



What about
brain injury in
the bush?

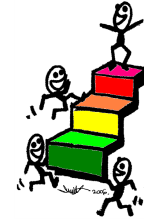
Is telehealth the
answer?



Enhancing service delivery for adults with
Acquired Brain Injury in rural and remote
locations of Queensland

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Metro South Health
Princess Alexandra Hospital



SKILLS **T**O **E**NABLE **P**EOPLE & COMMUNITIE**S**

- The STEPS Program is an information, support and skills based program for adults with Acquired Brain Injury (18-65 years), and their families/friends
- Funded by Queensland Health and operates as a service initiative of the Acquired Brain Injury Outreach Service
- Aim: Establish sustainable networks of support for people with ABI and their families throughout Queensland



+ How Does it Work?

STEPS Skills Program

- Facilitated group work program
- 6 weekly sessions (2 hours each session)
- Led by local community members
- Peer-professional partnerships

STEPS Network Groups

- Ongoing networks of support – both formal/informal community connections
- Group takes 'ownership' for the future direction of their group
- Sustainable community support

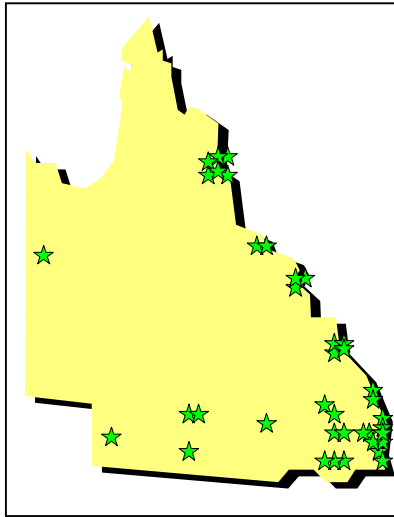


+ STEPS Groups throughout QLD





Program Outputs: STEPS Skills Programs



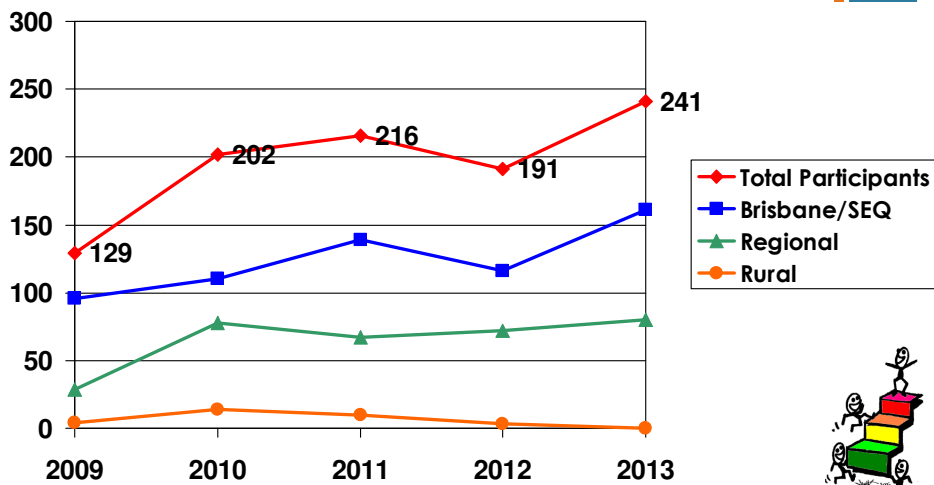
2011 - Biloela, Bundaberg, Yeppoon, Rockhampton (2), Southport, Townsville (2), Cairns (2), Noosaville, Maroochydore, Maryborough, Brisbane (12)

2012 - Bundaberg, Cairns (2), Gladstone (2), Gold Coast, Brisbane (10), Kingaroy, Maroochydore, Redcliffe, Rockhampton, Toowoomba (2), Yeppoon

2013 - Atherton, Beenleigh, Browns Plains, Bundaberg, Young ABI (2), Caboolture, Cairns (Edmonton), Cairns (North), Caloundra, Capalaba, Centenary, Chermside, Coopers Plains, Gladstone, Gold Coast (Headway), Ipswich, Logan North, Mackay, Maroochydore, North Lakes, Robina (2), Rockhampton, Toowoomba, Townsville (CRNQ), Wynnum



Total Participants: STEPS Skills Program





What about rural and Remote Queensland?

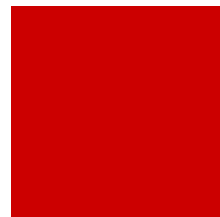
The Challenges:

- Emerging/developing program (consolidation)
- Rapid growth over time – demand driven
- Working within existing resources
- Geographical dispersion
- Population base/group size

But...we can't ignore the need!



Is Telehealth the Answer?



