

New Funding Initiatives

The NSW Government has committed an additional \$1.5 million per annum to enhance brain injury rehabilitation, and ensure faster access to services for patients.

Funding to improve staffing levels

Increased staffing and services at Royal Rehabilitation Centre at Ryde, Westmead and Liverpool Hospitals Brain Injury Rehabilitation Units, Hunter and Illawarra Area Health Services will provide greater accessibility to brain injury services.

A new Brain Injury Rehabilitation Directorate

Patient outcomes and rehabilitation will be improved through clinicians from various disciplines working closely together in a more coordinated way. To achieve this coordination, funding has been provided to establish a directorate which will:

- support clinicians (doctors, nurses and allied health professionals) working with patients suffering brain injury
- develop best practice guidelines for treatment
- review and analyse brain injury statistics to provide direction for brain injury education, research and prevention programs.

In conjunction with NSW Health and Area Health Services, the service will ensure comprehensive, accessible and appropriate care for patients with brain injury.



The Greater Metropolitan Transition Taskforce (gmt²) was established in 2001 to implement the recommendations of the Greater Metropolitan Services Implementation Group for people living in the greater metropolitan area of Sydney.

Clinician-led working groups have reviewed the way hospital services are provided, how demand for service has changed because of population growth, and recommended ways everyone can have access to the best possible care, regardless of where they live.

Other Greater Metropolitan Transition Taskforce initiatives, the Metropolitan Hospitals Report Service Enhancement and New Roles for the Metropolitan Hospitals, August 2002 are available at: www.health.nsw.gov.au

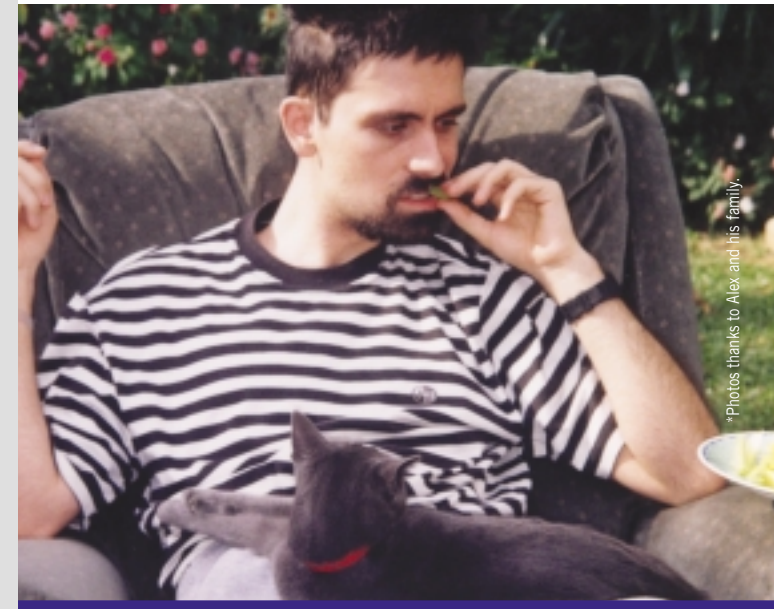


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Brain Injury Rehabilitation Services

MAJOR IMPROVEMENTS IN BRAIN INJURY REHABILITATION SERVICES FOR GREATER SYDNEY, THE HUNTER AND ILLAWARRA WITH ENHANCED LINKS TO NSW REGIONAL AND RURAL SERVICES



* Photos thanks to Alex and his family.

Clinicians (doctors, nurses and allied health professionals) have developed innovative solutions for the treatment of patients with a brain injury. Their plan includes the provision of services in or nearer to patients' homes.

Quick access to expert teams will improve quality of life for patients with a brain injury – with the right treatment at the right place and the right time



What causes Brain injury?

Brain injury is a loss of brain function

In NSW there are approximately 114,735 people who have a brain injury. Just under half are in need of some form of personal assistance with everyday living.

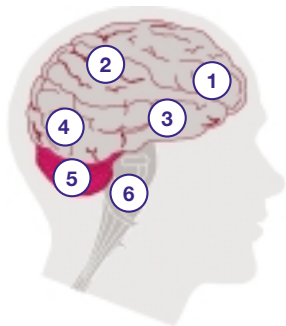
Trauma is the leading cause of brain injury. Rehabilitation is provided to meet patient's needs and help them reach achievable goals.

