

# *Matapaki*



WINTER EDITION  
2018

## *In this issue...*

### ***Wild Weather!***

See how we have been coping through all the wild winter weather.

### ***How are we measuring up?***

Find out how ABI measures up in the AROC research.

### ***Building our future***

Get an insight into the new Wellington building development



## *Nga mihi Kumusta Bula Malo Greetings*

2018 is half behind us! WOW, that's gone fast. I've personally had a few sleepless nights over the past couple of months (not too many fortunately), thinking about my role at ABI and how to support the whole team better. This Newsletter is one outcome. So welcome to MATAPAKI edition # 1. I hope you enjoy it. Thanks Jim for the great flair and style you are introducing.

Our Mission and Vision at ABI is "Aiming High – World Class Client Experience and Outcomes". Five key Strategic Objectives have taken shape during my sleepless nights. We will talk more about these over time. Each Service – Residential, Intensive, Community, will have a Key Driving Objective or goal for the next year. But the one that we are embracing over the whole ABI organisation is about valuing our staff better. I believe that we can't have really have engaged clients and whānau, and satisfied funders, unless we have supported and engaged staff. Every manager has a responsibility to work hard on this goal with their teams over the next year. Please hold us all accountable.

A recent Ministry of Health audit criticised ABI for having no effective separation between governance and management.

*Essentially they are saying – 'Max is wearing too many hats'*

This brought on another sleepless night! They are right of course! The role of Governance is the "What" not the "How". The result is that I am picking up a stronger Governance role, focusing on developing new services and maintaining strong relationships outside of ABI, AND of course supporting the management team. As from NOW, Tony Young, Sue Edwards, Deb Andrews and Noelette Matthews will build a Senior Management Team and be accountable to me. Tony is chairing this group.

Having a place to share this important information is an example of what I hope MATAPAKI will do for us:

*Tell us all about the many things that are happening across ABI Auckland and Wellington.*

We all know that Relationships 101 is good communication. Launching MATAPAKI is only the starting point for working on our key staff support goal for this year. I hope you will agree; it's a good start. This Monster edition will be six-monthly. There will also be a 4-pager update each month from August.

*Max*



*With winds estimated at over 200km/hr, our Kumeu facility took a hit with trees flattened like match sticks!*

PAUL SMITH / AUCKLAND

# Wild weather!



Hold onto you hats, and umbrellas! After being spoilt by a long hot summer winter has arrived with avengence...

## *Auckland*

Early in winter we experienced a severe weather event in Auckland resulting in loss of power across Auckland. At the Ranui site we were without power for approximately 12 hours, and then had a further power outage the following day. This was a good test of our back-up systems!

Generally, we managed well, but it was a very timely reminder to ensure that cell phones, i-pads, and equipment that relies on electricity needs to be charged. Many other systems we use every day rely on electricity including medimap, rostering and CMS and functioning without them is very demanding. We found ourselves without ability to raise and lower beds or hoist clients, and so needed to utilise manual equipment to do this.

From this experience, we are looking to invest in a generator so that we have our own power supply for long-term outages.

## *Wellington*

Well after a great summer, the coolest little capital in the world has swiftly moved into winter. There have been torrential rains, great mists, that make you think of a Peter Jackson movie; hail storm, electrical storms resulting in a few accidents and road closure.

The Wellington site does resemble a building site, unsurprisingly, as except for the ABI building there is just earth movers and bare land.

The usual north westerly winds have not as yet, ramped up to their normal 100km + per hour but there have been lovely strong and persistent winds. that increase the chill factor in Wellington. The current site is however warm and cosy and is withstanding every trick the weather sends our way.

We have lots to be grateful for like the planning towards the new building and the slow but sure upgrades to keep the current site safe and secure.

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# Zoom...



## Telerehabilitation is taking off at ABI!

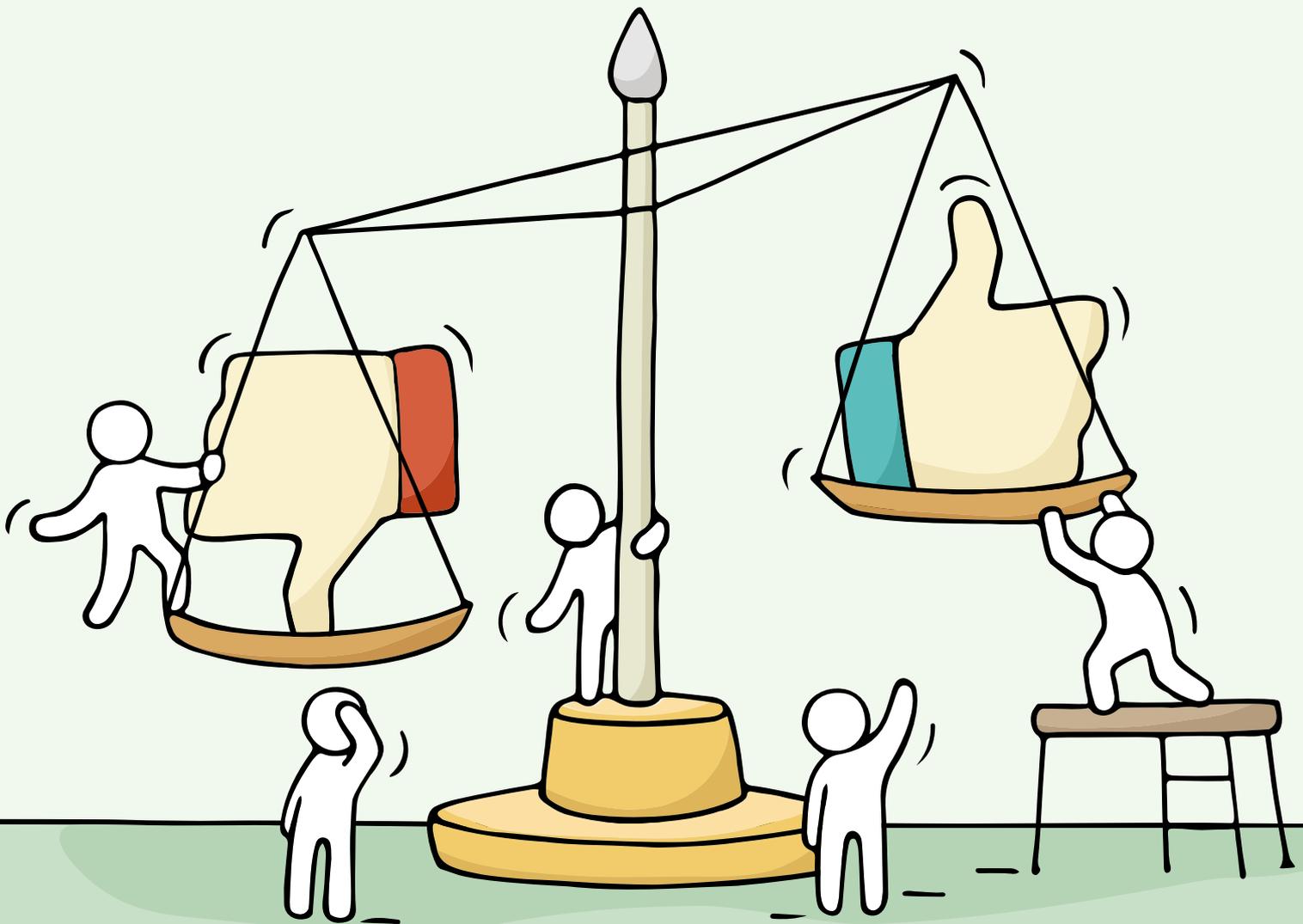
Over the past few years a small working group has been trying to improve how we communicate using the medium of videoconferencing. This group has focused on establishing how to use this in our daily practice, the best hardware and software for our needs, and overall protocols and procedures for this medium. It is our priority to ensure the information exchanged through videoconference remains private

and confidential just as it would if we were speaking face-to-face. We have finalised and will be using a programme called Zoom that will be used across the entire company, by the end of June. We can use this to have meetings with colleagues (within ABI Rehab and within the DHB's) across town or across the country; we can connect with ACC case managers that are out of town, so they can "see" the team and client during family meetings; we have also been using this medium to host special interest group events where the speaker is in another country, but able to broadcast the meeting across New Zealand to over a

100 possible locations; we use zoom to conduct interviews; and our final use of this medium to provide contact with our clients. This final aspect will continue to grow over the next 6-12 months as we all begin to use Zoom. Please sign-up for your free zoom account here (<https://zoom.us/>) and ask anyone on the Telehealth working group committee if you need help setting up a meeting! Meghna Thacker, Maegan VanSolkema, Nina Andreas, Jessica Gardiner, Allison Foster, Teresa Kent, and Emma McKenzie

AROC MADE SIMPLE...

# *How are we measuring up?*



If you've worked at ABI for very long, no doubt you've heard your colleagues talking about AROC.

## So what's it all about?

AROC stands for Australasian Rehabilitation Outcomes Centre. It is the national rehabilitation medicine clinical registry of Australia and New Zealand, and is operated by a group of researchers at the University of Wollongong (near Sydney, Australia).

