



abi

NGĀ KAITUKU MĀTŪTŪ
REHABILITATION SPECIALISTS



Annual Report 2023

ABI Rehabilitation is the leading Aotearoa provider of comprehensive, specialised rehabilitation services for people with an acquired brain injury (ABI) resulting from a traumatic brain injury or stroke.

Reporting period: 1 July 2022 to 30 June 2023

Table of Contents

Executive Summary	4
Message from ABI's CEO	6
ABI's Why	8
Te Hekenga-ā-ora	10
Year in Review	16
Data Points	18
The ABI Experience	24
Operational Updates	28
Kiritaki Safety	36
Commitment to Innovation	38
ABI's Events	44
Workforce Development	48
Workplace Wellbeing	52

Kia hora te marino, Kia
whakapapa pounamu te moana,
kia tere te Kārohirohi i mua i tōu
huarahi.

May the calm be widespread, may
the sea glisten as greenstone,
may the shimmering light dance
guide your course.

Executive Summary

This annual report provides information on services provided by ABI Rehabilitation (ABI) intensive inpatient rehabilitation in both Auckland and Wellington from 1 July 2022 to 30 June 2023. The focus is on services provided under the Accident Compensation Corporation (ACC) funded Traumatic Brain Injury Residential Rehabilitation (TBIRR) service but additional information is provided that includes ABI's wider services.

Reviewing the collective nature of the data is valuable in reviewing and analysing trends that can be used to improve services. For example, ABI continues to make significant changes in its services and partnerships in response to the high number of Māori seen at ABI who are seriously injured. Most recently this has included establishing a Mātauranga Māori Rōpū and appointing a kaiarahi kaupapa Māori role to the Wellington Service. ABI also consistently puts more effort into injury prevention education tailored to the causes of injuries such as falls. Through its contribution to programmes led by the National Trauma Network and the Health, Quality and Safety Commission, ABI is part of work that takes a systems approach to supporting improvements. This includes access to specialised TBI rehabilitation which is vital to kiritaki (clients) in restoring their wellbeing to the maximum extent possible.

It is important to acknowledge that people are behind the numbers in reports, such as this annual report. Each number represents a kiritaki who has encountered an unplanned, unexpected, catastrophic event that has turned their world and those of their whānau, upside down.

Key findings from data compared to previous years includes:

- There has been a 7% reduction in total admissions of ACC kiritaki over this period compared with that of last year (higher reduction in Wellington than Auckland). ABI noted that there was a 5% reduction in major trauma across Aotearoa in the last year which may help explain fewer admissions to ABI.
- Ethnicity, gender and age of kiritaki are consistent with prior years:
 - Māori continue to be proportionally overrepresented with 23% of kiritaki admitted identifying as Māori.
 - Tane (males) continue to make up the large majority of admissions (79%) which again is consistent with major trauma statistics in Aotearoa.
 - The average age remains in the high 40's with nearly a quarter of admissions being younger than 30 years and 47% being younger than 50.

- The mechanism of injury, over the past three years, has been largely consistent with falls representing the highest cause of injury (37-38%), followed by vehicle related injuries (28-30%) and assaults (14-17%). This is a shift from the 2019 and 2020 data where injury via vehicle was the lead cause at 46% followed by falls then assaults. Seeing a reduction in transport injuries is consistent with national trends as reported by the National Trauma Network. This change may in part be explained by pandemic lock down measures occurring periodically throughout this period. Falls being the leading cause of TBI's is also seen internationally.
- The median length of stay has increased, compared to last year, by eight to 36 days. Seventy two percent of admissions were discharged within 60 days and 97% discharged within 180 days. Admission length of stay data meets ACC expectations and compares favourably to international trends.

There is a sub-set of kiritaki who are minimally conscious on admission and admitted under an emerging consciousness category of the service. Key findings from this emerging consciousness data includes:

- Nine kiritaki who were admitted in a minimally conscious state which is three less than last year
- Of the nine kiritaki, seven (78%) emerged from a minimally conscious state and six (67%) were discharged home.

It has been ABI's experience that those kiritaki in a minimally conscious state usually make significant improvements over time. This takes patience and specialised care to ensure the prevention of complications with this vulnerable group.

Message from ABI's CEO

A key focus over the last year has been growing ABI's cultural maturity with the ongoing implementation of Te Hekenga-ā-ora and changing the focus of the workforce within a waka hourua model. To support changes, ABI reviewed its strategic plan and changed how it works to continue to put resources to the frontline balancing the need for efficiencies with service development, innovation and continuous quality improvement.

To have an effective workforce, ABI has introduced some new roles whilst supporting kaimahi to work to their potential fostering an environment of evidence based practice underpinned by ngā mātāpono principles. I'm immensely proud of the team at ABI who consistently go above and beyond. It's not just a job, it's a place where kaimahi can make a real difference sharing their expertise and passion supporting others with life changing injuries. This sentiment is held across all services ABI provides whether in the community, intensive or residential services.

There have been several highlights this year. I hope you enjoy reading the annual report which covers many of these highlights including establishing a Māturanga Māori Rōpū, building Māori specific services and shaping ABI's model of rehabilitation with a strong focus on pathways and the ripple effects an injury brings. Kaimahi wellness has also had a strong focus over the past year where events and activities have often been led by kaimahi.

ABI remains proud to be a specialist neuro-disability rehabilitation provider that is responsive and continues to grow. Its specialism in traumatic and non-traumatic brain injuries, serious injuries and its role in research and innovation is important. ABI demonstrates high levels of kiritaki satisfaction, high rates of kiritaki returning home or to usual life roles following TBI and has few readmissions to its intensive inpatient services. Those kiritaki needing slower paced rehabilitation have shown us that the little things in life matter and the importance of keeping on going with those small steps being like germinating seeds.

Kotahi karihi nāna ko te wao tapu nui a Tāne

The creation of the forests of Tāne comes from one kernel

I remain indebted to our amazing kaimahi. ABI's highly trained kaimahi work in partnership with kiritaki and whānau to develop personalised rehabilitation pathways for long term wellness. The brain is extremely complex and an injury to the brain affects each kiritaki differently. Optimal TBI rehabilitation, especially for those with moderate and severe injuries requires a high level of expertise from an interdisciplinary team with skills beyond those of generalists. This doesn't mean that all services need to be centralised but they need to integrate in a way that supports the kiritaki journey.

ABI continues to actively work with ACC as its primary funder. Over the last year, this has seen participation in pilots, more joint working and changes to medical follow-ups, all which benefit kiritaki. ABI is encouraging more flexibility to enable ABI's highly specialised services to be delivered to more kiritaki closer to where they live in a culturally centric and meaningful way. It is exciting to think what the next year may bring as ABI continues its partnership with ACC and other funders in its endeavours to continuously improve how it can support holistic rehabilitation for kiritaki.

Ngā mihi



Dr Christine Howard-Brown
Chief Executive Officer



ABI's Why



He aha te mea nui o te ao?
He tangata! He tangata! He tangata!
What is the most important thing in the world?
It is people! It is people! It is people!

ABI's Why

ABI was established back in 1996 in response to a lack of specialised rehabilitation being available for those with TBI. ABI has continued to evolve to offer a continuum of services across the spectrum of TBI. ABI now employs over 400 kaimahi across its intensive, residential and community services which serves much of Aotearoa.

Over the years ABI has grown to meet the rehabilitation needs of TBI. Approximately, 35,000 TBIs are reported in Aotearoa each year. ABI supports kiritaki at the most vulnerable time in their lives – a privilege we don't take for granted.

ABI's vision

To make connections and create opportunities enabling kiritaki to achieve health and wellbeing. Together, make a positive difference recognising the value of western science and mātauranga Māori.

ABI's mission

To work in partnership with the kiritaki and whānau to restore wellness to the maximum extent possible whilst setting standards of excellence in neuro-rehabilitation.

ABI's values speak to the heart of the organisation and what's important

Pono and tika – Honest and right

We act with integrity, take pride in our mahi and are accountable for our actions. We provide the right services at the right time to support kiritaki centred rehabilitation

Pūkenga – Expertise and knowledge

We commit to best practice in the science of rehabilitation, partnerships with mātauranga Māori expertise and to value the skills and knowledge of our kiritaki and whānau. We are passionate about learning and sharing knowledge

Mana ōrite – Work together equally

As partners, we maintain the mana of all by being inclusive, valuing others world views and culture

