

Matapaki

August 2018

Brain Day

Brain Day, a fun community day of neuroscience, was held on 21 July at the University of Auckland. The 2018 theme was 'The Amazing Brain: Communication, Care and Community'.

Dr. Richard Seemann, ABI Rehabilitation's Medical Director, participated in the mid-day science panel on 'Traumatic brain injury: research pathways to the future'. Dr. Seemann, and three other scientists/specialists, spoke about some of the latest research regarding prevention, diagnosis, treatment, and recovery of traumatic brain injury and concussion. The session was very well attended and the panelists took many questions from

the audience. ABI Rehabilitation also had a stand in the Community Expo section of Brain Day, along with many of the other organisations that are working toward neurological advances in Auckland. It was a great opportunity to meet each other as well as members of the public. Together we can raise awareness on the progress and benefits of brain research.

[Click here](#) for more info on Brain Day.



Kia ora koutou

It's the last day of July as I write for this first monthly Matapaki. As flagged, our Executive Management Team (Tony, Sue, Deb and Noelette), are now taking almost all operational responsibility across ABI. I'm focusing on Governance issues, on supporting the EMT, on ensuring the ABI values and philosophy are maintained, on strategic service development and on Government relationships.

If you get a chance please read the TBIRR Contract Annual Report to ACC; it's a fantastic tribute to the skills of our teams right through to the presentation style. [Click here](#) to view report.



It is interesting that nearly 30% of our clients are Maori compared to 14% of the population.

We are continuing to work to influence the Government and Oranga Tamariki to improve services for children with cognitive dysfunction who are on a pathway to prison. I have a meeting with Minister Carmel Sepuloni on the 21st of August. I'll let you know how that goes.

The CEO of ACC (Scott Pickering) met with the Providers Group in Auckland recently and reinforced the vision of ACC to move from purchasing transactions, (reports, assessments etc.) to "commissioning client outcomes". No one including ACC is clear about what this will mean in practice but it's a great opportunity to collaborate with ACC over the next few years and develop new models that will focus on clients' outcomes and the quality of the whole client rehabilitation pathway. [Click here](#) to view a presentation with some initial thoughts by ACC. Given the statistic I mentioned earlier, the outcomes-based model developed to serve Māori will need particular attention.

Thanks so much to everyone for all you do and the passion you bring to clients and their families.

Arohanui

Max



abi

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Sam

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

Continued from Winter Edition of Matapaki: www.abi-rehab.co.nz/newsletters-and-reports

Bill, a 32-year-old labourer, was in the passenger seat of a car when “I grabbed my phone and pulled it towards my missus”, distracting her. As a result she crashed into three cars and barriers on both sides of the road. Following a stint in hospital, ABI has been Bill’s home. He says it is full of characters, and that the patients and staff are “all in this together”. His philosophy towards rehabilitation is to take ABI staff knowledge “and try and put it into mine, to make me better”. He says the clients are “there to get help, and to help each other”.

Pete was a traffic controller with a road gang before being hit by a car while cycling. He says since his injury he’s “had an anger issue that I need to sort out, and smile and all that, and just enjoy life”. Like many patients, it took him a while to warm to residential rehabilitation – “it was a big pain being here at first” – but he credits ABI staff for getting him through his ordeal.

Janet, 71, a school secretary, suffered a seizure, coma, and a brain bleed after a flu injection. She says her days at ABI include tidying her room and “enforced rests, which I really enjoy”. She has “most definitely” been getting a lot out of ABI. Not only has she been recovering from her injury, she’s also overcome a fear of water in hydrotherapy sessions.

Courtney, who came to ABI after a car accident, was more negative about the service than the others. She said she was sick of living there, but acknowledged she had had considerable help from her occupational therapist and had recovered a lot since arriving. The main thing she lamented was “not being able to do what I want”.

One person of whom the moniker “the invisible injury” is particularly apt is Dr Robin Sekerak, the medical director at ABI Porirua, and possibly the person I owe the most to in my recovery. Dr Sekerak is herself a brain injury victim, having suffered cerebral hypoxia following a 42-degree fever while a toddler. She overcame that start in life to become one

of New Zealand’s leading brain injury experts, writing papers and speaking regularly at brain injury conferences. She does a weekly round at Wellington Hospital, where she seeks out patients with brain injury-related disabilities suitable for ABI care.