+ Addressing the Challenges

Telehealth Research Project – Aims:

1. To examine the efficacy of **home-based** telehealth technology in the delivery of the 6-week STEPS Skills Program to adults with ABI and their families in rural and remote communities throughout Queensland.
2. To examine the efficacy of **home based telehealth** technology for the ongoing training and development of the peer-professional workforce of the STEPS Program.



+ Research Methods

Phase 1 (Aim 1):

- STEPS Skills Program Delivery – Videoconference Group Vs. Control Group
- 8-10 participants in each group
- Pre/Post outcome measures
 - Depression, Self-Efficacy, Coping, Social Support, Quality of Life
- In-depth semi-structured interviews (post-program)
- RA – reflective notes after each session

Phase 2 (Aim 2):

- Delivery of a targeted training module for peer and professional leaders of the STEPS Program
- 3 Groups – face-to-face, teleconference and videoconference
- Pre/Post Questionnaires (Knowledge, Skills and Attributes relating to the leader role)
- Focus group to examine efficacy of training approaches



+ Control Group

(Standard Delivery – Face to Face)

Group details and demographics:

- 8 Participants in total - 5 TBI, 2 Stroke, 1 Tumour
- Mean Age = 49.5 years (36-64 years); Mean Time post-injury = 8.25 years (8 months – 26 years)

Preliminary Findings (Qualitative):

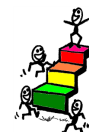
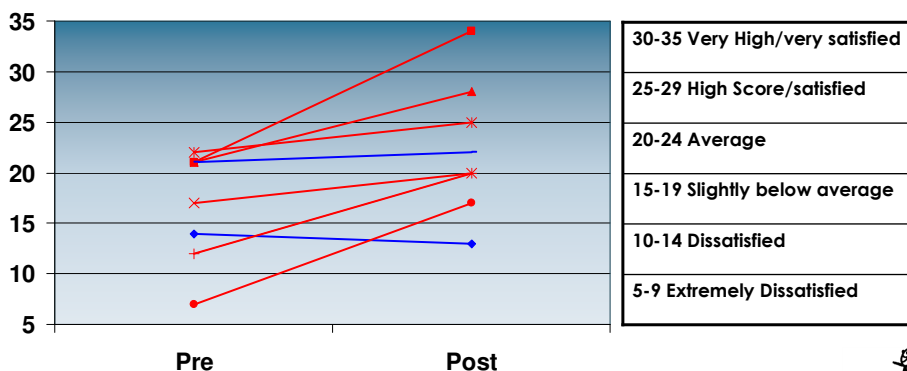
How has did the program influence your ongoing recovery?

- “Getting out and seeing other people, interacting with them, so it's been good. I went back to the network [group] too”
- “It made me more aware and more understanding of other people and their restrictions from their brain injury and my own...I was able to gain some pointers on how I can handle [my injury]”
- “Communication skills, and how to communicate with other people who were disabled, some worse and some better than me”



+ Satisfaction with Life Scale

(Preliminary Quantitative Findings)



+ Telehealth Group

- Due to commence on the 4th November 2014
- Health Professional Leader (Social Worker) from Kingaroy working with a Trained Peer Leader from Yarraman
- Currently seeking referrals for the group
 - Standard eligibility + technology access requirements
 - STEPS Program contacts throughout Queensland
 - Interested participants database
- Participants will complete the program via a videoconference link from their own home
- Leader will facilitate the program using the STEPS Program Participant Workbook



+ Technology

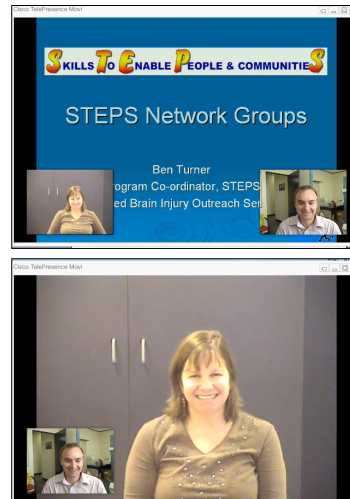
Factors to consider:

- What platform will work best?
 - Useability and reliability (for an ABI population)
- Connectivity, including internet access in the bush
- Security/privacy issues (clinical program)
- Organisational considerations
- Cost (for both the service and the user)
- Troubleshooting – what happens when things go wrong?



+ Cisco Jabber

- Freely available videoconferencing software (anyone can download the software)
- Operates much like other platforms (e.g., skype) – Jabber account holders can call and connect with other Jabber users via the internet
- Endorsed by Queensland Health and is compatible with Queensland Health's videoconference network (improves security and privacy for users)



+ Implications for Future Practice

Clinically:

Extend the scope of the STEPS Program.

Increase accessibility of the program in the bush.

Enhance social support networks and community outcomes for people with an ABI and their family in rural and remote locations of Queensland.

Literature:

Extend our understanding for the efficacy and utility of telehealth as a solution for community rehabilitation after ABI

Further inform policy and service development

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