

Brain and Spinal Cord Injury Project - BaSCI

Final Report to the Commonwealth
June 2025



Brain and Spinal Cord Injury (BaSCI) Project – Final Report to the Commonwealth

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Acknowledgement of Country

Queensland Health respectfully acknowledges the Traditional and Cultural Custodians of the lands, waters and seas across Queensland.

We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

Queensland Health acknowledges the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples and supports the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Message from Deputy Director-General

Brain and spinal cord injuries cause complex changes for individuals, families, support networks and communities. Queensland Health provides specialist services to support recovery and enable a return to community living when these injuries occur. Access to specialist rehabilitation services is vital but issues across our systems had created inequity for Queenslanders and there was significant need for change and improvement. The Brain and Spinal Cord Injury Project, or BaSCI as we call it, is testament to what can be achieved and translated to real consumer benefit by working together with purpose.

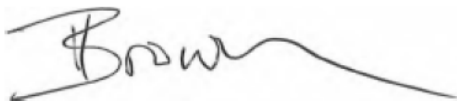
The Federal Government's time-limited funding allocation was received in 2020 under the Community Health and Hospitals Program. This allowed Queensland Health to bring clinicians and consumers together to better understand the barriers for people with brain and spinal cord injuries across the state associated with accessing specialist rehabilitation and to design meaningful solutions to these challenges. This has required time, careful consideration and a maturing approach to working together to enable a shared vision of system improvement for better access to care for Queenslanders with brain and spinal cord injuries.

What has resulted, now in 2025, is a rapid expansion of specialist rehabilitation service delivery models through the development of capacity and capability at a clinician, service and system level. Investments have responded to what consumers have identified as their priority concerns. Project actions have improved safety, outcomes and experiences for consumers while supporting a maturing network of specialist providers to deliver care closer to home, community and country.

The BaSCI interventions and project actions, although delivered in separate locations and facilities across the state, have demonstrated impact across the system, pulling together data, evidence, learnings, and shared benefit across Queensland.

I wish to thank Dr Neala Milburn and Dr Paul Chapman as Clinical Leads over the last two years and extend thanks and congratulations to Prof Timothy Geraghty for leading BaSCI through the establishment years.

The lasting benefit of BaSCI to consumers, their families and the community is undeniable. At this point of project closure the final report to the Commonwealth provides an opportunity to reflect and to trace this significant story of change and improvement.



Dr Helen Brown
Deputy Director-General, Clinical Excellence Queensland

Reflections from the Clinical Leads

It has been a truly rewarding experience for us to collaborate with clinicians and consumers across Queensland in co-designing local solutions that improve access and equity in specialist rehabilitation. Witnessing this program of work and all of its initiatives evolve — from pilot concepts to integrated, sustainable models of care — has been incredibly rewarding. Every individual involved should feel an immense sense of pride in what has been achieved. Delivering rehabilitation services closer to home, shaped by the direct input of consumers, has resulted in high levels of satisfaction and demonstrable success.

Serving as both co-chairs and clinicians on the BaSCI project has been one of the most meaningful and fulfilling highlights of our careers in rehabilitation medicine. This initiative provided the unique opportunity to work alongside committed clinicians and subject matter experts across Queensland—spanning its vast geographic and clinical landscape — to deliver something truly impactful for both patients and the broader health system.

The significant number of individuals affected by brain and spinal cord injuries has long underscored the pressing need for equitable, timely access to specialist rehabilitation. Many patients faced long waits or limited service availability in Queensland.

The BaSCI project addressed these challenges by fostering state-wide networks, building clinical expertise, and delivering high-quality, specialist care well beyond the traditional confines of the Southeast.

Through collaboration across Hospital and Health Services, the project has facilitated the growth of local specialisation, broadened the reach of evidence-based interventions, and ultimately expanded access to life-changing rehabilitation services for more Queenslanders than ever before.

We are grateful for the chance to be a part of this change and excited to see service improvement continue into the future.

The image shows two handwritten signatures in grey ink. The signature on the left is 'Milburn' and the signature on the right is 'Paul Chapman'.

Dr Neala Milburn and Dr Paul Chapman
BaSCI Project Clinical Co-Leads

Summary

The Brain and Spinal Cord Injury Project - BaSCI

The Brain and Spinal Cord Injury (BaSCI) project was funded \$24 million by the Commonwealth Government from 2020 to 2025 to improve adult specialist rehabilitation services in Queensland for people with acquired brain or spinal cord injuries.

The Community Health and Hospitals Program allocated \$24 million over five years to Queensland to improve the patient experience, equity of access, and clinical outcomes for people with acquired brain and spinal cord injuries within a quality framework.

Our goal

Improving services to enable better access to quality specialist rehabilitation care for people with brain and spinal cord injuries as close to home as possible.

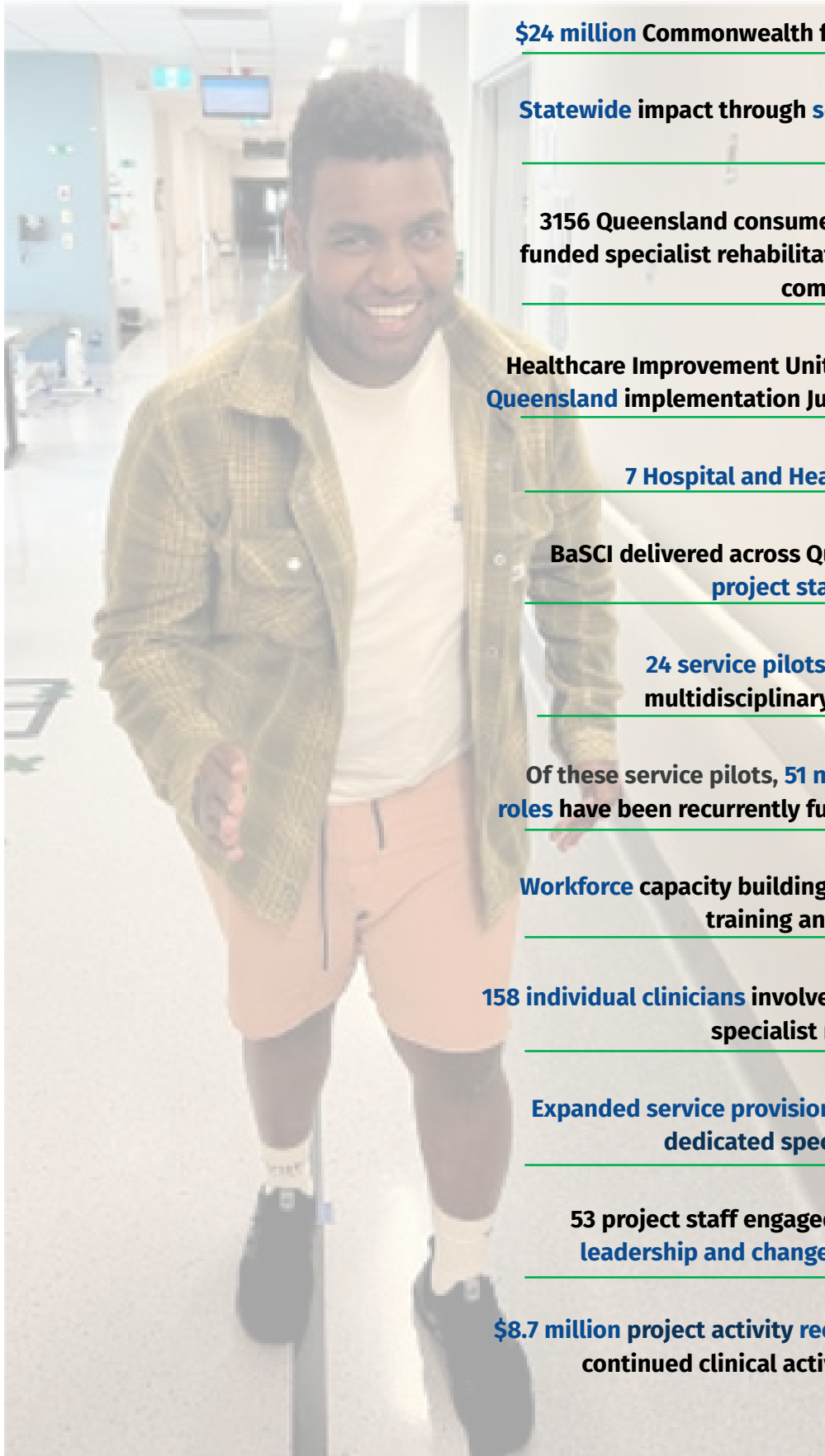
- Test the effectiveness of **new models of care** and interventions to overcome barriers to access,
- Deliver more **equitable and timely access** to specialist acquired brain injury and spinal cord injury rehabilitation services from acute to community,
- Develop **standardisation** of procedures and processes,
- Enable earlier and **safe transitions** to community and home,
- Facilitate **improved integration** between hospital and community health service providers, and
- Achieve **efficiencies** in flow across the system, data management and performance.

Project performance against expected outcomes

Table 1. Project performance.

Expected outcome	Status
Increased equity of access to specialised brain and/or spinal cord injury services	Achieved
Increased capacity and capability of specialist brain injury and spinal cord injury services to meet consumer need for services	Achieved
Improved consumer experience and clinical outcomes	Achieved
Improved coordination, consistency and standardisation of care processes amongst service providers, reduced variation amongst services	Achieved
Increased service measurability, efficiency and effectiveness.	Achieved

A snapshot of impact



\$24 million Commonwealth funding over 5 years

Statewide impact through service improvement and clinical pilots

3156 Queensland consumers accessing BaSCI-funded specialist rehabilitation closer to home, community and Country

Healthcare Improvement Unit, Clinical Excellence Queensland implementation July 2021 to June 2025

7 Hospital and Health Services funded

BaSCI delivered across Queensland by 15 FTE project staff and clinical leads

24 service pilots delivered by 76 FTE multidisciplinary frontline clinicians

Of these service pilots, 51 new frontline clinical roles have been recurrently funded across 5 HHSs

Workforce capacity building through accredited training and skill development

158 individual clinicians involved in project-funded specialist rehabilitation pilots

Expanded service provision - 5 HHSs now offer dedicated specialist rehabilitation

53 project staff engaged in development of leadership and change management skills

\$8.7 million project activity recurrently funded for continued clinical activity from 1 July 2025

Partners, pilots and funding status

Queensland has historically delivered statewide service models for specialist brain and spinal cord injury rehabilitation operationally delivered through Metro South Hospital and Health Service – the Queensland Spinal Cord Injuries Service (QSCIS) and the Brain Injury Rehabilitation Service (BIRS). Both offer excellent specialist services but have unique access challenges across the care continuum. The BaSCI project has aimed to address these challenges with a range of investments to overcome barriers to accessing care.

