

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 on 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 'dedicated 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>

¹Rees et al., 2013. Implementation research: What is it and how to do it. BMJ 347: f1056. doi: 10.1136/bmj.f1056. ²The FRAME: An expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*, 2016.

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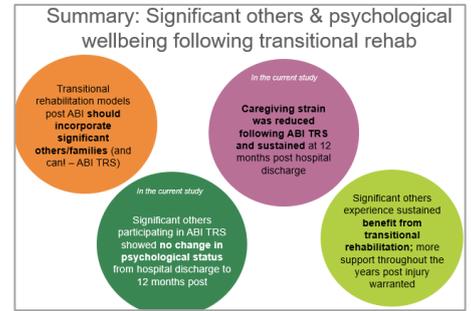
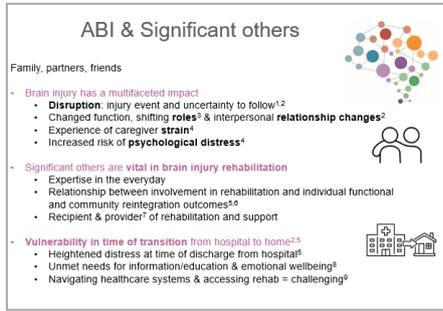
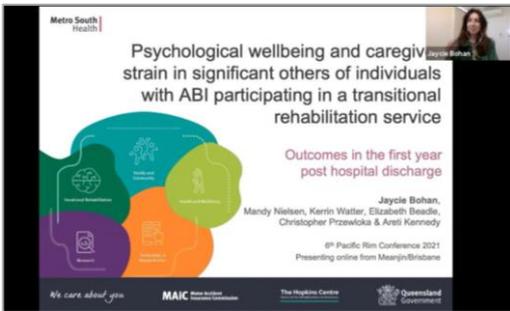
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Carer wellbeing under the spotlight at international conference

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.

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.

II. Areas of overlap between team and keyworker roles

III. Main challenges of the keyworker role

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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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 survivors are employed (4). However, access to vocational rehabilitation services in Queensland, adults with ABI and RTW goals access rehab through public and/or private services, and private services are often more expensive and have longer wait times (5). This study explored consumer views and needs, from future service development and align with client-centred and best practice models of service provision. The research to explore consumer experiences of ABI vocational rehabilitation in Queensland (Ethical approval: HREC/10/448/7; CE: 2018/056).

Method: The RTW and RTW goals with ABI with ABI in Queensland (n=6) were investigated via focus groups (n=2) and interviews (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 = 13.5 years (1-29 yrs) • Employment paid - 4 (self-employed) - 2 (unemployed) - 2 (in rehab - 1)

Thematic areas: • Themes 1-4: Metro South Health • 4 themes for Metro South Health

From "It was fabulous" to "What rehabilitation?"

Theme 1: Relevance and experience of working again. "It's your attitude, when I'm away you feel like you have nothing" (P7)
Importance of work on self and identity - strong point of identity, purpose and sense of self. "Rehabilitation" "It's not really your RTW"
Importance of RTW - Having awareness of individual work time, varied processes and supports, difficulty finding good matching employment, necessary work milestones
Employer engagement and commitment - positive (clear, open, multiple stakeholders), negative (not supported by community and employer, limited resources of community and information to take engagement in meaningful activities, (n=1) had ongoing vocational goals

Theme 2: ABE and Identity. "The struggle with who I was and who I actually am right now" (P7)
Changes related to ABE - developing awareness, ongoing challenges (e.g., fatigue, physical, social and communication), impact on work
Adapting to change - difficulty maintaining relationships
Relationships impacts - difficulty maintaining relationships

Theme 3: Service, system, policy. "This needs services that could support you back into work" (P10)
Changes related to ABE - developing awareness, ongoing challenges (e.g., fatigue, physical, social and communication), impact on work
Adapting to change - difficulty maintaining relationships
Relationships impacts - difficulty maintaining relationships

Theme 4: ABE and Identity. "The struggle with who I was and who I actually am right now" (P7)
Changes related to ABE - developing awareness, ongoing challenges (e.g., fatigue, physical, social and communication), impact on work
Adapting to change - difficulty maintaining relationships
Relationships impacts - difficulty maintaining relationships

Theme 5: Service, system, policy. "This needs services that could support you back into work" (P10)
Changes related to ABE - developing awareness, ongoing challenges (e.g., fatigue, physical, social and communication), impact on work
Adapting to change - difficulty maintaining relationships
Relationships impacts - difficulty maintaining relationships

Views on "what really ABI VR services"

- More education - multiple formats, on ABI, processes, services, rights, job availability, expectations RTW
- VR service providers - informed, individualised employment (single/multi), long-term
- Employee development and follow-up - from early in recovery, employer involved in rehab, daily in RTW, clear 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 vary, participants identified a range of supports that can inform future development of ABI VR in Queensland, at a clinical, service and system-level. This includes improving service delivery, access and pathways for RTW and supports for workplace engagement.