### AROC's aims are to:

- Be a central repository of rehab data for all of Australasia
- Give rehab providers summary information about their clients' outcomes
- Set performance benchmarks so that rehab providers know how their outcomes measure up to other providers'
- Provide training in clinical assessments and data collection, for quality improvement

### For ABI, this means that:

- We send data on nearly all of our clients to AROC. This applies to the intensive and – new this year – community services. All client information is coded so that they cannot be identified.
- AROC sends us reports every 6 months. The reports compare our outcomes against outcomes at other providers throughout Australia and New Zealand.
- AROC periodically does training for using the FIM tool (a measure of function that we use to describe our client's rehab progress).

Our AROC reports are complex– hundreds of pages long! The Intensive Service basics, however, are shown in dashboard charts.

Each of the circles represents a rehab provider in Australia + NZ, who specialises in brain injury rehab.

The size of the circle indicates their number of brain injury clients.

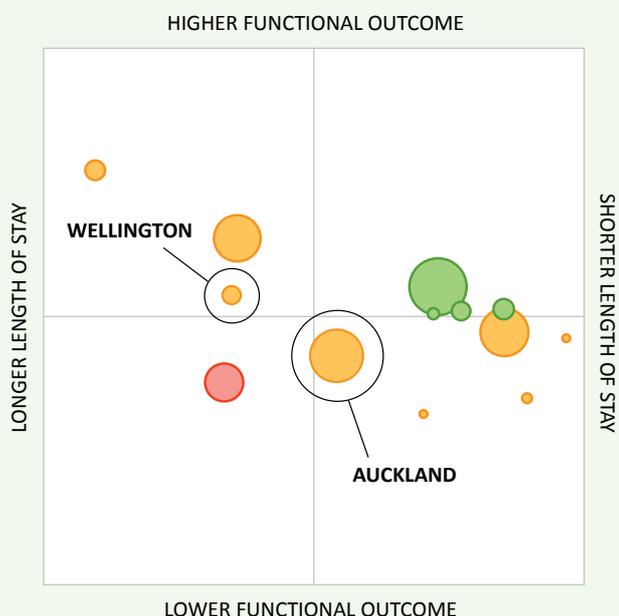
The location of the circle on the chart varies by the clients' average length of stay (longer LOS moves to the left, shorter LOS to the right) and by their average FIM gain (lower function moves to the bottom, higher function moves to the top).

So, the goal is to see our circles in the top-right quadrant because that would mean we are achieving good functional outcomes in short time frames.

In the calendar year 2017 (these charts), both Auckland and Wellington intensive services were in the 'middle' quadrants: Auckland had slightly shorter-than-average

LOS but with slightly lower functional scores, and Wellington had slightly better-than-average functional scores but with slightly longer LOS.

What's important to know is that these scores are based on current averages and are relative to the other providers on the chart. So, this chart doesn't tell us if our performance is 'good vs. bad'; it only tells us how we're performing compared to other similar rehab providers, internationally. Overall, these charts show that ABI is measuring up quite well to other providers in NZ and overseas but of course with some room to improve!



Our AROC reports are based on data from our CMS that is collected routinely during the client's rehab journey. So, many people contribute to AROC at ABI. This means that we are all accountable for accurate, timely data entry into the CMS in order to get accurate AROC reports.

*It also means that we all have a role to play in achieving the good results in the our AROC reports.*

In future issues of Matapaki, we will show more details from our AROC reports.

# Embracing our Māori Culture

Mauri ora ki te whenua

Mauri ora ki te rangi

I am of Ngapuhi and Tuhoē descent and grew up on the marae and nurtured by te reo.

It is with great humility that I embrace the position of Māori Cultural Advisor / Support with ABI Rehabilitation Ltd.

I work with a great team of professionals in the field of TBI and with the whānau and client as they embrace each on their rehabilitation journey.

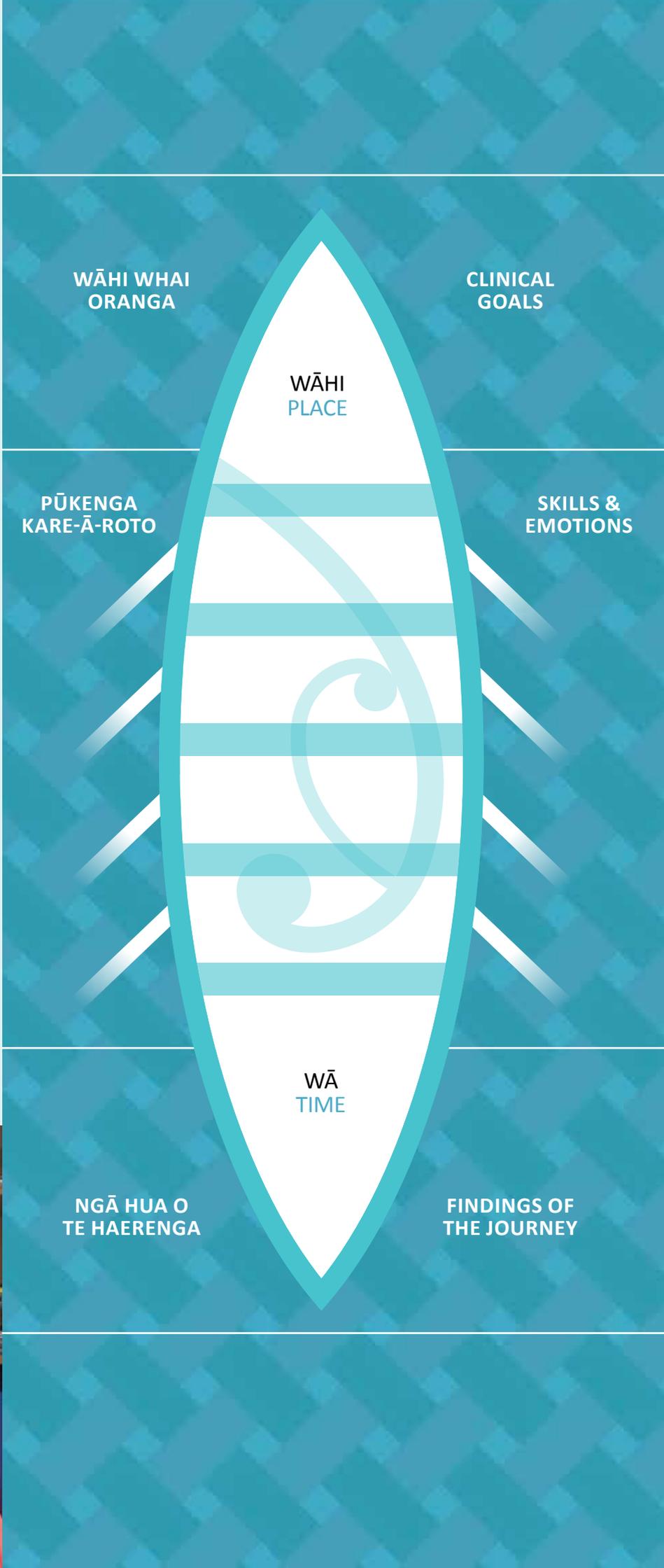
*He Waka Eke Noa.*

***We are all in this together***

Kia ora

**Ngawairongoa Herewini**

Kaiarahi Kaupapa Māori



# *Te Waka Kuaka and Te Waka Oranga.*

## *Working with Whānau to Improve Outcomes*

### *Te Waka Kuaka*

Te Waka Kuaka is a bilingual cultural needs assessment tool for whānau. Te Waka Kuaka means a flock of godwits, renowned for their long distant migrations and Māori ancestors were keen observers of their behaviours. Te Waka Kuaka provides a similar organisational role, for whānau to identify and reflect on their own needs as well as helping health workers be clear about what these are, to that of the way godwits organise themselves. It helps whānau to organise their thinking to identify there needs in order to better navigate their healing journeys, much as the godwits organise themselves in order to navigate their long migrations.

The four navigational priorities that form the assessment subscales are helpful in grouping areas of focus:

1. Wairua (a pivotal component of hauora and wellbeing, concerned with the unique connecton between Māori and all elements of the universe);
2. Tangata (people);
3. Waa (time); and
4. Wahi (place).

### *The Wairua Theory*

The wairua theory underpins this work. This theory proposes that waiua is also injured in tramatic brain injury and is disrupted in insult to the brain. According to this theory, wairua is understood as a profound sense of connectivity between Māori and all aspects of the universe. Wairua is both an energy or sixth sense and a network of connectivity amongst all things.

### *Te Waka Oranga*

Te Waka Oranga describes a process of bringing together whānau knowledge, skills, and feelings, with health workers knowledge, skills, and feelings in the context of identifying recovery destinations they collectively want to bring forward in order to improve the experience of recovery.

Te Waka Oranga is divided longitudinally down the middle, on one side the whānau and on the other, the health workers. These people constitute the paddlers. The Waka Oranga is jointly navigated; cultural and clinically. The person with the injury or insult to the brain is actively sought and encouraged throughout.

