



ACQUIRED BRAIN INJURY

Partnership Project

Challenges and Successes of the Saskatchewan ABI Services

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www.abipartnership.sk.ca



Partners In Planning

- SGI Rehabilitation Advisory Board
- Saskatchewan Government Insurance
- Saskatchewan Health
- Acquired Brain Injury Working Group



ABI Partnership Program History

- January 1, 1995 SGI went to no-fault insurance and at that time committed funding to enhance brain injury and musculoskeletal rehabilitation services.
- SGI Rehabilitation Advisory Board was established and commenced work on developing a provincial program for ABI survivors and their families.



ABI Partnership Program History

- The Advisory Group stated that the purpose of the Partnership Project was to provide a “comprehensive, integrated system of supports, resources and services”.
- In September 1996 the Outreach Teams commenced providing services.
- The ABI Advisory Group exists to the present day.



ABI Partnership Program Presently

- The ABI Partnership Program consists of 36 individual community based programs.
- The funded agencies include 3 outreach teams, 5 regional coordinators, 3 independent living workers, 2 residential programs, 6 rehabilitation programs, 1 children's program, 3 vocational programs, 3 life enrichment programs, 2 crisis management services, 2 day programs and 6 education and prevention programs



Education & Prevention

- Provincial Coordinator and 3 Regional Coordinators
- Links with Saskatchewan Prevention Institute, Safe Saskatchewan and Saskatchewan Safety Council
- Annual Brain Trust Provincial Conference
- Intro to ABI/PARTY/Brain Walk/Safety Resource Kits
- Falls Prevention
- Community Grant Program



ABI Partnership Program Funding

- Initial funding was for 9.3 million dollars for 3 year pilot project.
- Funding was renewed for 5 years and continues to present time with 3 year contract renewals
- Current funding is about 4.4 million dollars annually
- This translates into 71.9 FTE's and 3 FTE's at the Ministry of Health whom administer the program



Client Demographics

- To date over 3,450 clients have received service through the various programs
- April 2007 – March 2009 provincial stats
- Males 66% Females 34%
- Under 25 16% 25 – 40 19%
- 40 – 60 57% 80+ 8%
- MVC 29% Stroke 23%
- Tumors/falls/aneurysms each about 7%
- Others 13%
- Only 11% employed in some fashion



Outreach Teams

- See pamphlet
- Available to all residents of Saskatchewan regardless of age or location.
- Sask North - Based in Prince Albert
- Sask Central - Based in Saskatoon
- Sask South - Based in Regina



Acquired Brain Injury

- A generic term used to describe injury or illness that damages the brain.
- Not related to a congenital disorder or a degenerative disorder
- Occurs after birth



CATEGORIES OF ABI

Traumatic

Motor
vehicle
collision

Assault

Shaken Baby
Syndrome

Falls

Pathologic

Stroke

Aneurysm

Tumors

Anoxic/
Hypoxic

Chronic

Alcohol
abuse

Drug abuse

Exposure to
toxins



Our Mission Statement

“To provide individual and family support to people with acquired brain injury so that they may live successfully in their communities with improved quality of life”



Our Service Goals

- To make the most of a person's abilities
- To be a link between hospital and community
- To work with communities to adapt their existing services to meet the needs of the person with an acquired brain injury.
- To work with families and caregivers to maintain their own health and quality of life.
- To educate clients, family members and the community about ABI issues
- To be an ongoing contact for support, follow-up, evaluation and education.



Who do we see?

- Clients of *any age* who have sustained an acquired brain injury meeting the following criteria:
 - Sustained within the last 3 years (preference given)
 - Moderate to severe ABI
 - Service provided to family members & care givers of individuals with ABI as well



Who do we see?

- Moderate Traumatic Brain Injury:
 - GCS 9-12
 - PTA > 24 hours
 - positive CT scan
- Severe Traumatic Brain Injury:
 - GCS 3-8
 - PTA > 14 days
- Diffuse Axonal Injury:
 - Shearing & stretching of axons from rapid deceleration and acceleration
 - Most common cause are MVC's (side impact generally worse)
 - No direct measurement or diagnostic markers initially



What do we do?

- Provide case management and case coordination services to clients and their families
- Provide discipline specific assessment and treatment programs for our clients
- Provide educational inservices as requested
- Provide consultation on ABI as requested
- We are a voluntary program



How we do it?