Acknowledgements: Study participants, Suzanne Ingle (STEPS), ABOSS and ABE TRS teams, The Higgins Centre Seed Grant funding, Contact to Kerrin Watter, Clinical Lead ABI TRS, Kerrin.Watter@metrohealth.qld.gov.au

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: HREC/10/448/7; CE: 2018/056.

Results: **Participant demographics:** • 14 health professionals (focus groups: n=2; survey: n=12); 12 in Queensland (Public and private roles, not reported, insurance schemes (private))
Mean (SD) experience: 10.39 years (3.5 - 20+ yrs)
Demographic groups: 1) survey identified: 6 ABI VR Clin; 2) Focus groups: 2 VR Clin; 3) Focus groups: 2 VR Clin; 4) Focus groups: 2 VR Clin

Key findings: • RTW - severity and outcomes for RTW impact of ABI on RTW
VR services: • Public and private roles, not reported, insurance schemes (private)
VR service providers: • Informed, individualised employment (single/multi), long-term
Employee development and follow-up: • from early in recovery, employer involved in rehab, daily in RTW, clear processes and communication, supports for employer communication
Workplace supports for RTW: • buddy, supports, employer education
Peer support: • to provide education, support and inspiration

2) Definition of ABI VR in Queensland: service delivery and pathways

• Provides a public and private response - inpatient, residential, out-patient
Priority of ABI VR pathways and pathways: • Public and private roles, not reported, insurance schemes (private)
VR service providers: • Informed, individualised employment (single/multi), long-term
Employee development and follow-up: • from early in recovery, employer involved in rehab, daily in RTW, clear 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 ABI VR within service provision and have identified areas of need for future change and development. This includes improving service delivery, access and pathways for RTW and supports for workplace engagement.

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., Jolley, S., Nelson, M., McLennan, V., Kotochoko, A.

Introduction: Acquired brain injury (ABI) is a complex injury which can affect engagement with work. Return to work rates for people with brain injury are low. This scoping review aims to explore current practice and identify gaps in knowledge for vocational rehabilitation services. The review also aims to identify current practice and identify gaps in knowledge for vocational rehabilitation services.

Method: A systematic scoping review of the literature was conducted to explore current practice and identify gaps in knowledge for vocational rehabilitation services. The review also aims to identify current practice and identify gaps in knowledge for vocational rehabilitation services.

Results: Forty-eight articles were reviewed and information extracted on the ABI literature. The review also aims to identify current practice and identify gaps in knowledge for vocational rehabilitation services.

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 also aims to identify current practice and identify gaps in knowledge for vocational rehabilitation services.

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 and cognitive communication abilities have been found to influence RTW outcomes after ABI. A knowledge translation gap was identified - knowing limited national 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 address RTW goals for people with communication impairments in the return to work population.

Service Development Activity: Evidence was translated using a Model of Research Utilization (MORU) framework. The review also aims to identify current practice and identify gaps in knowledge for vocational rehabilitation services.

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. NACOS 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.
Phase 2 & 3: Clinical benchmarking survey is open - please contact katherine.connell@metrohealth.qld.gov.au if you would like to participate. Expert opinion focus groups to be held in 2023 and clinical resources to be reviewed following.

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., Jolley, S., Nelson, M., McLennan, V., Kotochoko, A.

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 to help address RTW goals for people with CCDs are limited.

Service Development Project: Resources were created to help understand workplace communication tasks, their frequency and help for performance reflection. These included:
 - Workplace Communication (As an Employer needs)
 - Client Fashion Industry Specialist
 - Using the Workplace Communication Needs Assessment

Workplace Communication (As an Employer needs): This is a gap between the growing knowledge about CCDs in the RTW population and clinical resources to help address RTW goals for people with CCDs. The review also aims to identify current practice and identify gaps in knowledge for vocational rehabilitation services.

Client Fashion Industry Specialist: The Workplace Communication (Client version) was conducted with a client who presented with a mild cognitive-communication impairment (dual/multi) and communication reduced, poorly organised verbal expression, reduced reading and writing, attention lapsing. Completing 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.

Using the Workplace Communication Needs Assessment: These resources are being used in RTW processes in a community service. Information collected via the tool contributes to multidisciplinary rehabilitation planning, VR documentation and has successfully informed personalised RTW focused communication therapy.