

Local solutions improve rehabilitation outcomes after trauma in Aotearoa

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Te Tāhū Hauora Health Quality & Safety Commission

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Project aims



Understand existing trauma rehabilitation services



Identify new initiatives that will remove barriers to achieving the best outcomes



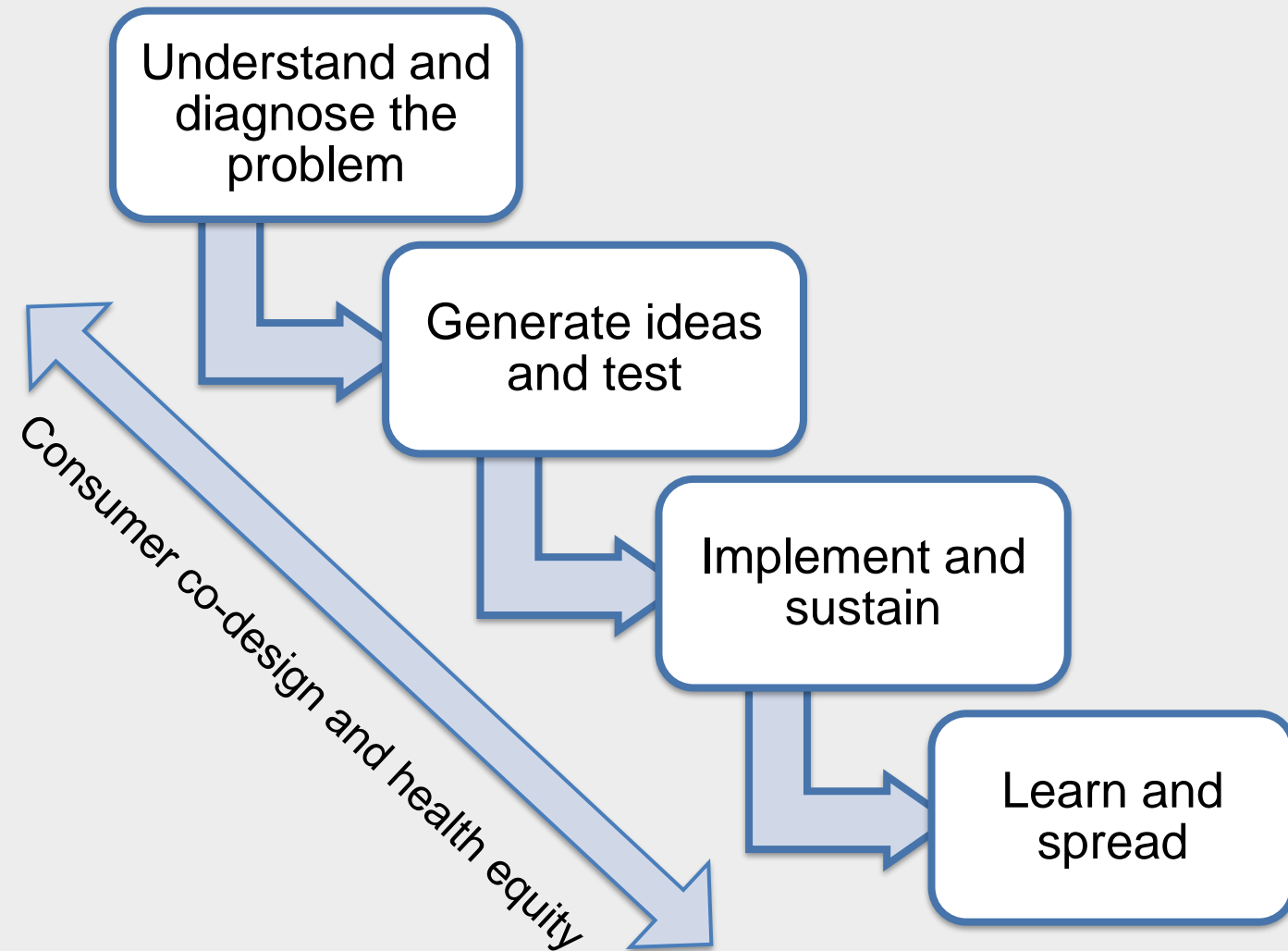
Work with local project teams to implement improvements