### *ABI Rehabilitation promotes and applies the principles of Te Waka Oranga and Te Waka Kuaka.*

#### **Key points**

- How to think about and apply Māori concepts of health in practice.
- Recognising the importance of assessing whānau cultural needs.
- Understanding the concept of wairua.
- The importance of making time for cultural practices of engagement.
- Increased awareness of matauranga Māori and use of the whānau mataurangsa resources.



# *Carved Gateway*

The completion of a carved gateway to the beautiful gardens is currently in progress where two pou (posts) are being carved by a team of local carvers that will hold the lintels to complete the entrance way. The lintels were carved by a father when his son was a client at the Auckland site on Metcalfe Road.

Master Carver (right) Grant Wilson and trainee (above) working on the pou that will hold the two lintels.



# The Gold Standard in Rehabilitation



## What is CARF?

Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, CARF International is an independent, nonprofit accreditor of health and human services

CARF accreditation extends to countries in North and South America, Europe, Asia, and Oceania including New Zealand.

## What is Accreditation?

When a program or service is CARF-accredited, it means your organization has passed an in-depth review and meets rigorous CARF guidelines for service and quality—a qualified endorsement that it conforms to internationally recognized service standards and is focused on delivering the most favorable results for persons it serves. The human service field, including all stakeholders, develops the standards that are applied on CARF surveys.

## Why choose CARF?

CARF accreditation is a seal of approval announcing to persons served and their families that we provide services focused on their needs. It is a sign of assurance to third-party payors and governmental regulators that we have met internationally recognized standards, and it is a tool for quality improvement within ABI.

*The value of the ABI CARF accreditation is more than a certificate hanging on the wall. It is evidence that our organization strives to improve efficiency, fiscal health, and service delivery—creating a foundation for consumer satisfaction.*

## CARF Audit for 2018

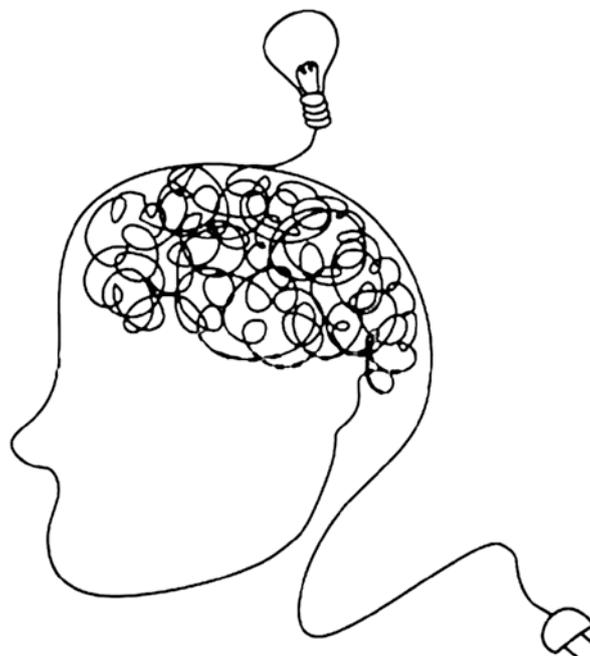
We have been busy with preparations for our CARF audit at the end of the year. We are required to have 6 months of evidence to show we are working within the standards so there is major work going on updating policies etc. As these policies are finalised we will distribute so everyone can familiarise themselves with the changes. We will also feature these changes in the next issue of Matapaki.



*Quality and  
Research*

# *Learning and sharing knowledge*

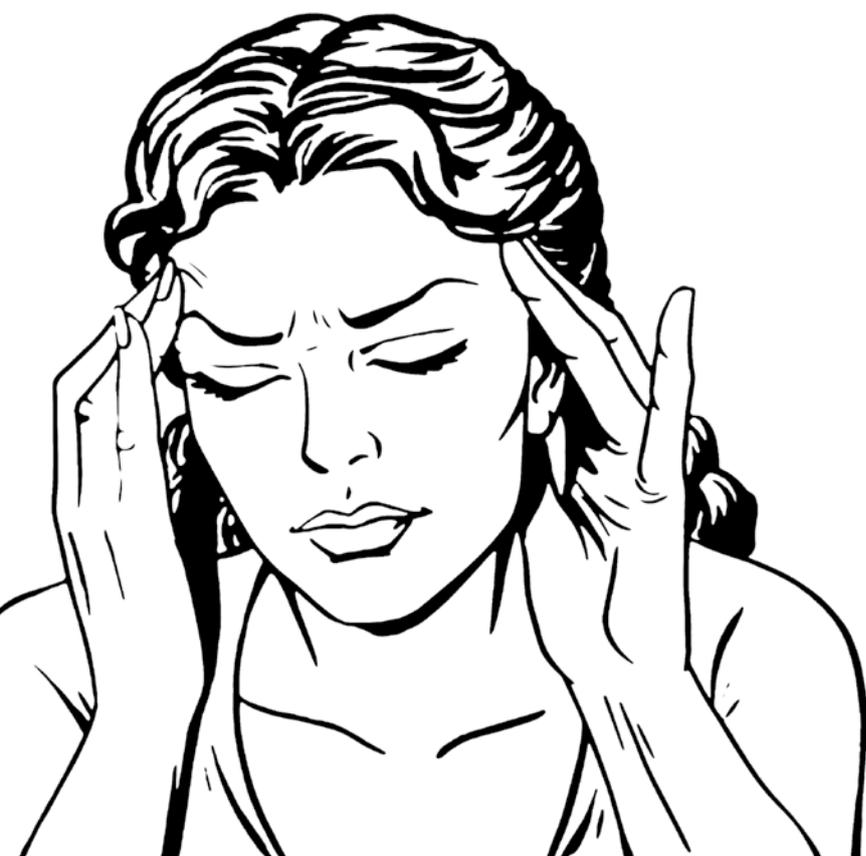
ABI Rehabilitation New Zealand is committed to being part of growing the field of neuro-rehabilitation in New Zealand through scientific health research.



## *Headache in the Concussion Clinic!*

In November 2017, the first BrainStorm conference was held in Napier. Its theme was 'Heads Together for Concussion' and it brought together clinicians, consumers and researchers working in the field of Concussion Management from New Zealand and beyond to debate the hot topics and controversies, and get the updates on the latest trends.

Dr. Richard Seemann presented a lecture entitled 'Headache in the Concussion Clinic'.



### *Did you know?*

- Almost 50% of the population suffers from headaches of some type
- In our field, the type we see most often is the secondary headache that follows after head trauma (concussions or brain injury) and neck trauma
- To meet the definition, this type of headache must develop within 7 days after head trauma, and persist for 3 months or more after head trauma
- More than 50% of people with concussion experience headaches. After 12 months, only about 15% of people continue to suffer from post-concussion headache.
- Post-concussion headaches are often diagnosed as migraine, probable migraine, or tension-type.
- Exercise is a good way to diagnose post-concussion headache, because exercise exacerbates symptoms of concussion.
- Treatment for post-concussion headaches involves:
  - Preventative medication
  - Withdrawal of analgesics (due to rebound headaches with medication over-use)
  - Nutritional supplements
  - Cognitive behavioural therapy
  - Acupuncture, Manual therapy, TENS
  - Local anaesthetic, Botox scalp injections
- Good outcomes may depend on strong multi-disciplinary team management

*Almost 50% of the  
population suffers  
from headaches of  
some type*

# Improving whānau outcomes after a brain injury – in the real world

In May 2018, Elisa Lavelle Wijohn gave a lecture for the Northern Regional Providers Group (NRPG). This workshop was well-attended by a variety of rehabilitation professionals at varying stages in their careers. Elisa spoke about her PhD research:

Brain Injury Whānau Action Project (BIWAP): Increasing the Capabilities of Families of Adults With Brain Injury to Live Their Lives in the Ways They Have Reason to Value

Elisa reported on her study findings within a community-based participatory research project. This is a type of research in which people in the community are not subjects of the research, but are instead collaborative partners within a co-learning process. Elisa's goals were to work in a Maori-centred and participatory way to build relationships for the mission of improving whānau outcomes after a brain injury—in the real world.

*Elisa's research has had real-world impacts and the 'ripples' are still being felt today.*

## Who?

Families of adults with serious brain injury

## How?

Review of ACC, MoH documents, disability strategies

Wānanga: 86 participants from 17 families; 9 speakers

Arranging for ACC to attend second wananga

## Questions asked:

What's worked?  
What's not worked?  
What do we want?

## Summary of Findings:

Whānau wanted to: "Educate and strengthen ourselves in order to educate and strengthen others"

Rights of individuals and families need to be upheld under

- Te Tiriti o Waitangi
- UN Convention on Rights of Persons with Disabilities
- UN Convention on Rights of the Child

## Reflection:

"None of this is new"

But, as ACC said,

*"This changes everything"*

## Elisa's research resulted in:

- A sustainable community project
- 10 whānau were sponsored to attend 'What Ever It Takes' training
- Partnered with parenting programme to run brain injury focused course
- Corporate sponsorship (ACC, others)
- Involvement in strategy development with funding and advocacy boards

Thus, Elisa's research has had real-world impacts and the 'ripples' are still being felt today. The main message is that we should all continue asking:

- How are families/whānau considered?
- How are Māori considered? Supported?