The figure below shows the partner Hospital and Health Services (HHSs) which have implemented project investments for statewide benefit and includes the status of funding at project closure. **Queensland Health has recurrently funded \$8.7 million of project activity for service continuity from 1 July 2025.**

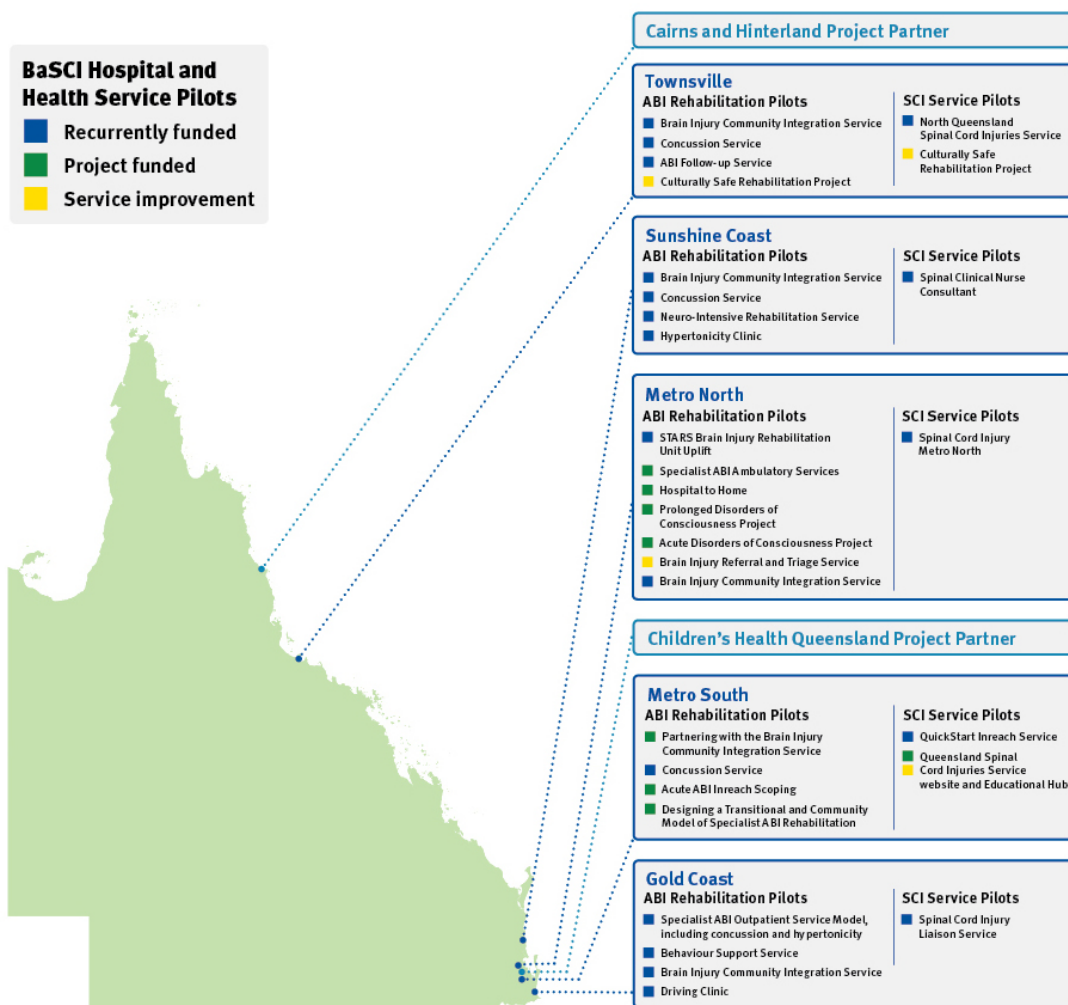


Figure 1. BaSCI service pilots.

Working together for real change



A key objective of the project was the development of meaningful partnerships between clinicians and consumers across Queensland to co-design solutions to complex system-wide challenges. The project design and governance reflected this aim and over time the collaborative function of the group developed.

Feedback from stakeholders and members of the statewide Advisory Committee and clinical Working Groups demonstrates increasing collaboration and value in continued partnerships.

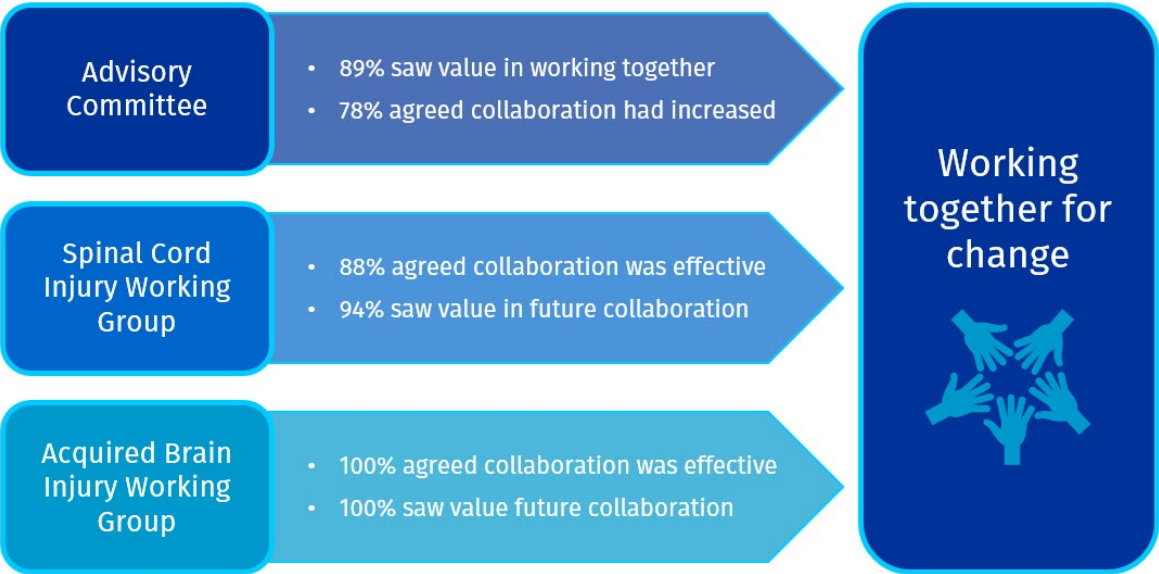


Figure 2. Stakeholder perspectives on collaboration.

Project Background

BaSCI was one of eight initiatives awarded to Queensland under the Community Health and Hospitals Program - Health Schedule to the National Partnership for Streamlined Agreements, signed by First Ministers in May 2020. Implementation was assigned to Clinical Excellence Queensland who worked with seven funded Hospital and Health Services over a four-year delivery period to standardise care, improve meaningful data and test models to overcome existing barriers to access for improved equity in Queensland.

At project commencement, Queensland had single-provider Statewide Service models for specialist brain and spinal cord injury rehabilitation. Both the Brain Injury Rehabilitation Service and the Queensland Spinal Cord Injury Service were operationally delivered through Metro South Hospital and Health Service at the Princess Alexandra Hospital, providing a continuum of care from inpatient to community rehabilitation for Queenslanders.

Both services were staffed with skilled clinicians and provided highly specialised rehabilitation care, but they also demonstrated significant issues of access inequity that required system level change to address.



Figure 3. Prior to BaSCI, Queensland had single provider models of specialist services located in Brisbane.

Policy Context: Statewide Plans

Queensland Health System Planning Branch had previously released the *Statewide adult brain injury rehabilitation health service plan 2016-2026* and the *Statewide adult spinal cord injury health service plan 2016-2026*. The plans recognised the need for changes to specialist rehabilitation services to meet growing demand and community expectations. Both documents had an overarching aim of equity through improved access to specialised services, system-wide coordination, and collaboration between providers.

A time-limited and state funded project, Acquired Brain Injury – Spinal Cord Injury CONNECT (ABI-SCI Connect), was led by Metro South Hospital and Health Service 2018-2020, and aimed to implement short-term actions from the Plans.

BaSCI utilised the Commonwealth funding to build on this foundational work.

Mandatory Milestone Deliverables

Under the Commonwealth contract, mandatory deliverables attached to annual milestones were required for the allocation of funding and project continuity (Table 2). The project achieved all financially dependent reporting. This final report was submitted 30 June 2025.

Table 2. Project schedule and status.

Milestone	Date	Payment	Status
Report on the establishment of program design and governance	1/10/2020	\$2.65M	Achieved
Development, endorse and operationalise clinical pathways and data systems	1/8/2021	\$3.93M	Achieved
Report on implementation of first Service Pilot: Timely expert advice to support caring for patients with spinal cord impairment	1/8/2022	\$6.35M	Achieved
Report on implementation of second Service Pilot: Expanding specialist acquired brain injury rehabilitation capacity and capability in Queensland hospitals	1/8/2023	\$6.42M	Achieved
Report on implementation of third Service Pilot: Networked specialist acquired brain injury community rehabilitation coordination and case management	1/8/2024	\$4.65M	Achieved
Provision of a final report for the project including and evaluation of the process, benefits, outcomes (individual pilots and overall); an assessment of any impacts to patient relevant indicators, system level improvements and lessons learner; and a description of expected ongoing impacts arising from the initiative for people requiring specialist brain and spinal service in Queensland	30/6/2025	\$0	This report

On acceptance of the funding, the Healthcare Improvement Unit, Clinical Excellence Queensland assumed responsibility for the project. The Statewide Project Team worked with seven funded Hospital and Health Services¹ over a four-year delivery period, developing valuable partnerships to meet the project objectives and deliverables (Table 3).

¹ Both Children's Health Queensland and Cairns and Hinterland Hospital and Health Service were unfunded sites until financial year 2024-2025

Table 3. Funded BaSCI partners.

Partners	Accountability
Healthcare Improvement Unit	Project management and delivery accountability
Metro South HHS	Partner site, host of Statewide Services, service improvement and pilot delivery accountability
Metro North HHS	Partner site, service improvement and pilot delivery accountability
Gold Coast HHS	Partner site, service improvement and pilot delivery accountability
Sunshine Coast HHS	Partner site, service improvement and pilot delivery accountability
Townsville HHS	Partner site, service improvement and pilot delivery accountability
Cairns and Hinterland HHS	Partner site, service improvement accountability
Children’s Health Queensland HHS	Partner site, service improvement accountability



Governance and Management

The Statewide BaSCI Steering Committee was established in June 2021 with funding allocations for the first two years of project activity determined and distributed to progress three main workstreams aligned to project deliverables:

- 1. Meaningful data:** improved collection of meaningful data to understand access, outcomes, quality & safety for monitoring service performance, ensuring continuous improvement and informing future planning.
- 2. Access Pathways:** Development of pathways for both acquired brain injury rehabilitation and spinal cord injury services, supported by robust processes to ensure consumers and treating teams can access clinically appropriate care, irrespective of where a person lives or sustains their injury.
- 3. Service Pilots:** Testing or scaling of models and/or interventions that increase access to high quality, specialist rehabilitation closer to home, where appropriate.

A working group structure was established to bring together consumers with key clinical and operational subject matter experts across the state to progress the project deliverables. Each site established project governance for the successful delivery of agreed service pilot implementation.

Project Governance

In December 2022, in response to a Department of Health Business Case for Change, BaSCI project governance was amended to align with the revised Integrated System Governance Structure, transferring financial delegation to the System Quality Safety and Performance Management Committee. This transitioned the statewide Steering Committee to an Advisory Committee. The project funding allocations for financial years 2023 – 2025 were conducted through a criteria-led process (see Appendix 1) and determined by the System Quality Safety and Performance Management Committee. A subsequent working group restructure for the project reformed workstream portfolios under the two subspecialist streams for effectiveness and impact. The project reported through the Sponsor to the Deputy Director-General Clinical Excellence Queensland and in turn to the National Partnership Strategy team (see Figure 4).

Advisory Committee Membership

The Statewide BaSCI Advisory Committee had elected Co-Chairs who were also Statewide Clinical Leads for the program. Membership in the Committee was by nomination with representation from those listed in Table 4.

Table 4. BaSCI Advisory Committee Representation.

Advisory Committee representation	
Project Director	Funded Hospital and Health Services
Consumer	General Practice / Primary Care
Office of the Chief Allied Health Officer	System Planning Branch
Health Purchasing and System Performance Branch	Queensland Rehabilitation Clinical Network

BaSCI Project Governance



Figure 4. BaSCI Project governance.

Project Management

Project management resources embedded within the implementation Hospital and Health Services was integral to the project design. This strategy recognised that complex change requires dedicated resources. These teams have been essential to the effective and successful delivery of the project across the state. Table 5 shows the provision of project management resources. Through membership on the clinical Statewide Working Groups these roles have:

- Investigated the complex system challenges related to accessing specialist adult rehabilitation in Queensland.
- Captured and quantified the diverse impact of these challenges to consumers, clinicians, services and the system.
- Designed solutions to address these challenges informed by consumer priorities.

The process created new partnerships across Queensland and, over the four-year implementation period, fostered a new way of working together. This has supported a clinician and consumer-led approach to the BaSCI improvement agenda that was both meaningful to communities and more feasible to implement.

