

ABI TRS Service Update

The ABI Transitional Rehabilitation Service (ABI TRS) provides adults with Acquired Brain Injury (ABI) and their families with a co-ordinated post-discharge clinical pathway and improved access to intensive rehabilitation beyond the hospital setting. It also contributes to improving longer-term community outcomes for people with ABI and their families.

ABI TRS shares service knowledge and outcomes with the world

ABI TRS research and clinical activity was well represented recently at the first joint conference of three outstanding organisations: the International Neuropsychological Society (INS), the Australasian Society for the Study of Brain Impairment (ASSBI), and the Australian Psychological Society's College of Clinical Neuropsychologists (CCN). The theme of the conference was **"Putting our heads together to change lives"** and it was broadcast to clinical audiences across the world.

ABI TRS clinicians delivered nine presentations, covering topics such as the ABI TRS Model of Care, carer experiences of transition, goal setting and vocational rehabilitation. Contributing knowledge and disseminating findings is a key performance indicator for ABI TRS.

ABI TRS Manager Areti Kennedy said: "it is so important that we share the extensive research knowledge and service experience we have developed over the past five years. The research that is firmly embedded in our service is vital in helping to understand how to better support people post hospital, reduce length of stay and get people back to meaningful and productive roles."

This edition of the ABI TRS newsletter provides a summary of some of what was shared at this important conference. **Please zoom into slides and posters** for full details.

From proposal to implementation: Reflections on learnings from ABI TRS Pilot Project

ABI TRS Manager Areti Kennedy presented findings on the implementation of the ABI TRS Optimal Transition Specific Service Model. Results demonstrated proof of concept for core features of the proposed Model, and refinements, enhancements and innovations during the 5-year Pilot Project phase of ABI TRS. She detailed the resulting ABI TRS Model of Care, a community-based program embedded in the existing ABI rehabilitation service continuum at PA Hospital. Zoom in on the poster or refer to [ABI TRS Model of Care](#).

From proposal to implementation: Reflections and learnings from the ABI Transitional Rehabilitation Service (ABI TRS) Pilot Project
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Background

- Targeted research 2007-2012 concluded the development of a transitional ABI service in Queensland was imperative.
- Specialised Optimal Transition-Specific Service Model (the Optimal Service Model) developed in response – incorporated four inter-related components: eligibility criteria, key features, priority intervention areas & staffing profile.
- 5-year ABI TRS Pilot Project 2016-2021 to operationalise & evaluate the Optimal Service Model.

Implementation of the Optimal Service Model

- Context: Community-based model integrated within existing ABI rehabilitation service continuum at PA Hospital, Brisbane.
- Intent:
 - establish continuity of rehabilitation – inpatient to community;
 - provide a coordinated pathway for access to intensive, specialist ABI rehabilitation beyond the inpatient setting;
 - reduce inpatient length of stay;
 - facilitate early community re-integration outcomes;
 - inform future ABI service development through formal research evaluation of implementing the Optimal Service Model.

Method

- This study was part of a larger mixed method evaluation of the ABI TRS Pilot Project.
- Process evaluation of Optimal Service Model implementation conducted & documentation of any adaptations.
- Implementation outcomes considered: fidelity & sustainability.¹
- FRAME² used for reporting adaptations.

Optimal Service Model

Eligibility Criteria:

- Adult-onset ABI; Broad working age (18-70 yrs)
- Identifiable & specific rehabilitation goals
- Clinically stable, safe for discharge to home/community environment
- Able to live in home environment, with/without family support
- Require ongoing rehabilitation involving > 1 core therapy discipline

Key Features:

- Community-based rehabilitation during transition phase, 50km local catchment area, plus housing for regional/rural clients & families
- Capacity to provide intensive services 3-4 days per week
- Time-limited service – 8-12 week post-discharge
- Tailored individual rehabilitation plan
- Provision of range of therapy services in home & community; some capacity for centre-based activities
- Access to range of individual & group-based interventions
- ABI TRS to form integrated service initiative of BIRS continuum

Priority Intervention Areas:

- Formal approach to goal development & attainment
- Formal screening for emotional well-being & provision of psychological support to individual & family as required
- Family-centred approach
- Screening & monitoring for occurrence of sentinel events
- Functional approach to provision of therapy
- Contextually appropriate response to provision of therapy services
- Continuity across continuum for effective DC planning & referral.

