

Enhancing early engagement for transitions to community



Tony Young, Nina Andreas, Christine Howard-Brown
ABI Rehabilitation, Auckland, New Zealand

Introduction

The process of setting up traumatic brain injury (TBI) community rehabilitation services requires prior approval by the Accident Compensation Corporation (ACC), as funder. This was associated with frequent delays in community rehabilitation service (CRS) allocation and engagement.

A Collaborative of client and whānau, ACC and DHB representatives and traumatic brain injury providers (inpatient and CRS) worked to solve issues associated with transition from intensive residential rehabilitation to community based rehabilitation. The Collaborative was set up in 2016, championed by ABI Rehab and funded by ACC.

Underpinning the Collaborative, it was assumed that the majority of clients **will require** a CRS following inpatient and seamless transition **will result** in better outcomes (1, 2, 3).

Methods

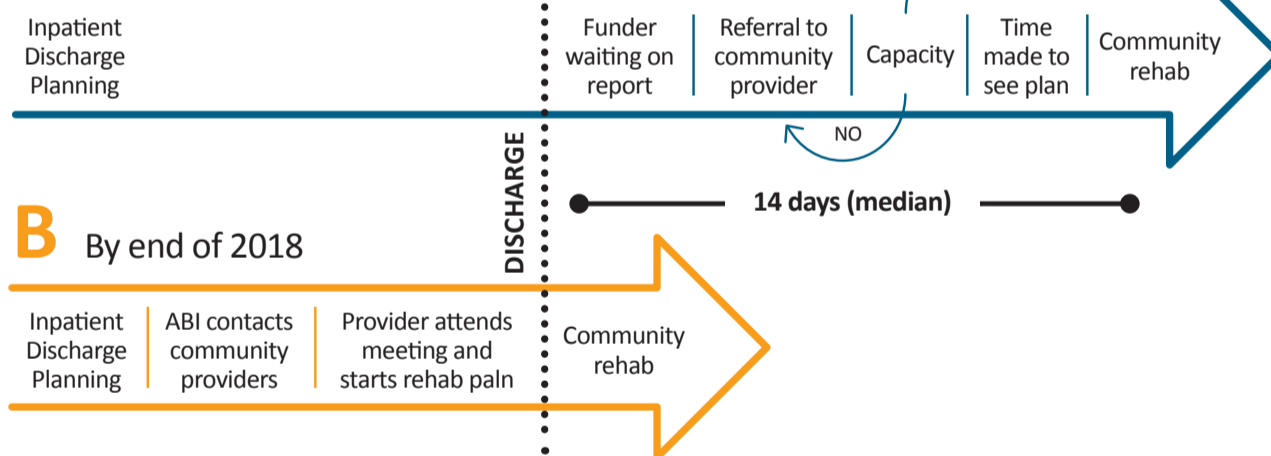
The following steps were taken to identify opportunities to improve transitions:

- The current pathway was process mapped
- Barriers causing service delays were identified
- Changes to the process were agreed. This included:
 - Removing prior approval
 - Direct referral by ABI to CRS
 - Development of an equitable referral distribution process for CRS
- A pilot was initiated with CRS providers and ABI Rehab Auckland to test the changes in the Auckland and Waikato regions.
- Baseline: Data from Aug 2014 - Jan 2016 Auckland (n=115) and rest of NZ (n=335) and prospective data from Feb 2016 -Nov 2017 Auckland (n=123) and rest of NZ (n= 411) was collected to measure service timeliness, cost and equity in referral distribution. Financial years 2017 – 2018 (Q1-3) were monitored for trends in transition times and CRS duration.

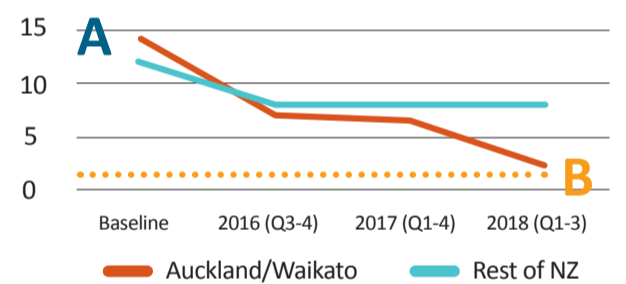
Results



A Baseline



Median transition time (days) between TBI Inpatient and CRS



Overall length of Rehab Auckland and Waikato (average days)



Savings est. \$8,528/client

Discussion

Changes required a willingness by ACC to trust improvements co-designed by the Collaborative, of which clients and whānau were a pivotal part. CRS providers were initially sceptical about equity of referral distribution but soon found this was better than the usual process. CRS providers welcomed a timely handover process which provides an excellent opportunity to exchange information between CRS, clients, whanau and ABI staff to ensure the continuity of rehabilitation. Additional resources were needed by ABI Rehab to manage the referral process. Improvements also occurred across the rest of NZ, which is a likely impact from influence of regional and national providers.

Conclusion

Removal of prior approval has provided continuity of rehabilitation for clients, reducing the overall length of their rehabilitation. This has resulted in savings for ACC estimated at \$8,528 per client in addition to rehabilitation service cost reductions (estimated to be as much as much as 47% for some clients). However, there are likely to be multi-factorial reasons for changes in duration and cost of rehabilitation. CRS providers received equitable referral distribution which reduced delays associated with commencing community rehabilitation and improved the handover from residential to community rehabilitation.

References

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- 3 Malec JF, Kean J. Post-Inpatient Brain Injury Rehabilitation Outcomes: Report from the National OutcomeInfo Database. *J Neurotrauma* 2016; 33(14): 1371-1379.

Data were gathered incidental to standard service delivery through ABI Rehabilitation New Zealand, Ltd. Views and/or conclusions in this report are those of the author(s) and may not reflect the position of funding or governmental agencies.



ABI New Zealand Ltd

Auckland: 09-831-0070

Wellington: 04-237-0128

www.abi-rehab.co.nz

enquiry@abi-rehab.co.nz