Introduction

Transition from hospital-to-home is a critical time for people with acquired brain injury (ABI) and their families. Recognised issues include changes to physical, cognitive and communication skills, which impact independence, reintegration and community access. The Acquired Brain Injury Transitional Rehabilitation Service (ABITRS) is a new service that provides time limited experiences, reducing isolation, receiving help and feedback, and assisting with adjustment and adaptation to life after TBI. Having an emphasis on interventions targeting functional ‘real world’ activities in group settings should benefit people following TBI.

Method

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

Literature Review

Benchmarking

Stakeholder consultation

Targeted resource review

Identify components aligned with ABI transitional rehabilitation

Translation to implementation of innovative goal focused IDT Group Program

5 week rolling, 3 hr group program including

1 hr Psychosocial (Social Work or Psychology)

1 hr Functional-Physical (Physiotherapy or Exercise Physiology)

1 hr Cognitive-Communication (Speech Pathology or Occupational Therapy)

Themes:

Week 1. Social Connections
Week 2. Leisure
Week 3. Vocation
Week 4. Family and Community Roles
Week 5. Family and Client Education (Medical and AHP)

Program Evaluation:

• ABI TRS resources
• Client satisfaction
• Client attendance
• Clinician feedback

Stakeholder feedback influenced:

• Group running order
• Group program content
• Local offsite group
• Telehealth

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.

References


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

Clinical content:

• functional goal-focused 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 program
• 1 client attended entire program via telehealth
• 1 offsite group run in clients’ local community

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

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

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