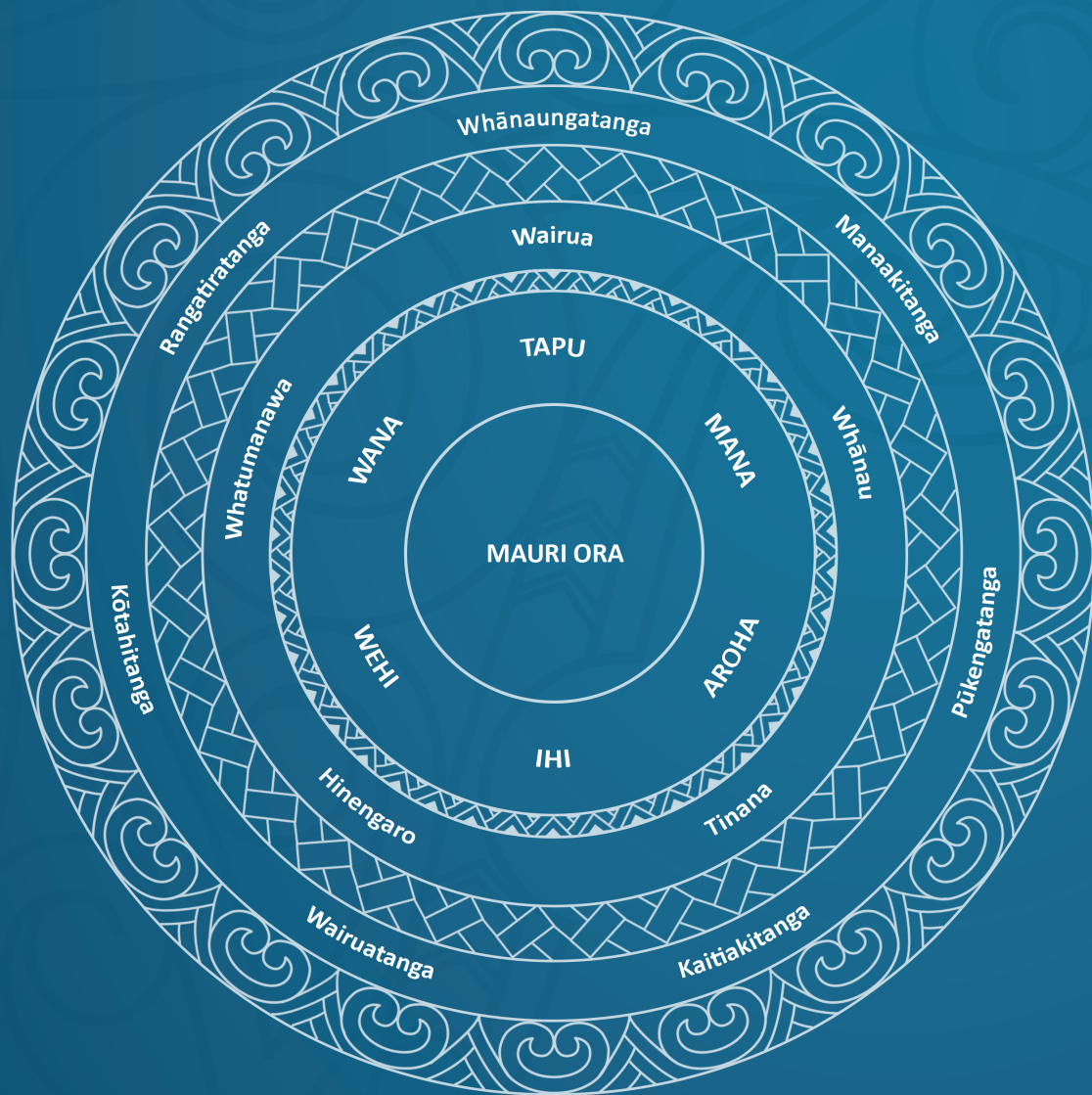
Manaaki – Aroha, respect and support

We value the mana of kiritaki, whānau, staff and stakeholders and engage with respect, kindness, aroha and support

Wairua – Spirituality

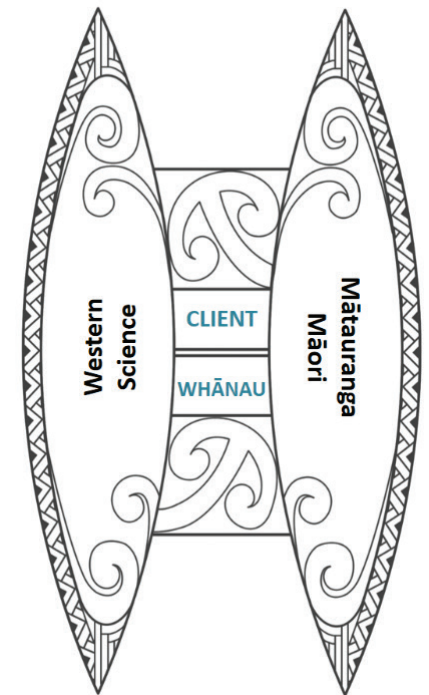
We value holistic wellbeing and respect individuals spirituality and their spiritual connections with tangata (people), tīpuna (ancestors) and the taiao (environment)

Te Hekenga-ā-ora



Te Hekenga-ā-ora

With the launch of Te Hekenga-ā-ora 2022-2025 (ABI's Māori Development Plan) in July 2022 and the application of Te Hekenga's waka hourua model, ABI made significant traction to enhancing a culturally safe environment for kiritaki and whānau Māori. ABI is in the process of reviewing the full journey of kiritaki and whānau from preadmission to post discharge, including processes, policies, and systems, by merging the two knowledge systems together to create a culturally enhanced journey through all its services.



The following projects are currently in progress:

- Review of kiritaki and whānau satisfactions surveys to incorporate measures against ngā mātāpono (principles).
- Development of the Ko Wai Au (who am I) Assessment based on the third module of the Mauri Ora Framework to replace the commonly asked question of “what are your cultural needs”. This assessment captures what’s tapu for kiritaki and whānau, how to whakanoa (balance) that, and what enhances or diminishes their mana, aroha, ihi, wehi, and wana: the assessment helps kaimahi establish and maintain a trusting relationship.
- Development of a kiritaki goal setting workbook aligned to Te Whare Tapa Wha.

Mihi Whakatau for kaimahi has been implemented to welcome new kaimahi into ABI, removing the tapu and exposing them to te ao Māori. ABI has received positive feedback from kaimahi for the process and kaimahi tane (non-Māori) are learning how to lead a mihi whakatau in te reo Māori.

The Mauri Ora Framework Training and Development Programme was developed following the launch of Te Hekenga and delivered in January 2023. This programme has three modules covering ngā mātāpono, Te Whare Tapa Wha, and key concepts of mauri. The approach of each module takes the kaimahi through the origins and meanings of each module, examples of the application of each to a whānau Māori with lived experience, personal reflection to understand what they look like in their own personal lives and finally application of those in practice at a practical level.

This programme is essential to strengthening the foundation of cultural safety at ABI to ensure all mahi implemented from Te Hekenga-ā-ora is sustainable. One hundred and sixteen kaimahi have currently completed all three modules with another 100 due to be completed by December 2023. ABI has created a safe te ao Māori learning environment which has encouraged kaimahi to embed new knowledge into practice which enhances the experience of kiritaki and whānau.

Te Hekenga-ā-ora

Implementing Te Hekenga-ā-ora has enabled ABI to attract, recruit, and retain more kaimahi Māori. Of note, ABI welcomed four new Kaiārahi Kaupapa Māori roles to Auckland Intensive, Wellington Intensive, Auckland Community, and Wellington Community services.

Meet our kaiārahi Māori team:

Zarnia Pickering

Ko Tararua me Ruahine ngā pae Maunga

Ko Tainui te waka

Ko Punahau Te Roto Ko Ngāti Raukawa te iwi

Ko Olsen raua Ko Ropiha ōku whānau

Ko Te Arangamaioteata toku Mataamua

Ko Tairawhiti toku pōtiki

No Papaioea ahau.

I'm Zarnia, born and raised in Levin until 17 when I joined the army. Having spent half of my life in the military and then moving into education, I am passionate about empowering people through diverse situations. I have a deep love and appreciation for Rongoā Māori and weave this into my mahi with ease.

I have two beautiful tamariki that are my world. You can catch us at the gym or in the boxing ring – I have a goal to win a professional boxing fight before I turn 40 (I have a few years up my sleeve).



Joanna Young

Ko Tainui te Ko Waikato te Awa

Ko Manungatautari te Maunga

Ko Ngāti Hurī to Hapū

Ko Pikitū te Marae

My gifts that I stow upon ABI is over twenty years in the teaching and learning context, Te Ao Māori and working towards my rongoā qualification.

My passion and deep understanding of the principles of Te Tiriti O Waitangi and my core values support my commitment to building strong bicultural partnerships with the objective to ensuring 'Ko te Kiritakite pūtake o te ao.'

This is evident by my decision to work at ABI Rehabilitation as a Kaimahi Māori (Kai awhina) speaking and role modelling Māori (handed down from my tupuna). This experience is teaching me 'Kia mau koe ki nga kupu o ou tupuna' the importance of holding fast to our ancestors wise kupu (words) and be a champion of our language, to strive to build visibility and normalisation of Te Reo Māori.

Arohanui Baker Toopi

Nō Ngāpuhi ahau

I have lived experience with the brain injury of my tāne Brendon that impacted our whole whānau and made me passionate about enhancing the journey for other kiritaki and whānau.

Kaiarahi kaupapa Māori is a calling, responding to the needs of kiritaki and whānau – I view them as my whānau and ensure I can make a difference to their engagement in applying manaaki, awhi and all the things we naturally do as Māori.



Tūi Howard

He uri ahau nō Ngāti Kahungunu, Ngāti Whaawhaakia, Ngaati Wairere-Ngaati Koura, Te Roroa-Ngai Te Rore me Ngāti Kuri ahau. He mātaamua ahau, he Takatāpui ahau, he Māori ahau. Ko Tūi ahau.

Whakapapa is my connection to rongoa Māori. Ki te taha ō tōku māma, on both her maternal and paternal sides, my tūpuna were Tohunga. My professional and personal experience in advocacy within our queer, Takatāpui, and Māori communities is mahi that I hold close to my manawa, and has guided me towards rongoa Māori.

I know my responsibility to my whānau, and to our people is to help heal our severed ties and awahina through rongoa Māori.

I'm looking forward to learning, offering, and strengthening our connection within ABI, and our kiritaki Māori.



