A year in Review: Network Achievements in 2011

Welcome

This is the second edition of the BIRD annual newsletter for members. It provides an update of BIRD activity by reporting interesting and exciting activities from 2011 and highlighting new plans for 2012. All suggestions for improving the newsletter would be very appreciated for the 2012 edition.

ACI and BIRD staff wish to take this opportunity to acknowledge the commitment, support and involvement of all BIRP staff including clinicians, nurses, doctors, directors and managers, consumers and stakeholders as the cornerstone of our brain injury rehabilitation clinical network. Thank you!

BIRD Funded Projects

The Brain Injury Rehabilitation Directorate (BIRD) has utilised ACI project funding to investigate clinical priorities for the NSW Brain Injury Rehabilitation Program (BIRP). Funding from external grants also support BIRD to meet identified goals.

This section reports on progress with funded projects managed by the BIRD.

The ABI Rehabilitation Service Delivery Project: Developing a model of care for rural and remote NSW Report was finalised and released by the NSW Agency for Clinical Innovation (ACI) during the Western NSW Local Health District Executive Meeting in Dubbo on 17 October 2011. The report provides practical solutions to key areas for change. These include:

- Strengthening the Dubbo and Mid West BIRP’s.
- Developing a new program located at Broken Hill for the far west.
- Supporting the expansion of paediatric services to rural and remote NSW.
- Improving access to services for people living remotely including the additional issues faces by Aboriginal people.

A BIRD working group will meet on 19 January to review the recommendations and develop action plans. The report can be obtained from the BIRD Network Manager or obtain a PDF version from http://www.health.nsw.gov.au/resource/gmct/aciabi_rural_remote_pdf.asp.
Co-Chairs Update

Adeline Hodgkinson is a specialist in Rehabilitation Medicine and a Fellow of the Faculty of Rehabilitation Medicine (RACP). In 1991 she was appointed as a conjoint Lecturer in the School of Community Medicine, UNSW. In 1993 Adeline started in her current position as the Director of the NSW Brain Injury Rehabilitation Programme at Liverpool Hospital for the SSWLHD. She is the inaugural Chair of the Brain Injury Rehabilitation Directorate (BIRD), a clinical network of the ACI established in 2002. Her research interests have been in a number of areas in rehabilitation, service delivery and outcomes following TBI. This has involved development and analysis of outcome measures, analysis of measurements of severity and predictors of outcome. She is also an Assessor for the Motor Accidents Authority, a disputes assessor for the Lifetime Care and Support Scheme (LTCS) and since November 2006 a Member of LTCS Advisory Council.

Denis Ginnivan is the Director, South West Brain Injury Rehabilitation Service and Adjunct Associate Professor, Charles Sturt University. Since 1992 Denis has been the Director of South West Brain Injury Rehabilitation Service, based at Albury. He holds the position of co-chair for the NSW Agency for Clinical Innovation’s Brain Injury Rehabilitation Directorate, and is a founding Advisory Council member of the NSW Lifetime Care and Support Authority. He is director of the Rural Rehabilitation Research on Brain Injury (RRRBI) and a member of the steering committee convened to support the recently completed Rural and Remote Brain Injury Rehabilitation project, which has some exciting recommendations for the development of services in western NSW. Denis has recently been seconded part time to the National Rural Health Alliance to develop a nationally focussed policy for rural and remote brain injury rehabilitation.

A year in review: continued

The printing and distribution of the Adult and Paediatric Reports for the Challenging Behaviour Project was severely delayed in 2011 for a number of reasons. These are now sorted and look for news of the release in the ACI Bi-Monthly Newsletter Clinician Connect.

Development of CDS
Funding was provided by Primary Health and Community Partnerships Branch of NSW Health (now the Ministry of Health) to ACI to update the BIRD clinical data system (CDS) used by 10 of the 14 BIRPs. Contracted programming services enabled the transition from an Access database to Structured Query Language (SQL Server). Grant funding has now been exhausted. The BIRD Data and Information Management Steering Committee includes ongoing management for BIRD data collection processes including the CDS and future version releases.

A submission to investigate return to work outcomes for adults of working age following TBI was developed in 2011 by a BIRD working party which of interested clinicians convened in late 2010. The efforts were rewarded as the submission was jointly funded by the NSW Motor Accident Authority and the Lifetime Care and Support Authority in October. The ACI has recruited Philippa McRae from the Liverpool BIRU as the project officer. See page 3 for more details about this exciting and important clinical initiative involving the BIRP network.

Interagency Agreement
In July 2008, Health signed an Interagency Agreement with Aging Disability and Home Care (ADHC), Housing NSW and Lifetime Care and Support Authority (LTCS) to improve access to services for people with an ABI. The ACI brain injury rehabilitation and stroke clinical networks are involved with other health agencies in the steering committee meetings convened by Primary Health and Community Partnerships Branch. In responding to this agreement information on the Care and Support Pathways for People with an Acquired Brain Injury - Referral and Service Options in NSW (PDF, large file >1MB) was released in 2011. The guide was developed by interagency partners to assist clients, families and referers to navigate the service system and provides comprehensive information about the service options for people with an ABI provided by all of the partner agencies.

Interagency partners participated in a workshop in October to finalise a document outlining the primary issues and barriers to service access and support for people with ABI and commence working on solutions. During the workshop the issues and barriers discussed included in-home support services,
housing, presence of challenging behaviour and mental health co-morbidities. Outcomes from the discussion will inform the ongoing work of the Interagency Steering Committee when meeting in 2012 with a focus on developing solutions to enhance access to services for people with ABI. Inviting other government agencies to participate in issue specific discussions will be an important development during the year.

Some work is already underway to address barriers to service provision for people with challenging behaviour after ABI, considered a priority for the Interagency partners. ADHC have funded a project managed by Price Waterhouse Coopers to develop a model of care for a Behaviour Support Service. The BIRD welcomes this initiative as the need for a specific service providing behaviour intervention and support was identified as a key recommendation of the Challenging Behaviour project.

E-learning Resource
In response to the need to improve awareness of acquired brain injury for staff of ADHC and ADHC funded services a grant was provided to BIRD to collaboratively develop web based self learning and presenter materials. This project is now completed and the resources are publically available on the web. Links are provided on the Interagency Partners websites or visit www.abistafftraining.info

BIRD makes progress in Measuring Outcomes
Adult Services
2011 was a year of consolidation as regards to the implementation of routine measures of outcome. Two years of TLP data collection finished in June 2011 and data analysis is due to commence. The Community Outcomes Project completed and recommendations for future work were developed. The BIRD Executive endorsed the Outcomes Steering Committee recommendation to implement a process for the ongoing collection of outcome data for people admitted to the adult BIRP services from 1\textsuperscript{st} January 2012. Helen Badge, the BIRD Outcomes Manager, is working with the steering committee to implement the action plan for all clients who meet criteria.