Dr Sekerak did not know about her brain injury until university, when her neurology professor asked her when she had been injured. He had been able to diagnose her based on speech and writing issues – she has trouble determining where to put spaces between words. While she did have learning difficulties because of her injury, she was always a bright student. Despite having the same type of injury as her patients, she says the emotional impact is different for her because she doesn’t remember pre-injury life.

Noelette Matthews, regional manager of ABI Porirua, came in to the job two and a half years ago. She says ABI must continue to improve – in practical terms, this has meant taking in a lot more hospital patients and younger clients, allowing more therapy relating to areas of study or interest. She says she loves the creativity this allows when tailoring therapy to different clients.

When ABI began, clients were often admitted much longer after their injuries than they are now, making recovery more difficult. Looking forward, the next big step is moving ABI Porirua from its existing run-down location in the old, soon-to-be-demolished Porirua Mental Hospital building with a new purpose-built facility near Keneperu Hospital.

Also, as Max Cavit explains, there will be more focus on support for stroke victims. Max says that acute support for stroke sufferers is good, but not so good following hospital discharge, especially for younger patients.

“The problem is that the Ministry of Health, which funds those services, works on a different model from ACC – it has capped funding, so there’s never enough money for the sort of rehab that people in the ACC

system get, so we’re trying to improve that system,” he says. ABI is trying to build the field of rehab that it pioneered in New Zealand, he adds, with stroke and rehabilitation for children with brain injuries now the most important areas needing improvement.

The average length of stay at ABI for the non-permanent patients is 40 days. I was there for 143.

While my time at ABI was not the happiest of my life, the care I received was superb. Without it, there is every chance I would not have been capable of researching and writing this. I also now have a decent shot at completing my studies, getting an industry job, and making a full recovery.

Sam Tattersfield



Comings and goings...

We wish to welcome the following staff who started in July and August 2018.

ABI REHABILITATION

Sue Larmer

Human Resources Advisor

Dr Somu Victor

Medical Officer Special Scale (MOSS)

ABI REHABILITATION NZ LTD

Sophie White

Occupational Therapist

Sally Moaho

Rehabilitation Assistant

Paul Urbina

Registered Nurse

Avil Ambrose

Office Administrator

ABI SERVICES WELLINGTON LTD

Frances Schilder and Amy McKinney have changed positions from Rehabilitation Assistants to Rehabilitation Programme Coordinators.

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

ABI REHABILITATION

Rev Michael Blakely

Chaplain

ABI REHABILITATION NZ LTD

Kirsten Malcolm

Office Administrator

Printu John

Registered Nurse

Community

Wellington Community services now stretch from the Wairarapa to Otaki on the Kapiti Coast



The Team consists of a number of therapists with neurological experience (6 Occupational Therapists, 4 Physiotherapists, 5 Neuro and Clinical Psychologists and an Experienced Rehabilitation Specialist in Dr Sekerak).

We are committed to providing a high level of service to clients via the Concussion, Training for Independence, SNRA, Neuropsychological, and Psychological and Clinical Services contracts. We also work on the Vocational Rehabilitation contract via APM workcare.

We are the only concussion provider to have a dedicated paediatric team. This consists of 2 Occupational Therapists, 2 Physiotherapists, and 2 Neuro/Clinical Psychologists. We also have a paediatric serious injury team completing long term Training for Independence input for very young children.

Integrated Rehab Assessment Training

Wellington Community services have begun complete assessments on the SNRA contract. This includes local Integrated Rehabilitation and Single Discipline Assessments with Laura Donnelly and Mary Lawson taking the lead in this area.

Kathy Pauga has begun her training to complete SNA assessments and is off to Dunedin later this month to complete formal training for this.

Kristen Clarke

Community Services Manager

Intensive

Wellington

Wellington came through some great milestones last month; high occupancy with some really challenging clients; farewells to some really great and experienced staff that have left some gaps, some of which have already been filled.

We have completed two audits. These appear to have gone well. The auditors were impressed by our skilled staff and our solid processes. Well done to the team both in Wellington and Auckland. I want to acknowledge the good relationship we have with our local iwi, Ngati Toa. The welcome and closing to the audit represented the values of ABI and the warmth of the Wellington service very well.

Our new facility in Hospital Road is progressing. 'Armstrong Downes Commercial' is a leading privately owned construction company in Wellington and have been contracted to manage the project for us. All major sub-trades have been sent out to tender with a return date of 17 August. It's great to see actual due-by-dates appear in the programme. The planning stage is all but completed. The weather this Winter has slowed down the site works in Hospital Road so it will be October/November before we are able to start construction on the site. But we are still aiming to move into our new facility about mid-2019. Thanks everyone for your patience and wonderful positivity.