Staffing Profile:

- Mix of senior & graduate positions across most ANP disciplines, incl. Exercise Physiology, plus specialist rehabilitation medicine staff
- Embedded research team within Pilot Project

Results

1. Fidelity – extent to which intervention implemented in relation to original model:

- All eligibility criteria consistently adhered to.
- All key features & priority intervention areas implemented, some adaptations required to contain and/or contain to translate intentions into practice. Adaptations included:
 - Formalised 'deducted program' for clients just outside local catchment area
 - 2-week inpatient in-reach included in 12-week program
 - Priority Intervention Areas:
 - interdisciplinary goal setting – hybrid model
 - Development of vocational rehabilitation framework beyond anticipated scope
 - Significant adaptations made to staffing profile:
 - Creation of 'Clinical Lead' role to oversee development of clinical service components, processes, documentation, within Project.
 - Restructuring of clinical staff to include only experienced-level staff – high-level clinical expertise required in context.

2. Sustainability – extent to which intervention integrated within a given setting:

- Refinement & development of numerous interdepartmental processes to integrate ABI TRS with existing BIRS continuum.

Conclusion

- The ABI TRS Pilot Project established proof of concept for core features of the Optimal Service Model.
- Finalised ABI TRS Model of Care incorporates learning & knowledge from this process.
- The Pilot Project shown to effectively address an identified rehabilitation need for individuals with ABI & their families.

See the detailed ABI TRS Model of Care at: <https://metro.south.health.qld.gov.au/abitrans/rehab/abi-trs/fidelity-model-care.pdf>

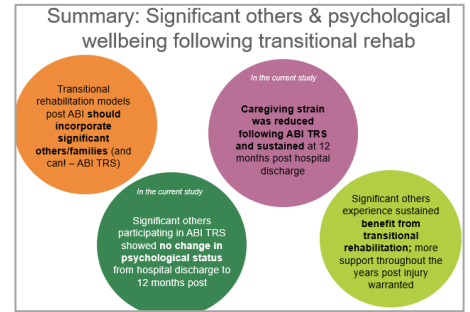
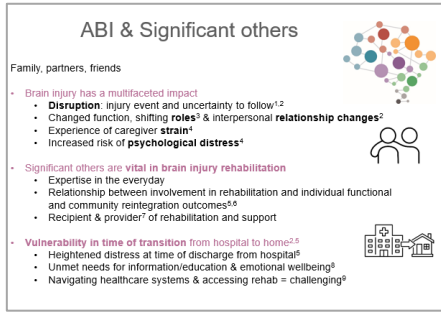
© Kennedy et al., 2021. Implementation research: What Works to Do It. BMJ 347: e005861. The FRAME: An expanded framework for reporting adaptations and modifications to evidence-based interventions. Implementation Science 16:143



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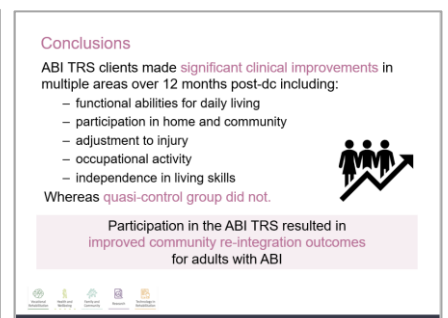
Carer wellbeing under the spotlight at international conference

ABI TRS Research Assistant, Jaycie Bohan delivered a presentation on a study examining the psychological wellbeing and caregiving strain in significant others of ABI TRS clients. She highlighted that caregiver strain levels were lower immediately after participation in ABI TRS and maintained at 12 months post discharge, supporting the sustained positive impact of ABI TRS family-centric model of care in the community. **Zoom in to read key slides.**



Community re-integration outcomes of the ABI TRS Pilot Project

ABI TRS Research Officer, Mandy Nielsen delivered an oral presentation related to the ABI TRS Pilot Project demonstrating that ABI TRS clients made significant clinical improvements in multiple areas up to 12 months post discharge. Specifically, ABI TRS clients improved in: functional abilities for daily living; participation in home and community; adjustment to injury; occupational activity; and independence in living skills. The quasi-control group did not show these improvements. She also summarised the service delivery model. See: [ABI TRS Model of Care](#).



Implementing the key worker role in interdisciplinary ABI rehabilitation

Dr Kerrin Watter, ABI TRS Clinical Lead presented a poster that summarised the key worker role in the ABI TRS model. Kerrin explained that the key-worker role within the ABI-TRS is complex and multi-faceted, and involves a broad range of clinical and non-clinical skills.

She said that ongoing skilling and training processes have been important to support team members to continue to develop confidence and skills with new tasks, especially in areas such as discussing sexuality, risk management and mental health comorbidities.

Do I really have to ask that?? Supporting the implementation of a keyworker role in interdisciplinary ABI community rehabilitation.