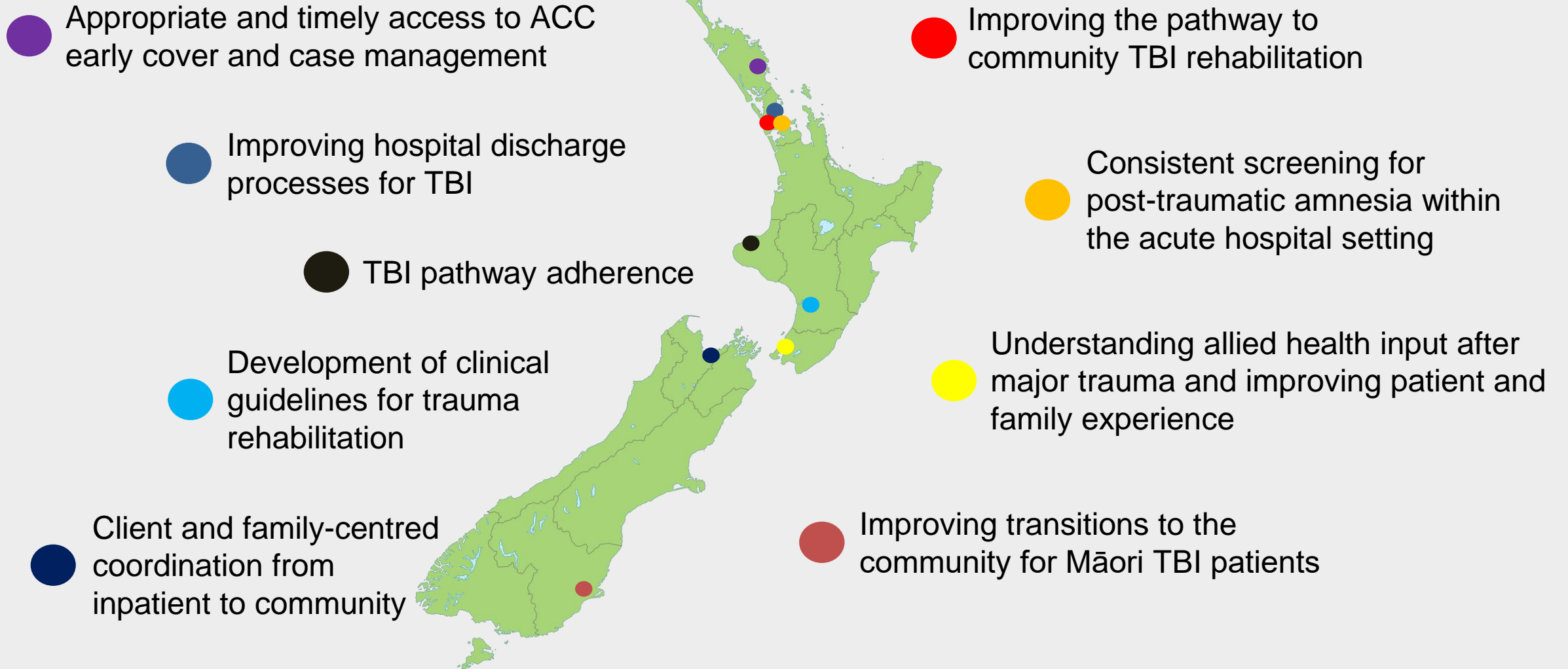
Increase the quality improvement skills and knowledge of rehabilitation providers







Methodology



Completed projects



Collaborative outcomes

-  100 percent of participants had increased confidence in using QI methodology
-  90 percent of people surveyed reported meaningful rehabilitation service improvements
-  Increased communication and knowledge sharing between regions
-  Case studies published to allow spread of improvement ideas