Paediatric Services
The paediatric reference group is working on finalising data from the paediatric community outcomes. Further information is needed before decisions about routine outcome data collection for paediatric services can be made. Ongoing work continues to address the Family Burden of Injury Interview as a measure of outcome, work on goal setting and a service review which is starting to focus on identifying the clinical pathways of children admitted to paediatric BIRP services. Read more about these exciting developments on page 4 or contact Helen Badge on 9828 6232.

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**Vocational Participation Project**

ACI received grant funding for this BIRD research project. The project title is “Investigation of vocational programs and outcomes for people with traumatic brain injury (TBI) in NSW”

Improving return to work outcomes was identified as a priority for BIRD and LTCS. The BIRD convened a working group in 2011 of clinicians from the brain injury network to develop a funding proposal. The 15 month project proposal was accepted and jointly funded by LTCSA and MAA with project management and support from ACI. A project team has been established by BIRD with the following personnel:

- **Project Manager** – Philippa McRae (Occupational Therapist, seconded from Head2work program, Liverpool BIRU (LBIRU))
- **Research Team Leader** – Dr Grahame Simpson (LBIRU)
- **ACI network manager BIRD** – Barby Strettles
- **Research Officer** – Lauren Gillett (starting 16.1.2012)
- **Research Assistant** - currently under recruitment

In addition to the above, a steering committee with representatives from all major stakeholders will provide advice and oversee project progress. The Steering group representees from:

- 7 adult BIRP services
- Motor Accidents Authority
- Lifetime Care and Support Authority
- Consumers

**Project summary:**

- **Objective:** This project will examine employment outcomes and participation in vocational rehabilitation (VR) services for approximately 800 adult clients actively engaged with the NSW Brain Injury Rehabilitation Program (BIRP). The project does not exclude active clients on the basis of injury severity (mild, moderate, severe) or compensation status. A multi-faceted approach involving caseload data analysis, literature review and consultation with a range of stakeholders will be used to encompass this broad field of study (diverse geographical, injury profile and job sector variables). The data from this analysis will identify strengths and gaps in existing service systems to guide service
development initiatives across NSW, aiming to improve vocational outcomes for people of working age with severe TBI.

Objectives are as follows:
(i) To conduct a systematic literature review to:
   • Ascertain international benchmarks for Return to Work (RTW) rates after TBI
   • Identify service models for work rehabilitation and longer term employment support for people with TBI

(ii) To establish a snapshot/baseline of RTW among community-based adults with TBI in NSW to describe:
   • Rate of RTW post-injury
   • Timeframe of RTW
   • Types of open employment (including return to pre-injury employment and new employment through job seeking) versus supported employment achieved
   • Which work rehabilitation services were involved in achieving the RTW outcomes

(iii) To identify service initiatives developed by individual BIRP units to support RTW for their clients at the local level:
   • Work rehabilitation services provided within BIRP’s
   • How ‘readiness’ to commence a work rehabilitation program is assessed for clients and the factors that contribute to the instigation of work rehabilitation.
   • Programs and activities facilitated through rehabilitation to improve work readiness (ie pre-vocational stage)
   • Referral and partnership arrangements between BIRPs and other providers
   • Vocational planning undertaken for students with TBI transitioning to post-school employment and training options.

(iv) To identify RTW pathways within the existing service system and barriers to RTW.
   • Conduct in-depth case study analysis of a sample of participants within the NSW BIRP population
   • Conduct interviews with clients about their experiences in participating in work rehabilitation programs

(v) To synthesis the data collected in objectives 1-5 and produce recommendations for:
   • feasible models of service delivery,
   • ongoing stakeholder consultation,
   • policy and/or practise change to promote and support RTW outcomes for people of working age with TBI in NSW.

Ethics applications have been submitted. The 15month project started in October 2011 and is expected to finish by 31/12/2012.

For information about this new initiative contact Philippa McRae on 96024922 or your local BIRP representative.

Measuring BIRP Service Outcomes

Research in client and service outcomes after brain injury is a key role of the NSW BIRP (See http://www.health.nsw.gov.au/initiatives/birp/). Work has been underway for 7 years to introduce routine measures of outcome to support ongoing evaluation of BIRP services and three outcomes projects have been completed in this time, leading into long term outcome data collection. This should be seen as a great achievement for the network and reflects the enormous contribution and commitment by BIRP clinicians from across the state. Clinician led working groups have identified appropriate measures, developed the data collection protocols and resources, addressed key issues affecting implementation and supported colleagues and their teams to continue outcome data collection as part of their work with clients. The outcomes projects were carried out during a period of great change in health and associated services and the success of these projects reflects clinician’s commitment to evidence based practice and their support for the ongoing provision of high quality rehab services. The most recent achievement is the implementation of a 5 year data collection plan for adult community based services which means outcomes for adult clients are evaluated in all settings of care within the BIRP continuum. Read on for more 2011 news and plans for the coming year.

Adult Services Outcomes Projects

During a year of consolidation the Mayo Portland Adaptability Inventory (version 4; MPAI-4) was selected for routine use in community settings for the BIRP, which will support robust service evaluation as the same measure of outcome is used for TLP and community settings of care. This follows evaluation of the MPAI-4 during the Community Outcomes Project and Transitional Evaluation
Project which provided evidence of the reliability, validity and sensitivity of the measure in both settings of care. These results build on the published research and development of the MPAI-4 over nearly 2 decades as a tool for measuring clinical and service outcomes.

Transitional Living Programs (TLP)
The MPAI-4 has been collected in TLPs since 2006 and the third period of data collection concluded in mid 2011. Data extraction has been more difficult this year due to the vacancy for the BIRD Data Manager position and technical aspects of the new data system. However all TLPs have now collated their data and analysis is to commence shortly. A TLP Outcomes Workshop will be held following the analysis to present and discuss the results. There will be an increased focus at this workshop on using results to support service evaluation in a more practical way. Details of this event will be circulated for TLP staff and managers.

Community based Services
This year saw the need to develop new implementation and data collection plans as services moved from the pilot phase to routine data collection. Further consultation supported development of specific research questions and appropriate protocol to facilitate the implementation of the MPAI-4 as a routine measure of outcome in community based BIRP services. The BIRD Executive endorsed a data collection protocol (Figure 1) and Implementation plan across the network. Data collection according to the new protocol is due to commence for clients seen from 1st January 2012.