Introduction: The use of a case worker, keyworker or rehabilitation coordinator within acquired brain injury (ABI) rehabilitation is common. However, the extent, scope and activity within these roles can vary depending upon service and client needs. A keyworker role was established and implemented as a core component of the ABI Transitional Rehabilitation Service (ABI TRS) in Queensland.

Results: The ABI TRS IDT identified: (i) 5 main components of the keyworker role; (ii) areas of overlap of team and keyworker roles and activities; and (iii) the main challenges of the keyworker role.

Components of the keyworker role in ABI TRS:

- Rehabilitation program coordination - From pre-admission to discharge, involves client, family, ABI TRS IDT, funders, GP, external providers, e.g. coordination, liaison and referrals, support planning, carer training
- Clinical processes within ABI TRS - Responsible for completion and facilitation of comprehensive assessments, IDT assessment measures, goal setting, case conference reporting, program documentation
- Transition support and coordination (from hospital to home) - Provided to clients and families, involves hospital and community teams, transition planning - education + confirm d/c supports, transition review
- Supporting the client and family - Provide emotional, psychological and practical supports, including in the areas of carer strain, sexuality, mood monitoring, transport, finances, advocacy
- Coordinating risk management - Leads risk management (assess, plan, monitor, document) in conjunction with IDT

II. Areas of overlap between team and keyworker roles

III. Main challenges of the keyworker role

- Managing complex clients and situations (including risk management, mental health comorbidities) *Other service liaison (e.g., with NDIS)
- Role overlap * Workload + time (i.e., equivalent to one therapy client)
- Developing skills and confidence in new tasks (e.g., discussing sexuality) were identified as initially challenging but supported by education, training, resources and specific processes.

Conclusions: The keyworker role in ABI TRS is multi-faceted and complex. It involves a range of clinical (e.g., ABI education, supporting clients and families) and non-clinical (e.g., facilitation of IDT program skills and activities, Self-education) training in core keyworker components. Ongoing team discussions and delegation are used to ensure efficient and effective management of these areas of overlap between the keyworker and the IDT. Ongoing monitoring of the keyworker role is required, including staff confidence in role components, managing IDT overlap, and identifying future / emerging components of the role.

Acknowledgements: Previous portfolio members including Hannah Van Zyl, and the ABI TRS team.

Presented by: Dr Kerrin Watter, Clinical Lead, ABI TRS Queensland Government. **Co-presented by:** Dr Kerrin Watter, Clinical Lead, ABI TRS Queensland Government.

The state of ABI vocational rehabilitation in Queensland

ABI TRS Clinical Lead Dr Kerrin Watter discussed findings from studies that looked at clinician and consumer views and experiences with ABI vocational rehabilitation in Queensland. The studies used interviews, focus groups and online surveys to understand past experiences. Clinician participants identified pathways for ABI vocational rehabilitation and advocacy for increased service access and employment-support options as areas of need. The consumer study found that in the past consumers had varied experiences of vocational rehabilitation in Qld, and identified the importance of clinician skill, therapeutic relationships and access for vocational rehabilitation.

Metro South Health | From "It was fabulous" to "What rehabilitation?" Consumer experiences of ABI vocational rehabilitation in Queensland

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³ Griffith University, School of Allied Health Sciences, Brisbane, Australia

Introduction: The goal of return to work (RTW) for adults with acquired brain injury (ABI) is high (1) RTW after ABI is associated with financial benefits, improved wellbeing and quality of life (2,3). Despite the high RTW goal, only 10% of ABI RTW goals are met (4). However, access to vocational rehabilitation services in Queensland, adults with ABI RTW goals access rehab through public and/or private services, and private services are often limited. This study explored the experiences of ABI RTW goal users, their views and needs, their future service development and align with client-centred and best practice models of service provision. This research to provide a framework for early community ABI RTW in Queensland (Ethical approval: HREC1704487; CE: 2018/056).

Method: The RTW and RTW goal users with ABI in Queensland (n=6) were interviewed (n=6) and interviewed (n=2); data analysis involved inductive thematic analysis with consensus coding.