**Elisa Lavelle Wijohn**  
Director of Rehabilitation

Elisa Lavelle Wijohn was born in Wellington and grew up in Auckland. She is Pākehā, and links to Te Rarawa and Ngai Tūhoe through her husband and children. Elisa has been a practising clinical psychologist since 1995, working first in adolescent drug and alcohol rehabilitation, and community mental health, before commencing at ABI in 2001.

Through her personal life and work over the years at ABI Rehab she became concerned about the wellbeing of families as well as the clients with brain injury. In order to make a contribution in this area she completed a PhD in 2017 at AUT University which focused on increasing the capabilities of whānau/families to live their lives in the ways they have reason to value. In 2018, Elisa took on the role of Director of Rehabilitation at the Intensive service in Auckland and in that role she plans to support client, family and staff wellbeing in order to improve the lives of people affected by brain injury.

# Quality improvements

We are focused on contributing to and improving rehab in New Zealand - not for ourselves...



# Pathways Collaborative

The Whole Pathways TBI Project (the Collaborative) was proposed by ABI several years ago and established by ACC in collaboration with providers, consumers including Māori, families-whānau, and DHBs in the Northern Region in 2015. ACC has provided substantial administrative and leadership support to this project. ABI has been very involved in supporting it within the various working groups.

The overall objective of the Collaborative is that clients with moderate-severe TBI achieve optimal outcomes in an environment where the client, family and whānau are supported and educated, and the pathway is flexible, connected and fully coordinated. The Collaborative was ambitious in that it set out to review end-to-end the rehabilitation journey for clients with moderate to severe TBI and listen to consumers to understand the needs of their families and whānau.

It has taken a “whole of system” approach based on desired client outcomes, values and input of all stakeholders.

## *It is essentially a whole-system quality improvement project.*

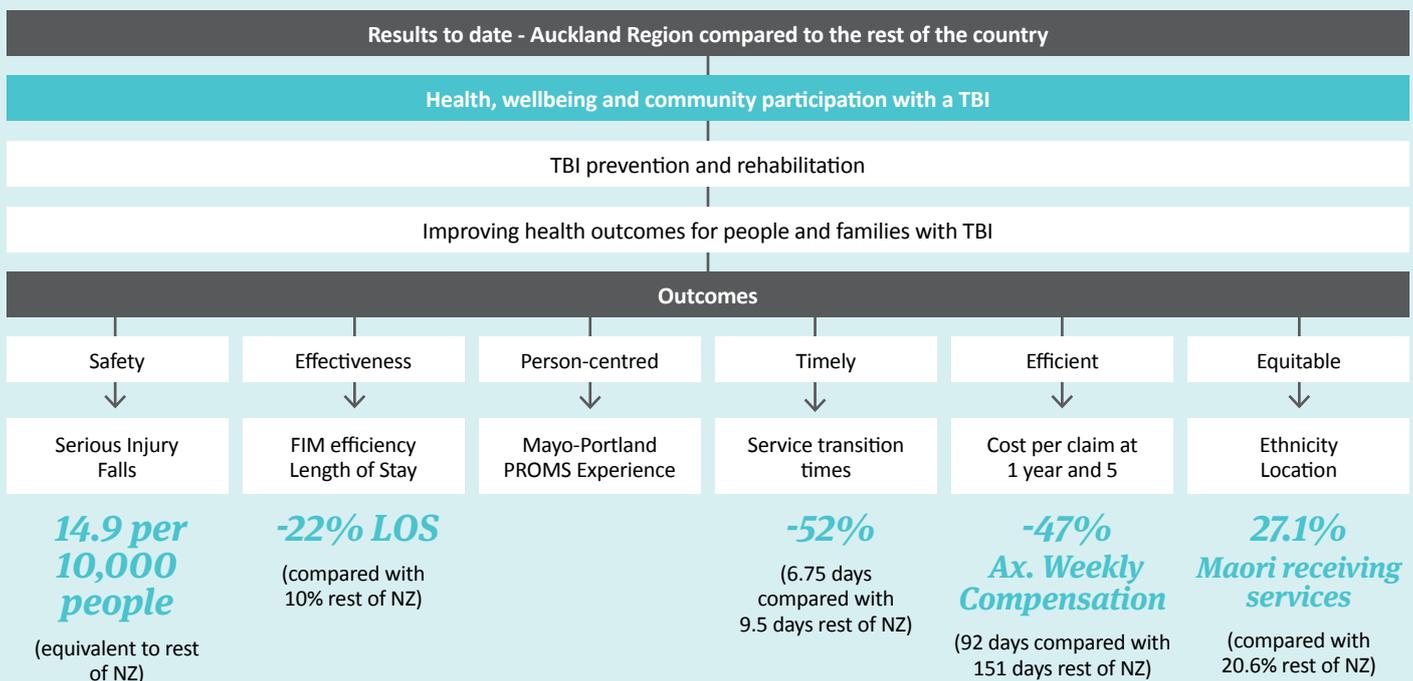
The focus over the first two years has been on three key areas.

1. How can we make the transition between different providers and services smoother for clients and whānau.
2. How can we collect good data and agree common measures of client outcomes so we all speak the same language when assessing how well we are doing.
3. How can we improve the quality and timeliness of the information about brain injury that we provide to clients and whānau.

The following ABI staff have been very involved in the Collaborative: Angela Davenport, Tony Young, Max Cavit, Allison Foster, Deb Andrews, Rachelle Bennett, Soana Foliaki. Many thanks to these people who have given 110% and contributed amazingly to the whole project alongside the other great, ACC staff, clients and whānau and providers in Auckland. We have all learned to trust each other and work more closely together for the good of clients.

A special bouquet from ABI has to go to the ACC staff who have picked this up, brought us all together and led the project so amazingly well over the past two years especially Deb Anselm, Christine Howard-Brown, Phyllis Meier and Monique Tupai.

This is just the beginning. The Collaborative will eventually be rolled out across NZ and potentially involve all serious injury claims.



# Building our future



An artist's impression of the proposed ABI facility, close to Kenepuru Hospital and due for completion late 2018.

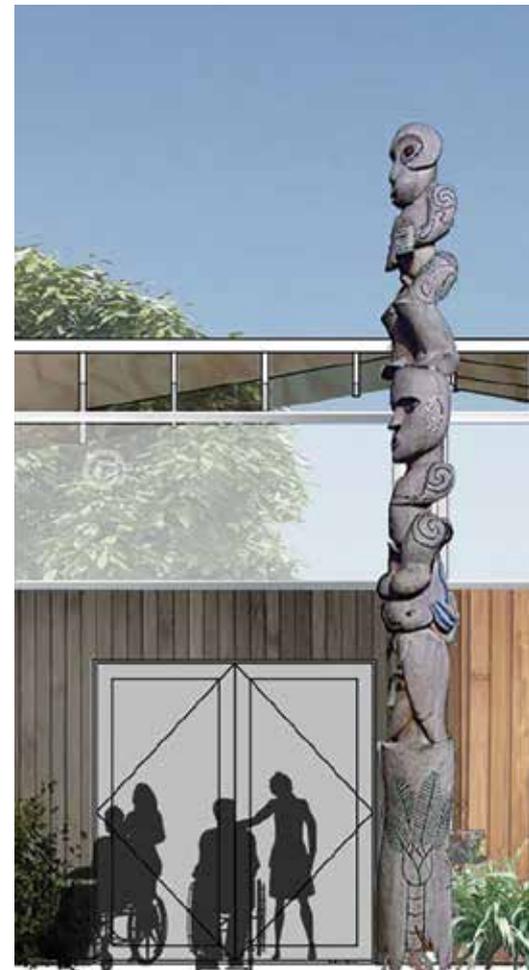
## As plans progress for the new ABI facility in Wellington, here is an insight into the thinking and inspiration behind the development.

The design for the new ABI rehabilitation centre in Porirua, Wellington has responded to two key considerations. Firstly, research carried out on rehabilitation architecture unequivocally pointed toward the client relationship with nature, stressing views and access to the natural environment, this stimulation is said to have positive impact on a client's rehabilitation process. We have developed a building that looks into a generous courtyard, sheltered and safe, it allows clients to have access to plantings, different textures and fresh air. Between the main building and the gym/OT buildings we have a landscaped laneway populated with plantings, benches and a basketball court.

Along with the relationship with nature we thought, how do we create this building to be a place for people from all walks of life to coexist under the one roof, to feel at home. This train of thought developed to prioritise a scattering of breakout lounges, Natural materials and residential style fixtures where possible all summed up as 'many, under one sky.'