Table 5. Project implementation roles across partners (FY24/25).

Funded partner	Organisation	Implementation team
Statewide Project Team	Healthcare Improvement Unit	0.2 FTE Clinical Leads 1.0 FTE Project Manager 2.0 FTE Project Officers
Funded Hospital and Health Services	Metro South HHS	1.5 FTE Project Officer 0.2 FTE Clinical Lead 0.6 FTE Administration Officer
	Townsville HHS Sunshine Coast HHS Metro North HHS Gold Coast HHS	1.0 FTE Project Officer 0.2 FTE Clinical Lead 0.6 FTE Administration Officer
Partner Hospital and Health Services	Cairns and Hinterland HHS Children’s Health Queensland HHS	0.2 FTE Project Officer

Financial overview

The project budget has been fully expended through overall project management, statewide collaborative improvement initiatives, and the allocation of funds to sites for the establishment, implementation and evaluation of clinical service pilots. The overall allocation of resource was across a four-year implementation period noting funding from 2020 was fully deferred due to the significant impacts of the COVID-19 pandemic on the ability to commence project establishment. Each funded partner was required to establish a Commonwealth Cost Centre for the exclusive management of BaSCI resources. See Appendix 2 for more details of allocations.

Solutions for Impact

The total available Commonwealth funding could not address all aspects of service gaps for specialist rehabilitation across Queensland. Nor could a non-current allocation ensure sustained benefit to Queensland. Considering this, priority was given to targeted investments that were determined to deliver immediate improvements to safety and access, with high impact for consumers and the teams providing care across the state. These were designed with metrics to capture and communicate benefits. Appendix 2 shows the summary of all project service pilots. In the following sections of this document detailed information regarding the funded actions and investments of the sub-specialist areas is captured.

Section 1: Spinal Cord Injury Services

Aligned to Service Pilot 1

Section 2: Acquired Brain Injury Rehabilitation

Aligned to Service Pilots 2 & 3

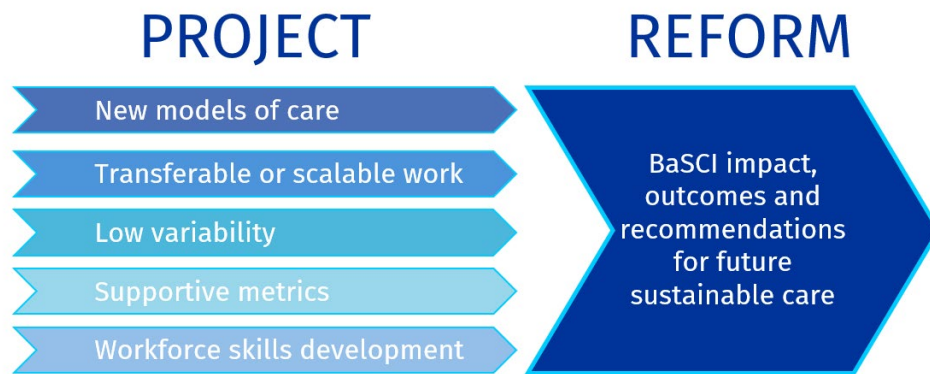


Figure 5. BaSCI initiatives have progressed toward system level reform.

The impact of BaSCI has expanded the service delivery models for specialist brain and spinal cord injury rehabilitation and this report will be used to further advocate for continued collaboration, an ongoing improvement agenda, and future service development in Queensland.

Building capacity and capability

Central to BaSCI service improvement has been the development of capacity and capability across Queensland at the clinician, service and system levels.

BaSCI rapidly expanded the specialist workforce, and a range of strategies supported the development of advanced clinical practitioners to deliver specialist spinal and brain rehabilitation. This ranged from accredited courses, like the intensive week-long training in prolonged disorders of consciousness, delivered in 2025 by experts Dr Karen Elliott and Helen Gill-Thwaites from the Royal Hospital for Neuro-disability, London, United Kingdom, to staff supervision and inter-facility intensive placement processes. At a clinician level, the investment in developing skill and specialist expertise aligns to the priorities of the Queensland Government to see a worldclass workforce in place.

The development of clinician specialisation led to an expansion and transfer of this knowledge across Queensland. The benefit of embedding the BaSCI roles across the state meant a broad reach for sharing of information and upskilling across services. The collection of meaningful metrics has enabled the impact of these investments to be measured through better access, experiences and outcomes.



Figure 6. A snapshot of the capability uplift.

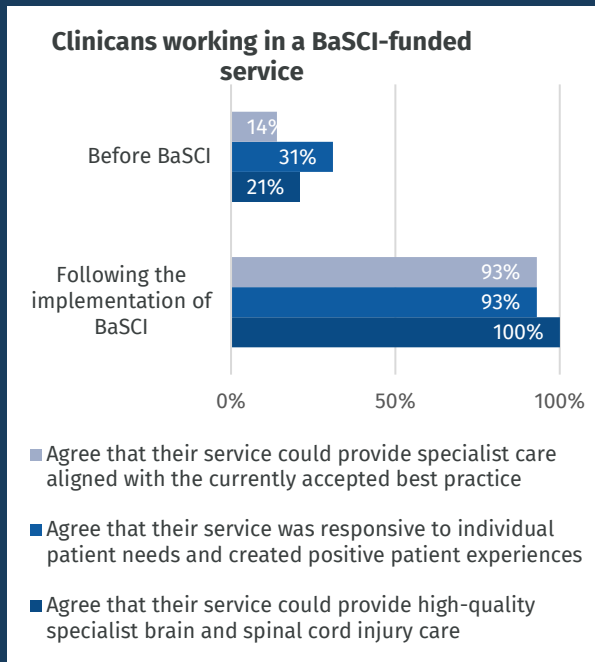
Perspectives on change

BaSCI has been an example of a substantial change at both the service and system level. This has required a considered process of developing partnerships and a shared vision around the collective goal of improved service access and equity for Queenslanders with brain and spinal cord injuries.

Applying an adapted experience measure, the project invited clinicians to assess changes associated with the BaSCI interventions. Responses from clinicians, both working in funded project interventions and those who referred into the services, indicate an overall improvement in the provision of high quality, responsive and best practice aligned specialist care since BaSCI has been implemented. Appendices 4 and 5 have more details of stakeholders' perspectives on change and impact.

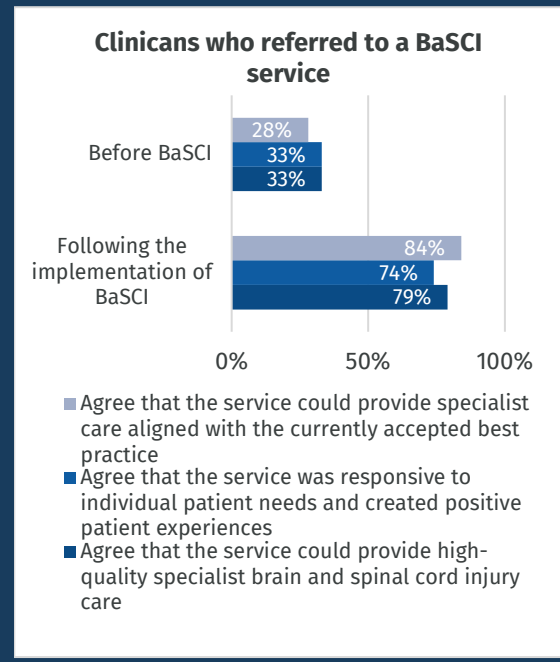
CLINICIANS WORKING ON A BASCI-FUNDED SERVICE:

All surveyed **clinicians** agreed that their service could now provide high-quality specialist care and that BaSCI has addressed a clinical service gap.



CLINICIANS REFERRING TO A BASCI-FUNDED SERVICE:

The majority of surveyed **clinical referrers** to BaSCI services reported a significant improvement in the care provided post-BaSCI.



In scope Hospital and Health Services were asked to reflect on the overall impact of BaSCI on specialist brain and spinal cord injury rehabilitation service provision at the level of the organisation. Recognising the key role of partnership throughout the project, an additional question investigated BaSCI’s role in supporting collaboration across the state between providers in relation to specialist rehabilitation service improvements and strategies at the Queensland level. On both domains, organisations indicated positive responses (Table 6).

Table 6. Survey responses on the impact of BaSCI.

	BaSCI IMPACT - Hospital and Health Services	
	Spinal Cord Injury Rehabilitation	Acquired Brain Injury Rehabilitation
Overall, what has been the <u>impact of BaSCI</u> for specialist rehabilitation service provision at the HHS?	Strongly agree	Strongly agree
	Agree	Agree
	Agree	Agree
	Agree	Agree
	Agree	Agree
	Agree	Neutral
At a statewide level, BaSCI has contributed to <u>increased collaboration</u> across Queensland regarding specialist rehabilitation service improvements and strategies.	Strongly agree	Strongly agree
	Strongly agree	Strongly agree
	Agree	Agree
	Agree	Agree
	Agree	Agree
	Neutral	Agree

Legend				
Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Lessons learned

The project has been successfully delivered and has resulted in real and lasting changes for consumers who require specialist rehabilitation in Queensland. The process of achieving this result has revealed many key learnings:

1. Involving consumers and amplifying their voices is critical to success

BaSCI worked with Health Consumers Queensland to recruit lived experience representatives on project governance and working groups. Hospital and Health Services also involved consumers into their local steering committee and project implementation groups. Meaningful consumer involvement has been critical to the project's planning, delivery, and success.

2. Strong partnerships influence system change

Levels of collaboration have increased throughout the project. This has matured the partnerships between providers across the state and developed a more cohesive vision within the specialist areas regarding the future strategic improvement agenda for specialist rehabilitation in Queensland.

3. Effective leadership facilitates progress

Identifying key leaders to champion the work and promote the agenda has been essential to the success of the project. The establishment of the Statewide BaSCI Team within Healthcare Improvement unit, Clinical Excellence Queensland allowed for strong organisation visibility and support.

4. Governance provides assurance and supports progress

Clear governance over the project at a statewide level, and across each installation of BaSCI within the partner Hospital and Health Services, was critical to facilitate decisions, removing roadblocks and give collective assurance of accountabilities.

5. Resourcing skilled project teams supports implementation of complex initiatives in a devolved system

Each partner Hospital and Health Service is a statutory body, governed by a Hospital and Health Board. Implementing a statewide project across multiple partners with varying priorities, community needs and unique local challenges required provision of resources for Project Officers and Clinical Leads. These roles were instrumental for partner Health Services as they supported meaningful engagement at the statewide level and managed local deliverables within the complexities of their own organisations. These roles reflected on barriers and enablers associated with the positions (Table 7).

Table 7. Key enablers of success and challenges experienced by BaSCI Project Officers and Clinical Leads.

Key enablers of success	Key barriers or challenges encountered
<ul style="list-style-type: none"> • Relationships • Collaboration • Networking • Knowledge • Experience • Capabilities • Access to resources • Access to opportunities. 	<ul style="list-style-type: none"> • Organisational and structural barriers • Funding and resource constraints • Workforce issues • Stakeholder engagement challenges • Corporate knowledge gaps • Project execution challenges

6. Meaningful data supports success but is challenging to access

Project metrics demonstrate the benefits of the BaSCI project in improving services and increasing access for Queenslanders with brain and spinal cord injuries to quality care closer to home. However, significant data gaps remain at a system level that could support continued review of access equity and service performance monitoring across Queensland rather than at an individual service level.

7. Funding models need to align to consumer need and service delivery

While BaSCI was grant-funded, the testing of high impact, effective models was feasible. To transition these models to business as usual requires an understanding of the constraints of activity-based funding for highly specialised rehabilitation service provision across the lifespan. Queensland Weighted Activity Unit (QWAWU) targets were applied to recurrent funding offers and these require complex negotiations to amend.

8. Aligned project interests across diverse groups

While BaSCI provided a unique opportunity for specialist rehabilitation service improvement in Queensland, the magnitude of service challenges across each sub-specialty were so significant that supporting stakeholders with diverse interests through the prioritisation of activities became challenging at times.