Meet our Clinical Cultural Consultant Karen Below (KB)

Ngai Te Rangi : Te Arawa
Ko Karen Below tōku ingoa
Ko KB taku ingoa kārangaranga

In October 1991, my mātua Witi McMath (Ngāti Wai) was one of five rangitira who lodged the Native Flora and Fauna Claim Wai262 to protect mātauranga Māori knowledge of tuku iho, rongoā which led me to the tohu of Occupational Therapy/ Kaiwhakaora / Healer. Having worked internationally in neuro-rehab and mental health I have seen inequity in indigenous voices and healing solutions. It is a privilege to join ABI and be a part of a team that wants to promote by Māori for Māori solutions.



Mātauranga Māori Rōpū

ABI established a Mātauranga Māori Rōpū in May 2023 with the first hui in June 2023. The rōpū brings together members with key expertise in mātauranga Māori to provide advice on the implementation of Te Hekenga-ā-ora, guidance to Clinical Governance, and advice on operational projects. The rōpū has a key role in providing advice in a manner that considers all hapu, iwi, lived experience, and stakeholders in Aotearoa. Membership includes:

- Chair: Faith Curtis-Flavell (Mātauranga Māori)
- Rūkingi Haupapa (Mātauranga Māori, lived experience)
- Sharon Pihema (lived experience)
- Ray Ahipene-Mercer (ABI kaumatua and Board member)
- Lee Walters (Mātauranga Māori)
- Karen Below (Pou Haumanu/Clinical Cultural Consultant)
- Te Rina Ruru-Pelasio (Pou Whakahaere/ Māori Development Manager, ex-officio member)

Through its advisory function, the Mātauranga Māori Rōpū has had an immediate positive impact across ABI.

The Year in Review

Quickfacts



The Year in Review

Ko te pae tawhiti, whāia
kia tata, ko te pae tata,
whakamaua kia tina.

Pursue distant horizons
so they may be close, and secure
near horizons so that they are
fastened.

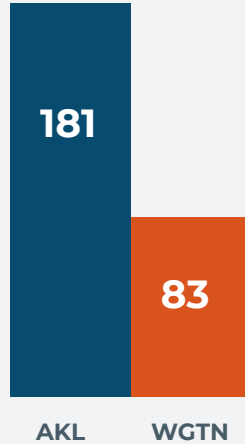
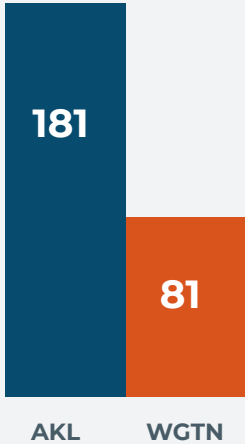
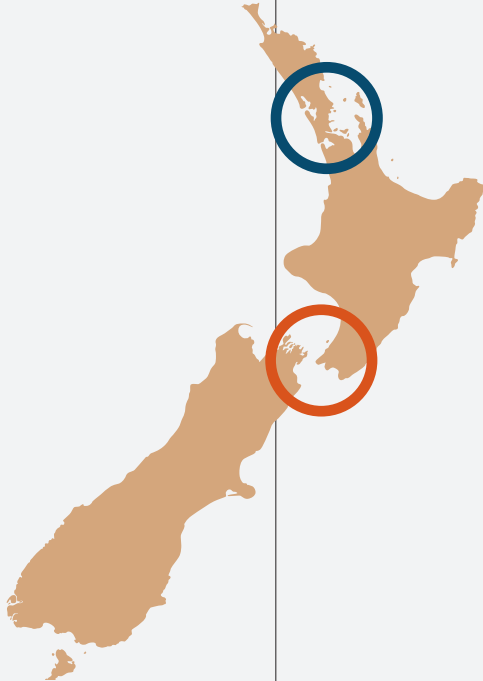
ALL INTENSIVE KIRITAKI

262

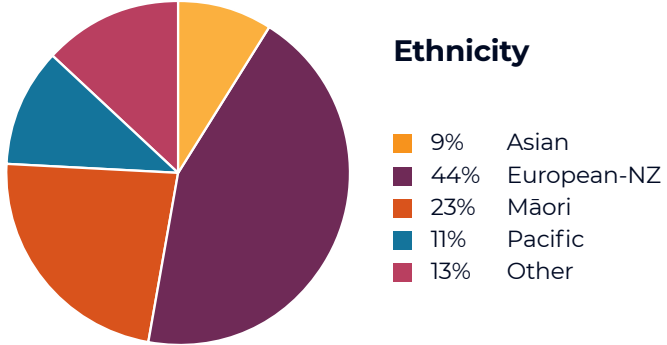
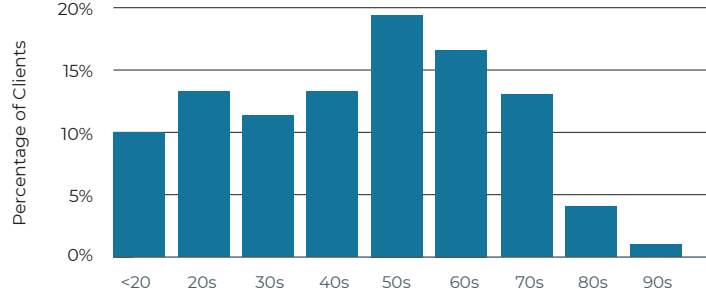
KIRITAKI

264

EPISODES

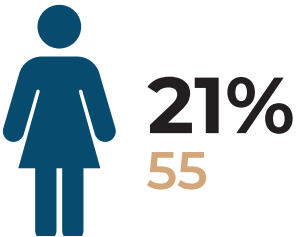
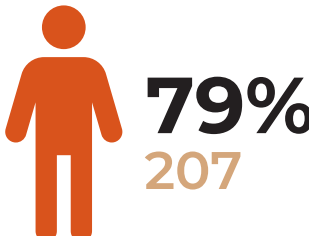


Average Age = 49 years old
Range = 15-93 years old.



Median length of stay:
38 days

Average length of stay:
63 days



Note:
The difference in kiritaki and episodes indicates two kiritaki had two separate episodes.

Data Points



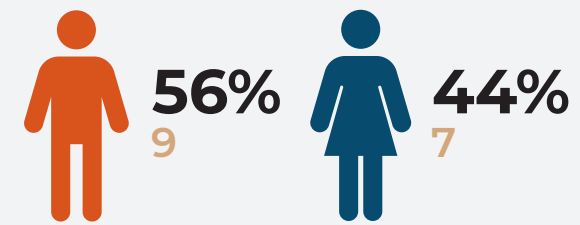
Titiro whakamuri
Kokiri whakamua.

Look back and reflect
so you can move forward.

Data Points

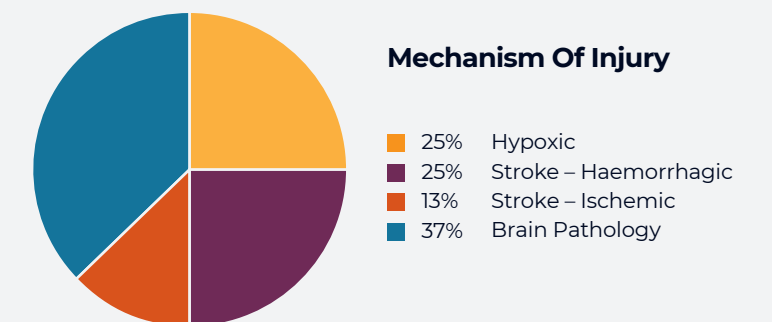
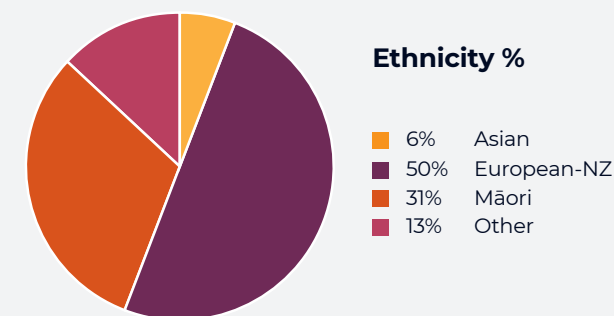
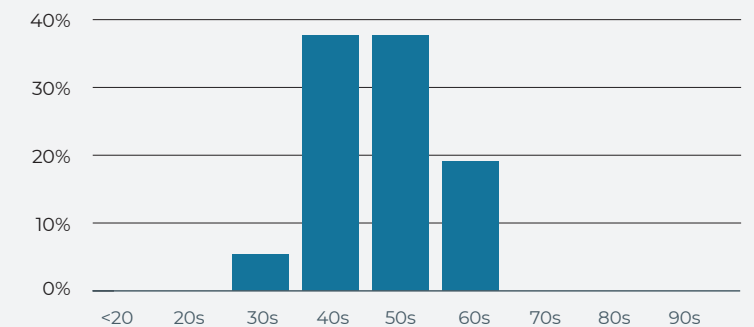
Te Whatu Ora/MOH/Private Kiritaki

16 KIRITAKI



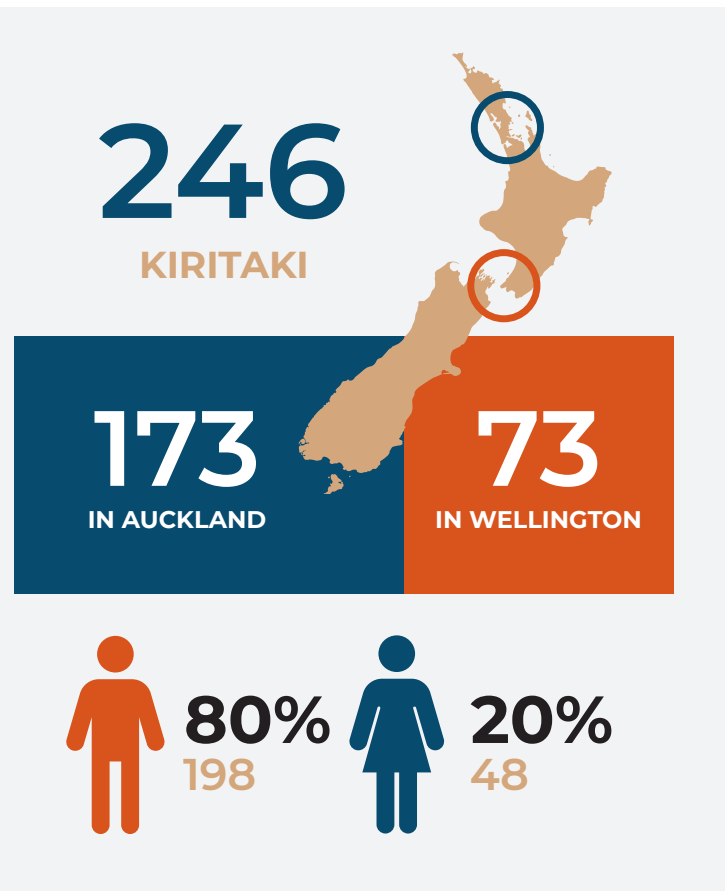
Median length of stay: **61** days
Average length of stay: **79** days

Average Age = 52 years old
Range = 37-67 years old.