## *Our building seeks to tell this story of unity, while practically allowing for it within our interior layout.*

The roof which reads as a single form floating over the main building and its occupants like a cloud (Ranginui). Under the roof the building (Papatūānuku) lays undulating in and out from under the eave above, this shows more building faces and allows for those different break out spaces within.





# Sam

## Sam Tattersfield: Recovering from the invisible injury, and writing about it

They call it the invisible injury – but while a brain trauma may not be as evident as a broken arm or a bad illness, it can be far more debilitating.

In mid-2017 I had a serious skiing accident, smashing my unhelmeted head onto a rock at The Remarkables ski field. I came scarily close to dying, spending two weeks in a coma, followed by long periods in hospital and in residential rehabilitation, relearning basic skills like walking, talking, and eating independently. All going well I will resume my postgraduate journalism diploma course this year. I am now healthy enough to write this, although I still have many months of recovery ahead of me.

I credit much of my recovery so far to the staff at ABI Porirua, one of four privately owned residential rehabilitation centres in New Zealand that specialise in my kind of injury (ABI also has a site in Auckland, and there are two other privately owned services in Christchurch and Dunedin). Their dedication and expertise was exemplary. My therapy team have been particularly outstanding.

When ABI Auckland was launched in 1996 it was the only specialist residential brain injury rehabilitation centre in New Zealand. Before this, even teenagers with brain injuries were put in rest homes or private hospitals, and often didn't receive any specialist therapy. As a result, ABI was initially inundated with clients who could not be treated properly anywhere else. As Max Cavit, the founder and managing director of ABI puts it: "At that stage we were the dumping ground ... for people with brain injury that nobody else wanted, because they were too difficult because of their high medical or high behavioural needs."

***Because our brains are unique to ourselves, effective therapy must be tailored to individual patient needs, interests and goals.***

For me, that meant writing this article as my last therapy task in preparation for my return to journalism studies. Such activities

reconnect neural pathways that have lain dormant since an injury, and make a person feel like they belong and have support.

ABI was my home for five months. Along with the other 15 temporary residential clients, and six patients likely to be in care for the rest of their lives, I faced trials and moments of success.

My physiotherapist took me to hydrotherapy twice a week. This was challenging – becoming able to complete just two lengths of breaststroke in the small pool was infuriatingly hard. But it was also rewarding, especially earlier in my recovery when milestones are more tangible. I felt perceptible change in my ability to do strenuous exercise and coordinate several moving body parts at once. I also did one on one physio and group physio sessions, yoga groups, and walking groups.

I practised activities needed in "the real world", like cooking and shopping. As I slowly emerged from amnesia, I completed an increasingly difficult series of mental



I recognition of the support provided, Sam Tattersfield's mother presented this quilt to the team at ABI Wellington.



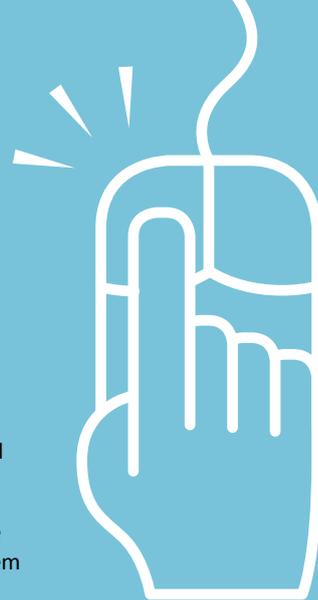
agility exercises and memory tests that helped sharpen my cognitive skills.

My speech and language therapist helped initially with rudimentary skills, like expressing emotion and recognising appropriate times to join and add to conversations. More recently she assessed interviews I did with shoppers in Porirua's North City mall about their voting preferences.

I asked four other temporary clients about their time at ABI. Most, like me, found the experience frustrating at times, but gave huge credit to the staff for helping them eventually return to close to the pre-injury versions of themselves.

**Find out what Bill, Pete, Janet and Courtney have to say in Part 2, featured in the next issue of Matapaki...**

# Find it all at your fingertips



The inTouch Client Management System (CMS) has been designed to enhance efficiency, communication and clinical processes at ABI, and make all our lives easier!

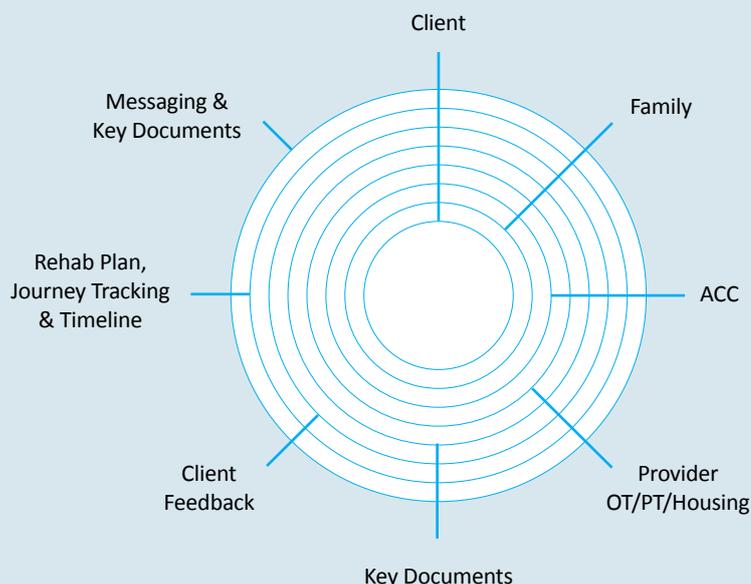
Each issue we will highlight a new features of the CMS as we continually work to improve the system and make it more user-friendly.

## NEW FEATURE



## The Shared Rehab Plan Portal

Sharing and improving access for all involved to improve the clients journey and outcome.



### What was the problem?

Clients in the community have limited visibility to their rehabilitation plans. When providers change the client is often left needing to repeat their story and get re-assessed by the next person.

### How will the new portal resolve this?

The cloud based portal will allow the client to access their information, message members of the rehab team and manage their relevant documentation (sharing those that they feel are important for others to know about). The rehab plan and other information for the client will sit on this portal with visibility for the client (and those they share it with e.g. family, GP), the community rehab team and the ACC case manager. There is also the ability to track progress and show the timeline of events from injury to today.

# Intensive

# Terrifying and exciting!

## Wellington

Over the last year the team in Wellington have demonstrated their fortitude and resilience they have seen and been through a range of challenges that would have tested others mettle, but the team has become stronger more resilient and closer.

We have seen the site around the unit go through iterations of metamorphosis as the preparation to transform the surrounds into a new development into new homes and a large Residential rest home.

### *This has been both terrifying and exciting.*

“Terrifying” as the site the unit is on, we have been faced many unplanned and uncontrollable events; rethinking on services such as water; heating; securing the property; safety of staff entering and leaving the unit after hours; but in the usual style of the Wellington team the approach has been to collaborate and find ways to overcome the obstacle or challenges creatively.

Consequently we now have an interim bastion that has lovely fenced in section that provide solitude where required, secure courtyards, remote egress and access and the development of a Residential and

Intensive wing under the Wellington services umbrella. These are not independent but intradependent services on the same site. Therapy and nursing teams are collocated, giving greater ability to collaborate and support each other and clients.

Exciting as it offers the Wellington services the reality of a long awaited New Build which is in the throes of planning with a date for start and completing of the project now a reality.

Staff have seen a potential site become the purchased site; the concept plans become stabilised plans; architects and engineers, designers and fitters and finisher staff engage on the next stage. This alongside the site preparation for build had the team filled with the possibility of a new era of services and delivery of those in the Wellington Region.

I want to acknowledge the hardship but give a sense that's all but in the past and we can gaze towards a bright and exciting future filled with hope of long held dreams coming to fulfillment?

### **Noelette Matthews**

Regional Manager - Wellington

## Auckland

# Who's this?

### *Introducing Rita who has been at ABI for 6 1/2 years.*

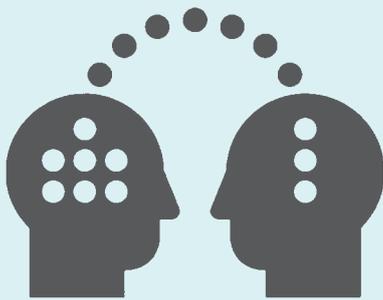
She initially started in 2012 as the Laundry Supervisor this was in response to the development of the Central Laundry. It was not long after, Rita's role was amalgamated with the household service and she became the Household Supervisor and worked hard to achieved her Careerforce Qualifications including her Trainee Assessor Qualification. Rita also has a keen interest within Mauri Ora which is a holistic approach to healing and she shares her beliefs and knowledge with new members of staff during orientation and regular education sessions. She is an active member of the Cultural Committee and is working to provide guidance to staff utilising a framework that encompasses the concepts of Te Whare Tapa Wha. This health model was developed by Prof Mason Durrie and incorporates the concepts of Te Taha Hinengaro (psychological health), Te Taha Wairua (spiritual health), Te Taha Tinana (physical health) and Te Taha Whanau (family health) which is important to the recovery and rehabilitation of clients and family. Rita believes that this approach assists staff to understand the importance of cultural awareness and how this can have a positive impact on the client and whanau journey.