9. Projects at scale and dependent influences

The challenges and pressures of service access inequity in Queensland, that originally led to this project being funded, had pressures across the system that impacted stakeholder engagement and project delivery. This includes but is not limited to:

- Significant media attention generated by consumers sharing their experiences of sub-optimal care,
- The review of both statewide services resulting in:
 - The Queensland Spinal Cord Injuries Service being considered for relocation by the Queensland Health Chief Operating Officer,
 - The release of a [Spinal Cord Injury Service Delivery Model for Queensland](#), and
 - The Brain Injury Rehabilitation Service being removed from the Statewide Service program.

Section 1.

Spinal Cord Injury Services

Spinal cord injury (SCI) is defined as damage to the spinal cord resulting from trauma or disease processes. It results in disorders of motor and sensory function below the level of cord injury. Due to the multisystem disruption caused by spinal cord injury it can be a catastrophic, life-altering condition, even for people who may be able to walk independently or appear to be less severely impaired. Spinal cord injury has low incidence and prevalence but requires complex and medical, surgical and rehabilitation interventions that require a highly skilled multidisciplinary workforce in specialist facilities for lifelong management.

Referral to a specialist spinal cord injury unit within 24 hours of injury is associated with better outcomes for consumers.ⁱ In Queensland, people with a new spinal cord injury wait extended periods to access inpatient rehabilitation and management in the single 40-bed specialist unit. These delays can result in secondary complications, increase inpatient length of stay and the need for invasive or complex treatments, and predispose consumers to further challenges in the rehabilitation and community phases of care, limiting both physical and mental health outcomes.

The continuum of services offered by QSCIS include the Spinal Injuries Unit (SIU) inpatient facility as well as outpatient, transitional, and outreach services. QSCIS is the [Statewide Service](#) for Queensland and hosted at the Princess Alexandra Hospital, with clinical and operational governance provided from Metro South HHS.

Strategic governance of a statewide service is the responsibility of Queensland Health. A consistent, scheduled, system approach to reviewing and monitoring statewide services' performance is conducted annually through the System Planning Branch with appropriate escalation and management of risks to ensure services deliver equitable access to safe, quality care.

Significant access issues self-reported by the QSCIS and are summarised in Figure 3 below.

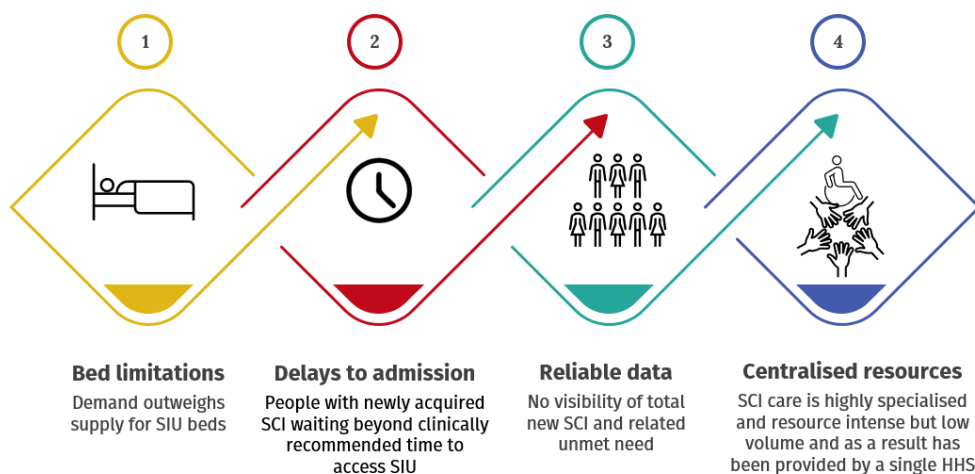


Figure 7. Service access issues - the priority challenge to address.

What the available data told us about rehabilitation across Queensland

In 2022, BaSCI initiated requests from existing internal and external collections for analysis.

This included:

- Statistical Services Branch (SSB): providing linked data from Queensland Health admitted, non-admitted and emergency data collections for patients with a spinal cord injury.ⁱⁱ
- Australian Rehabilitation Outcomes Collection (AROC): the national rehabilitation medicine integrated outcomes centre of Australia and New Zealand providing insights into Queensland SCI rehabilitation activity and outcomes.ⁱⁱⁱ

Both these sources demonstrated <50% of inpatient rehabilitation episodes for spinal cord injury* were occurring in the specialist unit with activity distributed across other Queensland facilities, predominately those with major trauma capability.

*Codes for inclusion in these data requests were determined by designated Clinical Leads.

Ideally an uplift and expansion of specialised inpatient beds would improve services across Queensland. However, the space and funding required for high-cost, specialised units were not within project budget. Recognising there was an immediate need for improved access to specialist care, pragmatic interventions were delivered to support patient safety.

Pre-Intervention - Baseline of demand and access to the specialist unit

Recognising the need to quantify and validate the access issues and in the absence of any systems that effectively monitored demand QSCIS provided data related to referrals received by the service for the 2020 calendar year. This indicated 149 referrals were received to the SIU (average 12/month).

Of these referrals:

- 93 (62%) were accepted and admitted to the specialist unit
- 56 (38%) were not admitted and a portion of these patients received care in a non-specialist facility elsewhere.

For those consumers that were admitted waiting times exceed that associated with best outcomes:

- Longest time from referral to admission 244 days
- Average time from referral to admission 31 days.

In Queensland, a third of patients with a new spinal cord injury did not access specialist inpatient rehabilitation. For those who were admitted, the wait time was far too long.

Solution design

Service Pilot 1: *Timely expert advice to support caring for patients with spinal cord impairment*

Funding period: 2021-2025

In response to extended waiting times and barriers to admission to the specialist unit, the immediate intervention delivered through BaSCI was QuickStart.

This initiative, implemented by Metro South HHS, enabled timely access to spinal cord injury expertise and support for health professionals who were managing care for people with newly acquired spinal cord impairment in hospitals across Queensland.

The intervention incorporated two components:

1. Establishment of a new statewide multidisciplinary spinal cord injury in-reach consultancy and liaison service
2. An online hub providing easy access to contemporary, best practice aligned education resources for non-specialist health professionals to improve care.

QuickStart commenced the in-reach service in April 2022 providing consumers and treating teams with early contact from the specialist statewide in-reach team offering specialist consultation and advice, and supported planning regarding spinal cord injury care.

Key learnings

Learnings from the QuickStart intervention after 14 months of implementation showed insights about demand, access, and how consumers move through the system, including:

- Reduced time to specialist spinal expertise and support – from 31- to 4-days average
- An increase in referrals for people with new spinal cord injuries – 248 in 14 months (average 18/month)
- 42% of consumers referred were admitted to the specialist spinal unit – a reduction from 62% in the pre-intervention year
- 58% of consumers referred were supported by QuickStart but not admitted to the SIU
- 21% of consumers referred had QuickStart only intervention, discharging directly from the referred site without admission to a rehabilitation unit
- 85% of referrals were from BaSCI Hospital and Health Services -
 - Metro South 38%
 - Metro North 26%
 - Gold Coast 11%
 - Sunshine Coast 6%
 - Townsville 4%.

This initial data further confirmed the significant limitations regarding access to the Spinal Injuries Unit. The number of consumers with new injuries that required access to specialist expertise but were not admitted to the specialist unit had increased. These metrics fostered further collaboration across partner Hospital and Health Services. The need was identified

for spinal expertise to be available at the bed side to deliver care to consumers with cord injuries across the system. In response, the establishment of embedded specialist spinal portfolios in additional facilities was seen as an immediate action to improve care and safety.

Testing an expanded model

Project teams across the Hospital and Health Services worked together to design a proposal for BaSCI pilot funding from 2023-2025 that would expand the service delivery model. The roles and portfolios were designed to work together as a network of providers delivering specialist care to newly injured consumers beyond the walls of the Spinal Injury Unit.

Available project funding was limited but allowed four new pilots to be established to work collaboratively with QSCIS and QuickStart providing access to more timely spinal expertise across Queensland. Figure 4 shows the distribution funded pilots. This reoriented the centralised service delivery model enabling timely access to specialist care in hospitals across the state. Table 6 shows BaSCI funded spinal roles within the service pilots.

BaSCI Spinal Investments

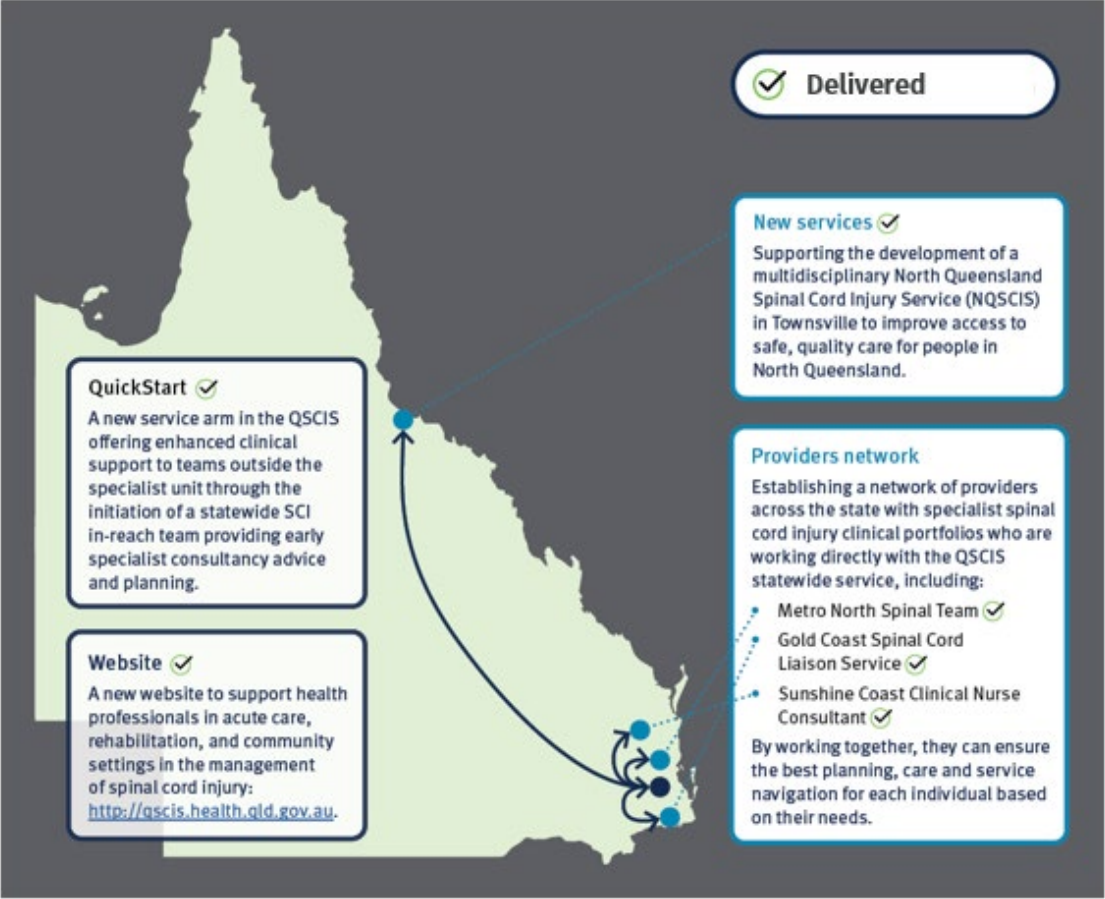


Figure 8. Specialist service pilots funded through the BaSCI network of providers.

Table 9. Collaborative spinal pilots - snapshot investment status as at 30 June 2025.

