

# ABI TRS Briefing, October 2021

Providing you with a regular update of the benefits of ABI TRS program, as we work hard to achieve permanent funding at PAH.

ABI Transitional Rehabilitation Service (ABI TRS) provides adults with severe Acquired Brain Injury (ABI) and their families with a co-ordinated post-discharge clinical pathway. It improves access to intensive ABI rehabilitation, reduces hospital length of stay and contributes to long-term benefits for clients, families and the community.

## Benefits of ABI TRS - Adults with severe ABI and their families

In August 2020, Tony Randall returned home, after sustaining a traumatic brain injury with support from ABI TRS. He said accessing therapy in his own home after discharge from BIRU had been essential to his recovery.

“I came home in a wheelchair and now I’m walking independently around my house and outside with a walker. I am also showering and toileting myself which I couldn’t do when I first got home.”

Prior to ABI TRS, people like Tony would have had a longer hospital stay and once discharged could not access such comprehensive rehabilitation programs. Tony’s story is an example of how important continuous and specialised rehabilitation at home is for people with ABI.



Top: ABI TRS client Tony Randall (right) with ABI TRS physiotherapist (left) at the local pool.

## Benefits of ABI TRS- Patient Access

ABI TRS has improved patient flow and access to **specialist ABI rehabilitation** at PAH:

Faster access to Rehab from Acute care: **reduced mean Acute length of stay (LOS) by 2.5 days**

BIRU activity pre- and post- ABI TRS: **reduced mean inpatient rehab LOS** by 8.8 days

**Increased access to rehabilitation** in BIRU for inpatient rehabilitation (additional 87 clients)

These improvements were achieved despite increased use of BIRU bed days for Acute patients (+480.9days)

Source: PAH DSS Data	PRE TRS: 2014-16	POST TRS: 2017-19	Difference
<b>BIRU Unit – Mean LOS (days)</b>	54.368	45.562	<b>- 8.8 days</b>
<b>Total BIRU inpatients (rehabilitation)</b>	465	552	<b>+ 87 patients</b>
<b>Total BIRU Acute bed utilisation (days)</b>	588.3	1069.2	<b>+480.9 days</b>

ABI TRS clients had a **shorter median inpatient LOS by 46 days (42 vs 88 days)** than a historical quasi-control ‘usual care’ group. They also demonstrated **superior clinical outcomes maintained for up to 12 months**, despite being more clinically impaired at hospital discharge (Source: Borg et al, 2020; ABI TRS Research Evaluation Report, 2020)

## Patient Flow Disruptions if ABI TRS not continued

Since starting clinical service as a pilot project in 2017, ABI TRS is now an integral component of the continuum of specialist ABI services at PAH. Temporary service funding has been secured until 29 June 2022. If funding is not continued beyond then there will be a profound impact on patient flow at PAH, **given that 46% of BIRU patients are discharged to ABI TRS. Ceasing ABI TRS will impact patient flow in the following ways:**

- **Reduced patient flow** from acute wards to BIRU (particularly PAH Ward 2C and RBWH Ward 8ASouth).
- **Increased wait time in acute beds** for rehabilitation-ready patients.
- **Risk of bed blockage** in acute wards; with backflow impacting patient access and patient flow into ED
- **Reduced capacity of early discharge** from acute wards to other community rehabilitation (BIRU Day Hospital) due to increased patient demands.
- **More GP referrals to outpatient clinics or ED presentations** due to waits for specialist BIRU clinics.