Over 1,000 people in NSW each year sustain a traumatic brain injury and experience long-term disability. 70% of these people are male. 32% are aged between 15 and 29 years.

Causes of traumatic brain injuries include external events such as motor vehicle accidents, falls, assaults, sporting accidents or blows to the head.

Non-traumatic brain injury is caused by internal events such as a stroke, lack of oxygen to the brain resulting from ruptured or blocked blood vessels in the brain, brain tumours, poisoning or infections - eg meningitis.

A well coordinated, multidisciplinary team is needed to provide the best care for people with a brain injury.



1. Frontal Lobe: intellectual functions such as reasoning and abstract thinking, control of aggressive and sexual behaviour, smell, initiation of movement and language.

2. Parietal Lobe: recognition of sensory information such as pain, temperature, muscle/position sense, ability to develop ideas and carry out motor responses.

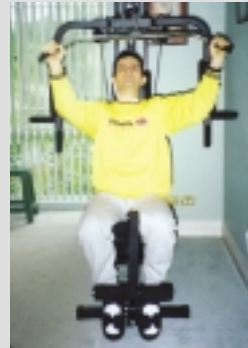
3. Temporal Lobes: language, emotional behaviour and memory.

4. Occipital Lobes: awareness and discrimination of visual information.

5. Cerebellum: awareness of position, muscle tone and overall coordination of muscle activity.

6. Brain stem: control of heart rate, breathing rate, temperature, blood pressure, wakefulness, primitive reflexes.

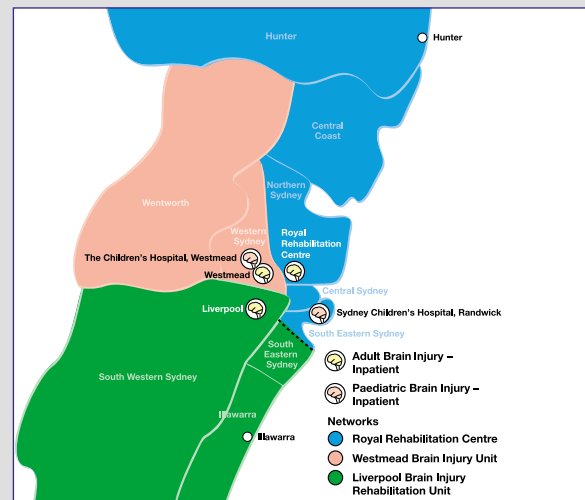
Networked Care



The Brain Injury Rehabilitation network is a way of organising care across the Greater Metropolitan area so that patients will receive comprehensive, integrated care that addresses all of their treatment needs no matter where they live.

Rehabilitation can be a lengthy process, so access to local ongoing care is critical.

Inpatient care



Regional community based and outreach services:

Hunter – covering Hunter Area Health Service and Central Coast Area Health Service

Illawarra – covering Illawarra Area Health Service

Existing brain injury services outside the greater metropolitan area are located at: Albury, Goulburn, Dubbo, North Coast (Taree, Port Macquarie, Coffs Harbour & Lismore), Tamworth and Bathurst.

Early access to skilled multidisciplinary care including medical, surgical, nursing and allied health professional care leads to improved outcomes and quality of life for brain injury patients and their families

Benefits of multidisciplinary care

Because the needs of patients with brain injury are complex, multidisciplinary teams have been developed, bringing together the expertise of:

- Doctors (often rehabilitation specialists)
- Specialist nurses
- Physiotherapists
- Occupational therapists
- Speech pathologists
- Dieticians
- Psychologists
- Social workers.

Team members work together closely to ensure care is focused and integrated. Most units provide therapy and supportive counselling for patients and their families.

The brain injury network can facilitate earlier transfer of patients to specialist rehabilitation services and earlier return home, with expanded community therapy.

People with a brain injury who are discharged home as early as possible with therapeutic support programs in place, have better outcomes.



Accessing brain injury rehabilitation services

Patients are usually referred for rehabilitation from the hospital where they have had their initial treatment. Their care is then taken over by the brain injury rehabilitation team. Appropriate community outreach and community based rehabilitation services are arranged by the patient's physician or case manager once he or she is ready to be discharged from inpatient care.

Services for people from rural areas

Close links have been developed between all services in the network. Patients with a brain injury who live in the country will directly benefit from these links between metropolitan and rural services.