Provider	Service name	Clinical team	Pilot status
Metro South	QuickStart	6.5 FTE	Recurrently funded
Townsville	North Queensland Spinal Cord Injury Service (NQSCIS)	3.0 FTE	Recurrently funded
Metro North	Spinal Cord Injury Metro North	1.6 FTE	Recurrently funded
Gold Coast	Spinal Cord Injury Liaison Service	1.0 FTE	Recurrently funded
Sunshine Coast	Sunshine Coast Spinal Cord Injury Clinical Nurse Consultant	0.4 FTE	Recurrently funded

Models in Focus

Spinal Cord Injury Liaison Service

Gold Coast HHS

The service is delivered from the Gold Coast University Hospital and provides specialist spinal cord injury in reach, inter-hospital liaison, outpatient clinics, education, quality improvement and workforce support. Positive impacts of this intervention include:

1. Prevention and reduction of secondary injuries and complication.
2. Hospital avoidance.
3. Bladder and bowel management.
4. Adjustment to living with spinal cord injury.
5. Access to trial of equipment and aids to optimise occupational engagement and function.

The service provided care to 560 individuals through implementation and had improved outcome measures aligned to the interventions provided.

Spinal Cord Injury Team

Metro North HHS

A small team of 1.6FTE was embedded at Metro North to support 122 consumers with new spinal impairment who were admitted to the major quaternary centre of Royal Brisbane Women's Hospital. 44% were supported to discharge from there while 56% underwent rehabilitation at either Metro North Surgical Treatment and Rehabilitation Service (44%) or The Metro South Spinal Unit (12%).

The embedded positions have facilitated care closer to home with less delay to rehabilitation access.

The need to expand and appropriately fund specialist spinal rehabilitation in Metro North remains an ongoing priority.

Dale's Story

North Queensland Spinal Cord Injuries Service (NQSCIS)

Dale, a 17-year-old from Townsville, experienced a life-changing event when a large commercial fridge fell on him at work, resulting in a complete spinal cord injury. Dale received surgical treatment and initial rehabilitation at Townsville University Hospital. It then became clear that specialised spinal services, including peer support, intensive allied health support, and complex equipment prescription, were necessary to maximise his recovery. These services were primarily available in Brisbane at the specialist SIU.

The support of the BaSCI pilots and the partnership developed between the Townsville and Metro South teams, Dale's rehabilitation was made more manageable. Before leaving Townsville, he engaged virtually with the Brisbane team, helping him understand his treatment options and smoothing his transition.

A key aspect of Dale's care was the collaboration between services. His mother, Connie, shared:

"Through our journey, we've interacted with many health professionals, and sometimes it feels like they're protective of their patients or they don't want to seek another opinion. But this felt different. They felt like one team".

The admission to Brisbane caused quite a strain on the family and finances being so far from home, but was what Dale needed to get back on track. After receiving care in the specialist unit, Dale transferred directly home with local supports already in place with the Townsville team, reducing unnecessary hospital transfers and longer stays.

NQSCIS provided home visits immediately on return to Townsville, and with virtual care support from the Brisbane team, were able to problem-solve unexpected issues related to equipment, personal care, and community access.

Dale suggested the partnership in services was helpful for him as a Townsville resident:

"It's hard to explain everything in detail to people who have never been to Townsville. They mean well, but it's much better when you get the experts in person – it has to be a mix of in-person and online."

Connie shared how collaboration made the transition home much easier:

"Even the thought of coming home was daunting, knowing the specialist spinal team was going to be over 1500 km away. But with NQSCIS and QSCIS working together, we had the local support we needed."

Today, Dale is back to enjoying life—working, driving, fishing, and spending time with friends—thanks to the collaborative care.

"I just wanted a team who knew me, who understood what I was going through. NQSCIS manage most of my care now, and I feel good about getting back to my normal life."

North Queensland Spinal Cord Injuries Service saved Townsville University Hospital 602 bed days, avoided 25 admissions through hospital avoidance strategies, and locally provided specialist outpatient services to 65 people who would otherwise have travelled on return flights to Brisbane for their consultations through the pilot period.



Transition Pathway

Children's Health Queensland +
Metro South HHSs

The Queensland Paediatric Rehabilitation Service is the statewide provider of rehabilitation to Queenslanders aged 0-18 years. Adolescents and young adults with spinal cord injury who have been cared for under a paediatric service model required a clear pathway to improve the transition to adult services for ongoing lifelong care.

Together with Queensland Spinal Cord Injuries Service transition pathway based on best practice principles for adolescents and young adults with pre-existing injuries has been developed and the first clinic was successfully conducted in 2025.

Both services committed to progressing this work beyond the BaSCI project close date.

Virtual Ward Round

Cairns and Hinterland HHS

Although unfunded for clinical service pilot implementation, Cairns and Hinterland Hospital and Health Service leveraged the BaSCI temporary and part-time project officer portfolio to consider opportunities for local change and improvement strategies.

This resulted in the establishment of the weekly virtual ward round to improve consistency of care and communication between teams looking after consumers with spinal cord injury in Cairns. The round involves up to 30 clinicians and has been established to run weekly.

In addition, a Virtual Handover has been established with Cairns and the Queensland Spinal Cord Injuries Service assisting in triage and handover process between the services.

Statewide BaSCI improvement strategies

Service pilot delivery was the operational accountability of the funded partner Hospital and Health Services with project oversight, collaborative facilitation and implementation support provided by the BaSCI Statewide Spinal Cord Injury Working Group. This group reported on pilot implementation and impacts and additionally progressed improvement strategies for statewide benefit and impact under two main workstreams.

Table 10. Statewide spinal cord injury working group - workstreams summary.

BaSCI Statewide Spinal Cord Injury Working Group - Workstreams		
	Meaningful data	Standardised access pathways
Issues	<ul style="list-style-type: none"> Limited visibility of meaningful data on service demand at a department level Unsupported local data systems in use at facilities Key information gaps in existing established collections No rehabilitation specific and disability inclusive experience measure 	<ul style="list-style-type: none"> Barriers to accessing the specialist inpatient rehabilitation unit Rapid temporary expansion of service delivery model with BaSCI-funded service pilots No relevant published Department of Health policy or procedure on access to specialist spinal cord injury rehabilitation in Queensland Limited information to support consumers understanding service navigation
Actions	<ul style="list-style-type: none"> Confirm requirements Define scope of data metrics and tools Acquire or develop relevant systems Design, test and refine processes Pilot collections Analyse data Deliver final report and lessons learnt 	<ul style="list-style-type: none"> Definition of new access pathways across Queensland incorporating project-funded service pilots and alternative pathways of care beyond admission to the specialist unit Agreement on consistent referral processes to support access to specialist spinal cord injury expertise Documentation consultation through Queensland Clinical Networks Publishing approvals
Deliverables	<ul style="list-style-type: none"> Brain and Spinal Cord Injury Project Spinal Cord Injury Data Report^{iv} Queensland Spinal Cord Injury Minimum Data Set Collection Tool and User Guide 	<p><u>Statewide guideline for access to primary rehabilitation for new spinal cord injuries</u></p>
Status	<ul style="list-style-type: none"> Developed, built and tested in the corporate installation of REDcap. Analysis offers insights into the way consumers with spinal cord injury access rehabilitation in Queensland. <ul style="list-style-type: none"> Information included in the collection covers injury level, mechanism of injury, waiting time to care, number of transfers within and between facilities, participation in rehabilitation, Potential future utility to enable a statewide triage and referral management system Handed over to the Queensland Spinal Cord Injuries Service on 30 June 2025 	<ul style="list-style-type: none"> Published May 2025 Updated June 2025 when project funded service pilots were recurrently funded

Bowel care learning module

People with spinal cord injury usually have well established routines for bowel care and are assisted by family members or paid support workers, often funded through the National Disability Insurance Scheme (NDIS), or other insurance schemes like the National Injury Insurance Scheme Queensland (NIISQ).

BaSCI dedicated resources, partnered with expert clinicians and the Centre for Leadership Excellence to develop a statewide e-learning module specifically for bowel care for people with spinal cord injuries. This 20-minute interactive online course is now available to all Queensland Health nursing staff on the iLearn platform and outlines the safe and effective delivery of bowel care for people with spinal cord injuries. Statewide implementation was handed to the Office of the Chief Nurse Practice Innovation Program team in May 2025.



System level dependencies

Aids and Equipment

The BaSCI spinal service pilots expanded the workforce and service delivery model allowing for access to specialist spinal cord injury care and expertise in more locations across Queensland. This expanded service provision improved safety particularly for consumers whose level of injury could be safely managed in non-specialist units with access to specialist consultation, liaison and expertise. However, further issues of access to aids and equipment were uncovered.

Age restrictions on the National Disability Insurance Scheme (NDIS) mean people over 65 years of age who acquire a new spinal cord injury are not eligible for the Scheme. This creates barriers to accessing essential assistive technology and causes barriers and delays to support the safe transition to home and community.

The Spinal Cord Injury Response (SCIR) - New Equipment Program is a component of the Medical Aids Subsidy Scheme (MASS) and provides one-off set up assistance to Queensland residents with new spinal cord injuries, however eligibility for this program requires inpatient admission to the Spinal Injuries Unit at Metro South. As such, consumers over 65 years of age who were benefiting from the BaSCI expanded models were ineligible for both NDIS and the SCIR Program, resulting in significant disadvantage and inequity for these people.

BaSCI escalated the issue to the System Planning Branch and the System Policy and Reform Division for consideration. The project was advised to utilise the Long Stay Rapid Response program for consumers in BaSCI pilots faced with issues of access to aids and equipment. This process was adopted by teams.

A time-limited improvement project ran in financial year 2024-2025 to expand the SCIR guidelines, however the project closed on 30 June 2025 with no recurrent funds, and guidelines have defaulted to the pre-project state. Queensland Health is commencing a review of the Queensland Health Medical Aids Subsidy Scheme (MASS) and this matter has been requested for consideration as part of this review.

Service reviews

In 2023, significant media coverage related to poor consumer experiences of spinal cord injury care resulted in a review of the Queensland Spinal Cord Injury Service. The inpatient unit infrastructure was found to be inappropriate and outdated and a body of work was funded in Metro South HHS (2023-2025) to enhance existing infrastructure, service delivery, equipment and culture at the service.

Queensland Health System Planning Branch also embarked on a significant planning process across the state that developed a new [Spinal Cord Injury Service Delivery Model for Queensland](#) in 2024. The new service model reflects the direction established through the BaSCI pilots with an expanded model and decentralised portfolios but, most importantly, additional specialist spinal inpatient bed stock for Queensland.

A plan and related funding to implement the model is yet to be announced.

Outcomes and Evaluation

BaSCI has successfully delivered adult service improvement initiatives and interventions for people with spinal cord injury in Queensland.

The models funded, though distributed across the system, have functioned collaboratively to achieve impact across the state. The Metro South QuickStart closure report demonstrated there has been a 36% increase in demand measured by referrals to the Statewide Service. This increase likely relates to previous unmet need of new spinal cord injury that is now far better understood and quantifiable. Throughout the pilot period spinal bed stock in Queensland remained static, this increased demand created more pressure on the specialist inpatient unit. Of all referrals received:

- 65% were from the Metro North and Metro South Health Services combined, however,
- 79% of cases were managed within the referring Health Service with the support of BaSCI funded interventions.

Alongside managing the growing demand, the interventions each report timelier access to specialist spinal expertise that has improved safety and experiences. The North Queensland Spinal Cord Injuries Service received 161 referrals from the five most northern Health Services throughout the pilot period. First Nations people were over-represented at 14.4% of the service case load (compared to 5.2% population data). Throughout implementation the service reduced the average waiting time for inreach review from 17 days in 2024 to 3 days in 2025.

From an overall evaluation perspective, Health Services reported improved organisational capacity and better skills and capability for the provision of quality and safe care to people with spinal cord injuries. There are challenges that remain across the system regarding better access to specialist equipment (See Appendix 3 for more detail).

Sustainability and Transition

Each of the BaSCI models for spinal cord injury have confirmed offers of recurrent funding from 1 July 2025. The value of this continued investment from Queensland Health is \$2.54M/annum.

A Special Interest Group was formed in June 2025 under the [Queensland Rehabilitation Clinical Network](#) to provide organisational governance for future collaborations across the clinical group.



