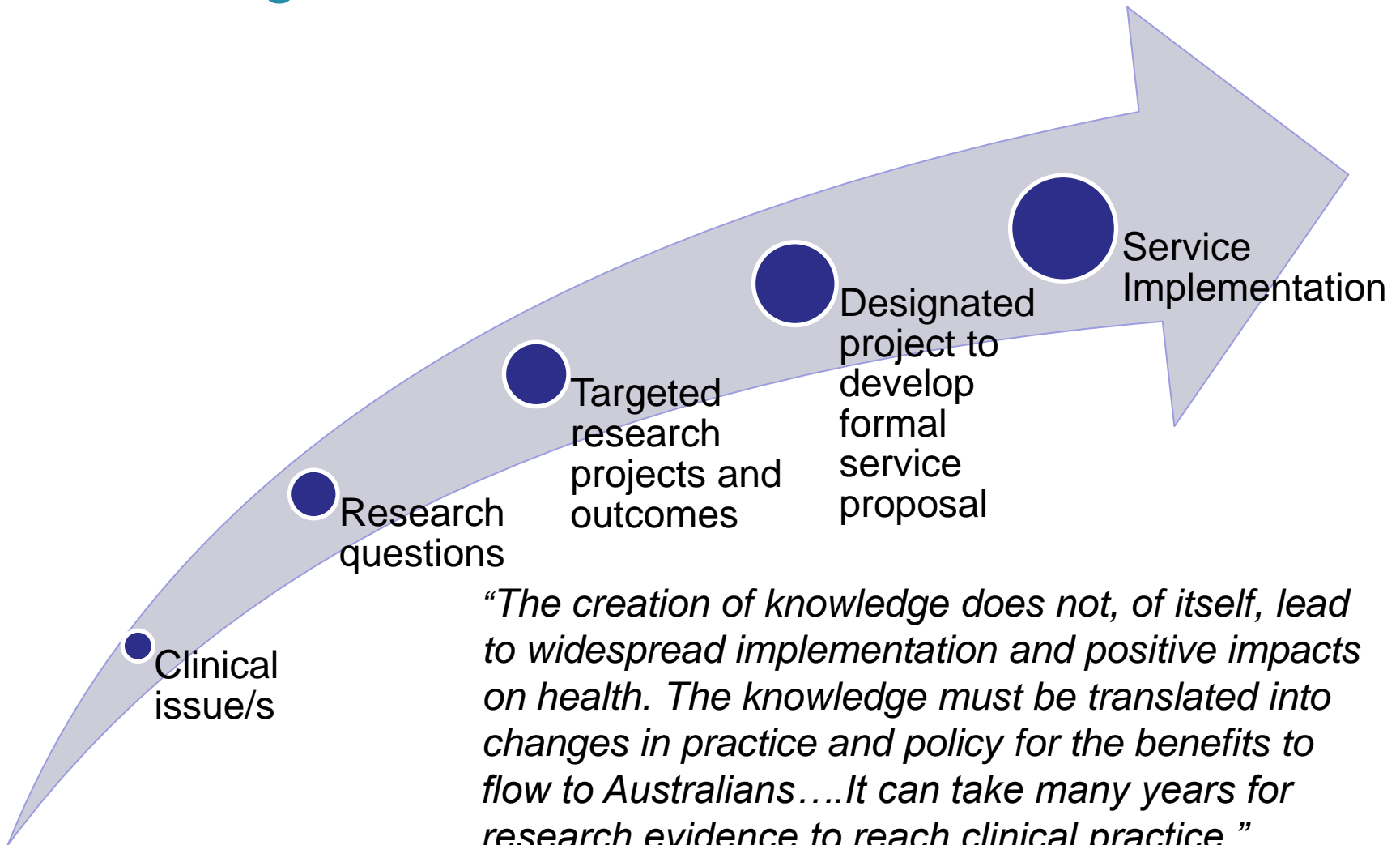


# Acquired Brain Injury Transitional Rehabilitation Service (ABI TRS): a pilot project for transitional rehabilitation

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# Translating Research into Practice



*“The creation of knowledge does not, of itself, lead to widespread implementation and positive impacts on health. The knowledge must be translated into changes in practice and policy for the benefits to flow to Australians....It can take many years for research evidence to reach clinical practice.”*

