TBI Partnership Pathway

Rehabilitation Programme

Arrive rehab

WELCOME

- Key worker introduced to client and family
- Complete essential risk assessment
- ACC Case Manager notified of admission
- Confirm key contact people and legal status

Day 1

ASSESSMENT

- Key worker meets with the client and family
- Continue admission assessment
- Identify barriers to discharge
- Share educational materials including Head Space Book

Day 1-5

PLANNING

- Plan rehab, discharge and short term support using assessment information
- Send ACC Case Manager initial report and discharge data set with discharge recommendations
- Book initial family meeting

Day 5-20

PROGRESS/DISCHARGE PLANNING MEETING

- Progress monitored and plan refined as needed
- Progress meetings held with the client, key worker, ACC Case Manager as needed
- Discharge planning meeting(s) with client, family, key worker and ACC Case Manager

Week 3-5

HOME TRIAL

- Trial home leave
- Further discharge meetings if required
- Adjustment to rehab plan if required

REFERRALS

- Key worker refers for TI service
- ACC Case Manager refers for other discharge services
- Community providers receive and accept referrals and contact rehab service

DISCHARGE MEETING

- Discharge date and support agreed
- TI Provider contacts other providers post meeting to coordinate plan

Week 6

PROGRESSING TO DISCHARGE

- Confirmation and handover to TI Provider
- Discharge summary
- Discharge support plan
- ACC Case Manager notification

Home with support

DISCHARGE

- Follow-up phone call by TI Provider 1-2 days post discharge
- Follow-up visit with medical specialist within three months after discharge
- Notify ACC Case Manager if there are any concerns

NOTE: Pathway is based on averages

TI = Training for Independence

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