Results: **Participant demographics:** • n=6 (5 male, 2 female) • Mean age = 63 yrs (33-89) • Mean time post-injury = 3.5 years (1-8 yrs) • Employment paid - 4 (self), 1 (unemployed), 1 (unemployed, 2 (in rehab - 1)

Thematic areas: • Themes 1-4: **It was fabulous** • 4 themes for 'what future services' • From "It was fabulous" to "What rehabilitation?" • **Theme 1: A challenging VR rehabilitation** • **Theme 2: A challenging VR rehabilitation** • **Theme 3: Importance and experience of working again** • "It's your attitude, when I'm away you feel like you have nothing" • **Theme 4: ABI and Identity** • "The struggle with who I was and who I actually am right now" (P7) • **Theme 5: Service, system, policy** • "You need services that could support you back into work" (P10) • **Views on "what early ABI VR services"** • More education - multiple formats, on ABI, processes, services, rights, job availability, expectations RTW • VR access provided - informal, individualised, employment (single, long-term) • Employee development and follow-up - from early in recovery, employee involved in rehab, daily in RTW, their processes and communication, supports for employer communication • Workplace supports for RTW - buddy, supports, employer education • Peer support - to provide education, support and inspiration

Conclusions: While experiences were varied, participants identified a range of supports that can inform future development of ABI VR in Queensland, that includes improving service delivery, access and pathways for ABI RTW goal users for workplace engagement.

Metro South Health | Moving from 'Gaps' to 'Networks': Service provider experiences and views of ABI vocational rehabilitation in Queensland

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Introduction: Access to and participation in Vocational Rehabilitation (VR) supports adults with acquired brain injury (ABI) to successfully return to work (RTW) (1). However, the state of ABI VR in Queensland is limited to clients with RTW goals in private (2).

Method: Clinician views and experiences with ABI and/or VR in Queensland were explored through focus groups and online surveys, with data analysed via thematic content analysis. Participants were identified through professional bodies, rehabilitation services and direct networks. Ethical approval: HREC1704487; CE: 2018/056.

Results: **Participant demographics:** • 14 health professionals (focus groups: n=2; survey: n=12); 12 in Queensland (1 public and private sector, not reported), insurance schemes (private) • Mean (SD) experience: 10.39 yrs (3.5 - 30+ yrs) • **Demographic context:** 15 are identified as ABI VR in Qld • **Influencing factors:** • ABI VR provision: service delivery and pathways • Identified gaps: • **Theme 1: A challenging VR rehabilitation** • **Theme 2: A challenging VR rehabilitation** • **Theme 3: Importance and experience of working again** • **Theme 4: ABI and Identity** • "The struggle with who I was and who I actually am right now" (P7) • **Theme 5: Service, system, policy** • "You need services that could support you back into work" (P10) • **Views on "what early ABI VR services"** • More education - multiple formats, on ABI, processes, services, rights, job availability, expectations RTW • VR access provided - informal, individualised, employment (single, long-term) • Employee development and follow-up - from early in recovery, employee involved in rehab, daily in RTW, their processes and communication, supports for employer communication • Workplace supports for RTW - buddy, supports, employer education • Peer support - to provide education, support and inspiration

Conclusions: Queensland clinicians are delivering aspects of VR within service provision and have identified areas of need for future change and development. This study provides a framework for early community ABI RTW in Queensland (Ethical approval: HREC1704487; CE: 2018/056).

Findings from Vocational Rehabilitation Systematic Scoping Review

Vocational Rehabilitation Following Acquired Brain Injury: A Systematic Scoping Review

Watter, K., Murray, A., Elms, S., Vagstad, J., Jolly, S., Nelson, M., McLennan, V., & Kotochoko, A. (2021). *Vocational Rehabilitation Following Acquired Brain Injury: A Systematic Scoping Review*. *Journal of Rehabilitation Medicine*, 53(1), 1-10.

Introduction: Acquired brain injury (ABI) is a complex injury which can affect engagement with work. Return to work rates for individuals with brain injury are low. This scoping review aims to explore the current evidence for vocational rehabilitation services for individuals with ABI. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI.

Method: A systematic scoping review of the literature was conducted. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI.

Results: Forty-eight articles were reviewed and information extracted. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI.

Conclusions: Vocational rehabilitation for individuals with brain injury involves a complex interaction of factors. Consideration needs to be paid to not only the person and their abilities but also the work environment (physical, social, cultural) and job demands. Vocational rehabilitation services should be provided by a coordinated interdisciplinary team and involve active stakeholder engagement. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI.

ABI TRS Occupational Therapist, Alena Murray discussed findings from a Systematic Scoping Review in vocational rehabilitation that need to be paid to not only the person and their abilities but also the work environment and job task demands. The review also highlighted that vocational rehabilitation services should be provided by a coordinated interdisciplinary team and involve active stakeholder engagement. Zoom in to read the poster in detail.