The research questions address further evaluation of the appropriateness of the MPAI to measure change over the course of an admission and will start to examine the information it provides about our clients and services. This is exciting as we can start to explore client outcomes across settings of care throughout their rehabilitation programme. This enables us to describe and examine the different clinical pathways provided within our service model. This is critical as our clients’ needs are different according to the nature and severity of their injury, time since injury and the context in which they live. Our outcome data is now able to reflect the flexibility of our service model to accommodate clients with different needs and for the first time objective outcome data for different adult pathways and client groups can be formally evaluated.

As part of the Implementation plan a series of training workshops are being provided for clinicians. These address the administration, scoring and interpretation of MPAI results with individual clients using scores and the MPAI-4 electronic keyform charts developed in NSW. In late 2011 workshops were held at Ryde, Westmead, Liverpool, Dubbo and Bathurst. Further sessions are planned in early 2012 at North Coast, Hunter and Tamworth. Remote participation via phone or video-conference is usually available.

Sustainability of outcome data collection is a priority for the coming year. The training sessions have also addressed the need for local processes to embed procedures to collect and manage outcome data into routine practice for each service. For services who had continued to collect MPAI-4 following the COP pilot this was quite straightforward. For other services, particularly those with high staff or client numbers, more preparations were required to develop and implement processes to sustain longer term data collection post the pilot stage. Each unit will be asked to review their team’s processes during 2012 to ensure the quality and sustainability of outcome data collection over time.

The provision of resources will also facilitate this process.

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**Figure 1: Adult Data Collection Protocol 2012-2017**

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support data collection over time. The Adult Community Outcomes Manual 2012-2017 will be launched in early 2012 and made available on the BIRD website. This will include information requested by clinicians during the current training program. Evaluation from these workshops has also informed development of the training material.

While the current training program for outcome measures will be sustained we are also hoping to introduce a Train the Trainer system to ensure timely provision of training for new staff training and those wanting a refresher training as needed across the network. Clinicians interested becoming ‘Outcomes Trainers’ should discuss this exciting initiative with their manager and plan how they can support their own team and possibly other BIRP units, depending on the number of Trainers available. The BIRD will develop and provide Train the Trainer education, the training resources and ongoing support. Please contact Helen Badge for any training and workshops that may be helpful to your service.

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Paediatric Service Outcomes

The paediatric Community Outcomes Project was essentially concluded in early 2011 with a series of outcomes workshops to review the results and identify clinician led state wide priorities. From these workshops three priorities were agreed:

I. Review new paediatric measures but continue with Family Burden of Injury Interview (FBII) and Child and Adolescent Scales of Participation (CASP) if these are the most appropriate

II. Improve quality of rehabilitation goals

III. The need to complete a review of paediatric services, which will be covered in the report from the paediatric reference group

BIRP Paediatric Outcome Measures

The pilot project provided further evidence of the psychometric properties of the both the FBII and CASP but only a small number of clients were reassessed over time. A further period of data collection using the FBII for families assessed during the initial phase of the COP pilot is underway to enable the responsiveness of this instrument to measure change to be evaluated. This will be critical for understanding how to use the assessment in clinical practice over time.

Family Burden of Injury Interview

Work to improve the clinical utility of the FBII has been ongoing, with development and revision of the FBII electronic keyform chart and associated training materials. This is considered important as clinicians have remained constant in their demand for assessments to be clinically useful throughout the BIRD outcomes projects. The FBII keyform charts have utilised the results of the COP data analysis. The FBII keyform charts provide quick and clear information about the nature of burden experienced by each family on all items as the responses to individual items are not lost in the more traditional summed total scores. They provide an excellent approach to enable clinicians to use results in their own practice with families with children with brain injury. They offer promise as a tool to identify those families experiencing high levels of burden, and those at risk of doing so. This will enable to right support to be provided to families of children with brain injury.

Training in using FBII in clinical practice has been developed and initial feedback from clinicians has been extremely positive. The application of the FBII to support clinical practice and evaluate current practices regarding family support provided or arranged through BIRP require further work into 2012.

Child and Adolescent Scales of Participation

The COP pilot provided support for the structure and content of the CASP. However some issues with administration were identified and while solutions to address these were identified the CASP is not currently being used in BIRP services. Exploration of other measures of participation is underway as this information will be an essential to evaluate our service and client outcomes. Several BIRD and BIRP staff attended the recent launch and training for the PCANS by Robyn Tate at LTCSA on 14th December. The PCANS successfully accommodates the changing developmental needs and expectations of children with brain injury. This early version of the tool will be reviewed by the Paediatric Reference group in 2012, and further plans to identify and implement an appropriate measure of outcome targeting participation will be developed. Given the infancy of paediatric outcome measures currently available the COP pilot provided excellent information about the measures we used and a paper describing our results is in development.

Paediatric Service Review

The Paediatric Reference group has taken over as they key group overseeing paediatric outcomes. The group provides feedback via the Outcomes Steering group and the Directorate meetings to ensure clear communication. As part of this expanded role this group is also driving plans to conduct the Paediatric Service review. The need for a review of paediatric services arose from the experience...
Client focused goal setting is the cornerstone of the philosophy of the NSW BIRP. Rehabilitation goals direct provision of services to focus on the person’s priorities and make rehab relevant to their own life. Goals have been reported as “the essence of rehab” (references on request) and can motivate client to engage in rehab and achieve better outcomes. However despite the understanding of what a well written goal entails, many clinicians identified writing consistent high quality goals can be challenging when faced with the demands of clinical practice, and particularly given the degree of systemic and organizational change in NSW over recent years. Goal setting can also be challenging when there are differences between a client’s priorities and what clinicians feel is realistic given the nature of recovery from brain injury.

The state-wide Goal group formed in 2011 builds on the excellent work of its predecessor, the Rural Goal Group. The State wide group is in the final stages of developing a work plan which will be submitted to the Executive for approval in 2012. Emerging priorities include development of training packages, clinical guidelines and clinician resources to assist clinicians improve their goal writing practices. There is some excellent work on goal setting across the state, and this group aims to share current best practice and draw on the literature to inform the development of guidelines for goal setting in the BIRP.

The group has identified other issues that need to be addressed including the ICF level of goals, client involvement, participation versus impairment goals. The group continues to develop the SMARTAAR Worksheet as a practical tool clinicians can readily use in their own practice when writing goals and the development of a goal bank with excellent examples of goals written on all areas within the ICF. The ongoing development of resources to address these issues promises to support improved goal setting and potentially client outcomes.