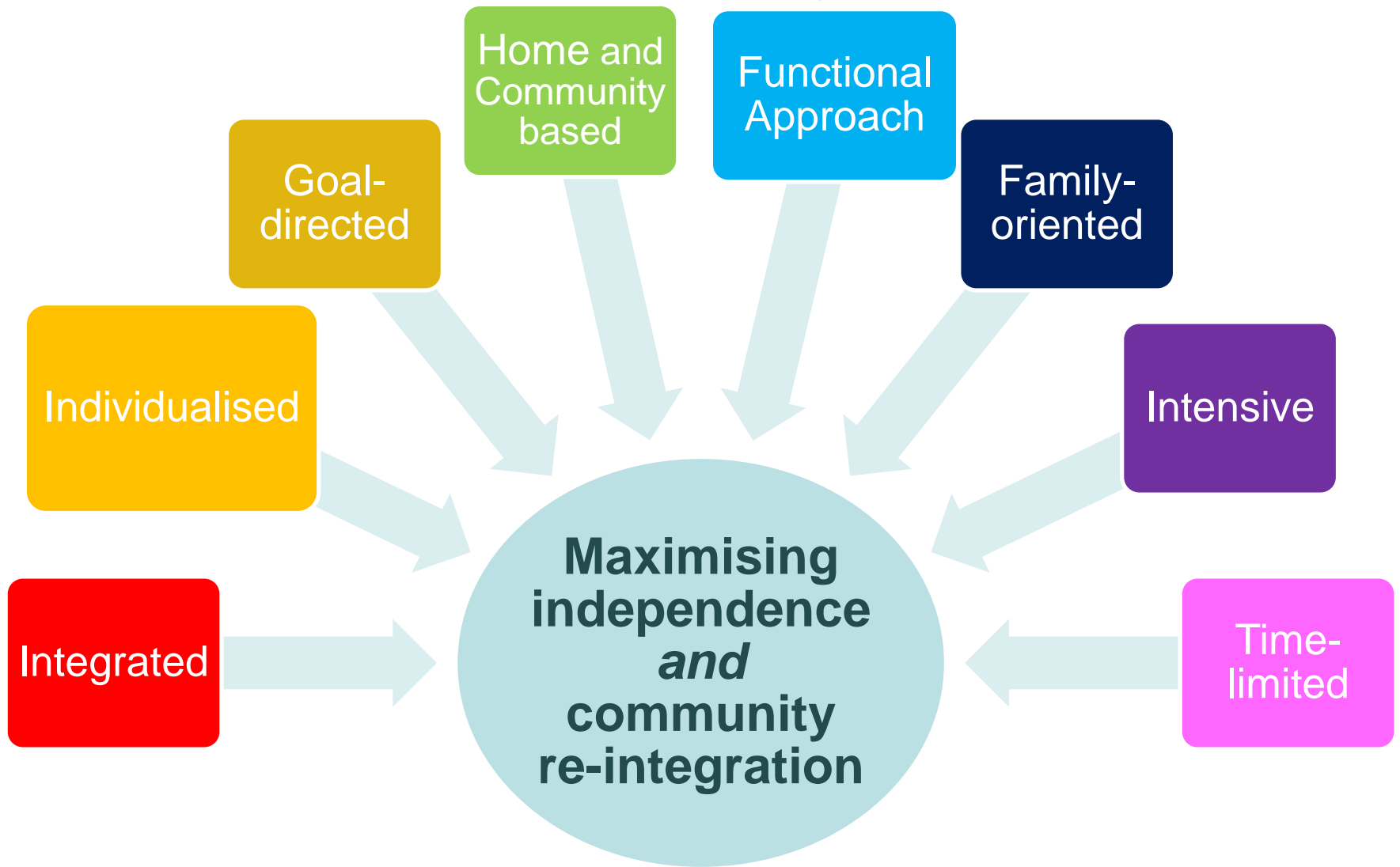
**National Health and Medical Research Council (NHMRC)**

# Clinical Issue/s



- ABI services best delivered across a rehabilitation continuum extending from acute care to the community.
- In the rehabilitation continuum currently:
  - Lack of coordinated post-discharge clinical pathway
  - Limited access to intensive rehabilitation beyond the hospital setting.
  - Impact on discharge planning and longer-term community outcomes for people with ABI and their families.