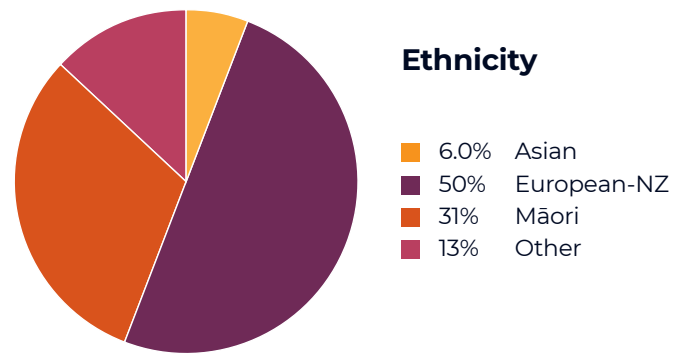
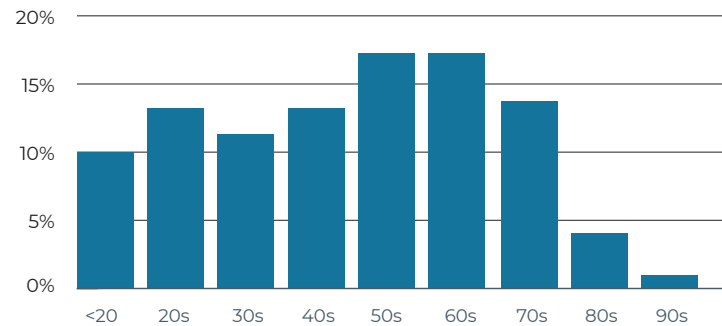


Data Points

ACC WHO ARE OUR KIRITAKI?



Average Age = 49 years old
Range = 15-93 years old.



Post-Traumatic Amnesia

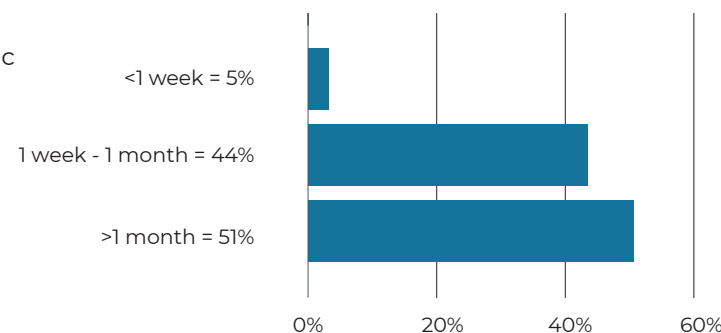
Many people suffer from post-traumatic amnesia (PTA) following a brain injury. During this time, the injured person may feel disorientated and/or confused. The length of PTA can be a useful guide as to the severity of the brain injury.

92%*
of kiritaki had a
traumatic brain
injury

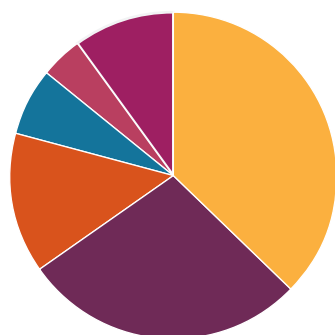
*The remaining 8% were non-traumatic e.g. hypoxic and other injuries.

31.8 days

Length of PTA



ACC INJURIES



Mechanism Of Injury

- 37% Fall
- 28% Vehicle
- 14% Assault
- 7% Bicycle & Sports Injury
- 4% Pedestrian
- 10% Other

Data Points

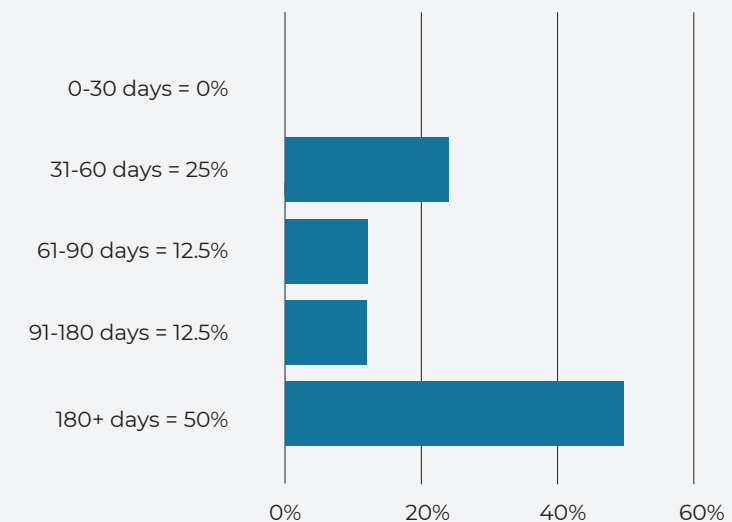
ACC OUTCOMES

Kiritaki length of stay – Emerging Consciousness and Intensive Service

Median length of stay: **191 days**
Average length of stay: **176 days**

Relates to nine kiritaki

Length of Stay at ABI



6

Kiritaki were discharged home.
Another three were discharged to a residential disability service.



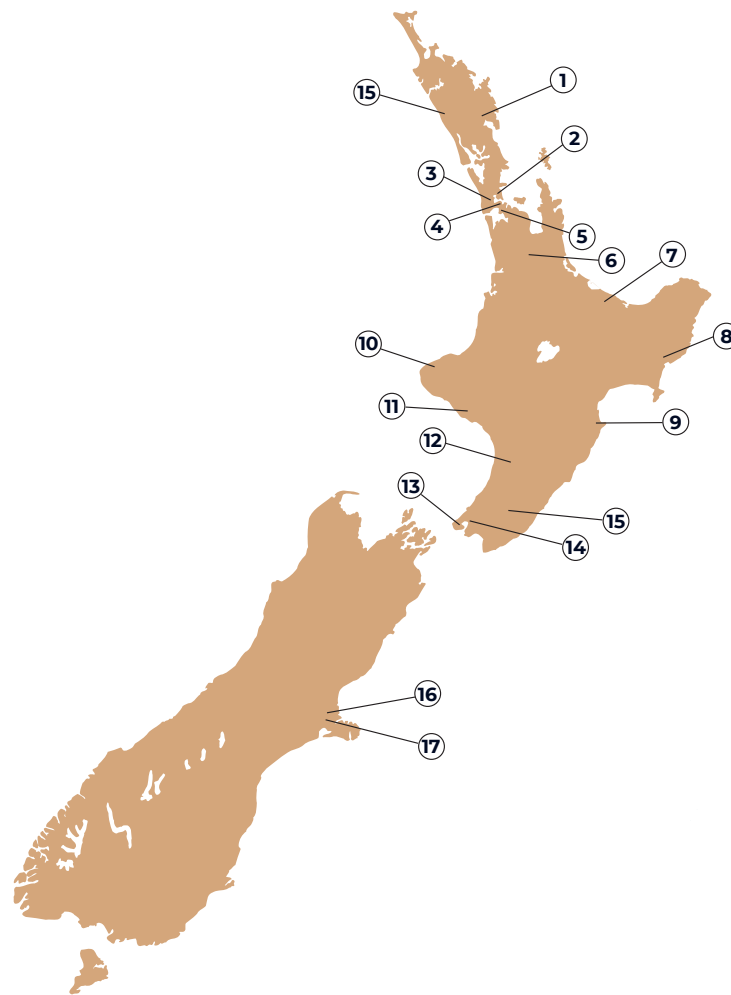
90%

of kiritaki and whānau were satisfied or very satisfied.
We actively follow-up and improve services in response to feedback.