SMARTAAR Worksheet

The SMARTAAR’ Worksheet is increasingly being used to support development, revision and clinical use of goals in many BIRP services and will benefit from further development over time. The idea of ‘SMART’ goals has been around for decades, although many clinicians have difficulty translating SMART criteria into a single goal statement. The SMARTAAR Goal Worksheet is a quick and practical tool to assist clinicians write, evaluate and improve a single rehabilitation goal that bridges the gap between the SMART criteria and the actual elements needed in a goal statement. It enables goal writers to translate the criteria for SMART goals into a formula to ensure goals have all the elements required to make a goal SMART. Essentially it enables clinicians to transfer what they already know about goals into a ready to use process that supports them to write consistently high

| S | Specific |
| M | Measurable |
| A | Achievable |
| R | Relevant |
| T | Timebound |
| A | Action Plan |
| A | Achievement Rating |
| R | Report results |

Figure 2: SMARTAAR Goal Elements

Improving Client Rehabilitation Goals: A cornerstone of quality rehabilitation

of the COP pilot, which revealed the differences in service models and structures across the state. The long term nature of the service model poses challenges for measurement of outcome as children both recover from brain injury and continue to develop. It was felt more information about the service and clients over time was needed to inform how outcomes for paediatric services should best be evaluated.

To support the service review initial baseline data is currently being collated and results are expected to inform what issues the review should focus on next. A key part of this will be to develop a business case for expanding paediatric services to cover the whole state. See the Paeds Reference group report for more information.

**Paediatric Rehab Goals**

The importance of client focused goals as an indicator of client outcome was also identified through the COP. Work to improve goal consistency and quality, and evaluate how goals can be used as individual measures of outcome is being carried out through the state-wide Goal Group that includes both adult and paediatric services. The state wide Goal group operates as is being done network wide, as the philosophy of goal setting is consistent for clients of different ages.

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quality goals. The worksheet has been a good starting point for initiating change in goal setting practice and areas for further development have been identified.

The ‘AAR’ part of SMARTAAR addresses the clinical application and utility of goals once they have been written – developing appropriate intervention plans, evaluating goal achievement and reporting on client’s progress on their individual goals. They flag that after a goal is written it must be evaluated and the client’s progress towards each goal reported if they are to support assessment of client outcomes. This also highlights the need for services to have processes in place to use and review goals in clinical practice.

Training in goal setting based on the approaches developed by the Goal group has been provided to BIRP and LTCSA staff to inform further work and gain clinician feedback. There has been good support for the philosophy of the BIRP approach and the SMARTAAR Goal Worksheet. Evaluation of these introductory sessions has consistently identified the need for further training in goal setting.

**Goal Training Funding Proposal**

A funding proposal has been submitted to Lifetime Care and Support Authority to fund a dedicated project to continue the development of evidence based training materials. Provision of these materials in a variety of formats, including web based resources, will provide a sustainable and accessible training solution to meet the needs of rehabilitation staff in NSW. This will build on the work already undertaken by the BIRD Goal Groups and the project aims to consolidate information, develop guidelines and result in a robust evidence based training package to ensure rehabilitation clinicians are able to develop skills in writing high quality focused rehabilitation goals for their clients. It is hoped a single approach to goal setting can be introduced that meets the needs of the BIRP, other rehabilitation providers and stakeholder organisations including the LTCSA and other service funders. The materials should be relevant to clinicians working in both public and private brain injury, spinal cords injury and burn services involvement of people from these groups from a variety of services will be sought as part of the project.

Helen Badge
Outcomes Manager
ACI Brain Injury Rehabilitation Directorate

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**Model of Case Management in the BIRP**

The model of case management in the NSW Brain Injury Rehabilitation Program (BIRP) was investigated by a clinician project group. The study used a heuristic approach to identify aspects of the model from existing practice. Seven of the 14 BIRP services were involved in the investigation that built on current evidence based practices across the participating services. The working group were involved in:

- Completing the service surveys of the remaining adult and the paediatric BIRP services and including this information in the analysis
- Reviewing the case management domains to identify any additional areas of activity or tasks
- Review the listing of tasks undertaken by BIRP case managers and formalise descriptors
- Develop common definition of rehabilitation case management

This significant body of work will inform the model of case management in adult and paediatric BIRP services. Several recommendations were made in the final report on their findings which was presented to the BIRD in August 2010. In February 2011 a working group was established by BIRD to implement these recommendations and finalise the model of care for case management in the BIRP.

Further work will continue in 2012 to finalise the model of case management (CM).

Outstanding tasks include:

- Finalise the Case Management in the BIRP brochure
- Developing a platform for identifying specialist skills and training needs for BIRP Case Managers.
- Identify the specialist skills that ensure the delivery of effective case management intervention
- Develop training packages.

**National Conference Presentation**

At the 14th National Conference of Case Management Services Australia (CMSA) 26th & 27th July 2011 Denise Young, presented the results from the investigation into the approaches to case management within the NSW Brain Injury Rehabilitation Program (BIRP). The paper provided the service and client context, the study method and findings from the specially designed survey. The task matrix provided a comparison with the core functions in the National Standards.

The Powerpoint presentation is currently available on request from the BIRD Network Manager via Barbara.strettles@aci.health.nsw.gov.au
Paediatric Reference Group

The Paediatric Reference Group includes representatives from all paediatric services across NSW. The group met by teleconference on three occasions in 2011. The group endeavours to promote provision of high quality brain injury rehabilitation services for the paediatric population (approx 0-18 years) of NSW. With small numbers of Paediatric Brain Injury Rehabilitation clinicians within the BIRP this group fulfils an important role in promoting the specific issues faced by children with traumatic brain injury and their families. For its member services the reference group ensures a strong network for support and information sharing.

Camp Go Ahead
Camp Go Ahead is eagerly awaited each year by children and staff throughout the Paediatric Brain Injury Rehabilitation Program. The camp offers opportunity for children with ABI from metropolitan and rural areas to have fun together in a supportive environment and achieve individual rehabilitation goals.

This year 50 fearless children tackled and conquered the challenges that they were presented to them at Camp Go Ahead! The campsite was at Santa Sabina College at Tallong, about two hours south of Sydney, near Marulan in NSW. A beautiful bush setting where the wood cabins were nestled in amongst the trees and we awoke each morning to the sound of the birds calling.

The children, all of whom had experienced the challenges of living with a brain injury, ranged in age from 11-16 years and came from all over NSW to join the fun and camaraderie of camp. The children were split into three groups: Red, Green and Yellow. Each of the groups moved around all the activities over the three days which included Low Ropes, High Ropes, Rafting, Bushwalking and Drawing, Flying Fox, Craft & Marshmallows by the Campfire. The girls were given a treat as one of our more senior campers Alana showed them the importance of skin care and how to apply makeup and the guys headed to the oval for a friendly game of touch footy. The beach volleyball court was popular with everyone – might just be a few future volleyball stars amongst them!

