'It gave her that soft landing': Perspectives on a new transitional rehabilitation service for people with acquired brain injury

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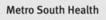
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- 2. The Hopkins Centre, Division of Rehabilitation and Griffith University, Metro South Health, Brisbane, Australia.



Bold ideas. Better solutions.









Division of Rehabilitation, Metro South Health, and

Acknowledgements



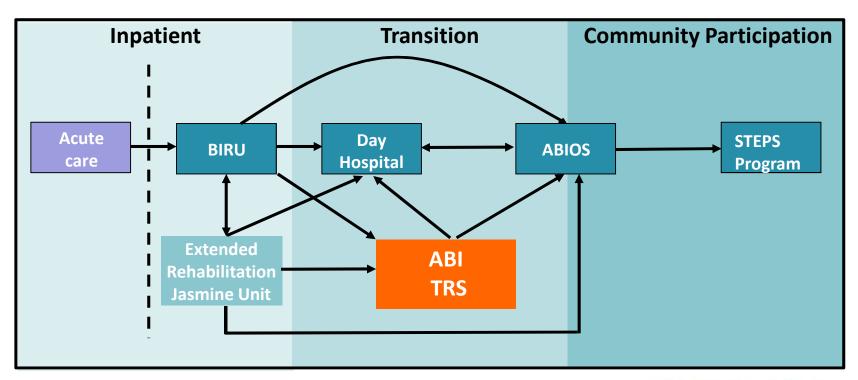
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The Acquired Brain Injury Transitional Rehabilitation Service (ABI TRS)

- 5-year proof-of-concept project
- Funded by Motor Accident Insurance Commission (MAIC)
- Embedded research evaluation



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ABI TRS Evaluation

Aim: explore key stakeholder perspectives of ABI TRS

- Service users:
 - Clients (n=10)
 - Significant Others (n=12)
- BIRS + NIISQ:
 - Professional Stakeholders (n=10)







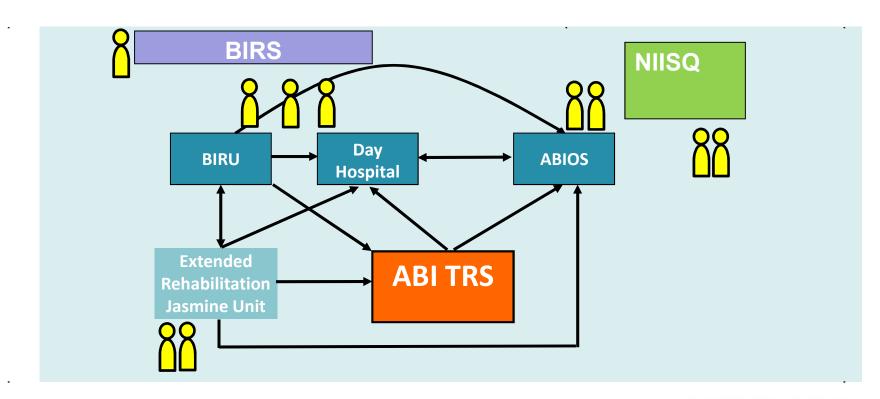
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Methods

- Semi-structured interviews with consented participants
 - **1. Professional stakeholders** (n=10):

Senior and managerial staff from BIRS and National Injury Insurance Scheme Queensland (NIISQ)



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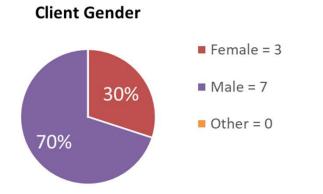
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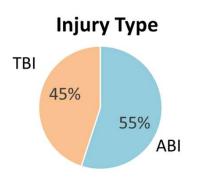
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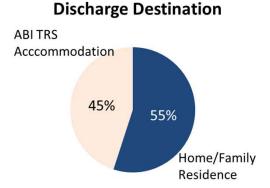
Methods

- Semi-structured interviews with consented clients and significant others
 - Maximum variation sampling
 - Relationship
 - Discharge destination
 - Client injury type
 - Client age
 - Mean = 43 years (range 17- 69 years)
 - Client gender

Relationship	n = 12	%
Spouse/partner	6	50
heterosexual	5	83
same-sex	1	17
Mother	2	17
Father	2	17
Sister	1	8
Daughter	1	8







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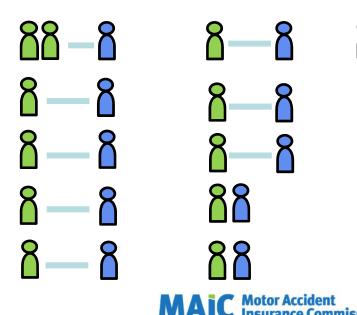
Methods

- Semi-structured interviews
 - 2. Clients of ABI TRS (n=10)
 - Eligibility:
 - Client of service
 - People with aphasia and cognitive-communication impairment included

3. Signification	ant Others (n=12)	\bigcap

Interviewed 3 – 6 months after ABI TRS discharge

Relationship	n = 12	%
Spouse/partner	6	50
heterosexual	5	83
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Methods: Analysis

- Thematic analysis preliminary findings
 - Two coders (JB + MN)
- Analysis based upon Framework Method (Gale et al., 2013; Ritchie & Lewis, 2003)
 - Familiarisation
 - Coding
 - Analytical framework
 - Interpretation



Findings

1. ABI TRS is **bolstering** the BIRS continuum



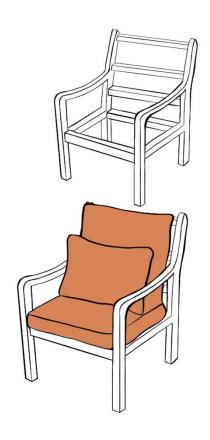
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Findings