Section 2.

Acquired Brain Injury Rehabilitation

Acquired brain injury (ABI) refers to damage to the brain occurring after birth, resulting from traumatic (e.g., accidents, falls) or non-traumatic causes (e.g. strokes, infections). Acquired brain injury can lead to deterioration in various areas of functioning, including cognition, physical skills, communication, emotional wellbeing, social interaction, and independence. Approximately 1 in 45 Australians experience brain injury with severity varying from mild to catastrophic. The effects of a brain injury vary depending on the part of the brain that is damaged. Injury-related disability can be devastating to an individual, their family and carers as it may affect cognitive, physical and emotional wellbeing along with the ability to independently function.^{v,vi,vii}

The care and rehabilitation required for recovery is complex, specialised and long-term, with input required from a range of health care professionals from acute care through to community settings.

Prior to project commencement, the only recognised provider of dedicated and specific acquired brain injury rehabilitation for adults in Queensland was The Brain Injury Rehabilitation Service. It was designated as a Statewide Service and delivered through the Princess Alexandra Hospital in the inner Brisbane south area, with governance provided by Metro South HHS.

The Brain Injury Rehabilitation Service provides high quality specialist rehabilitation across the care continuum for people with moderate to severe injuries. Service growth, however, has not matched demand and access has been limited. The centralised service model has been unable to meet the diverse and complex needs of Queensland consumers and communities.

These complex issues of health equity and consumer safety were the catalyst for the *Statewide adult brain injury rehabilitation health service plan 2016-2026* that responded to the growing inequity and emerging evidence regarding safe, quality and effective service models. The document summarised the service challenges as:

“Limited access due to centralised inpatient service, growing demand, and limited specialist services at all stages of the care continuum. [And] limited reach of specialised community services for long-term support, especially case management”^{viii}

An expanded service delivery model, with a primary focus on consumers with moderate to severe injuries, was proposed. The vision of a more networked model acknowledged organic service development that had occurred over time outside the Statewide Service. It aimed to build assurance of improved access to, and quality of, specialised brain injury rehabilitation for Queenslanders closer to home, family support and the communities within which they live.

Solution design

Service Pilot 2: Expanding specialist acquired brain injury rehabilitation capacity and capability in Queensland hospitals

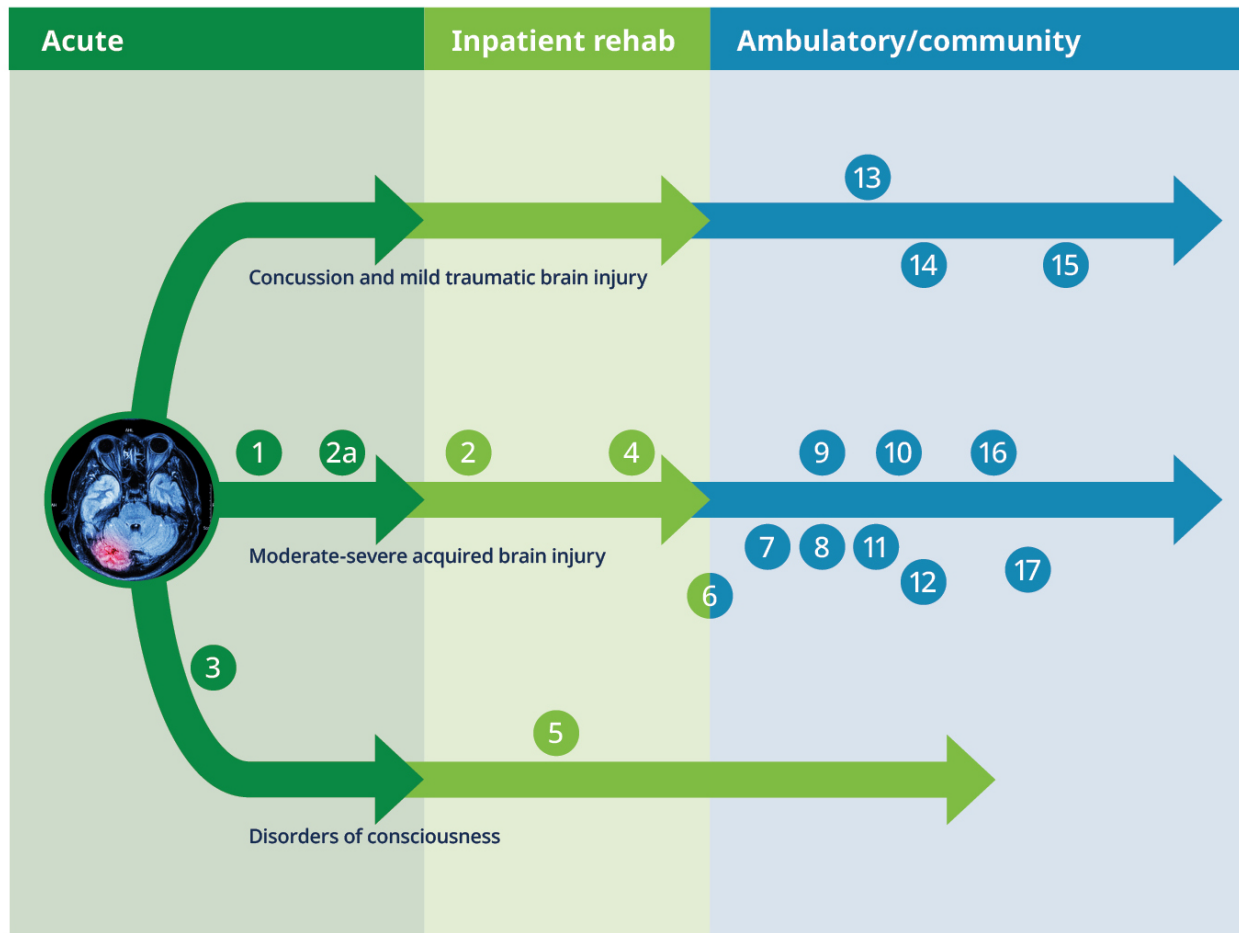


Funding period 2021-2023

The provision of BaSCI project resources supported the development of a range of specialist brain rehabilitation models across five Hospital and Health Services from 2021-2023. This approach responded to community need, considered local existing and available resources and infrastructures and fostered evidence-based solution design that could be feasibly implemented across existing service profiles.

What resulted was a rapid investment in workforce expansion and skill development to mature specialist service capacity and capability across Queensland.

A total of 17 models were funded and implemented through this period with interventions spanning injury severity and implementation occurring across both hospital and community settings of care.



BaSCI projects to improve ABI rehabilitation
 Spanning the continuum of care and severity of injury

- 1 Metro South Acute ABI In-reach Project ✓
- 2 Metro North STARS Brain Injury Rehab Unit ✓
- 2a Metro North Brain Injury Referral and Triage Service ✓
- 3 Metro North Acute Disorders of Consciousness Project ✓
- 4 Gold Coast Behaviour Support Program ✓
- 5 Metro North Prolonged Disorders of Consciousness ✓
- 6 Metro North Hospital to Home ✓
- 7 Specialist ABI Outpatient Service Model, including concussions and hypertonicity ✓
- 8 Sunshine Coast Neuro-intensive Rehabilitation Service ✓
- 9 Townsville ABI Multidisciplinary Follow-up Service ✓
- 10 Metro North Specialist Ambulatory Project ✓
- 11 Townsville Culturally Safe Rehab Project ✓
- 12 Sunshine Coast Hypertonicity Service ✓
- 13 Sunshine Coast Complex Concussion Clinic ✓
- 14 Metro South Concussion Clinic ✓
- 15 Townsville Concussion Clinic ✓
- 16 Metro South Hybrid Transition Community Model ✓
- 17 Gold Coast Driving Clinic' ✓

Figure 7. BaSCI acquired brain injury service pilots and improvement projects 2021-2023.

Table 8. BaSCI brain injury rehabilitation models funded 2021-2023.

Site	Model	Description
Sunshine Coast HHS	Neuro-intensive Rehabilitation Service	Specialist multidisciplinary day admission rehabilitation service established to provide intensive rehabilitation up to four-days a week for four weeks. Avoids rehabilitation admission and/or reduces length of stay for patients who are safe to be home but require intensive therapy during the transition to home.
	Complex Concussion Clinic	Specialist multidisciplinary complex concussion clinic providing comprehensive initial assessment and up to 12 weeks of therapy one day a week for people with symptoms persisting beyond 4 weeks post injury.
	Hypertonicity Clinic	Expansion and extension of existing hypertonicity clinic to meet local needs for patients with brain injury reducing waiting time, improving access and outcomes.
Metro South HHS	Hybrid Community Acquired Brain Injury (ABI) Rehabilitation	Developing a community rehabilitation model for implementation in MNHHS to address inequity of service access to specialist ABI community rehabilitation that combined transitional rehabilitation and case management models.
	Mild ABI Clinic	Development of a clear and coordinated access pathway for those people with moderate to severe ABI, regardless of the acute ward they are in at the Princess Alexandra Hospital (PAH), that assists with timeliness of referral.
	In-reach moderate-severe ABI pathway	Development of a model of in-reach rehabilitation to support patients with ABI and their treating teams in other units of the facility.
Metro North HHS	Pathways of Care	Reducing variability for pathways for ABI care in major trauma intake centre through improved data and service redesign.
	Specialist Rehabilitation: ABI Inpatient	Implementation of eight (8) ABI specialist rehabilitation beds at creating Queensland's second Brain Injury Rehabilitation Unit.
	Specialist Rehabilitation: ABI ambulatory	Co-designed and made recommendations to streamline and standardise pathways for ABI and SCI across all MN ambulatory services.
	Prolonged Disorders of Consciousness (PDOC)	Implemented a standardised assessment and management pathway within the Brighton Brain Injury Service (BBIS) rehabilitation setting and in the acute neurosurgical unit at the Royal Brisbane and Women's Hospital (RBWH).
	Acute Disorders of Consciousness	Implemented timely, equitable, and transparent management of disorders of consciousness on acute wards in line with best practice guidelines using standardised assessment and documented pathways of care.
Townsville HHS	Multidisciplinary ABI Review Clinic for North Queensland	Improved access to coordinated MDT follow up for patients with complex needs following an ABI. Provides patient access to three medical specialties in one clinic and a comprehensive rehabilitation allied health team which can provide high intensity therapy.
	Concussion Clinic to service Northern Queensland	Addressing service gap for specialist care a multidisciplinary adult Concussion Clinic servicing North Queensland.
	Feasibility study for the development of a North Queensland Rehabilitation Service at Townsville	Detailed planning and costings to inform establishment of specialist inpatient rehabilitation units in North Queensland Rehabilitation Service. This will operate out of a new build in Townsville from 2026.
	Culturally safe model of rehabilitation care for First Nations people	Review of service cultural safety capability with actions for targeted improvement to improve access experience and outcomes for First Nations people.
Gold Coast HHS	Specialised Acquired Brain Injury Outpatient Service	Expansion, improved coordination and integration of existing outpatient rehabilitation services providing assessment and intervention to patients with ABI including community rehabilitation improving capacity and quality of care. This includes concussion and hypertonicity.
	Behaviour Support Program	Support for inpatients with ABI who exhibit responsive behaviours. Support ABI patients in acute wards where they may be undergoing specific treatments related (or unrelated) to their ABI.
	Driving program	Improving access to specialised driving assessment and rehabilitation services.

Models in focus

Neurointensive Rehabilitation

Sunshine Coast HHS

This service facilitates high intensity, highly specialised ABI (and SCI) rehabilitation to patients who do not require overnight admission. It allows for increased flow through acute and rehabilitation units by offering the same intensity of therapy offered by inpatient units, while allowing time at home for contextual practice of rehabilitation strategies through the transition to community living.

The service shortens inpatient rehabilitation length of stay, with 50 patients able to avoid admission all together. Between March 2022 and December 2023, 1469 bed days were saved, 58 from acute wards, and 1411 rehabilitation.