The wonderful Tallong staff took very good care of us all. Delicious food was always on offer that filled our hungry bellies so that we had the energy to get through the day. Our first night of entertainment found many weary souls relaxing in the auditorium watching the movie. The second night was a completely different matter altogether with the tribal sounds of the bongo drums filling the night air. Sixty children and staff drumming along in time under the guidance of the very entertaining and inspiring African Drummer was mesmerising.

Friendships were forged, memories made and challenges were faced head on. A fantastic time was had by all. Can’t wait to do it all again next year!

Some quotes from Camp Go Ahead:
“I learnt that you can get new friends wherever you go” – Patrick.

“I learnt to experiment with so many things about camp. I like this camp and I wish we could do these things again next year” – Andersen

“The most challenging things was low ropes. High ropes was easier. My favourite thing was rafting”. – Adam

“My favourite thing was rafting and everything”. Shannon

“I felt very fulfilled about teaching the make up class to a number of girls and that made me feel good” – Alana
Paediatric Service Review

Recovery after ABI is dynamic for all people but more complex in children and youth where it is superimposed over normal developmental processes including physical, cognitive, social and academic development. The outcome after brain injury sustained in childhood is affected by the age at which the child sustains the injury, the severity of that injury and the family environment in which they live. The experience of disability can change as children mature, and the failure to reach developmental milestones, or changing life stages such as starting school, can result in increased problems.

To address the evolving needs of children with brain injury the model of care for paediatrics is different to that for adults in NSW. It is long term and flexible and accommodates the changing and evolving needs as children with brain injury develop and enter new life stages. The intensity and type of support offered to children and families changes according to the needs of the child over time. This makes sense, but there is currently little data describing the various rehabilitation journeys children take over time for the NSW BIRP, or elsewhere. The Community Outcomes Project highlighted the need to have a more sophisticated understanding of the clinical pathways the children and young people with ABI take as they grow into adults. The focus is on the progression through the BIRP service over time, but acknowledges children will also receive vital support from other people and services, including their families, education and community services.

The plans for the Paediatric Service Review arose out of the Community Outcomes project and has been a major focus of the work of the Paediatric Reference group this year. A period of consultation provided the framework for the review and clinicians across the state were invited to contribute ideas for what information was needed. This was used to develop a draft protocol for collecting qualitative and quantitative information about the service and needs of children with ABI and their families.

The BIRD have been collaborating with Professor Craig Vietch at the University of Sydney regarding developing the proposals as part of a larger body of work aimed at improving the state wide service as a whole. We were unsuccessful at achieving an ARC partnership grant to implement these projects this year but am planning further funding submissions in 2012.

Currently paediatric services are collating data to describe the clients receiving services. This will ideally be collected over the previous 5 years and provide the basis for describing the clinical pathways. Indicators like age at injury, current age and time since injury are expected to be related to different clinical and other needs for our clients. Further work including consultation with clinicians, children with ABI and their families will hopefully follow from this work.

Plans for 2012

In 2012 the group are committed to developing resources and capability of paediatric services in NSW.

Paediatric Planning Day

The PIA subcommittee of the reference group is planning the inaugural paediatric brain injury rehabilitation planning day to be held in Sydney in June 2012. The event will include all paediatric coordinators and managers from those Brain Injury Rehabilitation Programs that do not currently have a paediatric service. The event will be facilitated to ensure a comprehensive discussion of the current issues impacting on paediatric service delivery culminating in development of a three year plan for the Paediatric Reference Group. This is a timely opportunity that reflects the growth and development of this group as distinct from adult brain injury rehabilitation services.

Paediatric Brain Injury Rehabilitation Forum

The Paediatric Planning Day will be followed by the reinstated Paediatric Brain Injury Rehabilitation Forum.
The forum will provide a unique opportunity for all paediatric clinicians from around the state to gather for information sharing and informal networking. It is anticipated that this will be repeated on a biannual basis.

The forum will include a workshop and presentations from Paediatric BIRP clinicians highlighting the clinical work and research that is being conducted. Dr Ros Bye, an occupational therapist from University of Western Sydney, has been approached to facilitate a workshop based on her research into the adaptation of families following paediatric TBI.

Resources for Children and Family
This year we have reviewed a number of existing resources for children with disabilities to inform work specifically for kids with brain injury in NSW. We have looked at parent and child resources including hard cover work books for younger kids and considered the possibility of using social media for adolescents.

During 2012 the group will review the need to develop new and improve existing resources for children and families. Plans may include building on the successful Next Step resource to include a more interactive folder that parents and children can use to track their own journey.

The Paediatric Reference Group extends its gratitude to the BIRD for its continued support and acknowledgment of the particular issues and challenges facing services provision to children and young people with a brain injury in NSW.

Prepared by Jane Murtagh
Team Leader
The Kids’ Team
South West Brain Injury Rehabilitation Service and
Chair for 2011/12 Paediatric Reference Group

Transitional Living Program Reference Group

All 8 transitional living programs (TLP) within the BIRP network are represented in the reference group convened by BIRD. The TLP’s are in metropolitan and rural locations. The group met five times in 2011 using WebEx technology supported by ACI BIRD to facilitate the participation of group members from across the state.

Key areas of activity during the year included:

I. A collaborative review of the TLP definition for the network to use in service information and to be included in the NSW Health Schedule of Fees. The definition agreed by the group is:

“TLP’s in the NSW BIRP provide a therapeutic environment for a short term set of individual or group treatments that promote evaluation and development of a client’s functional independence, psychological independence and community integration following (traumatic) brain injury. The client and family are integral to the multidisciplinary approach to client centred planning and discharge. A client who participates in the residential or home based program receives goal based therapy support each day (primarily work days) from TLP staff and clinicians”.

II. Identifying clinical variation in the roles and responsibilities of TLP managers

III. Identifying factors influencing decisions for accepting/ not accepting referrals and any service barriers to admission

IV. Reviewing barriers to discharge to identify reasons and possible options

V. Preparation for the 2012 Residential Care Staff Forum in Tamworth scheduled for the 29th and 30th March 2012.

2012 TLP Forum

The TLP Forum occurs every second year to provide TLP staff learning opportunities and networking. The on line chat room was used to engage TLP staff in decisions on topics of interest for the program.

Key speakers for the Tamworth Muster are from the Armidale Branch of NSW Trustee & Guardian; Child Development Service at Tamworth Community Health Centre and the Tamworth Diabetes Centre; the New England BIRS social worker; the New England Coordinator for Disability Advocacy and the Driver Assessment Program for people living in the northern aspect of the Hunter New England Local Health Network.