- Initially our goal is to develop trust, credibility and rapport to facilitate a positive working relationship
- Focus is on client and family centered goals
- Transdisciplinary service delivery model
- Collaborative approach to service delivery with available community resources
- We try not to duplicate services
- “Whatever it Takes” approach
- It is more of an art than a science



When do we do it?

- We get involved as early as possible or when required (Acute care, inpatient rehab, outpatient rehab)
- We stay involved as long as required and see them as often as required. We do have some clients who are 10+ years post injury.
- We can reactivate a client as needed and this can often be years later.



Team Member Roles

- Primary Worker:
 - Case manager and service coordinator for the client
 - Individual in the primary role may change over time
 - May be an Outreach Team member or Regional Coordinator
- Associate Worker(s):
 - Often a more discipline specific role
 - Also may change over time
- Both roles are fluid to meet the clients needs



Regional Coordinator Roles

- Primary or associate worker for clients in their area
- Are knowledgeable of services and supports within their region
- Have a variety of backgrounds
- Provide education and prevention activities for individuals living within their region
- Work collaboratively with Outreach Team members and local resources to provide services to clients

THOMAS GUILMETTE



- Neuropsychologist - Providence R.I.
- Authored the “Pocket Guide to Brain Injury, Cognitive, and Neurobehavioral Rehabilitation”.
- Excellent resource for anyone working with individuals with neurological impairment.
- Arranged alphabetically in a glossary format.
- Excellent sections on memory, attention, etc.

JEFFREY KREUTZER



THE LAWS OF THE HOUSE OF REHAB

#3 - Meaningfully affect peoples' lives.

#4 - Mistakes are inevitable.

#9 - Recognize your limitations and biases.

#14 - Offer the client meaningful choices when possible.

#15 - Usually there is more than one client.

#18 - Sort out what everyone wants.

JEFFREY KREUTZER



THE LAWS OF THE HOUSE OF REHAB

- #20 - Just because the patient thinks you're great doesn't mean you are.
- #33 - Common sense is worth more than 4, 833 books. (Common sense is not always common)
- #34 - People with neurological disabilities are more like people without neurological disabilities.
- #37 - Don't promise what you can't deliver.

YLVISAKER & FEENEY



- Have done a lot of work in the areas of communication, executive functioning, behavior and cognition within the context of everyday life and school reentry.
- Authored “Collaborative Brain Injury Intervention - Positive Everyday Routines”.
- “Important for people working in the brain injury field to acquire a rich understanding of brain function and impairment.
- <http://www.projectlearnnet.org/resources.html>

GENERAL PRINCIPLES OF ABI REHABILITATION



- The person with the brain injury is a human being and should be treated with dignity and respect. Get to know the person!!!
- Teach skills that will assist the individual to regain function and reintegrate into the community.
- Use family and friends as a resource. They know the individual.
- Be aware of environmental influences.

GENERAL PRINCIPLES OF ABI REHABILITATION



- Program for success.
- Be patient.
- Structure and consistency are vital. It makes life simpler. Don't "surprise" them.
- Don't overstimulate them. Watch for fatigue and build in rest periods as required.
- Use compensatory aids such as planners, dosettes, journals, etc.

GENERAL PRINCIPLES OF ABI REHABILITATION



- Model calm and controlled behavior.
- Be persistent and don't give up.
- Not everyone can be or wants help.
- Be aware of your own personal preferences and biases.
- Make sure you have their attention when speaking with them.

GENERAL PRINCIPLES OF ABI REHABILITATION



- Be willing to ask for help.
- Humor is a valuable tool.
- Listen to the individual.
- Respect a person's right to choose, even if you don't agree with it.
- Anticipate the expected and the unexpected.