Residential

Auckland

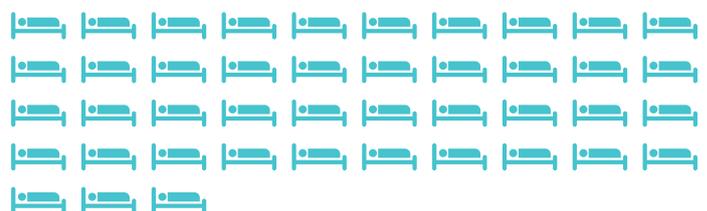
House 12 or Tumanaka house, within the Auckland residential service has recently been sold. Clients previously residing in this house have either been discharged or moved to one of the other houses in West Auckland. For those not familiar with the Auckland residential service, there are now 7 houses with a total of 43 beds. All houses are located within the local communities of Ranui, Henderson Heights, Swanson, Te Atatu and Kumeu. These houses have a "family home atmosphere".

AUCKLAND RESIDENTIAL

7 HOUSES



43 BEDS



HR

HR welcomes a new member to the team as an HR Advisor - Sue Larmer. Sue has many years of experience and is a point of contact for managers seeking HR advice. Sue will be working with Sue E (Two Sues!!) on HR initiatives which we will be introducing over the next 12 months. Watch this space...

There will be a focus for the rest of 2018 on supporting staff training to ensure that we are both confident and competent in undertaking our roles. It is critical to both Health Certification and CARF Accreditation to be able to demonstrate that our staff training is current.

If you have missed attending required training sessions or have fallen behind with your e-learning modules, please make sure that you get your training up to date urgently. Sue L and Sharon will be driving our training targets to ensure that we have 100% compliance.

Many thanks to everyone.

Sue Edwards

General Manager – Business And Resources

Finance

Finance Department is extra busy with one staff member short. (Our wishes and prayers are with Roberta for a speedy recovery!!)

We are presently in the set-up stage of our new Accounting software programme. This involves the sorting and transfer of all current data for Accounts Payable, Accounts Receivable and General Ledger to the new databases.

This system will improve our processing methods and enable more timely reporting. The accuracy of these reports is of course dependant on the information we receive so we would appreciate you continuing to provide clear input data on your purchase and reimbursement requests so everything ends up in the right slots.

Graham McIndoe

Company Accountant

Embracing our Maori Culture

Following on from our feature in the previous issue of Matapaki

Two new kaupapa Māori rehabilitation tools are now in use at ABI Rehabilitation. These have been developed by Professor Hinemoa Elder during her PhD and Eru Pomare Post-Doctoral Fellowship funded by the Health Research Council of NZ. They are called Te Waka Kuaka and Te Waka Oranga.

Te Waka Kuaka is a bilingual cultural needs assessment tool for whānau, developed using theory building, whakawhiti kōrero (discussion and negotiation) and Rasch analysis (Elder, 2013; Elder & Kersten, 2015). Originally developed for working with whānau who have experienced traumatic brain injury, community and health professional feedback has been such that wider applicability of use is favoured. Te Waka Kuaka means a flock of godwits. Kuaka are renowned for their long distance migrations and Māori ancestors were keen observers of their behaviours resulting in many proverbs linking the godwits to human behaviour. The kuaka are the kaitiaki (talismen) of one the author's iwi (Te Aupouri), and the special relationship between this iwi and these birds is enshrined in the tribe's Waitangi Tribunal Treaty Settlement. Permission was granted from tribal elders to use the name. 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 ways godwits organise themselves. It helps whānau to organise their thinking to identify their

needs in order to better navigate their healing journeys, much as the godwits organise themselves in order to navigate their long migrations.

Te Waka Oranga, also evidence based and published in peer review journals and supported by kaumātua, 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 and to improve outcomes for whānau using the metaphor of a waka. This approach is providing an authentic Māori way of working with whānau. Early practice-based evidence suggests that Te Waka Oranga and Te Waka Kuaka combined use assists in engagement and contributes to improved outcomes. These tools have also been found to improve the experience of the health workers in their sense of efficacy in working with whānau.



Dr Hinemoa Elder

Professor Indigenous Health Research
Te Whare Wānanga o Awanuiārangī



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