# ABI TRS Model of Care: Key Features

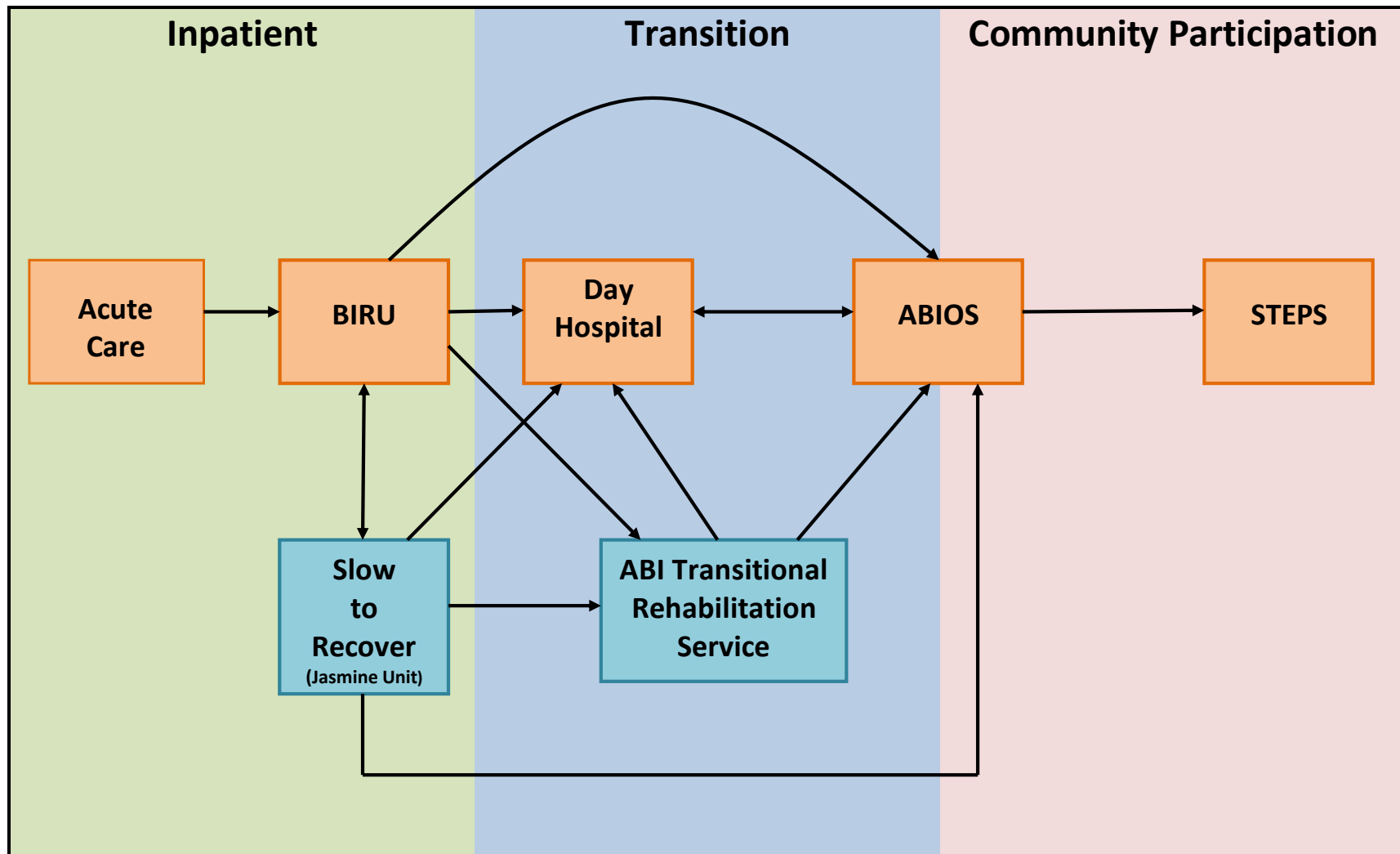


## Aims of ABI TRS:

1. Facilitate **early community re-integration outcomes** for adults with ABI and their families during transition from hospital to home.
2. **Extend the existing continuum** of specialist ABI rehabilitation services provided by DoR at PAH.
3. **Improve continuity** between hospital and community services.
4. Reduce length of stay by providing a **clear referral pathway** to the community with capacity for **intensive therapy services**.
5. **Enhance access to community rehabilitation** for adults with ABI and their families.
6. **Extend the current literature** and **inform future ABI service development** through formal research evaluation.

# Integrated Rehabilitation Continuum

Flexible approach – greater scope to tailor rehabilitation pathways



# Clinical Client Operations

- Motor Accident Insurance Commission (MAIC) commissioned and funded project – 5 year pilot
- 100-120 clients/year at full operational capacity
- Interdisciplinary rehabilitation team
- Intensive therapy services for a time-limited period, typically 8-12 weeks
- Mix of home- and community- based therapy, with some centre-based individual and group programs.
- Specialist, contemporary, goal-directed community rehabilitation services

# Service Evaluation

- 5-year pilot project to further examine proof of concept.
- Key outcomes to be examined in Research plan:
  1. Clinical outcomes for people with ABI and their families.
  2. Process outcomes and service outputs relating to the health system (e.g., impact on LOS/patient flow)
  3. Broader community and health economic benefits.
- R&D Officer will drive the research plan, with specialist advice to be provided by Research and Evaluation Reference Committee
- Key linkages will be fostered with research stakeholders, with capacity extended through research grant applications and/or RHD affiliations.



# Service Implementation Timeframes

- 'Start-up' team commenced July 2016
- Operationalisation of service likely to take 6-months from start-up, i.e. January 2017
- Service to reach full operating capacity within 12 months of start-up.

# Questions/Discussion