Supporting clients with communication change return to work

ABI TRS Speech Pathologist, Kate Cameron presented preliminary findings from a scoping review which examined how to assess and treat communication impairments in the return to work population. Early results have identified specific assessments, processes and considerations, based on the nature of a person's work role, that clinicians should use when planning therapy and advising return to work programs. Kate also presented a poster that summarised a clinical resource developed as part of a quality activity to help better understand the communication tasks within a person's work role. **Zoom in to learn more.**

Metro South Health | Getting on with the job: Developing a better understanding of supporting clients with cognitive-communication impairments returns to work

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Background: Globally return to work rates following ABI are poor. Vocational rehabilitation services have been found to influence RTW outcomes after ABI. A knowledge translation gap was identified - moving limited research and practice guidelines for vocational communication assessment. A service development activity was undertaken following a scoping review to understand the evidence, inform processes, tools and resources to help support RTW goals for people with communication impairments in the return to work population.

Service Development Activity: Evidence was translated using the Model of Research Utilization (MORU) framework. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI. The review aims to identify the current evidence for vocational rehabilitation services for individuals with ABI.

Research Project: The research project involves a 2-phase approach to understand the current evidence for communication assessment and intervention in the ABI RTW population. This project includes: Phase 1: Scoping Review using the Arksey and O'Malley Framework; Phase 2: Clinical benchmarking survey and expert opinion focus groups. Phase 3: Review of already established clinical resources (communication needs assessment).

Phase 1 - Scoping Review Preliminary Findings: Methods: 40 articles were found via database search. 50 full text articles assessed for eligibility. Preliminary findings are presented below:

Context and Processes: Speech Pathologists can reduce risk of vocational underachievement and improve participation in workplaces. NCOG Guidelines: Use natural context to provide social validity for therapy. VR Resources: they should involve employees, their DOT, DOTs/ Rehab Counsellors undertake community based job assessments and reviews. Consideration needs to be paid to not only the person and their abilities but also the work environment and job task demands. Clinical benchmarking survey is open - please contact katherine.connell@health.qld.gov.au if you would like to participate. Expert opinion focus groups to be held in Q1 2021 and clinical resources to be reviewed following.

Assessment of CDDs: Seven communication related skills associated with mid-level employment (spoken language processing, verbal memory, reading and writing, verbal reasoning, expressive/pragmatic, multi-tasking, social cognition) identified. The PAVES may be predictive of RTW success following ABI. The Trobe Questionnaire has been used alongside CDDs to inform RTW goals. Other measures being explored include Discourse Measures, Vocational Elicitation Tasks.

Phase 2 & 3: 1. Understand assessing work communication. 2. Determine gaps. 3. Consider clients. 4. Assess development. 5. Test, feedback, refine.

Metro South Health | Communication tools for the job: Rehabilitation resources to support better workplace communication after ABI

Watter, K., Murray, A., Elms, S., Vagstad, J., Jolly, S., Nelson, M., McLennan, V., & Kotochoko, A. (2021). *Communication tools for the job: Rehabilitation resources to support better workplace communication after ABI*. *Journal of Rehabilitation Medicine*, 53(1), 1-10.

Background: Return to work (RTW) is a common but often unmet goal for people with Acquired Brain Injury (ABI). Cognitive-Communication Disorders (CCDs) have been found to play a role in the RTW population and clinical resources. A service development activity was undertaken following a scoping review to understand the evidence, inform processes, tools and resources to help support RTW goals for people with communication impairments in the return to work population.

Service Development Project: Resources were created to help understand workplace communication tasks, their frequency and help for performance reflection. These included: Workplace Communication Assessment (WCA) - A tool to assess and identify clinical resources. A service development activity was undertaken following a scoping review to understand the evidence, inform processes, tools and resources to help support RTW goals for people with communication impairments in the return to work population.

Client Fashion Industry Specialist: The Workplace Communication Assessment (WCA) client version was conducted with a client who presented with a mild cognitive-communication impairment (affecting memory and comprehension) and reduced reading and writing, attention responses. Comparing this interview with the client allowed the therapy team to develop therapy targets and guide a return to work plan. By the end of the ABI TRS program the client was at work part-time.

Workplace Communication Assessment (WCA): A tool to assess and identify clinical resources. A service development activity was undertaken following a scoping review to understand the evidence, inform processes, tools and resources to help support RTW goals for people with communication impairments in the return to work population.

Client version: A tool to assess and identify clinical resources. A service development activity was undertaken following a scoping review to understand the evidence, inform processes, tools and resources to help support RTW goals for people with communication impairments in the return to work population.

Next Steps: A Research Project has been initiated. Visit our poster 'Getting on with the job: Developing a better understanding of supporting clients with Cognitive-Communication Impairments RTW' Contact us to participate in surveys, focus groups