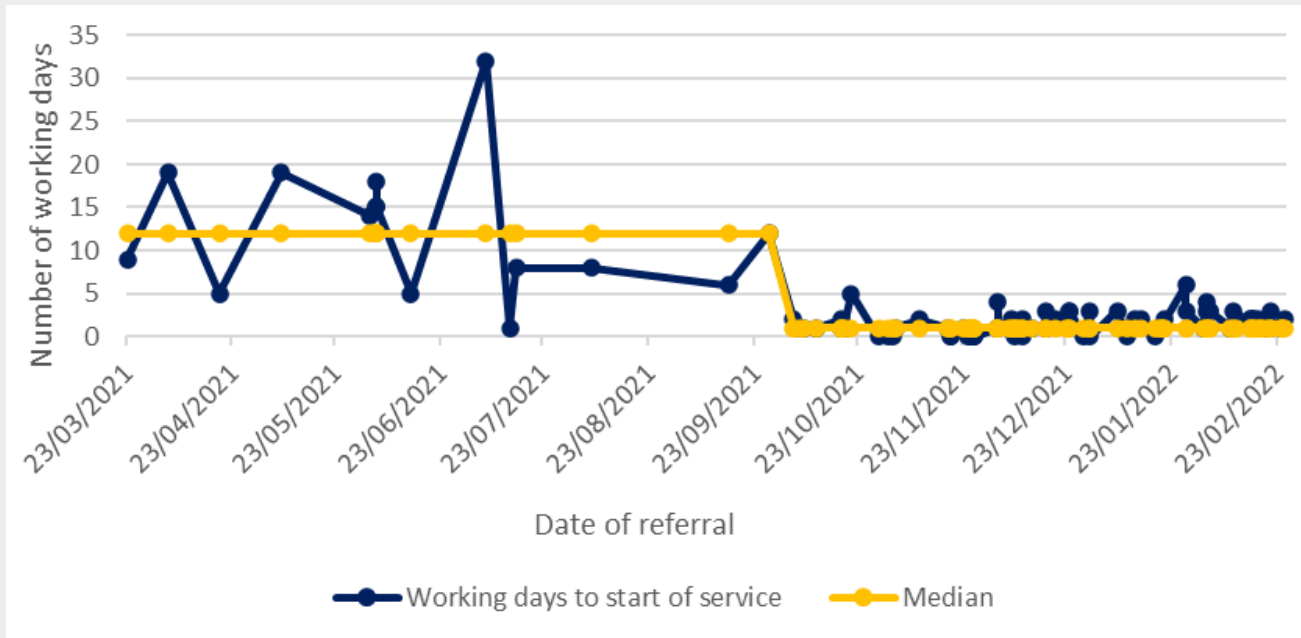
**Let it
grow!**



ABI and Active+

Improving access to community rehabilitation after traumatic brain injury

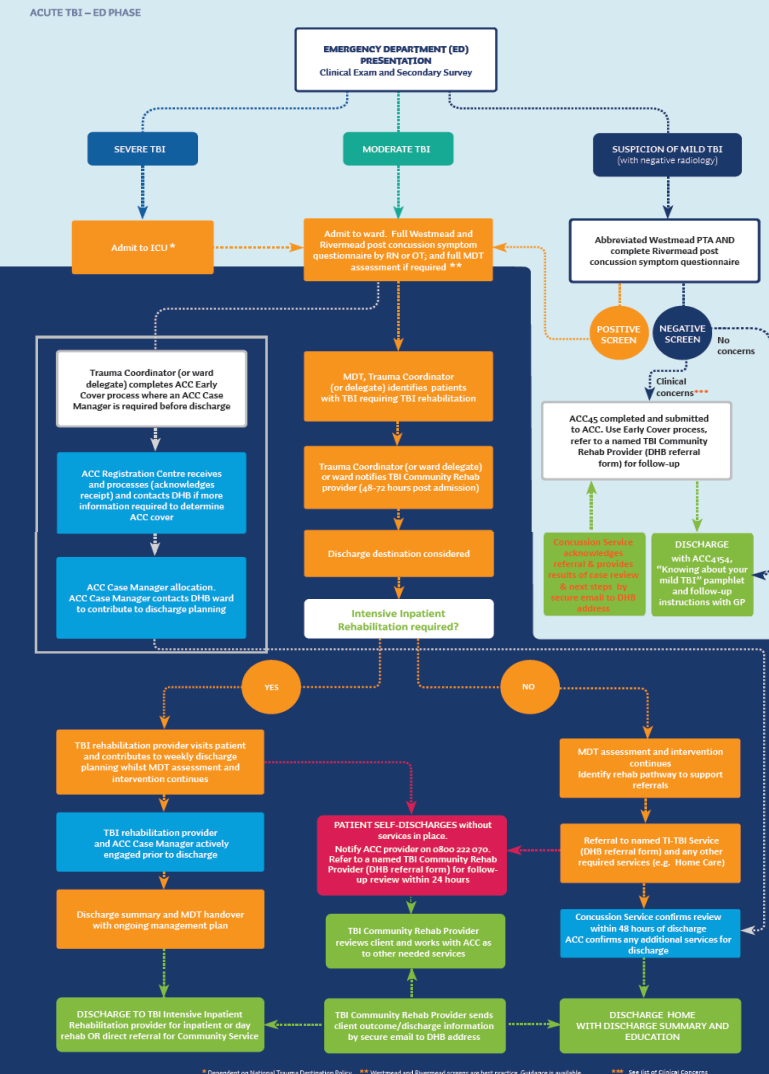
Time, in working days, between hospital discharge and accessing community rehabilitation



Source: ABI Rehab and Active+ data collection



ACC process completed by DHB ACC process completed by ACC Discharge points DHB clinical processes



OUR COMMITMENT TO IMPROVED CLIENT OUTCOMES



Source: <https://www.majortrauma.nz/publications-resources/trauma-resources-and-guidelines/traumatic-brain-injury-toolkit/>

Te Whatu Ora Counties Manukau

Improving the accuracy of post-traumatic amnesia assessments

Welcome to the PTA eLearning Your progress ⓘ

The infographic is divided into two main sections. The left section, titled 'CONCUSSION SIGNS AND SYMPTOMS', features six icons: a brain with a red area for 'MEMORY PROBLEMS', a person vomiting for 'NAUSEA AND VOMITING', an eye with a red spot for 'BLURRY VISION', a person holding their head for 'HEADACHE', an ear with sound waves for 'RINGING IN THE EARS', and a person sleeping for 'FATIGUE OR DROWSINESS'. The right section, titled 'CONCUSSION', is subtitled 'TRAUMATIC BRAIN INJURY THAT CAN OCCUR AFTER AN IMPACT TO HEAD'. It shows three types of injury: 'DIRECT IMPACT INJURY' (a head being hit), 'ACCELERATION-DECCELERATION INJURY' (a head being shaken), and 'BLAST INJURY' (a head being hit by a blast wave).

CONCUSSION
TRAUMATIC BRAIN INJURY THAT CAN OCCUR AFTER AN IMPACT TO HEAD

CONCUSSION SIGNS AND SYMPTOMS

DIRECT IMPACT INJURY ACCELERATION-DECCELERATION INJURY BLAST INJURY

This e-learning has been developed for health care professionals who work with people with suspected or confirmed post-traumatic amnesia (PTA) following traumatic brain injury (TBI)

Time: You should allow 1 hour to complete this module.