Rita enjoys being part of the team and feels working her at ABI has provided her with a deeper understanding of the impact of TBI. She is looking forward to her European Adventure in 2024 when she plans to spend 9mths travelling, eating and dancing across Europe.

# New initiatives

## Auckland

# Clinical Review Process



The client clinical review quality group was started after a group of therapists attended the New Zealand Rehabilitation conference in 2017.

It was found that the current format of the clinical sometimes provided helpful discussions, but often staff felt as though they were just “going through the motions”.

*There were multiple difficulties in knowledge sharing, including getting information from the clinical review to the house staff and vice versa.*

We had poor attendance at the clinical meetings and they tended to run over time meaning that the clients at which were discussed near the end were rushed through.

Since the quality group started there has been changes in the format, location and time of the clinical review. There has been positive feedback from all parties. We have had increased attendance, reduced time spent in clinical review and more consistency in the follow through of information. Although the changes have only recently been put in place we hope that the length of stay for clients reduces as well as making therapy more client centred due to the more effective knowledge sharing.

## Wellington

# Clients Activity Schedule

The new Client Activity Schedule is a redesign of the way we schedule a clients activities. Each client gets a time tabled list of therapy sessions to ensure they are aware of the times therapists will engage with them.

What we found is that by adding all the tasks and activities for each day; such as meals, appointments expectations of mobility e.g. hoist transfers with two staff; this had many anticipated and unanticipated ramifications. Firstly the staff on the floor engaged with it as a tool that was really beneficial for them working with the clients. It gave them direction and helped to focus the clients day. The RNs were able to use it as a tool to ensure the type of meal, medications; wound management ; labs; appointments and Drs rounds and routine cares were inserted into the schedule. For the therapists their work was planned around activities and clients were able to be at their scheduled sessions ready and on time. The schedule included who needed to be included at sessions i.e. family and where literacy was a problem a pictorial version of the schedule was developed.

The clients felt oriented in the first instance to the expectations and planing of activities in the unit. This included meals and where the meals were as part of initial orientation to the unit. The structure and routine in the schedule reinforced rest time as a planned and necessary activity rather than a seemingly inactive period that was not thought about and created a sense of boredom or why am I here if nothings being done. The complaints of lack of activities dissipated from clients and staff were able to ensure they met some of the non therapist involved therapy could be done like I AM able Passive exercises etc were done as stipulated.

Families could see what was planned and being done chose to come in for session know when appointments occurred and how to arrange visits. It also gave feedback on intensive support the client required. The importance of rest and their opportunity to access sessions such as brain gym etc to gain more insights. Family meetings were also scheduled in for all to see.

*It became a good communication tool for families to engage with clients who often have memory and attention deficits.*

It had some positive unplanned effects such as improving CMS notes; RCS recording became better able to be tracked. The team interfaces between disciplines was enhanced as more communication occurred. Therapist became present at client meal times, picking up a host of problems feeds, positioning, independence of clients with ADLS in non session times. This stimulated therapists looking in on their clients st the beginning of each shift to ensure 1:1 staff were familiar with protocols such as splint application/ positioning/ transfers / special behaviour management etc

## MONDAY



8am



BREAKFAST



8.30am



GYM



9am



SHOWER



9.30am



NEWSPAPER GROUP



10am



BRAIN GYM / ACTIVITY ROOM



11am



HYDROTHERAPY AT THE POOL



12pm



LUNCH



1pm



REST



2pm



WALKING GROUP / PHYSIOS



3pm



OT SESSION WITH AMY



5.30pm



DINNER



6pm



NEWS

# Hard to Swallow...

After brain injury individuals may have difficulty with their swallow. This is for a lot of different reasons, such as muscle weakness, fatigue, arousal and attention difficulties. The official term used for swallowing difficulties is “Dysphagia”.

June is International Dysphagia month. In Auckland at the Intensive service, we had a shared lunch to celebrate – although it wasn’t an ordinary shared lunch!



There were eight modified food groups assigned to different people. These groups are based on the International Dysphagia Diet Standardisation Initiative (IDDSI).

Everyone put in a fantastic effort to demonstrate how variable these diets can be. We had everything from apple juice (Level 0) to red curry (Level 7).

As well as meeting the dysphagia diet requirements we also had prizes for: **meeting most dietary requirements** (DF, GF, diabetic friendly etc.) won by Maegan; **most creative** was won by Jun, **best tasting dish** was won by Louise and **best practical application of testing methods** was won by Helena.

This lunch was an eye opening experience for everyone who learnt about how consistencies change when food is warmed or cooled; how difficult it is to make food to the correct consistency, and most of all how dysphagia friendly food can be tasty!

For more information about the international dysphagia standardisation initiative visit: <http://iddsi.org/>



The final dysphagia diet framework consists of a continuum of 8 levels (0-7), where drinks are measured from Levels 0 – 4, while foods are measured from Levels 3 – 7.

# Residential

## Any Bites?

ABI's residential service offers a variety of supported living programs that includes a focus on 'recreation' and meaningful participation and community based activities, providing clients with rehabilitation in the context of everyday settings and activities including art and craft and fishing!

## But what's it called?

ABI Rehabilitation has residential services in both Auckland and Wellington. Over the years, these services have been known by different names including Long-term residential and Slow-stream Service. Recently, there has been a push to get some consistency in what they are referred to.

*The Auckland and Wellington Residential Rehabilitation Service is what has been settled on.*

This reflects that, for some, this may not be a long-term placement and the service continues to make strives to improve the residents' independence and access to every day live activities.

Did you know?

## Home Sweet Home



## Who's who?

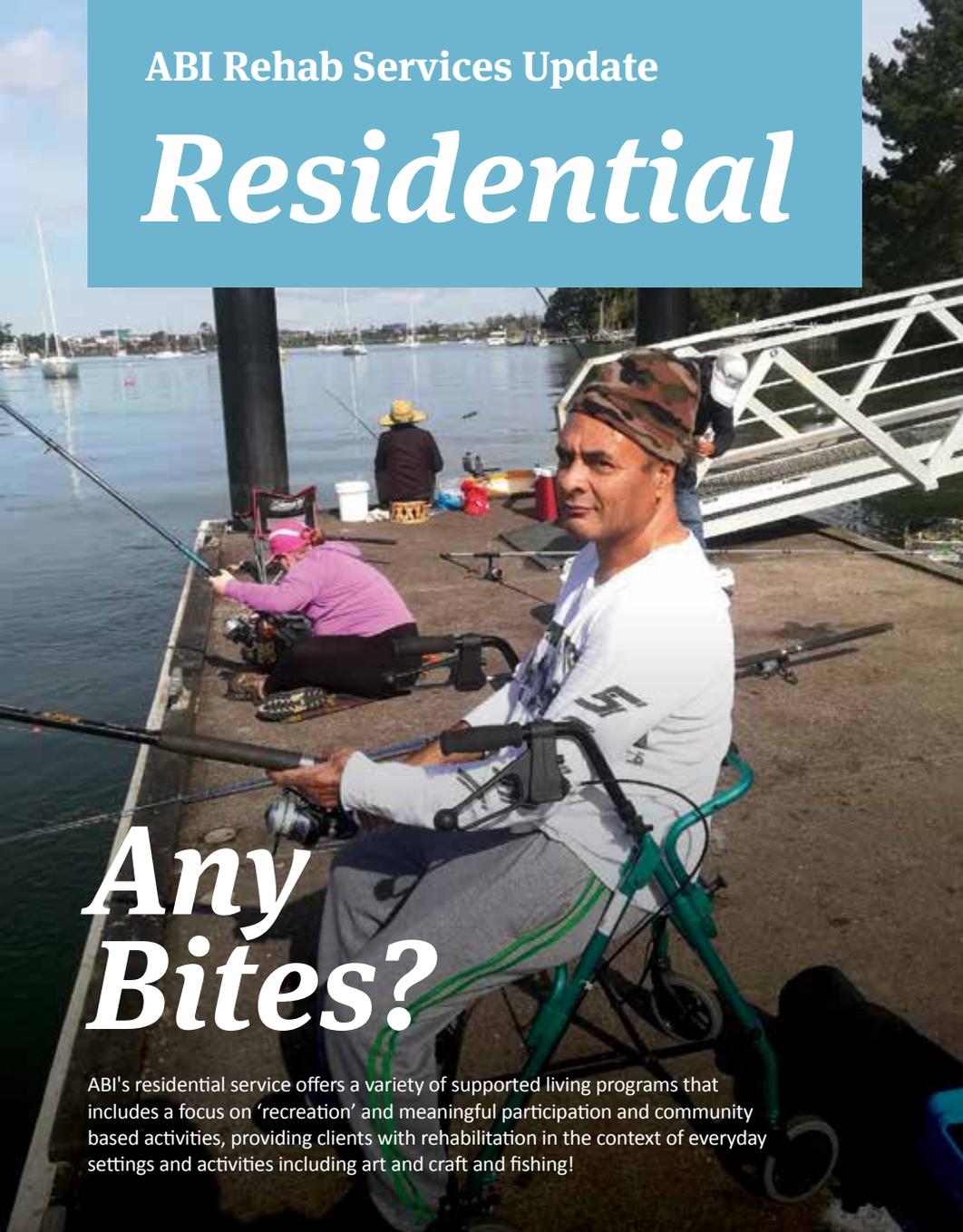
ABI has offered long-term residential rehabilitation for 20 years with a team that works hard to promote quality of life and independence. A range of community based residential houses are available.