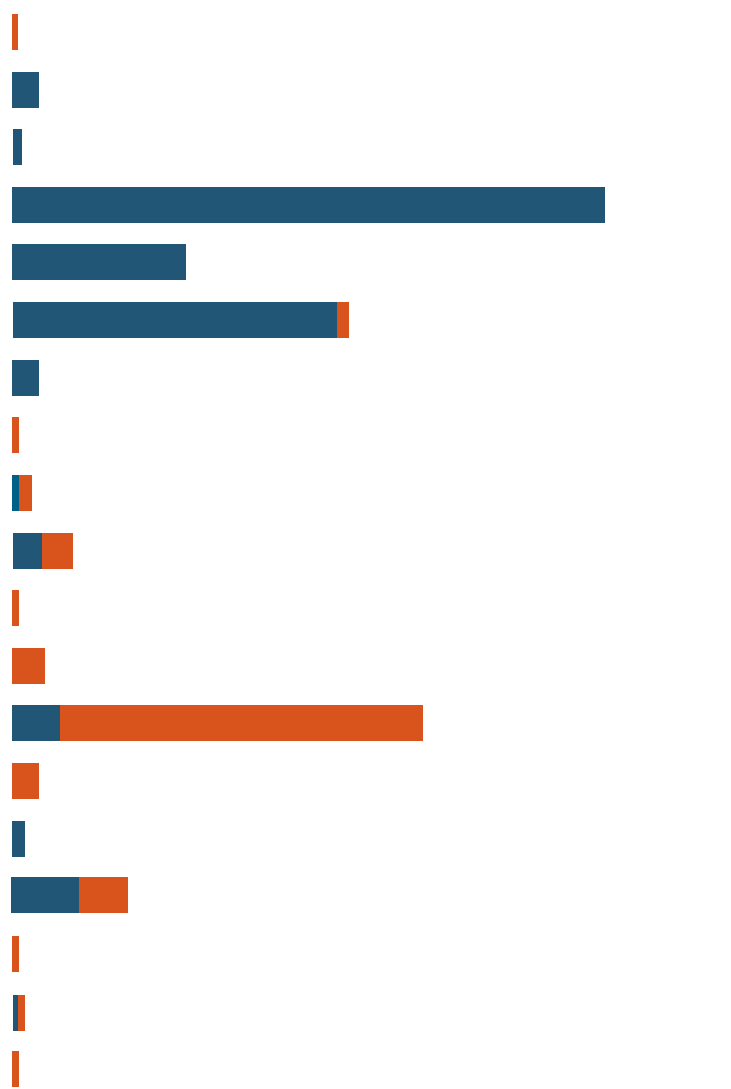
Summary of Admissions

Referring Hospitals for ACC Intensive Services

The table below shows the referring hospital prior to their admission to ABI. Admissions from Te Whatu Ora may not be that person's area of domicile because they may have been transferred from another hospital for specialist acute care. In addition to the admissions from the public hospitals, ABI has a small number of admissions from home or other residential services.



REFERRING HOSPITALS	TO ABI AKL	TO ABI WGTN	TOTAL EPISODES
1) Whangārei Hospital	0	1	1
2) North Shore Hospital	6	0	6
3) Waitākere Hospital	2	0	2
4) Auckland Hospital	72	0	72
5) Middlemore Hospital	23	0	23
6) Waikato Hospital	40	2	42
7) Tauranga Hospital	4	0	4
8) Gisborne Hospital	0	1	1
9) Hawkes Bay Hospital	1	2	3
10) Taranaki Base Hospital	3	3	6
11) Whanganui Hospital	0	1	1
12) Palmerston North Hospital	0	4	4
13) Wellington Hospital	5	50	55
14) Hutt Hospital	0	3	3
15) Dargaville Hospital	2	0	2
16) Christchurch Hospital	11	5	16
17) Burwood Hospital	0	1	1
18) Other	1	1	2
19) Other Long Term	0	1	1



Data Points

Emerging Consciousness

Disorders of consciousness can generally be categorised into coma, vegetative state (VS), or minimally conscious state (MCS). Kiritaki may transition through one or more of these states as consciousness is regained, or plateau in any one of these states. What should be remembered is that consciousness includes both wakefulness and awareness.

Managing the assessment and treatment of kiritaki with disorders of consciousness, and the support of their whānau, is a specialised area of brain injury rehabilitation. ABI Rehabilitation has developed an Emerging Consciousness Programme for kiritaki in VS or MCS, with an aim toward regaining consciousness and transitioning to participation in an intensive rehabilitation programme

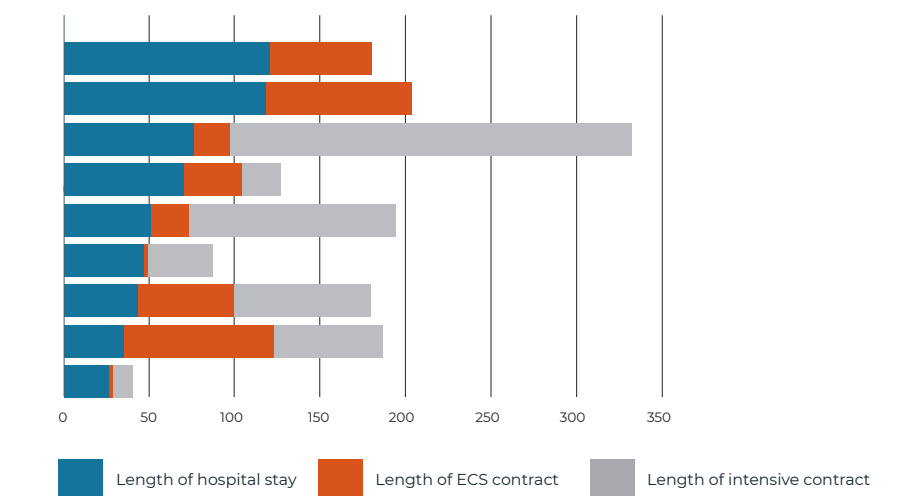
This Emerging Consciousness Programme was developed due to ABI Rehabilitation recognising that those who have sustained a severe brain injury, and remain in a minimally conscious state, require specialised support, assessment and treatment to maximise the possibility of a positive outcome. This programme was first established in 2011. Since then, there have been several reviews and updates as part of a continuous improvement programme.

The data shared for this year demonstrates the continued value of this programme, with seven of the nine kiritaki emerging from a minimally conscious state, with six of them being discharged home. It is no surprise, given the severity of the injury, that we see a longer length of stay when compared to those kiritaki arriving to ABI who are fully conscious as the recovery trajectory tends to be at a slower pace.

EMERGING CONSCIOUSNESS DATA		TOTAL	DISCHARGED HOME	
Number of Clients	Total	9	6	
	Gender	M	7	5
		F	2	1
	Mechanism of Injury	MVA	5	4
		Fall	2	1
		Other	2	1
Emerged from minimally conscious		7	6	
Cleared PTA		2	2	
Age range	Age range	18 - 57	18 - 57	
Average number of days	Length of hospital stay	65	52	
	Length minimally conscious*	105	74	
	Length of ECS contract*	40	22	
Length of intensive contract*		162	159	

There is one hypoxic injury included in the data. Last year we excluded these injuries due to extended length of stay. (LOS Hosp = 115 days & ECS = 85 days, didn't go on to Intensive, discharged to Hospital). See following graph for breakdown.

Emerging consciousness length of stay





The ABI Experience

Waiho i te toipoto
kaua i te toiroa.

Let us keep close together,
not far apart.

Jordan's Story

One year ago, Jordan sustained a moderate TBI from an assault on a night out in Auckland's Central Business District. Jordan was admitted to Auckland Hospital's Intensive Care Unit and a week later he was transferred to ABI for inpatient rehabilitation.

During his time at ABI, Jordan had an epiphany about the importance of life and how short it really is. The challenge to return to some degree of normality seemed impossible, but Jordan's resilience and optimism have led him in the right direction towards a full recovery. Through the guidance and support of his rehab team, he got a sense of hope and confidence, and through the use of the right strategies, he can live a fulfilling life after a brain injury. One of Jordan's team members was neuropsychologist, Jess who helped him process what had happened and the feelings and emotions that go along with sustaining a brain injury. He has learned to appreciate the smaller things in life and the ability to determine your own response to adversity.

"When your life gets tipped upside down, you've got to look at it from another angle."

Jordan has since adopted a growth mindset and has developed habits he never thought he would do including journaling, meditating, and reading. Previously held back by social anxiety, he has delved into the world of film making and drawing, and has developed an eagerness to learn more about the human brain. Understanding he still has a long way to go, he attributes the opportunity to live a life of normality to all those who have supported him from the very beginning. To show his gratitude and to help those on a similar journey, he has raised over \$4,500 for organisations that helped him by running his first half marathon just nine months after his injury.

"For anyone who is going through rehabilitation after a brain injury, know there is light at the end of the tunnel. Take it easy, listen to your rehab team, and take one step at a time."



Te Whatu Ora Experience

Overall, how satisfied are you with the service we provide?

87.5%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE SERVICE ABI PROVIDES

How satisfied are you with the assistance we provide in screening patients with moderate to severe brain injury?

87.5%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE ASSISTANCE WE PROVIDE IN SCREENING KIRITAKI

How satisfied are you with the way we facilitated patient transfers to residential rehabilitation – specifically around planning of the transfer?

75%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE WAY WE FACILITATED KIRITAKI TRANSFERS TO INTENSIVE REHABILITATION

How satisfied are you with the time it takes for us to respond to a referral?

87.5%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE TIME IT TOOK FOR US TO RESPOND TO A REFERRAL

How satisfied are you that our service is kiritaki centered?

87.5%

WERE **SATISFIED** OR **VERY SATISFIED** THAT THE ABI SERVICE IS KIRITAKI AND WHĀNAU CENTERED

ACC Experience

How satisfied were you with the amount of notice given for participation in the kiritaki and whānau meetings?

86%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE AMOUNT OF NOTICE GIVEN FOR PARTICIPATION IN THE KIRITAKI AND WHĀNAU MEETING

How satisfied were you that the rehabilitation plan clearly outlined the steps needed to be taken to achieve the proposed outcomes?