The next meeting of the TLP Reference group is on Monday 13th February 2012.
Data and Information Management Committee

There were 3 meetings of the committee and a number of additional meetings via WebEx to complete the BIRD Annual Report for 2009 BIRP data.

We farewelled Marion Fisher and welcomed Matt Frith as the paediatric representative.

The committee was involved in the following activities:
- Support of units in providing 2009 and 2010 data for reporting
- Working with the consultant in developing new formats for accessing and reporting the clinical data provided to BIRD from the 14 BIRP units.
- Completion of the 2009 BIRD Annual Report and recommendation for public release.
- Overseeing the grant to transition from Access to SQL and roll out of the upgraded program
- The development of a data request form to provide a structured process for requests access to BIRD data
- Committee members participated in the interview panel for the manager BIRD data and information management position.
- Approval for the network manager to explore what would be involved in data collaboration with other Australian states and the TBI model system in the U.S.

The next meeting will be on 8th February at the BIRD office and WebEx.

Brain Injury Rehabilitation Nurses Network

The Brain Injury Rehabilitation Nurses Network (BIRNN) includes the nurse managers and educators from the BIRP metropolitan adult inpatient setting of care and the ACI BIRD network manager. A BIRNN representative attends the BIRD Executive meetings.

Three BIRNN meetings were held in 2011 with the primary focus the planning and organisation of the metropolitan nurse’s education day titles “Transition of Care: Preparing to discharge the person with TBI from specialised inpatient rehabilitation”. This was held on 29th April 2011 at the Royal Rehabilitation Centre, Sydney. Feedback from the evaluation was very positive and ideas were provided to assist in planning and organising future education.

2012 Education Day

Work is underway preparing for the 2012 Education Day scheduled for Friday 27th April. The topic has not yet been finalised. Put this date in your diary and don’t miss out! This year it will be held at the Northern Sydney Education Centre (NSEC) at Macquarie Hospital in Wicks Rd North Ryde. Unfortunately the RRCS venue will not be available due to extensive redevelopment.

In 2012 the group will consider creating a personal care module to improve the knowledge and skills of attendant care staff involved with the person transitioning from inpatient rehabilitation to community living arrangements. The self learning and presenter formats of the modules in the TBI staff training website will provide a structure for developing this material.

The venue for the BIRNN meetings rotates across the 3 metropolitan adult units. The next meeting will be at Westmead BIRU in February and the date has not yet been confirmed.

Rural Reference Group

The Rural Reference Group has been meeting for four years and provides an important opportunity for the eight rural NSW brain injury rehabilitation services to raise issues and gain information, as part of the state-wide network of services. For those unfamiliar with the rural network, the rural services they are based at Lismore / Coffs Harbour/ Port Macquarie; Tamworth; Dubbo; Bathurst; Newcastle, Wollongong; Goulburn and Albury/ Wagga. The group meets quarterly and the meeting is attended by Barby Strettles, the ACI BIRD’s network manager and Cheryl Koenig, the ACI consumer with the BIRD Executive.

During 2011 the RRG meeting venue changed due to space issues. The rural managers greatly appreciated the use of the Ministry of Health facilities while available in Miller Street North Sydney. The meetings have now relocated to the meeting room at Lifetime Care and Support (LTCS) in George St Sydney.

The Rural Reference Group is the forum for identifying and working on a number of issues. During 2011 these included:
- Developing education and training strategies;
- Providing support for the Transitional Living Reference Group second yearly Forum in;
- Development of standardised eligibility and discharge guidelines;
- Discuss the impact of the introduction of the new Local Health Districts,
- Discuss gaps in BIRP rural service coverage;
• Representation on a number of BIRD state-wide steering committees to ensure issues relevant to rural services are addressed including development of models for case management, the Data Information and Management Committee, and the Vocational rehabilitation outcomes project.

• For the first time a rural representative participated in the organising committee for the NSW BIRP Forum in May 2011. This was the first time the Biannual Rural Forum was integrated with the metropolitan Research Forum. The success of the event supported the ongoing approach of running a single network wide event each second year at Sydney metropolitan BIRP locations.

A key project involving the RRG and completed by BIRD in 2011 focussed on brain injury rehabilitation service delivery in rural and remote NSW. This project was only possible through the generous support of the ACI and an initial grant from the MAA to the Rural Rehabilitation Research in Brain Injury (RRRBI). The final report was launched on 17 October 2011 and is discussed in detail elsewhere in the newsletter. Rural representatives are being involved in the working group convened by the BIRD to review the report recommendations and develop action plans for consideration by the BIRD executive. The first working group meeting is on 19 January 2012.

Cheryl Koenig continues her interest in talking to carers living in regional NSW and discussing the identified issues at the RRG meetings. The RRG meeting provides the opportunity to coordinate her visits.

This Rural Reference Group is a valuable forum and provides a direct way for rural managers to work with each other to address issues unique to providing brain injury rehabilitation services to rural NSW, be in contact to share knowledge and experiences and for the rural services to integrate with the state wide network on clinical and organisational matters. We are most appreciative of the work by the BIRD in making this happen.

Denis Ginnivan
Chair, Rural Reference Group

Agency for Clinical Innovation (ACI) News

Hunter Watt, the ACI chief executive identified 2011 as an amazing and important year for ACI with more to come in 2012. This year will see the expansion of the role of ACI as part of the wider reform of NSW Health as part of the Governance Review process. The ability of the ACI to evaluate and improve health services will be enhanced and reduce the duplication of roles across the ACI and other health organisations.

The excellent work of all the ACI networks will continue. Some of the changes will include transfer of responsibility for aged health, chronic disease and the clinical redesign function of the Health Service Improvement branch. It is expected that ACI will also take on responsibility for a number of task forces and advisory bodies as the new role is developed. ACI will work to strengthen its relationships with Local Health Districts to ensure appropriate treatment is provided for all residents of NSW.

Clinician Connect, the ACI newsletter, will provide regular updates to members and will be available at www.aci.health.nsw.gov.au.

NEW CEO for ACI Appointed

We would like to express our warmest thanks to Hunter Watt, the inaugural CEO of ACI who decided not to apply for the role as part of the review and reorganization of health services. Hunter has been an enthusiastic and committed supporter of the Brain Injury Rehabilitation Directorate and we wish him well for the future.

We would like to welcome and introduce Dr Nigel Lyons who will start as the new CEO of the ACI in February 2012.

Nigel has over 20 years experience as a health manager with considerable experience in clinical innovation, including a notably successful period as Chief Executive of the Hunter New England Health Service.

