sessions of group program
- 22 clients attended the entire group program
- 1 client attended entire program via telehealth
- 1 offsite group run in clients' local community

"I particularly enjoyed having a say and that everyone contributes and participates"

"Liked the examples and practising scheduling, time management and fatigue management"

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