100%

WERE **SATISFIED** OR **VERY SATISFIED** THAT THE REHABILITATION PLAN CLEARLY OUTLINED THE STEPS NEEDED TO BE TAKEN TO ACHIEVE THE PROPOSED OUTCOMES

How satisfied were you with the amount of information we provided on the kiritaki's progress?

100%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE AMOUNT OF INFORMATION WE PROVIDED ON THE KIRITAKI'S PROGRESS

How satisfied were you that our discharge process identified the supports required for transfer to the community?

86%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE DISCHARGE PROCESS AT IDENTIFYING THE SUPPORTS REQUIRED FOR TRANSFER TO THE COMMUNITY

Overall, how satisfied are you with the relationship you have with ABI?

100%

WERE **SATISFIED** OR **VERY SATISFIED** WITH THE RELATIONSHIP BETWEEN ABI AND ACC

Operational Updates

**Ehara! Ko koe
te ringa e huti punga!**

Yes yours is the arm best
suited to pull up the anchor!



Operational updates – Intensive Service

Te Hekenga-ā-ora

There has been a strong focus on the Te Hekenga-a-ora work programme across ABI. ABI has already seen a significant number of changes to services with more underway as mentioned earlier in this report.

Post-discharge medical follow-ups

With support from ACC, ABI has been able to improve its follow-up with kiritaki following discharge from its Intensive Services. This provides an excellent opportunity for a medical review to determine if recommendations in the discharge report have been followed and learn if there are any new medical concerns secondary to their severe brain injury that requires medical attention. This new process continues to be embedded into services with very positive feedback to date from those receiving the service.

Workforce

ABI has been successful in recruiting more registered nurses from overseas to its Intensive Service with borders opening following pandemic restrictions ending. Over the last year there has been the appointment of an additional clinical nurse leader in Wellington, a clinical pharmacist and a dedicated physiotherapy brain injury specialist in Canterbury specific to ABI's Intensive Services. There has also been the appointment of two additional national roles supporting allied health and psychology advice and education. ABI remains grateful for the additional rehabilitation physician expertise enabling senior doctors to take leave and support post-discharge medical follow-ups.

Crisis Intervention Training

With changes over time to the behavioral management training at ABI, it was felt that ABI would benefit from an external provider running a workshop focusing on crisis intervention where clinical holds may be necessary. The training was run by the Crisis Intervention Prevention group who flew an instructor in from Australia. The session was held in Auckland with attendance from both the Auckland and Wellington Intensive Services. There are plans to repeat this training later this year.

Uniforms

Over the past year there has been a dedicated group working with a number of uniform providers. After a lengthy process of trialling samples, receiving feedback from kaimahi and finalising a plan we have now agreed on new uniforms for nurses and rehabilitation assistants.



Operational updates – Intensive Service

Stroke pathway

ABI and Te Whatu Ora Capital Coast Hutt Valley have established a stroke rehabilitation pathway enabling those that meet the criteria to transition to ABI for a period of intensive rehabilitation. The outcomes to date have been very positive.

Brain injury support group

The brain injury support group continues to go well. The Wellington Intensive Service hosts this monthly with about 20 to 30 people in attendance. It provides a forum for carers, kiritaki and whānau to meet and receive education, support and complete activities.

Environment

House 3 in Auckland Intensive Service has had new flooring installed with plans to do other areas later this year. Curtains have been also changed to blinds (sun and block out) in House 5 with plans to do the same in Houses 1, 2 and 3 later this year. These changes and the new clinical treatment room in House 3 in house have been well received.

Wellington's Intensive Service Whare Iti (tiny house) continues to be well used and provides an excellent opportunity to simulate community living with the continued ability to provide support as and when required.

Operational Updates – Community Services

ABI continues to provide community services across the motu. Services cover a range of rehabilitation including specialist community based brain injury rehabilitation, specialised assessments, vocational and tamariki & rangitahi (child & youth) rehabilitation which focus on serious injuries. Over 2022, ABI has also extended its community based stroke rehabilitation services including He Ūpoko Tapu (a Māori specific programme) and has developed a Long COVID programme.

The community teams continue to grow and improve equity of access for Māori as a key focus. This has seen the development of dedicated Māori teams and more services being available in locations that reach Māori who may not otherwise access rehabilitation.

ABI is fortunate to have all disciplines represented within its community teams. In fact, ABI has kaimahi who are internationally and nationally recognised for their specialty knowledge. ABI has been keen to contribute in partnership with others in its quest to improve outcomes for those who suffer TBI and other serious injuries. Over the last year, this has included working alongside the Health, Quality and Safety Commission, ACC, Middlemore Hospital and the NHS.

Community services at ABI report high levels of satisfaction with services and achievement of rehabilitation goals. Average time in services and outcomes compare favourably to international benchmarks.



CARF Concussion Standards

As an accredited CARF organisation, ABI was invited to participate in CARF's Special Advisory Group to develop standards of rehabilitation for concussion management. Service Development Manager (Michelle Wilkinson) represented ABI and Aotearoa in this group that met in Tuscon, Arizona in May 2023. This specialist group included North American experts in concussion and mild TBI (mTBI) rehabilitation, from a wide range of rehabilitation disciplines and organisations including the military, veterans affairs, sports, and rehabilitation.

Over the last year, Michelle has been integrally involved in several programmes to improve pathways for people with mTBI. This included a pilot promoting an integrated approach to concussion management through the ACC Concussion Proof of Concept service and working on the community major trauma rehabilitation collaborative. Michelle was able to take these valuable insights to the international CARF advisory group promoting early intervention, interdisciplinary teams, self-management approaches, and the benefits of outcomes reporting.

Michelle's involvement was highly valued by the group and highlighted Aotearoa has an enviable system (ACC) and ABI's Concussion Service is world-class. Over the three-day workshop, the group reached a consensus on what the standards in concussion rehabilitation should be. The standards have subsequently been out for public feedback during August and will be approved and ready for organisations to apply for accreditation by January 2024. ABI will be adding the Concussion Rehabilitation standards to its suite of CARF programmes. ABI remains Aotearoa's only organisation that holds CARF accreditation. CARF accreditation provides international recognition, that ABI works to international standards for specialised brain injury rehabilitation (from concussion to the severe brain injuries), vocational rehabilitation and child/youth rehabilitation.

ACC Concussion Proof of Concept

ABI was one of two organisations to partner with ACC to deliver a Concussion Proof of Concept (POC) to improve concussion rehabilitation for kiritaki. The Concussion POC trialled a different way to deliver Concussion Services from February 2022 to March 2023. ACC vocational rehabilitation was included in the Concussion POC so kiritaki did not need to be referred for a standalone vocational rehabilitation service.

ACC was interested in the collection of outcome measures and ABI formally adopted the use of the Brain Injury Screening Tool (BIST) which has been able to be used as both an assessment and outcome measure.

ABI has been grateful for the opportunity to partner with ACC. This was an example of a great combined effort and collaboration. ABI would like to thank Michelle (Service Development Manager), Mark (Data Specialist) and each of our community teams working across Northland and the wider Auckland and Wellington regions. Although ACC decided not to progress the Concussion POC, there were many valuable aspects to the pilot. ACC has enhanced its standard ACC Concussion Service and intends using lessons learned to inform an integrated approach to concussion management in the future.



Operational Updates – Residential Service

Summary of the last year

ABI's Residential Service continues to refine its scope as a slow-stream neuro-rehabilitation service for adults aged between 18-65 years old following a severe traumatic or acquired brain injury. Alongside these changes, ABI has enhanced the interdisciplinary team adding therapy assistants to support the allied health team.

With support from ABI's Registered Nurses, Rehabilitation Assistants continue to grow skills working on Careerforce qualifications. ABI's Speech Language Therapist won the NZ Communication Access award for her work with our kiritaki enhancing all forms of communication including augmentative communication.

These changes are improving the ability of kiritaki to have a more fulfilling life. This has included two non-verbal kiritaki who started using eye gaze technology which has opened up their world.

Discharge Success

ABI successfully discharged three long-term kiritaki this year. One kiritaki was successfully rehabilitated to be discharged back to a lower acuity regional service in Tairāwhiti, where their whānau reside. The second kiritaki was able to be discharged home after successful stroke rehabilitation. The third kiritaki was able to go home, four years post-injury, following paced and purposeful rehabilitation alongside the successful completion of significant housing modifications. These discharge successes are a big milestone for our kiritaki and kaimahi as strong connections have been formed during their residential rehabilitation where we have kept faith finding each kiritaki's potential to improve their quality of life.

Community Integration

The Residential Service continues to focus on the importance of community integration and the celebration of key events:

- Acknowledgment of loved ones for Valentine's Day and Anzac Day
- Second annual service-wide celebration of Matariki
- A green themed day to celebrate St Patrick's Day with kiritaki
- National Kapa Haka Festival
- Mother's Day High Tea celebrated with whānau
- ABI inter-house Commonwealth Games
- Including Individual activities including wheelchair basketball

ABI also has regular activities which promote improved connections.



Kiritaki Safety: Taking a whole of system approach

ABI takes a whole of system approach to quality encouraging alignment of practices, quality planning, control and continuous improvement. An example of ABI's commitment to continuous quality improvement is highlighted in its clinical governance journey.

Healthcare services such as ABI, operate in increasingly complex environments. This includes new treatments, technologies, models of rehabilitation and changes in social determinants of health. Recent examples that also contribute to complexity have been the worldwide pandemic and workforce shortages. Clinical governance needs to match these challenges to support kiritaki safety (or patient safety).