Nigel is currently working with Hunter during a transition period until he finishes his current role at the Ministry of Health.
Manager, Data and Information Systems

This full time permanent position has been vacant since the middle of 2010. We are now very pleased to announce that our third attempt at recruitment has been successful! It is expected that the recruitment process will be concluded with the new manager to start in early February 2012. This will allow the new manager to attend the February steering committee and Directorate meetings so personal introductions can be made. BIRP visits will start soon!

This appointment provides a very exciting opportunity to maximise the benefits of the transition to SQL and improve the use the centralised data base to benefit individuals admitted to the network of BIRP services.

Another BIRD priority is to re-establish the CDS training and user support that has been an integral component of the position and sorely missed during the vacancy. Other aspects of the position include information management for IT services and information dissemination which includes the BIRD website.

The Data and Information Committee were not idle during the vacancy. Unspent funds were redirected to employ Mufid Hasan as a consultant from Hays IT. Mufid developed a new format for reporting the clinical data submitted by all 14 BIRP units.

Two new reporting formats were introduced. The first is an internal reporting system involving an interactive worksheet that can be used by each BIRP director or manager to review and use data collected in their own service and view the data from the other units. The second provides an Annual Report of BIRP activity for external reporting. It is very rewarding to find that the new formats and transition to SQL has made compiling the reports for 2010 an easier task.

The 2009 BIRD Annual Report was published on the ACI website using the new format. The 2010 and 2011 reports are currently being completed.

Novita Children’s Acquired Brain Injury Conference, Adelaide 2011

In recognition of the achievements in evaluating measures of outcome for paediatric services in NSW, Helen Badge was invited to share the lessons learnt and results of the paediatric Community Outcomes Project at a national conference.

The Novita Children’s Acquired Brain Injury Conference was held on 16-17th November 2011 in Adelaide and aimed to present current evidence based practice in paediatric brain injury rehabilitation and enable networking with services across other states in Australia. It was clear from this that most services are grappling with how best to measure outcome and provide services to meet the long term needs of children and their families. Not all services are as fortunate as the NSW BIRP is able to provide services from the age of injury to adulthood and beyond. However many of the issues discussed were common across services, including measuring outcome, writing rehabilitation goals and using them to evaluate client outcomes, working with education services and supporting families as well as children with brain injury.

We received positive feedback about the COP pilot with several...
services interested in our project methodology as well as results on
the measures.

There were some very moving presentations from children with
brain injury and parents of children with brain injury that highlighted the
need to ensure our services remain client and family focused and
continue to address the unique concerns of individuals.

TBI Staff Training Website

The TBI staff training website has been on line since mid 2006. The
website provides e-learning and presenter materials as well as tool
kits to support staff working with people with TBI and is publically
available on the internet. More exciting learning material was added
in 2011 with some format changes to make it easier to navigate and
access new information. There is a web link to the ABI staff training
website funded by a grant to the BIRD from Aging Disability and
Home Care (ADHC).

Two existing print resources were transitioned to the website as Tool
Kits for staff this year. The Next Step is a guide for children moving
to adult services. Working Together to Promote Independence is the
renamed Getting it all together Kit. Both Toolkits include Worksheets
and background information to help:
• Identify issues and priorities
• Set goals
• Develop strategies to achieve the goals
• Monitor progress

Two new modules were added. There is now a self learning module
for supporting people with TBI with changes in movement and motor
control and a module for Implementing and evaluating Smart
Phone Applications technology across the NSW Brain Injury
Rehabilitation Program (BIRP). This module aims to:
• Provide web-based resources for clinicians
• Evaluate the efficacy of Smart Phone Apps for people with
brain injury.

The smart phone apps module is still evolving. Liverpool BIRU
convenes the working group and is providing project support.

Overall use of the TBI website

The information contained in the website is rich and was designed so
staff working with people with TBI can access information to meet
individual learning needs. The site was launched in 2006 and continues
to be useful for this purpose.

A recent review of usage identified that the TBI website has seen a
dramatic increase in usage between 2009 and 2011. It is important to
note that the usage statistics are only an estimate. This is because it
is only a count of actual downloads directly from the TBI site. It does not
include downloads when an Internet proxy server is used.

The number of unique visitors to the site has risen from 490 to 2800
per month – that’s over 93 per day! It is also pleasing that those people
who do visit tend to do so more than once. The number visits (including
people who come back) has risen from 770 to 4130 per month over the
same period. The number of pages downloaded per month has risen
from 4500 to 11,800 per month. Users stay on the site for varying
amounts of time. From 2009 to 2011 typically between 3% and 7%
stay for 15 to 30 minutes and 5% to 12% stay for more than 30 minutes.

So the people who are using the site for more than 15 minutes at a time
vary from about 55 per month to more than 130 in June 2011 and
220 in October 2011.

In reviewing a single e learning module from the site it was clear
that the addition of the Smart phone apps module proved extremely
popular when uploaded to the site in August. This was downloaded 990,
440 and 485 times during September, October and November
2011. Of the 30 documents in this module the 10 most popular are
downloaded between 30-200 times per month.

Making conference information accessible

In 2011 links were provided on the website to abstracts for a National
TBI Conference held in Washington DC in June and to the video
presentations from Day 1 of the NSW BIRP Forum held at
Westmead Hospital on 12th and 13th May 2011. Additional information
about the Forum occurs later in the newsletter.

The purpose of adding these to the website was to look usefulness of
these strategies for improving clinician access to information. The
conference usage statistics are promising.

For example in December 2011 the Forum index page was viewed 200
times and the pages on each speaker were viewed 1 to 23 times
each. In addition, over September and October 34 videos from 35
videos uploaded were viewed between 1 and 14 times each. The
most video presenter views were Marg MacPherson 14 times, Emma
Charters & Megan Cameron (the smart phone apps) also14 times,
Stuart Browne Part A 9 times and Part B 5 times, Kathy McCarthy Part
A 6 times and Part B 4 times.

Plans for 2012

The TBI website continues to assist in meeting BIRD aims for improving
staff knowledge and understanding of TBI and making this information
accessible.

Two new education resources will be added in early 2012. One is for
working with families and the second is for working with people
with TBI and Mental Health Issues. The latter resource has two modules, one for staff that may be useful to families and one for clinicians.

Target areas for developing new website resources that have been identified by clinicians include goals and case management. A review of website design and technology in my role of network manager. The project objectives have been answered and recommendations applicable to the clinical network developed. It is anticipated that the recommendations will be considered by the BIRD.