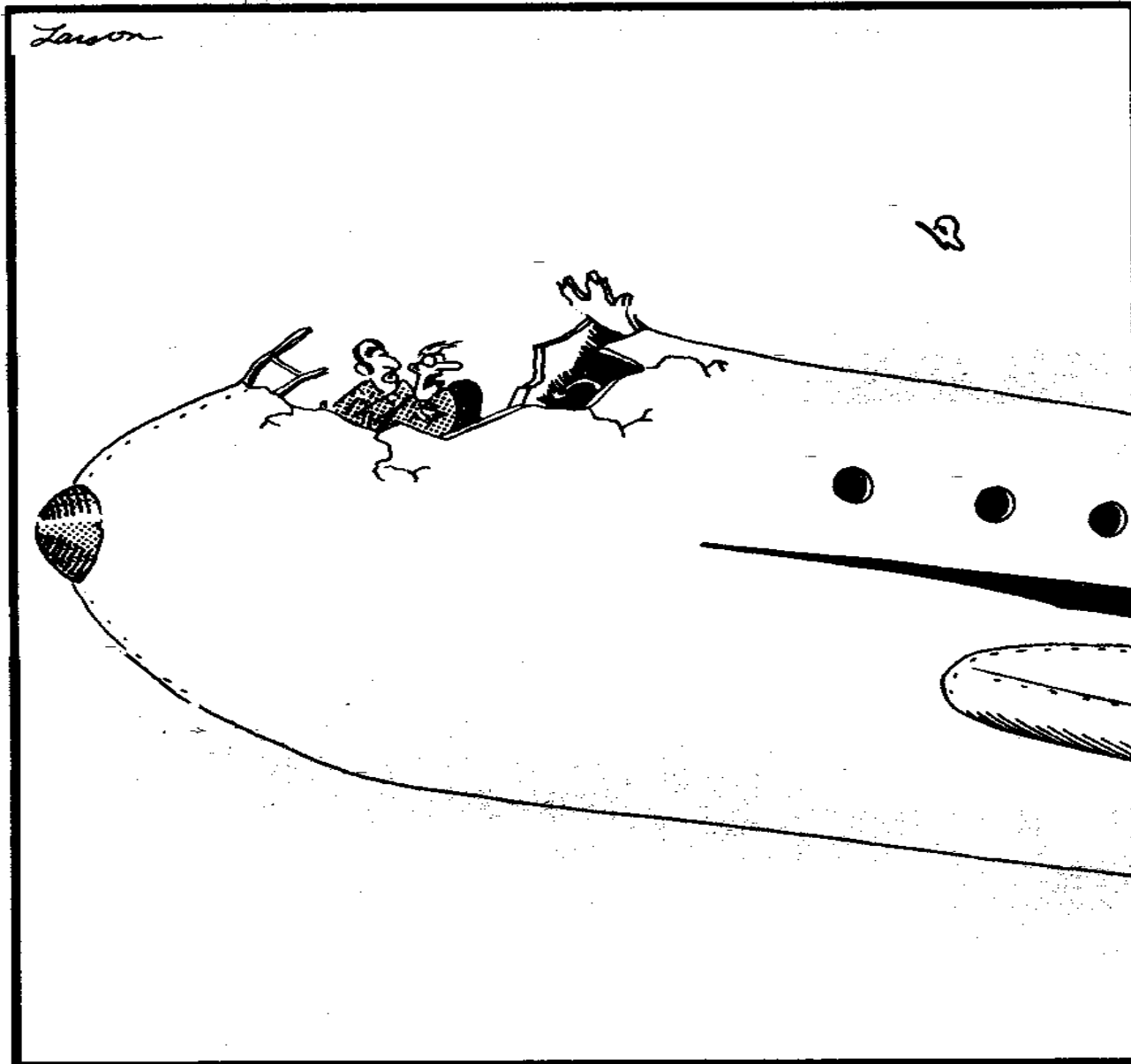
Challenges for Us

- Suitable housing and longer term support for those that require it
- Structured and age appropriate day programming for the younger severely disabled clients and others as well
- Suitable employment opportunities and employment supports
- Early discharge for clients that require constant supervision
- Psychiatry resources and/or medical follow-up
- Neuropsychology resources
- Psychiatry resources



Successes for Us

- Hard to measure
- We are very proud that Saskatchewan has the largest and most comprehensive brain injury services in North America if not the world
- Available to everyone regardless of funding or where you live
- We have a number of clients that have been involved with us for over a decade and we have been able to see them grow, develop, mature, improve and achieve goals that most people would feel were not obtainable
- Our education programs have allowed the service providers, clients and family members to become “experts” in ABI rehabilitation and this builds capacity in our communities



“Oh, great! Now there goes my hat!”



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Questions?