In Auckland, there are seven houses with a total of 46 beds. All houses are located within the local communities of Ranui, Henderson heights, Swanson, Te Atatu and Kumeu.

In Wellington, there are two locations. One is the main campus in Porirua, which can accommodate up to eight clients. The other is a 4-bedroom house in Whitby.

The Auckland Residential Service is managed by Paul Smith. Paul is a social worker with a background as an ACC case manager, managing residential services and as a baker. All very handy skills needed to do this role. Also newly appointed to this service is Anu Mathews. Anu is the new Clinical Nurse Lead. Welcome to you both.

Noelette Mathews oversee the Wellington Residential Service with Cath Dillion now taking a supporting role.



# Community

## Six months On...



The 1st of June represents 6 months since PRS merged with ABI and ABI Community Services (ABICS) was established. On the surface there is not a lot of change to be seen, other than the change of signage at North West, however solid foundations have been laid and evidence of the merge will soon become apparent.

The ABI Community Managers Deb, Pauline, Rachelle and Kristen have been working to understand the nature of the contracts held across the collective service and get to know each teams strengths and challenges. We have made great progress getting to know each other and develop collaborative and supportive working relationships.

Tarun and Tina, along with our other admin staff, have been working tirelessly to ensure referrals keep flowing to the right people and staff and contractors across the 3 teams have been nothing short of wonderful, maintaining exceptional services to our clients. Change is never easy and I want to personally thank each person for their patience over the last 6 months.

In the next 6 months we will see the release of the upgraded inTouch CMS, ABI email addresses and business cards for contractors and we are planning some team building opportunities so that everyone can get to know each other better. Watch this space.....

### ABI Community Services Company Structure

GM: Deborah Andrews

#### GRAFTON/BOTANY

Manager:

Rachelle Bennett

Referrals:

Tarun

Admin:

Razia (New)

#### WELLINGTON/TAWA

Manager:

Kristen Clarke

Referrals:

Tina Croxon

Admin:

Sharon (New)

#### NORTH WEST/NATIONAL ASSESSMENT SERVICE

Manager:

Pauline Penny

Referrals:

Tina Croxon

Admin:

Julie Geddes-Grant

# Expanding our scope of services to offer a complete treatment plan

## CASE STUDY: IKI

Iki sustained a moderate TBI in December 2016.

He was provided with input from SLT/OT/PT by way of TI Program under the concussion service.

Iki was considered a low-average student prior to his TBI, and the school were unsure if this was just him (changed from intermediate to college during this time).

Iki unfortunately has had ongoing issues with epilepsy post TBI and has had a number of related hospitalisations for seizures, including increased cerebral fluid.

OT and SLT testing picked up some ongoing issues with attention, and information processing, but Iki himself was quite shy and was not able to articulate any problems at school. Neurophysio input was provided to assist with identification of alternative suitable non-contact sports. He was also reviewed by our pediatric rehab specialist.

***He was back at school full time. His school reports at the end of last year had him failing all subjects.***

His rehabilitation had stalled so we requested a Neuro-psychological assessment to determine the ongoing impact of his moderate TBI on his cognitive function. Unfortunately the day of the neuro-psychological assessment Iki had a seizure and this assessment was not able to proceed due to his unstable seizure activity. Neuro-psychologist recommended that this assessment be postponed for at least 3 months.

As we were hoping to use the neuro-psychological assessment to determine any underlying problems with his cognitive function at school, but were not able to due to seizure activity we recommended to ACC Iki be referred to the North West Team for an educational assessment to determine ongoing issues related to his schooling and whether a teacher aide would be of benefit to him.

North West team completed the educational assessment and teacher aide support was provided.

When Concussion OT spoke to the school at the end of last term, and to mum this week the results of the provision of a teacher aide had been quite remarkable. School, Iki and his mother reporting a significant improvement in his learning. When OT spoke with mum today she advised Iki had informed her that for the first time in a long time he was actually again successfully able to complete his school work and was achieving a pass in his school subjects.

We also referred Iki to see a dietitian due to significant weight gain post TBI and increased risk of diabetes, once this assessment was actioned with the right dietitian within the team (initially the dietician who accepted referral, then came back about a week later to decline referral as they did not see children), family felt this initial assessment was also of benefit to him, follow up appointment is this week Thursday.

***As a result of the amalgamation of services ABI and PRS services IKI was...***

—

Able to see a paediatric dietitian within the north west team in a timely manner. Previously would not have been able to source Dietitian input within ABI as the Dietitian they usually use does not see children.

—

Receive a wider range of assessment services now available within the ABI team meant that when a Neuropsych was not possible due to seizure, he was able to have an Education Based Rehabilitation Assessment (EBRA) with the North west team, get Teacher aide support as a direct result and he is now doing much better in school.

—

His rehabilitation progress had stalled but with additional services from north west it got moving again.

***School, Iki and his mother reporting a significant improvement in his learning.***



OUR VALUES

*Supportive*  
Manaaki



A

S

P

I

R

E

***Accountable***

Rangatiratanga

We believe that access to quality rehabilitation services is a right for children and adults in New Zealand

***Supportive***

Manaaki

We commit ourselves to warm-hearted service, care, hospitality and support

***Passion***

Matapaki

We have a passion for learning and sharing knowledge

***Integrity***

Mana

We aspire to earn trust by being honest, reliable and accountable

***Respectful***

Manaaki

We recognise the mana, strengths, goals and aspirations of our partners - clients, whānau and funders

***Excellence***

Hiranga

We commit to achieving excellence in the practice and science of rehabilitation

# So how can I be more supportive?

- ✓ Show acceptance and positive regard for others.
- ✓ Be polite and considerate, not arrogant and rude.
- ✓ Be patient and helpful when giving instructions or explanations.
- ✓ Provide assistance when it is needed and consider what else can be done to help.
- ✓ Take the time to listen. When you listen you are showing you value a persons feelings and opinions.

## ***Supportive tip...***

***Always use positive language***

Positive language is a great way to avoid accidental conflicts sprung from miscommunication. While the change is subtle, the effects are drastic.

Say the clients family approaches you and asks to speak to one of the therapy team about a clients rehab programme. But you know that it is out of hours and the person to speak to isn't around. Consider the following responses:

**Negative language:** "I don't know anything about the programme and they are not here right now anyway. You'll need to contact them tomorrow."

**Positive language:** "Let me document your concern and pass this on to the appropriate person who will contact you directly. Are you available tomorrow and what is the best way for you to be contacted?"

Redirecting the conversation from negative to positive places focus on the proposed solution. When the outcome takes center stage, it reduces the odds that our clients or their families will be upset.

## ***Supportive Award Winners at ABI***

Here are a few examples of previous award winners in the Supportive category, to help you get inspired!

Even though it was the end of her shift Jess stayed on to support her colleagues that needed extra help with attending to clients.

Von has a can do attitude, weather it is reorganising his day to ensure he is available to take a client to an appointment or just helping staff in the spur of the moment.

Rachel goes out of here way to help our female clients feel good about themselves again by undertaking beauty treatments like doing makeup or nails, and boosting the clients self esteem.



# ASPIRE Awards

The ASPIRE awards are based on the six categories of Accountability, Support, Passion, Integrity, Respect and Excellence. The purpose of this staff recognition awards programme is to recognise and value outstanding work practices demonstrated by employees. This programme is designed to promote and embed the organisational values and philosophies that ensure high quality service delivery.

## The Winners / March 2018

### Accountable

#### Stephanie George

Occupational Therapist  
Auckland Residential

#### The nomination...

Stephanie is a very reliable, responsible and accountable staff member. She has great work ethic and does her job very well.

*She has built a good therapeutic relationship with our clients, their families and with ABI staff.*

Whenever she thinks something needs to be done for a client which is outside of her scope, she will immediately inform the MDT (Multi Disciplinary Team). She has consistently shown cultural respect and has sound knowledge of different cultural needs and works within cultural context of clients.

#### The benefit...

Whenever there is a task for the OT, expect that Stephanie will complete it ASAP. She is a no-nonsense person and definitely not a time waster. She is very smart and comes up with bright ideas that benefit clients and solve problems encountered by the MDT.

### Supportive

#### Kyra Vesty

Household  
Wellington

#### The nomination...

Kyra provides consistent and above par service at all times BUT what makes Kyra stand out is her willingness to take on extra tasks or step in and support anyone that needs a hand. One of our residential clients will actually go and get Kyra as his personal preference to clean his bedroom which gives testament to what an excellent job Kyra does.