The opportunity provided by the scholarship will make a difference to my work. I now know a lot more about the structure and function of data collection processes and how this translates to the BIRD clinical data system. More importantly I understand the value of an effective and efficient clinical data system that can be used to promote better outcomes for people admitted to the NSW Brain Injury Rehabilitation Program (BIRP). Sharing this knowledge with the new manager for data and information systems is an important next stage in the development of the BIRP data collection and reporting processes.

As an outcome of the scholarship I am now confident that there are new opportunities to translate this learning into exciting areas for future exploration.

The completed report will be published on the ACI website.

Barbara Strettles, ACI Network Manager Brain Injury Rehabilitation Directorate

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**BIRD Network manager visits the United States**

2011 has been a very exciting year. In addition to the usual challenges of the network manager position I was awarded a HARC Scholarship from the Hospital Alliance for Research Collaboration (HARC) and travelled to the U.S. to visit the internationally recognised Traumatic Brain Injury Model System (TBIMS) program.

Four of the current 16 states with TBIMS programs were visited. Sites included Seattle, Denver, New York, and Philadelphia. The Philadelphia stay included a visit to ReMed which is not a TBIMS and a meeting with Dr Jim Malec, well renowned for his work developing and using the MPAI. The U.S. tour concluded in Washington DC and I attended the National TBI Interagency Conference organised by the TBIMS from 13th to 16th June. ACI supported the travel scholarship.

The scholarship objectives were:

**Objective 1:** Identify the resource implications for sustainably and reliably collecting and managing system-wide standardised service data

**Objective 2:** Identify optimum processes for the analysis of the collected data

**Objective 3:** Examine ways to disseminate findings back to services and clinicians to inform and improve evidence-based clinical practice

A final report is being finalised and will be submitted to HARC and the ACI Board. The report is a synthesis of information gained from a completed literature review of 417 journal articles published by the Traumatic Brain Injury Model System (TBIMS), visits to four TBIMS centres and a non TBIMS provider in the US; and attendance at the TBI National Conference in Washington DC. In developing the report potential improvements for the Brain Injury Rehabilitation Directorate (BIRD) data systems and use of the data have been identified.

The scholarship has provided the opportunity for filling my knowledge gap by engaging in a learning process that combines a new understanding of the TBIMS, an internationally recognized model system with knowledge about NSW health services and in particular the BIRP. This knowledge provides a framework for efficiently and effectively collecting and using data in my role of network manager. The project objectives have been answered and recommendations applicable to the clinical network developed. It is anticipated that the recommendations will be considered by the BIRD.

Visit [www.tbistafftraining.info](http://www.tbistafftraining.info) to access the range of learning resources and tool kits.

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**Map: Current US states in the TBI Model Systems**
NSW BIRP Forum and 21st Anniversary

The Westmead BIRP and BIRD organised the 2011 Forum with assistance from rural and paediatric representatives. For the first time the program brought together metropolitan and rural adult and paediatric units and combined research and clinical initiatives.

The new format was obviously well received with a total of 216 registrations. The conference program had a focus on community participation outcomes, family, service delivery initiatives and outcome measurement. This was enhanced by a second day of 3 workshops provided by BIRP clinicians. The workshops provided participants with practical skills and information regarding:

I. cognitive rehabilitation,
II. smart phone technology in brain injury rehabilitation and
III. Multidisciplinary spasticity management.

The 2011 conference abstracts were printed for Forum delegates. Video recordings of Conference presentations were made available on the TBI Staff Training website in August 2011. The aim of the video recordings was to improve access to the conference presentations for clinicians unable to attend The Forum Organising Committee identified the need to evaluate the success and usefulness of this new approach so it could also be considered for future events. This was done by examining data regarding usage of the website in terms of frequency of the number of downloads and video’s viewed. The information will be available for consideration by the Forum organising committee, and report will be provided for discussion to the BIRD meeting.

If you haven't viewed the presentations then visit www.tbistafftraining.info and be counted!

21st Anniversary of BIRD

The NSW BIRP Forum provided the opportunity to celebrate the 21st anniversary of the BIRD at a casual dinner held at Lachlan’s Old Government House in Parramatta Park on Thursday 12th May. The Forum theme “Where have we come to and where are we going? concluded with Nick Rushworth, the executive director for Brain Injury Australia, sharing his vision for the future; as he spoke a compilation of photos celebrating our history were presented in the background.

This event marked the start of celebrations as each BIRP reached their own milestones.

Liverpool BIRU will host the next BIRP Forum in 2013 with secretariat support from the BIRD.

Consumer Representatives

Rachel Merton the executive director of the Brain Injury Association of NSW (BIANSW) and Nick Rushworth the executive officer of Brain Injury Australia (BIA) continue to work with the BIRD Executive to include the consumer perspective in all of our activities and to keep the network informed of state and national developments.

Visit their websites to find out about their achievements and direction for 2012. There is also important information on government initiatives and policy developments.

Registrations closing January 27th!! Hurry! Act NOW! The BIANSW has a link to the ADHC website so people with disability who are considering moving to supported living arrangements can register their interest.

Don’t forget to put Brain Injury Awareness Week in your calendar for 13th to 19th August. The theme this year is sports related (particularly league, union and Australian rules) concussion and mild TBI. The BIA will submit to government their policy paper in July 2012 and are seeking your view about this most concerning issue.

Not a member? Join on line or call
www.braininjuryaustralia.org.au
www.biansw.org.au
BIA Freecall 1800272461
BIANSW 02 9868 5261
Consumer NEWS

Cheryl Koenig provides an important voice for consumers in the activities of the clinical network. She continues to be involved in the meetings of the BIRD executive and rural reference group. In 2012 Cheryl will participate in two new working groups established by the BIRD for the rural and remote NSW model of care and the vocational outcomes project.

Cheryl is tireless in her work to improve community awareness of acquired brain injury. This year Cheryl and her son Jonathan were made ambassadors for the ‘Bang-on-a-beanie’ project - which saw Synapse Qld – in partnership with the consortium of Brain Injury Associations across Australia -- invite individuals and organisations to take part in a fun promotion to increase community awareness about ABI and raise funds. See BANGONABEANIE.com.au.

The 7PM PROJECT on Channel 10 ran a piece about Jono and his 4 part-time jobs to highlight the significance of participating within mainstream workplaces.

Cheryl was recognized as Griffith’s Australia Day Ambassador for 2012. Jonathan will join his mother, along with father Robert, at the celebrations in the Warrumbungle Shire on Australia Day, and give a short address.

Keep up to date with Cheryl’s activities at http://www.cherylkoenig.com/news.

For Information about the NSW Brain Injury Rehabilitation Program including contact details and how to refer a client visit http://www.health.nsw.gov.au/initiatives/birp/index.asp