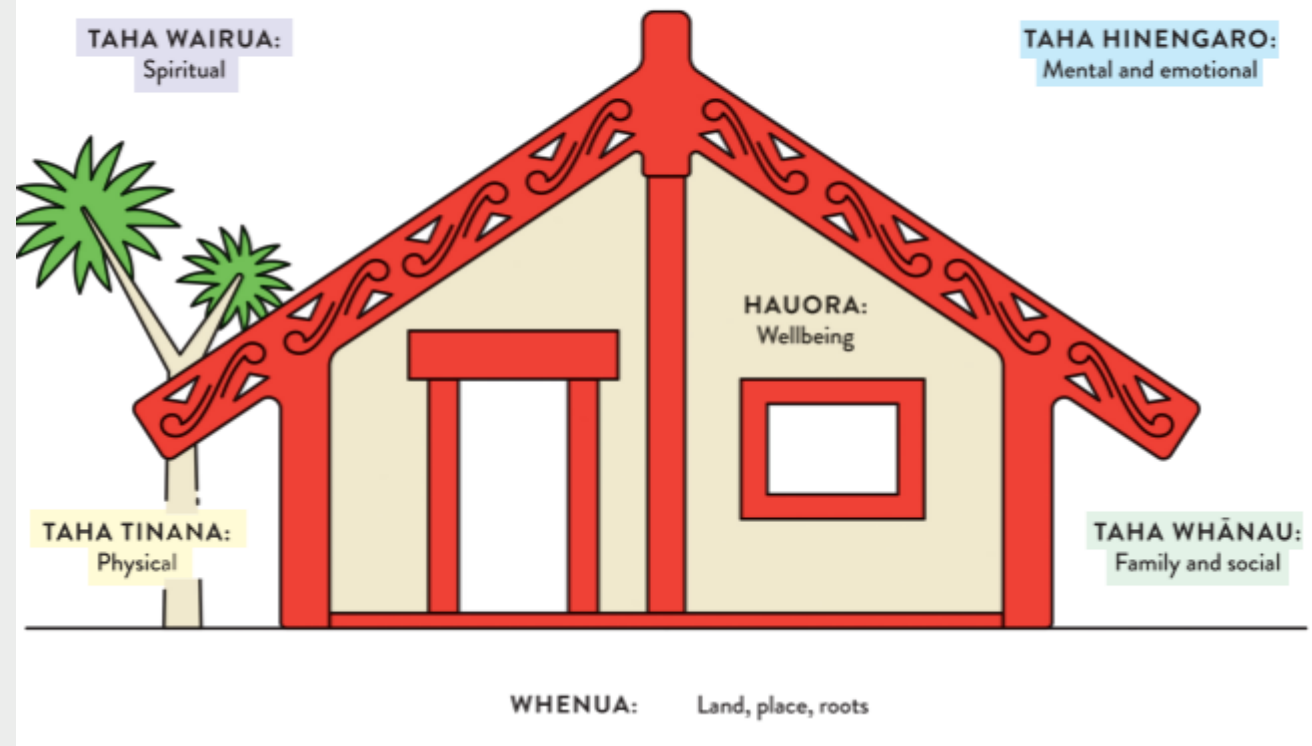
On completion of this module you will be able to describe what PTA is and how it is tested, understand the importance of testing, feel confident in testing procedures, and understand the clinical implications of the test results

‘Before the [education] session, I had not thought about the long-term impact for patients if they go undetected and continue to suffer symptoms of concussion at home.’
- New graduate occupational therapist

Te Whatu Ora Southern

Te Ara Mārama – A clear pathway

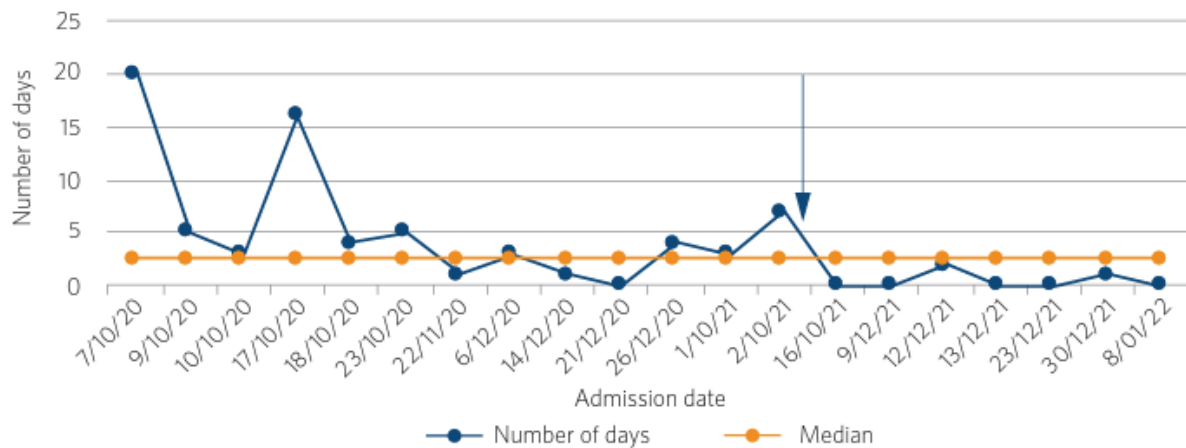
Te Whare Tapa Wha – the four pillars of Hauora / Wellbeing



Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral

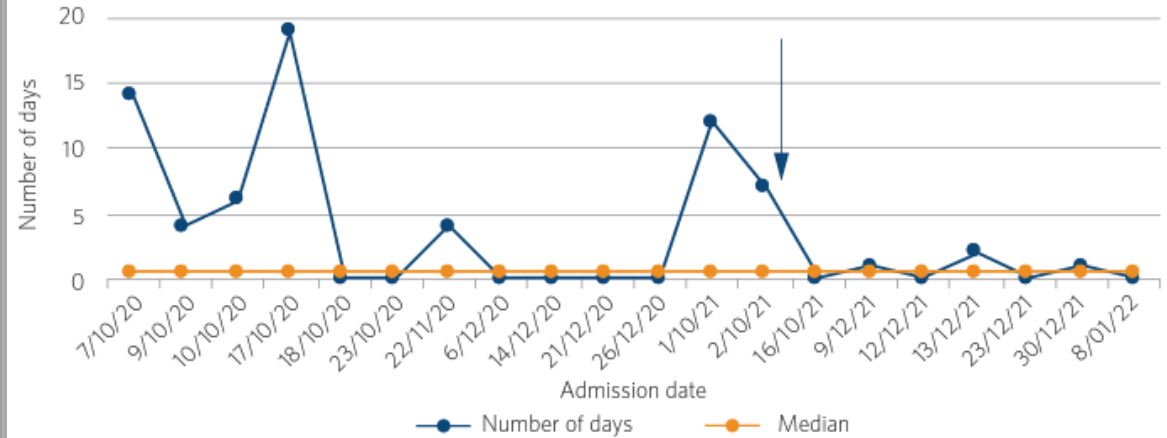
Implementing a major trauma pathway for coordinated care

Figure 1: Number of days between trauma admission and physiotherapy input, October–December 2020 and October 2021–January 2022



Source: Te Pae Hauora o Ruahine o Tararua MidCentral data collection.

Figure 2: Number of days between trauma admission and social worker input, October–December 2020 and October 2021–January 2022



Source: Te Pae Hauora o Ruahine o Tararua MidCentral data collection.



Successes



- Strengthened professional relationships between services and regions
- Projects that worked best were small and measurable initially, then scaled
- Increase in quality improvement capability

Challenges



- Paper-based clinical records and manual data collection
- Redeployment of workforce and staff sickness
- Effects of COVID-19 alert level changes, increased uncertainty and impacts on patient flow

1-year review

*‘Yes, I’m constantly involved, I’ve got a few other projects on the go and all of my seniors they’re like “I’m thinking about doing this” and I was like “we could do a change project.”
And so yeah, we’re constantly looking and doing new, new and different things off the back of what I’ve learnt from this.’*



1-year review

'But I'd just like to echo what [participant] was saying in terms of sustaining. It's those relationships that we have developed. We still have a really close-knit conversation and direction with ABI and Active ... you know, that it's just opened up those lines of communication, which are sustained. It's a topic of conversation still. It's still current and we're constantly doing teaching and training'



1-year review

'The management of [DHB] were extremely pleased with the amount of work that went into both collaboratives and really looking... at promoting the work that we've done so it's been quite rewarding to be honest.'



1-year review

‘Quite confident these days, little bit like a broken record now though cause I’m like ‘have you considered a PDSA cycle?’ ‘What was the outcome from there?’ I think I annoy people.’



Contact

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