



Quality in brain injury rehabilitation – what is it and can we measure it?

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The purpose of this study was to clarify how quality can be understood and measured for brain injury (BI) rehabilitation, and to make evidence-informed recommendations for quality evaluation.

Background

While all stakeholders expect best quality rehabilitation for people with brain injury (BI) and clinicians may aspire to providing best-practice care, the quality of the rehabilitation provided in South Australia (SA) is currently unclear. Quality improvement in BI rehabilitation requires the measurement of quality in order to establish baselines and to measure change in performance. Problems arise for conducting/undertaking quality evaluation of BI rehabilitation for several reasons, including the lack of agreed Australian clinical guidelines to direct BI rehabilitation practices. Auditing current performance against recommended practices, which occurs regularly for stroke rehabilitation (National Stroke Foundation 2014), is not yet possible. Furthermore, there is no current understanding of what ‘quality’ means to different stakeholder groups. People with BI, their families/carers, rehabilitation clinicians, funders and providers may all hold determinants of quality that are unique to their perspectives. Therefore, it is imperative to understand how quality BI rehabilitation is conceptualised by all stakeholder groups, in order to appropriately measure and evaluate it.

Methods

This was a co-designed, participatory study using mixed methods research and conducted in three phases. Phase 1 was a scoping review of literature to understand possible quality domains and ways of measuring quality in the context of BI rehabilitation. Phase 2 collected and analysed interview data from clients who had experience of BI rehabilitation, carers or family members, and BI rehabilitation clinicians. In Phase 3 the findings of Phases 1 and 2 were merged, and we sought consensus from key stakeholders on priority recommendations. The result of this approach are evidence-informed, and consensus agreed, recommendations for the evaluation of quality in BI rehabilitation.

Summary Results: Recommended Quality Domains and clarification of indicators

Domains	Indicators of quality (in order or priority)
Effectiveness and Efficiency	Rehab is individually tailored
	Rehab promotes family involvement
	Rehab is motivating, optimistic and hopeful
	Rehab demonstrates improvement
Staff Attitudes	Staff are focused on meaningful client goals
	Staff know clients well and demonstrate respect
	Staff are responsive to client readiness
	Staff are accommodating and flexible

Knowledge and Competence	Rehab attends to psychosocial needs
	Rehab providers are working together
	Excellence in knowledge through access to experts in BI rehab
	Rehab is adaptable and thorough
Coordination	This means services are integrated, the continuum or pathways of care are appropriate
Just and Equitable	This means the services are equitable and accessible to all, there is no discrimination
Communication and Information	This means the people providing the services and information have clear communication
Safety	This means the service is safe – there are no physical, psychological or cultural risks
Adherence to Standards	This means the services are based on recommended best practice and evidence
Environment	This means the services are provided in an environment that is safe, accessible, with good equipment and facilities.

Conclusions

We have produced a list of the domains with clarifications and welcome the opportunity to turn these into resources that can be distributed to clinicians, people with BI and their carers and funders to use as audit and checklist tools when considering quality in services. For a broader evaluation and for benchmarking with international quality standards, we recommend people use the *Perceptions of the Quality of Rehabilitation Services* assessment tool to evaluate quality in Brain Injury Rehabilitation.