*I can always count on her to give a hand or perform an extra task.*

#### The benefit...

By helping to keep the interior of the building up to scratch as much as she can in our current home, it shows we do actually care about our environment.

### Passion

#### Shona Lees

Occupational Therapist  
Auckland Intensive

#### The nomination...

*Shona has a great ability to make her therapy sessions purposeful and meaningful for the client.*

She spends much time researching the clients previous interests and hobbies, and tries to incorporate these into her therapy sessions. An example of the passion for her work was when she treated a client with severe pre-existing learning disabilities. He was not making much progress on site so Shona found out what were his usual routines, then worked towards replicating his day which involved visits to his chosen mall where he could interact with familiar people, see the barber and buy his newspaper. This level of service and meeting a clients professional needs can be very difficult in an inpatient setting, but Shona continually demonstrates the passion to achieve the best outcome.

#### The benefit...

As a results of replicating this clients daily routines, Shona was able to better assess his abilities and feed this back to the rest of the team, which allowed for a suitable discharge plan to be formulated. Shona's passionate commitment to each client's personal needs is a great thing for their individual rehabilitation and discharge planning, alongside feeling valued while a resident within ABI.





## Supreme Award Winner For 2017/2018

### Leona Hughes

Rehabilitation Program Co-Ordinator

Leona was nominated for exceeding across all values, with multiple nominations in different areas of her work.

### Integrity

#### Miriam Nelson-Clark

Speech Language Therapist  
Wellington

##### The nomination...

Miriam consistently demonstrates respect towards all clients, families and colleagues. She practices professionally and respectfully at all times and is often the colleague one goes to for advice.

*Miriam is known as the "compass" in the group.*

Even if she does not agree with your opinion, you know that you can always have an honest conversation with her. Her advocacy for clients and colleagues alike is seen throughout her role, not only as the SLT, but also as an active team member, working on the floor and helping wherever she can. She is kind and caring towards all, ensuring that people are ok, or checking in when someone is having a bad day or going through some personal challenges.

##### The benefit...

Due to Miriam's positive working attitude her clients trust her and feel heard and understood. This also impacts on the families, who find Miriam very easy to approach and ask questions. Miriam is an amazing representative for ABI, due to her integrity and kind and professional manner.

### Respectful

#### Rebekah Kooge

Social Worker  
Wellington

##### The nomination...

Rebekah works tirelessly to improve the lives of youth in the Wellington community

Rebekah runs talks/education sessions in conjunction with the Police to help raise awareness in regards to the effects their actions may have - either on themselves or others. She takes on large groups and provides a comprehensive 'no holds barred' overview regarding brain injury.

##### The benefit...

Rebekah's work helps raise ABI's community profile and provides education regarding brain injury to the community.

*She holds a position of great respect with both the youth, their families and the police.*

### Excellence

#### Hika Orsborn

RA, Auckland Intensive

##### The nomination...

Always willing to take meals up for other houses and ensures that the clients all eat together in each house.

##### The benefit...

The clients sit and eat together allowing them to interact while encouraging their appetites!

#### Kathryn McLennan

Psychologist  
Wellington

##### The nomination...

Kathryn has gone above and beyond in her role as a psychologist. She organised with our chaplain to have Christmas carols each Friday in December. Noel (our chaplain) played the guitar and Kathryn surprised us all with her beautiful piano playing and singing - this was very popular with all the clients and staff! She has also recently organised a volunteers musician to play to our clients on a couple of weekends and is leading the research and planning of a music group to further engage the clients, as well as putting in place a very well received relaxation group twice a week.

##### The benefit...

Music has helped the clients engage and be involved in reading and following music and even using percussion instruments. Both clients and family are also able to enjoy music on the weekends which can be quite an uneventful time for some. The relaxation has also been beneficial to improve skills around meditation. Clients have asked about similar groups they can attend once they discharge as they have found it so valuable!



# Career Force



From left: Max, Enate, Rita, Rina, April, Suzanne (Career Force) and Angela.



Kyra Vesty



Ireen Chand



Merion Mautu

ABI Rehabilitation supports staff to complete NZQA qualifications through Careerforce. Staff are involved in gaining qualifications from level 2 to level 4. These qualifications are completed through an earn-as-you learn training model and culminate in gaining a recognised national qualification.

ABI celebrates with trainees when they have achieved their qualification, knowing they have committed time to improving their own skill and knowledge, which ultimately contributes to greater health and wellbeing outcomes for our clients.

We recently held a graduation ceremony and want to congratulate the following staff:

#### Level 4 Brain Injury

Enate Evi  
Rina Lal

#### Level 3 Cert in Cleaning

April Whare

#### Level 3 Cert in Health and Wellbeing (Support Work)

Ireen Chand

#### Level 2 - Cleaning

Kyra Vesty  
Merion Mautu



## Comings and goings...

We wish to welcome the following staff who started with the company in May and June 2018.

#### ABI REHABILITATION

**James Murray**  
Physiotherapist

**Renata Malar**  
Household Assistant

#### ABI SERVICES WELLINGTON LTD

**Hitsy Grover**      **James Murray**  
Registered Nurse      Physiotherapist

**Nicola Robinson**  
Speech Language Therapist

#### ABI COMMUNITY SERVICES LTD

**Loretha DuPlessis**  
Community Occupational Therapist

We wish the following staff who have left or are leaving the company all the best for the future.

#### ABI REHABILITATION

**Finehika Orsborn**  
Rehabilitation Assistant

#### ABI REHABILITATION NZ LTD

**Russelle Cowan**  
Rehabilitation Assistant

**Rina Lal**  
Rehabilitation Assistant

**Vinoy Alias**  
Rehabilitation Assistant

**Jinu Thomas**  
Registered Nurse

**Sanjewa Perera**  
Rehabilitation Assistant

#### ABI SERVICES WELLINGTON LTD

**Lynnette Buckley**  
Enrolled Nurse &  
Residential Coordinator

#### ABI COMMUNITY SERVICES - WELLINGTON

**Lindsey Coup**  
Occupational Therapist

**Rodolfo (Von) Carpio**  
Rehabilitation Programme  
Coordinator

**Laura Donnelly**  
Occupational Therapist

**Noel Tiano**  
Chaplin

# Events



## Horse Inspired Learning at Dune Lakes Lodge



Dune Lakes Lodge philosophy is that horses and humans can assist in the healing of each other. A group of ABI clinicians took an enthusiastic group of clients to the property in South Head. Universally all clients and staff enjoyed the experience, but more importantly we learnt about ourselves in relationship with others.

This rehab intervention of clients working with horses is definitely something we would like to repeat.



## Happy Chinese New Year!

We had a dumpling making day for Chinese New Year. The dumplings were delicious and enjoyed by all. There were 300 all together. A good effort was made by clients and staff.



# Your brain teaser!

See if you can find all you need to know at ABI!

A G I N P A T I E N T I O G J A Z Z G  
N U R S I N G J Z S U P P O R T I V E  
E S C S N T G F U A J A N G L E K L S  
U R A P T O N B L S S S A M A F D M H  
R G M A N A K R E P F P R C M B C A C  
O E O S R E H A B I L I T A T I O N O  
B E T T R Y K I G R K R S R H N N A M  
E X I I O G A N T E O E I F R T C A M  
H C O C S H L G E L E M E M E E U K U  
A E N I O B F Y G C H E S A S N S I N  
V L H T T R A U M A T I C T I S S E I  
I L D Y O G M E K Y N O T A D I I N T  
O E P A S S I O N K G N F P E V O H Y  
R N T C E R L M G D U O L A N E N I O  
A C C R E D I T A T I O N K T D Z R N  
L E W I N T E G R I T Y E I I O U A G  
T H G K R E S P E C T F U L A B E N T  
N O V W H A N A U L Q G A G L R A G F  
N E U R O P S Y S C H O L O G I C A L  
C O N S C I O U S N E S S G N A C G I  
R A N G A T I R A T A N G A L A G I O

REHABILITATION  
TRAUMATIC  
ASPIRE  
CARF  
ACCREDITATION  
WHĀNAU  
RESIDENTIAL  
COMMUNITY  
INTENSIVE  
INPATIENT  
SPASTICITY  
CONSCIOUSNESS  
NEUROBEHAVIORAL  
NURSING  
INJURY  
CONCUSSION  
FAMILIES  
NEUROPSYCHOLOGICAL  
BRAIN  
ASPIRE  
ACCOUNTABLE  
RANGATIRATANGA  
SUPPORTIVE  
MANAAKI  
PASSION  
MATAPAKI  
INTEGRITY  
MANA  
RESPECTFUL  
EXCELLENCE  
HIRANGA

ABI Rehabilitation is the leading provider of intensive rehabilitation in New Zealand with specialist centres in Auckland and Wellington. ABI provides comprehensive services for people with traumatic brain injury (TBI) and stroke.

For more information visit [www.abi-rehab.co.nz](http://www.abi-rehab.co.nz)



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