"We were discharged from a general geriatric rehab unit to a home that could not accommodate us and almost no community supports. We heard things were happening at Sunshine Coast and made the tough decision to sell up and relocate so we could access specialist ABI rehabilitation after being discharged. Because of the skill, expertise, and intensity, and the excellent group dynamic, within a week she was walking again"
– Partner of ABI patient.

Behaviour Support Program

Gold Coast HHS

This model provides both group and individual recreational activities based on the interests of long-stay consumers with complex social and medical needs.

By assisting behavioral expression, the model prevents deconditioning and improves quality of life while promoting health and wellness. It also supports the overall Complex Management Unit team and model of care.

"It makes me feel wanted. I enjoy games, drawing and talking." – Participant.

The Unit reported a 75% reduction in Code Black Emergency Management and teams indicate increased participation in ward therapies as a result of rapport building with the Recreation Officers. As well as benefiting the consumer experience for participants, this low-cost model demonstrated return on investment.

Disorders of Consciousness

Metro North HHS

Disorders of consciousness after profound brain injury occur when a person's level of wakefulness and awareness is altered. While the number of people with this condition is low, their needs create a substantial financial, emotional, and societal impact. Due to their extreme vulnerability and complete dependence on others, a duty exists to promote their interests and strive towards a quality of life that would be acceptable to them.

"If we're fighting to keep people alive, we should also be fighting to give them a life they would want to live." – Family member of ABI patient.

Metro North implemented an evidence-based model of care to enhance both the acute and subacute hospital experience and outcomes for this cohort. This work uncovered a need and opportunity for a sustainable statewide approach to whole-of-life care for people with complex injuries that was progressed through BaSCI. The *Moving Towards Awareness*^{ix} paper summarised international evidence and identified the need for action in Queensland. It led to the proposed new service model for whole of life care that was endorsed in principle by Queensland Health Senior Leadership Forum in 2025.

Complex Concussion Care

Townsville, Sunshine Coast, Metro South, Gold Coast HHSs

Approximately 15-20% of patients who experience a mild traumatic brain injury will be impacted by post-concussion symptoms that include a variety of physical, cognitive, emotional and behavioral concerns in the weeks to months post-injury.

Prior to BaSCI, Queensland had no publicly funded service options, and the complex nature of this presentation was not well managed in primary care settings with poor outcomes for consumers.

BaSCI models have been established to support access to evidence-based, specialist multidisciplinary complex concussion care that is restoring function and returning consumers to employment and other meaningful life roles.

These specialist services support General Practitioners with accessible pathways to care and result in reduced demand on already overburdened Emergency Departments.

Integration of these new specialist services into existing programs of work that target integration between community and hospital care, including HealthPathways and Clinical Prioritisation Criteria will support equitable access into the future.

*"Concussion clinic gave me my life back."
– Consumer.*

Brain Injury Rehabilitation Unit

Metro North HHS

Metro North uplifted workforce across existing infrastructure to establish an 8-bed specialist brain injury rehabilitation unit within the Surgical Treatment and Rehabilitation Service (STARS).

The project endorsed the STARS Acquired Brain Injury Model of Care, implemented specialised brain injury inpatient beds and referral pathways, and introduced pilot security and clinical assistant models of care to support consumers with behaviors of concern and enable therapy, respective with comprehensive policies and procedures in place.

STARS continues to operate an 8-bed specialist brain injury rehabilitation unit.

Service pilot 3: Networked specialist acquired brain injury community rehabilitation coordination and case management

Funding period: 2023-2025

The Acquired Brain Injury Outreach Service (ABIOS) is the community arm of the Brain Injury Rehabilitation Service and was the only provider of adult specialist acquired brain injury rehabilitation coordination and case management in Queensland with a statewide catchment. It had not seen growth in service capacity since its commencement as a Motor Accident Insurance Commission (MAIC) funded pilot in 1997. Despite this, demand for services has consistently grown since this time, and access is significantly limited.

The service cannot meet the diverse needs of people across Queensland, particularly those in regional or remote areas, and outside of the 150km geographic catchment for in-person service delivery. Baseline referral data self-reported by ABIOS, showed 59% of consumers referred were internal and transitioning through the Brain Injury Rehabilitation Service continuum. Additionally, 63% and 57% of those consumers assessed to have referral urgency categories 1 (urgent, to be seen in 30 days) and 2 (semi-urgent, to be seen in 90 days) were experiencing long waits beyond clinically recommended timeframes which is a risk to safety.

While consumer outcomes and experiences for those accessing ABIOS were reported to be high, a lack of access to this kind of specialist rehabilitation coordination and case management can significantly increase the likelihood of poor outcomes, including higher rates of depression, re-hospitalisation, institutionalisation, family and relationship breakdown, homelessness and being unable to return to work and/or important life roles.^{x,xi} These poor outcomes present complex personal impacts as well as significantly higher social costs from managing more complex presentations across health, disability, housing, justice and mental health.

Brain Injury Community Integration Services (BICS)

Temporary BaSCI funding allowed the establishment of four new collaborative services implemented in a networked model across Hospital and Health Service with varying existing service structures, capacities and capabilities. In-scope Health Services were Metro North, Townsville, Gold Coast and Sunshine Coast.

Resource was also provided to ABIOS at Metro South HHS to partner in this work providing leadership drawing on the depth of knowledge, skill, and longstanding advocacy for appropriate investment in specialist brain injury community rehabilitation in Queensland. ABIOS provided standardised education and training to all pilot sites that was key to the development of these new specialist roles and services.

The intervention includes individualised and specialised neuro-specific case management, goal setting, and access to community resources, such as employment,



education, housing and social programs. Each client is assigned a dedicated rehabilitation coordinator who collaborates with them to develop personalised integration plans that address specific needs and barriers. The services also actively engage in capacity development activities that support brain injury skill development and capability across Health, Disability and Social Service providers.

Highlighted achievements

Consumer benefit - Improved access

Growth in consumers accessing specialist ABI community rehabilitation coordination increased significantly from the baseline year*:

- Townsville BICS 4600%
- Sunshine Coast BICS 443%
- Gold Coast BICS 282%
- Metro North BICS 53%

*Baseline year calculated based on Baseline access by Townsville via ABIOS, which was the statewide service and it was the previous year.

Service benefit - Operational efficiencies

Townsville BICS pilot reported a Fail-to-Attend (FTA) rate of 0.0%.

Consumers attending other specialist outpatient ABI care:

- First Nations BICS consumers: 10.2% decrease in FTA to the ABI outpatient services.
- Non-indigenous BICS consumers have a 6.7% decrease in FTA to the ABI outpatient service.
- Overall decrease in FTA of 16.9%.

System benefit – Scale and spread

The BICS service model has been expanded to a neighbouring hospital and health service offering virtual care to consumers referred from Wide Bay HHS through the Sunshine Coast BICS with provision of telehealth and phone supports.

12% of consumers accepted into the Sunshine Coast BICS service have been from the Wide Bay catchment.

Patient and service benefit – Ensuring equity

The initiation under BaSCI of transparent service entry criteria and clinical urgency categories has provided greater visibility and transparency of demand, and enabled services to manage it more fairly and equitably from a clinical and business perspective. It has also aligned the services with the standardised triage practices for Queensland Health non-admitted care.

System benefit - Cost savings

Demonstrated hospital avoidance has been achieved through supporting earlier transition and community integration:

- Inpatient ward referrals resulted in early support discharge saving bed days
- Consumers referred from the community received timely and appropriate community-based care, avoiding an Emergency Department presentation and/or readmission.

In June 2025 each installation of the Brain Injury Community Integration Service received recurrent funding from Queensland Health to enable service continuity from 1 July 2025.

Centralised resources

The process of ABIOS developing and delivering standardised training and education across each of the Brain Injury Community Integration Services ensured high quality and low variability of intervention across Queensland. This also highlighted the important role of consistent, reliable and accessible resources for use across each of the services to support consumers and clinicians across Queensland. In response, BaSCI has worked with Queensland Health to commence development of a suite of accessible and reliable resources specific to acquired brain injury management and recovery that respond to the needs of consumers and clinicians to support high quality care across Queensland.

Statewide improvement strategies

Service pilot delivery was the operational accountability of the funded partner Hospital and Health Services with project oversight, collaborative facilitation and implementation support provided by the *BaSCI Statewide Acquired Brain Injury Rehabilitation Working Group*. This group reported on pilot implementation and impacts and additionally progressed improvement strategies for statewide benefit and impact under two main workstreams.

Table 9. BaSCI Statewide ABI Working Group workstreams.

BaSCI Statewide Acquired Brain Injury Rehabilitation Working Group - Workstreams		
	Meaningful data	Standardised access pathways
Issues	<ul style="list-style-type: none"> • Key information gaps in existing established collections • Data coding frameworks that do not clinically align to in scope clinical cohorts • No visible data on service demand • Community service data locally managed and not available in corporate systems • Highly variable processes across facilities and services • No rehabilitation specific and disability inclusive experience measure • No collectively endorsed and assured metrics or data frameworks to underpin an improvement agenda 	<ul style="list-style-type: none"> • Considerable clinical capacity and capability developed in services not designated as ‘specialist’ rehabilitation providers • Significant volumes of brain rehabilitation activity occurring across the state • Barriers to accessing the centralised statewide service • Operational access and referral pathways not reflected in Department of Health guidelines or plans • Rapid temporary expansion of service delivery model with BaSCI-funded service pilots • Limited information to support consumers understanding and service navigation options
Actions	<ul style="list-style-type: none"> • Engage stakeholders • Consider priority questions • Analyse available data • Assess issues, gaps and concerns • Establish project collection • Review effectiveness • Commence time-limited statewide audits assessing demand for specialist brain injury rehabilitation • Analyse results • Share findings 	<ul style="list-style-type: none"> • Consult with consumers on their priorities within a principles of care framework • Map existing pathways across three defined injury ranges: Complex concussion, moderate to severe acquired brain injury and Prolonged Disorders of Consciousness • Analyse trends against consumer defined principles • Define future access pathways to improve equity and provide care closer to home • Consult with Queensland Clinical Networks • Publishing approvals
Deliverable	<p>Acquired Brain Injury Data Report^{xiii} <i>Acquired Brain Injury Audit Summaries:</i></p> <ul style="list-style-type: none"> • Moderate to severe injuries • Prolonged disorders of consciousness 	<ul style="list-style-type: none"> • Statewide Health Pathway for Concussion • Principles of Care for Acquired Brain Injury Rehabilitation Services in Queensland^{xiii} • Acquired Brain Injury Rehabilitation in Queensland: a proposed adult service delivery model^{xiv}
Status	<p>Reports finalised and available either as internal documents on Queensland Health Electronic Publishing System (QHEPS) or on request from Healthcare Improvement Unit</p>	<ul style="list-style-type: none"> • Concussion pathways published on Health Pathways to support general practice and primary care – rollout continues • Reports published on Clinical Excellence Queensland Improvement Exchange

Dependent System Level Impacts and Responses

In 2021, parallel to BaSCI implementation, Queensland Health endorsed governance and commissioning arrangements underpinned by new criteria for [Statewide Services](#). Strategic Governance of Statewide Services is the responsibility of Queensland Health. The Brain Injury Rehabilitation Service was determined not to meet the criteria for Statewide Service designation in 2023.

As a result, while no immediate operational changes were made, the service was excluded from the annual reporting processes required for all Statewide Services. This reduced system oversight and assurance for equitable access to specialist rehabilitation for Queenslanders. Additionally, this also meant that the acquired brain injury rehabilitation subspecialty was removed from the scope of future Statewide Service planning indicating the statewide plan developed in 2016 would not be revisited when it expires in 2026.

In the absence of a revision of this important planning document BaSCI identified a need for alternative and appropriate system level assurances for the future provisioning of safe and quality accessible specialist acquired brain injury rehabilitation in Queensland. In response the *Statewide Acquired Brain Injury Rehabilitation Working Group* drew on the consultation, deliberation, decisions and actions of the project to develop **Acquired Brain Injury Rehabilitation in Queensland: A proposed adult service delivery model**.