Kiritaki safety forms part of systematic activities that help create cultures, processes, procedures, behaviours, technologies, environments and ways of doing things that consistently and sustainably lower risks of avoidable harm and reduce the impact of any harm.

The clinical governance rōpū at ABI has been taking a more systematic organisation wide approach to drive sustainable continuous quality improvement. For example, the focus on every element of the kiritaki journey and recognising that whānau are as important as kiritaki which has then shaped service delivery.

Recent work has included considering what are 'always events' (those events that should always occur without variation), and how healthcare workplace safety and wellbeing contributes to kiritaki safety. Various committees have also been refreshed or consolidated to ensure they are embedded and provide value in supporting kiritaki safety. Other related priorities have been to maintain CARF accreditation, introduce more benchmarking and drive safety improvements by taking a systems approach.

Although ABI quality dashboards are published on the ABI website, how data is used to benchmark and improve services has been super-charged with the introduction of Microsoft Power BI. This has enabled data to be used interactively from multiple sources. However, data is just one element of the puzzle that supports kiritaki safety and quality improvements. Arguably, more important is the experience of services and how information gathered links with other data. The Māori Development Manager has worked with the Mātūranga Māori Rōpū, past kiritaki and whānau to improve how experience and satisfaction information is collected then used to drive improvements.

ABI is pleased its clinical governance structure has continued to evolve. It is now working in a way that brings Te Hekenga-ā-ora and ABI's ngā mātāpono to life alongside all the considerations of a complex healthcare system that drives continuous quality improvement.



Kiritaki Safety

Tē tōia, tē haumatia.

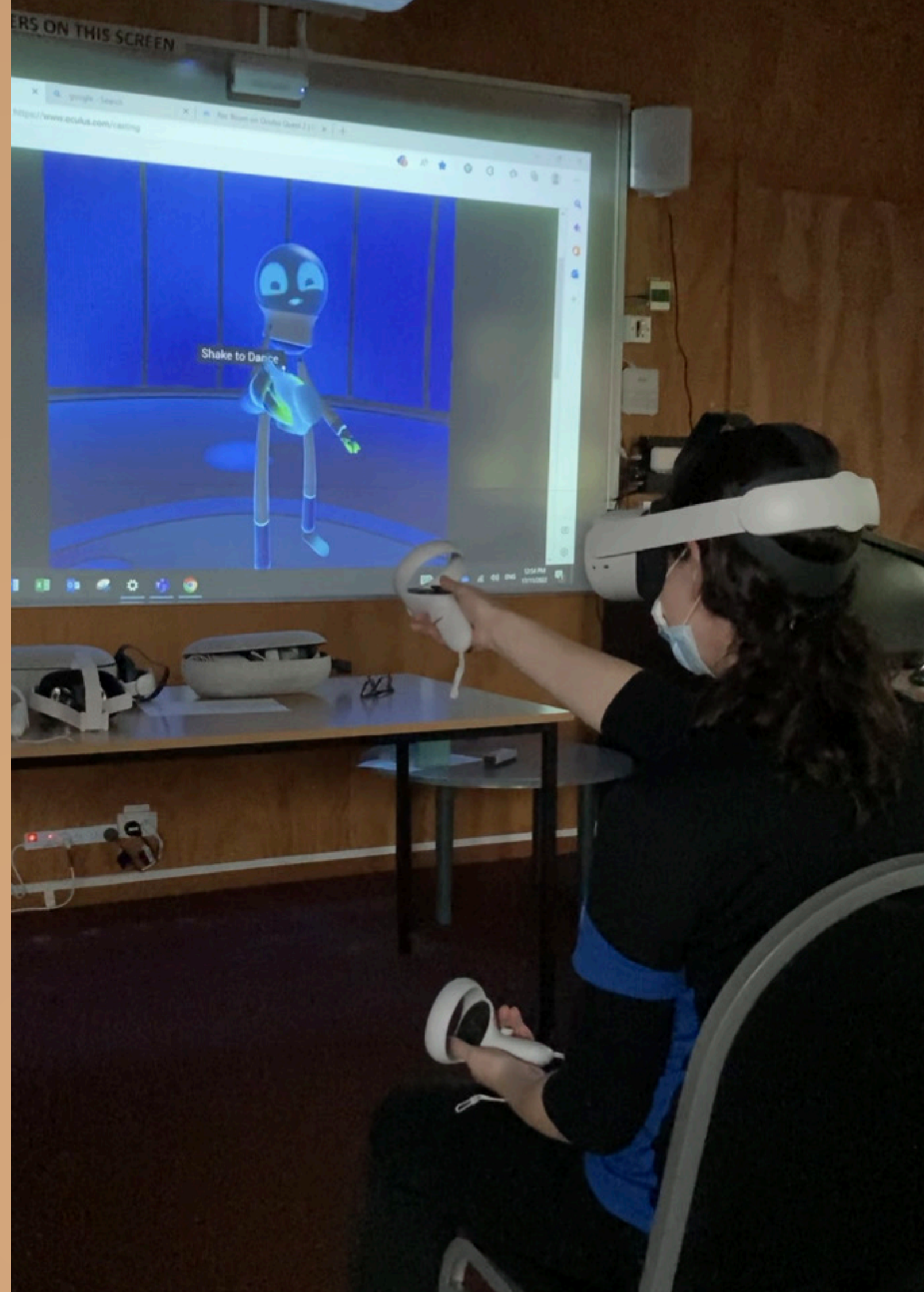
Nothing can be achieved without a plan, workforce and a way of doing things.



Commitment to innovation

I orea te tuatara ka patu ki waho.

A problem is solved by continuing
to find solutions.



Research over the last year

ABI has participated in the following research over the last year.

- Peer mentoring with TBI kiritaki, AUT** - Evaluating a sustainable model of peer mentoring.
- Behavioural approaches to confabulation in people with traumatic brain injuries, University of Auckland** - Exploring how, when, and why kiritaki with a brain injury confabulate.
- Evaluating the feasibility and clinical utility of the Brain Injury Screening Tool (BIST), AUT** - Evaluation of a concussion assessment.
- Peer mentoring with TBI kiritaki, AUT** - Evaluating a sustainable model of peer mentoring.
- Validity testing of brain injury prognostic calculators, Waikato Hospital** - Testing two calculators which predict long term outcomes in kiritaki with TBI.
- Exploring nurse's use of Health Coaching principles and practices, ABI Rehabilitation, AUT University, Royal Rehab** - To understand what Health Coaching practices nurses are using in two TBI rehabilitation facilities.
- Increasing mealtime conversation skills for people with Traumatic Brain Injury, University of Auckland** - Reviewing social interaction and communication after introducing personalised written prompts.
- Ballistic strength training, University of Pretoria** - The effects of usual care and ballistic strength on mobility and falls in TBI.
- Nurses experience of aggression and violence in neuroscience, Wellington Hospital** - International study to evaluate nurses experience of violence and aggression within neuroscience units.

Long COVID rehabilitation Programme

Symptoms of Long COVID can mirror concussion and many researchers and clinicians overseas are starting to talk about neuro-COVID indicating the neuro-cognitive changes some may experience with Long COVID. ABI has collaborated with the NHS to deliver an online self-managed Long COVID rehabilitation programme in Aotearoa. There is little support for those with Long COVID with some physiotherapists and exercise physiologists delivering one-off programmes in the community and some Te Whatu Ora services enabling kiritaki accessing rehabilitation through cardiology/respiratory clinics.

ABI started receiving GP referrals, assessing and supporting kiritaki who have been diagnosed with Long COVID since February. ABI is excited to offer this programme and has had 52 kiritaki participating with ABI clinicians doing assessments and monitoring the self-directed platform. If you are interested in knowing more about this programme, you can read more on ABI's website: <https://www.abi-rehab.co.nz/longcovid/>

Kiritaki feedback

We've actively sought feedback from the Long COVID programme and found many kiritaki have been anxious about the self-directed nature of the programme, or the level of exercise involved. Once assessed and participating in the programme, kiritaki are reporting improvements in their ability to return to activities and reduce symptoms.

Recently a kiritaki commented:

"I can walk to the top of One Tree Hill at a reasonable pace without getting breathless! A major triumph that was unfathomable at the start of the year".

"I am so grateful that I was given the opportunity and that I took the leap of faith".



Virtual Reality Rehabilitation

Last year, ABI was kindly gifted a donation from a whānau. VR headsets were purchased to support rehabilitation Intensive Services in Auckland and Wellington. Since then, ABI has undertaken mass training sessions to upskill on how to operate the devices.

Careful consideration has been given to setting up a gaming library to meet the levels and needs of kiritaki.

This includes basic games for beginners, adventure series for those who want a more immersive experience and geared towards avid gamers.

Weekly VR group sessions have been led by a speech language therapy assistant. Despite having to work through some initial teething technical difficulties, kaimahi have received great feedback from the kiritaki whom continue to enjoy the interactive experience which supports their rehabilitation.

More about CARF

Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, (CARF) International is an independent, not-for-profit accreditor of health and rehabilitation services.

CARF accreditation signals a service provider's commitment to continually improving services, encouraging feedback, and serving the community. ABI has been CARF accredited since 2012. ABI has achieved the maximum three year certification at its last audit with the next CARF survey planned at the end of 2024.

In addition to the benefits and learnings from being CARF accredited, ABI Rehabilitation is in the fortunate position to have three kaimahi who are CARF surveyors. Pauline, Jonathan and Tony are assigned to survey other services that are seeking CARF accreditation. These are typically in USA or Canada, however as CARF continues to grow internationally, opportunities to survey in other countries are presenting. The ability to join a team of peers, working in the area of brain injury rehabilitation, and conduct a two or three day survey always results in significant learnings that can be applied to the ABI service.