- 1. ABI TRS is **bolstering** the BIRS continuum
- Transition support is providing a "soft landing" to clients and families



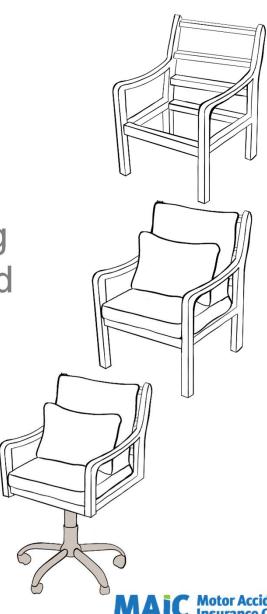


Findings

1. ABI TRS is **bolstering** the BIRS continuum

2. Transition support is providing a "soft landing" to clients and families

3. ABI TRS is **equipping** clients and families for next phase



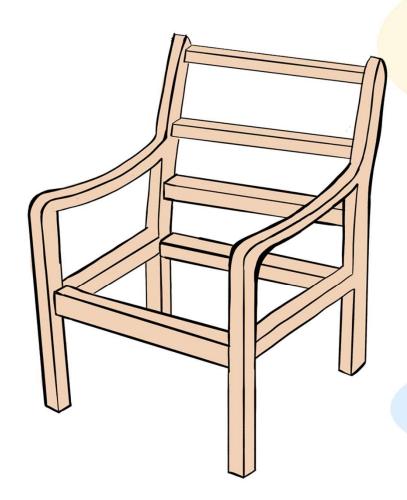
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ABI TRS: Bolstering the BIRS continuum



I think that this transition recovery allows them to be treated by their inpatient therapists, and then they're being treated by outpatient therapists, you know, that kind of have the same philosophy - you're all on the same goal plan - but there's a consistency there, and there's a surety there. You're all specialists in brain injury — Professional

...they came to see you in the hospital which was great and they had, like, an example of what a week of therapy would look like so we had that vision when we first went — Significant Other

Just the fact we had **somewhere to stay** and **continue therapy outside of the hospital**.

That was just huge for me

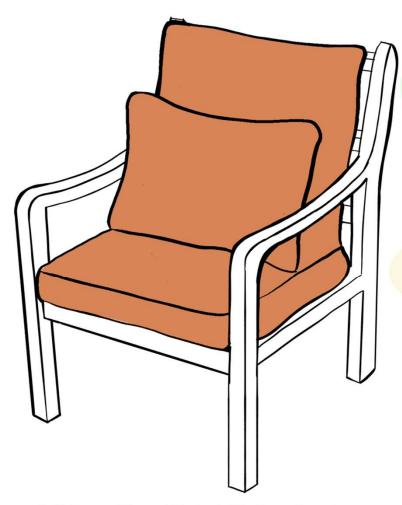
— Client

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Transitional rehabilitation support is providing a "soft landing"



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I think it gave her a bit of a **soft landing** in some respects, getting out of hospital... there was no feeling of abandonment, if you like, because as I said it's a **significant change of environment** from a hospital environment and to do that without having people like [ABI TRS clinicians] come around periodically to just help her develop strategies, she probably would have been all at sea... I certainly would have been...
- Significant Other

I think also just knowing that with that time limited service that it gives people that support in that vulnerable window after going home.

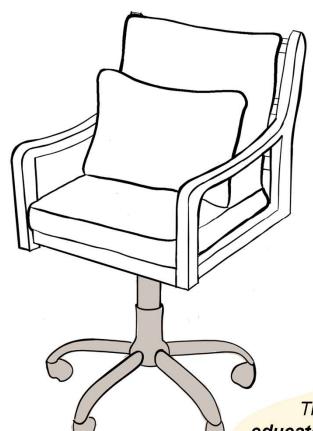
- Professional

I'm not saying it's easy now. It's definitely not easy.
But I've found a way to cope with it all... It actually
makes me shiver, thinking about what it could have
been like if I didn't have TRS there to help.

- Client

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ABI TRS: Equipping clients and families



During those therapies we create some sort of — what we call working templates and put together strategies that I constantly look, I do it every day...So I have strategies for work and I have strategies even for life, for paying my bills or something. Those are things that are going to be with me for a while.

- Client

When she first came out [of hospital] she thought, oh, well, all of the problems she was struggling with were hospital related not brain injury related and that when she was home she'd be pretty much back to normal within a very quick period of time and that just wasn't happening... in the early part of the TRS she wasn't all that interested in taking on the strategies but as she became more aware she certainly started to adopt them.

- Significant other

That's certainly a strength as well, that people are **better educated and informed**. Clients who come to us from the ABI TRS are generally further **advanced** in their rehab outcomes

- Professional

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Discussion

ABI TRS: Meeting expectations?

Transition support as a necessary "soft landing"

- Service model design
- After brain injury, transition support is valued: see Abrahamson et al. 2017; Holloway et al. 2019; Kitzmüller et al. 2019; Nalder et al. 2013; Picenna et al. 2016



Bolstering the BIRS continuum

- Extending suite of specialist ABI rehab services
- Continuity between hospital and community
- Enhance access to community rehabilitation

Equipping clients and families for next phase

 Facilitate early community re-integration outcomes for adults with ABI & their families

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Discussion

- Limitations
 - Sample: dyads vs individuals without significant other
 - Mid-term vs longitudinal outcomes

- Continuing mixed-methods formal evaluation
 - Follow-up with professional stakeholder group
 - Outcomes from client clinical data
 - Outcomes from client satisfaction surveys



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Thank you!

Questions?



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