Being a part of CARF and having ABI surveyors, strengthens ABI's ability to:

- continually work to improve service delivery
- discuss trends in international practice
- draw on international colleagues' experience about best practice where advice would be valuable
- connect with like-minded rehabilitation professionals across the world, share knowledge and gain ideas from seeing good practice in action
- connect with organisations across the globe that are engaged in the promotion and development of rehabilitation as CARF is now part of the WHO World Rehabilitation Alliance.



Information Technology

ABI continues to invest in upgrading its IT systems and infrastructure to keep pace with emerging technology and to support growth across services.

Some of the highlights from the IT work programme over the last year have been:

- Working with the ACC IT team to develop an API to enable secure sharing of reports directly into the ACC document management
- Conversion to dotnet platform. This is a two year work programme where the coding is being converted to dotnet. This will enable improved functionality, speed and security of the Client Management System (CMS)
- Implementing electronic consent processes. This means that a text can be sent requesting consent approval. On approval the electronic consent is upload into the ABI CMS
- Further development to enable CMS generated report templates
- Password reset – for those who have forgotten their password, there is now an automated secure process for them to manage this themselves
- Cyber Security Initiative: ABI's commitment to cyber security remains unwavering. With upgrades to its virtual private network to leverage next generation firewall capabilities and to utilize authoritative user and device identification and secured remote access with multi factor authentication to protect business and kiritaki related data
- Digital Infrastructure Enhancement: In line with ABI's strategy to develop scalable, secure and stable IT infrastructure, ABI has upgraded internet connections, Cloud infrastructure and end user devices to reduce downtime and increase system reliability
- Automation and Process Efficiency: through process automation, ABI has streamlined workflows within its CMS which includes the ability to securely send clinical documents via API and send electronic consent to kiritaki and whānau as an initiative to go paperless.

Pride Month

ABI's first Pride Committee was formed in 2022 and we were proud to officially celebrate Pride Month in February and March with a range of events across all services.

We arranged a drop-in virtual Rainbow Diversity and Inclusion workshop, had rainbow morning teas, and attended a Pride event in Wellington: Out in the City, which was part of the Wellington Pride Festival.

At the Wellington festival, the ABI stall had many interactions, and we were the only rehabilitation provider in attendance. We wanted to create awareness of ABI, what we do, and how we embrace the rainbow community working with us. Thousands circled through during the day and our Tawa based team had lots of wonderful engagement and chats with a range of people, from Kea Cubs to the Roller Derby teams to university students and MPs. Annie Jones (Community Services Manager - Wellington) commented that everyone they spoke with either knew someone who has had a brain injury or have had one in the past themselves.



ABI's Events

Kia mau ki te tūmanako,
Te whakapono me te aroha

Hold fast to hope,
faith and love



Chinese New Year

Xīn nián hǎo – Happy Chinese New Year!

Our wonderful Clinical Nurse Leader Jun hosted another fantastic Chinese New Year celebration with a performance from the Waitakere Chinese Association impressing us all at ABI. Our rehabilitation team supported kiritaki and whānau to make decorations, shop for ingredients for the shared lunch, make and cook dumplings and other tasty Chinese dishes. Everyone loved learning a little bit more about Chinese culture and the New Year festival so thank you Jun and everyone involved in the celebrations.



Pink Shirt Day

We had wonderful support for Pink Shirt Day this May with each service celebrating in their own way, working together to stop bullying, celebrate diversity and promote kindness and inclusiveness

The day fell during Psychology Week which was fitting. Anthony Lowen (People & Culture) and Dr. Kath Murrell (National Psychology Advisor) ran a lunchtime webinar about psychological safety in the workplace. Pink Shirt Day is a reminder to watch out for yourself and others in the workplace and to not be afraid to speak up if you see something that doesn't sit right with you.





Workforce Development

Whaiwhia te kete mātauranga.

Fill the basket of knowledge.

Workforce Development

To ensure positive, sustained outcomes are achieved, the importance of a highly skilled interdisciplinary team working alongside kiritaki and whānau cannot be stressed enough. This is true throughout their journey from the hospital stay to inpatient rehabilitation to home with carefully planned and coordinated transitions. The past year has presented significant workforce challenges as the pandemic continues to impact, whether it be through illness or those going abroad. These challenges have been felt across the health sector. ABI is grateful that it has maintained a dedicated workforce despite these challenges.

Over the last year, ABI has continued to focus on improving its cultural diversity among kaimahi. This has resulted in an increase in the overall number of Maori and Pasifika staff. As mentioned, there has also been several specialist roles supporting services. As mentioned, this has included a specialist Canterbury based in-reach role, clinical pharmacist, dedicated kairahi kaupapa Maori roles for each service, allied health and psychology advisory/educator roles.

Te Hekenga ā ora

As mentioned earlier in this report, Te Hekenga-a-ora has been a key focus across workforce development. Recruitment of additional roles and training across all staff has been pivotal in changing how kaimahi work. The implementation of Te Hekenga-ā-ora remains a key area of focus, as part of strengthening the support for kiritaki and whānau on their journeys.

Christchurch connection

ABI has a team of Brain injury Nurse Specialists who support the pre-admission process. They work within the referring hospitals to complete pre-admission assessments, provide education and support, and assist with the transition process from public hospitals to ABI inpatients. This year, the role has been extended to Te Whatu Ora – Waitaha Canterbury with the appointment of Jo Nunnerley. Jo is an experienced rehabilitation physiotherapist and researcher. She has clinical experience from the UK, Australia and NZ, and continues to work with the University of Otago alongside her role at ABI. Jo's appointment has enabled us to strengthen our relationship within the Christchurch region and provide greater flexibility with meeting whānau. ABI Rehabilitation has had 15 admissions over this reporting period from Christchurch Hospital – up from last year.

On the horizon

ABI plans to continue growing its services, with a planned increase of beds at its Auckland Intensive site, additional hospital in-reach services and further day rehabilitation services. ABI's commitment to working collaboratively with Te Whatu Ora public hospitals, the National Trauma Network, the Health, Quality and Safety Commission and ACC will improve services for kiritaki, equity of access and outcome support for kiritaki and whānau on their journeys to wellbeing.

Empowering growth and nurturing talent

ABI firmly believes the growth of its organisation is intricately tied to the growth of its kaimahi. In the first quarter of 2023, we established the ABI Workforce Development Rōpū to focus on growing and nurturing our talent. This workgroup is vibrant and draws on expertise from a wide range of professional groups to improve our offering to employees in the following areas:

- Staff Wellbeing
- Training and Development
- Diversity and Inclusion
- Career Development
- Recruitment and Talent Management
- Organisational Development
- Cultural Safety
- Health and Safety

This includes building pipelines for substantially improved health and safety and staff development for internationally-qualified nurses to become registered in Aotearoa, continuing promotion of Careerforce for non-regulated front-line kaimahi, and enabling kaimahi to obtain post graduate qualifications in their respective fields. ABI looks forward to actualising the flow-on effects over the next year.

Mānawatia a Matariki!

July came with one of the most important times of the year for Māori – Matariki: full of celebration, reflection, and preparation as many welcomed the New Year.

ABI carried out activities to signify Matariki including poi making, baking star cookies, goal setting, Matariki Macarena, food gatherings, planting, acknowledgments of our loved ones who have passed on, and much more. There were many hands who helped celebrate at each of the services and we captured some wonderful images showing the wonderful spirit and fun we had.





Workplace Wellbeing

Whāia te mātauranga
hei oranga mō koutou.

Seek after learning for the
sake of your wellbeing.

ABI's Kaimahi



Congratulations to Izel!

Izel Gilfillan – Physiotherapist – ABI Auckland Intensive Service

Izel completed her Master of Physiotherapy degree at the end of last year. Her research focused on the feasibility of ballistic strength training to improve the mobility of inpatients with moderate to severe traumatic brain injuries. The research project was implemented at ABI's Auckland Intensive site and the study results were published in the New Zealand Journal of Physiotherapy. The study protocol was published in March 2023 edition of the same journal.

“I would like to extend my sincere appreciation to everyone for their support, guidance and assistance with the research project over the past couple of years. Thank you for encouraging me to pursue my aspirations.”

Congratulations to Dr. Karen!

Karen Laing, Clinical Lead – Paediatric Occupational Therapist – ABI Community Services

Karen has recently completed her Doctorate in Health Science at AUT. Her experience as both a paediatric occupational therapist and a teacher was the catalyst for her research topic which investigated how classroom teachers and occupational therapists work across professional boundaries to support children who have profound intellectual and multiple disabilities. The conceptual frameworks for activity theory and boundary crossing were used to explore the factors that influenced their activities and interactive relationships and also how they interpreted their own and each other's professional roles, identities and responsibilities.



Workplace Wellbeing

At every level, ABI has invested in initiatives that promote physical, mental, and emotional health. The employee wellness programmes offers personalised support ranging from themed activities to mental health counselling and stress management resources.

ABI continues to use Clearhead for EAP, education and wellbeing support. This includes using technology for mental wellbeing through self-directed mental health support and easy access to self-help tools and therapists where needed.

Over the last year there have been many events and opportunities for informal learning and connection beyond ABI's formal programmes. This includes an ongoing commitment to nationally celebrated events including Mental Health Awareness Week, Psychology Week, International Nurses Day and Brain Injury Awareness Month.

ABI has also focused its efforts on developing a calendar of kaimahi events to create opportunities for informal connection and peer support. Through these initiatives, we empower our kaimahi to prioritize self-care and achieve work-life balance, ensuring they can bring their best selves to the workplace each day.