This proposed service delivery model presents a roadmap for Queensland Health to provide equitable access to safe, quality specialist acquired brain injury rehabilitation across hospital and community settings that will enable Queenslanders to live meaningful lives after an injury close to home, community and Country.

Importantly, and for the first time, this document recognises the needs of consumers spanning the severity of brain injury. It incorporates those consumers with complex concussion caused by mild traumatic brain injuries as well as the most catastrophically injured individuals who remain in a prolonged disorder of consciousness.

Central to the model is a networked approach to service planning and provision that formalises partnerships between providers and builds capacity and capability locally allowing for specialist care to be delivered as close to home as possible.

Proposed local service level changes

Brighton Brain Injury Service (BBIS), Metro North HHS, operated a 10-bed brain injury rehabilitation unit providing specialist, multidisciplinary inpatient rehabilitation care accepting referrals from anywhere within the geographic catchment of Queensland for consumers meeting the below criteria:

1. Primary diagnosis of acquired brain injury with moderate to severe impairments (including patients in a prolonged disorder of consciousness).
2. Agreed between 16 and 65 years of age.
3. Medically stable.

In 2025, following the loss of a number of skilled staff with expertise in this area, Metro North are considering changes to the BBIS service which may influence the availability of ABI rehabilitation services to consumers across the state, particularly for those Queenslanders in prolonged disorders of consciousness.

Outcomes and Evaluation

BaSCI has successfully delivered adult service improvement initiatives and interventions for people with acquired brain injuries in Queensland.

The models funded and tested through Hospital and Health Services have decentralised the service delivery model and built capacity and capability at a clinician and service level.

Over the years of the project the collaborative functions developed between teams and services across Queensland have progressed significantly, creating meaningful and purposeful partnerships within the clinical community.

Funds enabled the testing of 21 individual pilots that improved services or provided access to new services across Queensland for over 1700 consumers with acquired brain injuries.

Pilot data and service improvement activities, including statewide clinical auditing, have helped to better understand and quantify the unmet need across Queensland that has been known to clinicians but invisible to the system.

Alongside providing better access, the interventions each report positive consumer experiences and clinical outcomes.

Participating Health Services reported improved organisational capacity and better skills and capability for the provision of quality and safe care to people with spinal cord injuries. There are challenges that remain across the system regarding better access to specialist equipment (See appendix 3 for more detail).

Sustainability and Transition

BaSCI models for acquired brain injury rehabilitation have confirmed offers of recurrent funding from 1 July 2025. The value of this continued investment from Queensland Health is \$6.16M/annum. These funds do not address all service gaps in Queensland but ensure continuity of many of the successful models tested.

A Special Interest Group for Brain Injury is formed under the [Queensland Rehabilitation Clinical Network](#) to provide organisational governance for future collaborations and a continued improvement agenda across the clinical group.



Conclusion

The Commonwealth funding provided to Queensland under the Community Health and Hospital Program has enabled a unique opportunity for specialist rehabilitation service improvement.

The BaSCI project has developed partnerships between consumers and clinicians to design solutions and deliver meaningful change that has resulted in better access equity to specialist rehabilitation care closer to home for people with brain and spinal cord injuries in Queensland.

Recurrent funding to the collective value of \$8.7 million has been secured for service continuity from 1 July 2025 of models tested and proven successful through the project. These specialist services will continue to deliver rehabilitation to consumers with brain and spinal cord injuries closer to home, social networks of support, and communities.

The impact of this achievement cannot be overstated.

Beyond service sustainability, BaSCI has supported improved collaborations across clinical communities and formalised these partnerships with the establishment of Special Interest Groups for acquired brain injury and spinal cord injury under the Queensland Rehabilitation Clinical Network. This provides a reporting line and future organisational governance for the ongoing improvement agenda for specialist rehabilitation in Queensland through the Queensland Clinical Networks, hosted by Clinical Excellence Queensland.

The achievements of BaSCI will have lasting impacts for Queenslanders and the opportunity to make real and meaningful change through the project will continue to be built on long after it has ended.

“Thank you to the BaSCI team. You don’t know how much it means. You gave me my life back.”
– Consumer.

Acknowledgements

The BaSCI Project would like to acknowledge the Commonwealth Government for the funding received through the Community Health and Hospitals Program 2020-2025.

The BaSCI team, Healthcare Improvement Unit, Clinical Excellence Queensland, sincerely thanks the consumers, families, health professionals and community organisations who have contributed to the success of the project.



For more information:

[Search 'BaSCI' on the Clinical Excellence Queensland Improvement Exchange](#)

Appendix 1: Summary of BaSCI service pilots

Table 10. BaSCI funded service pilots.

HHS	Pilot	Funded years	Implementation period	Total consumer participants	Total clinician participants	Outcome
Gold Coast HHS	Specialist ABI Outpatient Service	FY2021 – FY2023	Mar 2022 – Jul 2024	514	3.4 FTE (5 people)	Recurrently funded
	Spinal Cord Injury Liaison Service	FY22/23 – FY24/25	Feb 2023 – Jul 2025	560	2FTE (3 people)	Recurrently funded
	Behaviour Support Program	FY22/23- FY23/24	Feb 2023 – Jul 2024	85	2.6 FTE (3 people)	Recurrently funded
	Building the Specialist Rehabilitation Workforce	FY23/24		N/A	N/A	Adopted service improvement
	Brain Injury Community Integration Service	FY23/24 –FY24/25	Jul 2024 – Jul 2025	41	2.4 FTE (3 people)	Recurrently funded
	ABI and SCI Driving Service		Oct 2023 – Jun 2024	47		Recurrently funded
Metro South HHS	QuickStart	FY22/23 extended FY23/24- FY24/25	Apr 2022 – Dec 2024	633	5.5 FTE (10 people)	Recurrently funded
	PAH BIRS Concussion Clinic	FY2021- FY2023	Jan 2023 – Sep 2023	74	1.55 FTE (5 people)	Recurrently funded
	Specialist ABI Community Rehabilitation for model design	FY2021- FY2023	Apr 2022 – Dec 2022	45	1.9 FTE (3 people)	Service improvement – model developed
	ABI Community Case Management Project	FY2023 – FY2025	July 2023 – June 2025	N/A	1 FTE (4 people + 14 attendees)	Adopted service improvement
	Brain In-Reach Rehabilitation Scoping and Model of Care Framework	FY2021 – FY2023	Mar 2022 – Oct 2022	N/A	Mar-Jun: 1 FTE (1 person) Jul-Oct: 0.5 FTE (1 person)	Service improvement – model developed
	QSCIS Website: Development of the Knowledge Hub	FY 2021 – FY2023	Mar 2022 – Jun 2025	N/A	N/A	Adopted service Improvement
Metro North HHS	Brain Injury Community Integration Service	FY2023 – FY2025	Mar 2024 – Jun 2025	90	3.4 FTE (5 people)	Recurrently funded
	STARS Brain Injury Rehabilitation Service	FY 2021 – FY2023	Apr 2022 – Jun 2023	57	2.5 to 2.7 FTE (6 people)	Recurrently funded
	Acute Disorders of Consciousness	FY2021 – FY2023	Jul 2022 – Jun 2023	6	0.4 FTE (1 person)	Adopted service Improvement

HHS	Pilot	Funded years	Implementation period	Total consumer participants	Total clinician participants	Outcome
	Prolonged Disorders of Consciousness: Implementation of a 12-week Assessment and Management Framework in Subacute Rehabilitation	FY2021–FY2023	Jul 2022 – Jun 2023	7	0.3 FTE (2 people)	Project delivered and closed
	Hospital to Home	FY2021 – FY2023	Oct 2022 – Feb 2023		3.2 FTE (5 people)	Project closed
Sunshine Coast HHS	Neurointensive Rehabilitation	FY2021 – FY2023	Mar 2022 – Oct 2023	161	7.44 FTE (11 people)	Recurrently funded
	MEMORehab	FY2021 – FY2023	Jan 2023 – Dec 2023	17	0.3 FTE (2 people staffed from NIR)	Recurrently funded
	Complex Concussion Clinic	FY2021 – FY2023	Mar 2022 – Oct 2023	95	1.2 FTE (6 people)	Recurrently funded
	Hypertonicity Clinic	FY2021 – FY2023	Mar 2022 – Jun 2022	N/A	0.4 FTE (4 people)	Recurrently funded
	Brain Injury Community Integration Service	FY2023 – FY2025	Feb 2024 – Jun 2025	78	2.4 FTE (4 people)	Recurrently funded
	Spinal Clinical Nurse Consultant	FY2023 – FY2025	May 2024 – Jun 2025	35	0.42 FTE (1 person)	Recurrently funded
Townsville HHS	THHS MDT ABI Review Service	Jul 2021 – Jun 2023	Dec 2022 – Jun 2024	221	4.75 FTE (11 people)	Recurrently funded
	Concussion Service	Jul 2021 – Jun 2023	Dec 2022 – Jun 2024	119	3.35 FTE (11 people)	Recurrently funded
	Enhancing access to rehabilitation for First Nations Australians	Jul 2021 – Jun 2023	Jan 2023 – Jun 2024	8	0 FTE (21 BaSCI-funded roles)	Adopted service improvement
	Feasibility report on transition rehabilitation in North Queensland for ABI/SCI	FY2021 – FY2023	Jul 2023 – Jun 2024	45	0 FTE (4 BaSCI-funded roles)	Service Improvement
	North Queensland Spinal Cord Injury Service	Jul 2023 – Jun 2025	Nov 2023 – Jul 2025	158	7.14 FTE (10 people)	Recurrently funded
	Brain Injury Community Integration Service	Jan 2024 – Jul 2025	May 2024 – Jul 2025	65	3.1 FTE (4 people)	Recurrently funded

For more information on these service pilots, or to request a copy of a Closure Report contact HIU@health.qld.gov.au.

Appendix 2: Consumer experience and outcomes

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
Gold Coast HHS – Specialist ABI Outpatient Service	Patient Reported Experience Measure (PREM) was developed with questions based on the validated Australian-modified Client-Centred Rehabilitation Questionnaire (AM-CCRQ). 20 consumers completed the PREM with 98% of responses indicating ‘agree’ or ‘strongly agree’ to items indicating a positive experience of the service. The other 2% of response indicated ‘neither agree/disagree’.	N/A – Clinical outcomes were not evaluated as part of the pilot project.
Gold Coast HHS – Behaviour Support Program	A PREM was developed by the senior Occupational Therapist on the Complex Management Unit (CMU) suitable to people with cognitive impairment. A total of 22 PREMS were completed - 16 completed by patients and 6 by staff. 86% of patients and staff reported that they enjoyed the activity/session a lot, 95% indicated that the activity/session was meaningful and 86% reported that they would like to attend activities again.	As part of the program 6286 interventions were delivered to 85 patients by the Recreation Officers between 1 July 2023 – 9 Sept 2024. In the financial year 1 July 2023 – 30 June 2024, 4453 interventions were delivered, at an average cost of approximately \$38.90 per intervention. A comparison of average incidence of “Code Black” escalation per month for patients admitted to the CMU, pre and post program commencement revealed a reduction from 11.9 (Feb 2022 - Jan 2023) to 9.5 (Feb 2023 – Jan 2024) and 9.42 (Feb 2023 – Aug 2024).
Gold Coast HHS – Brain Injury Community Integration Service	Two PREM surveys have been completed for BICS clients who have discharged from the service. Both participants responded that they had a positive experience with the service across surveyed domains.	BICS has supported 36 clients to achieve multiple improved outcomes across many domains. These include: <ul style="list-style-type: none"> • ABI Health Literacy (11 people) • Carer strain and capability (8 people) • Community integration (7 people) • Intimate Partner Relationships (5 people) • Occupational Engagement (11 people) • Parenting Roles (5 people) • Risk of Harm/Safety (8 people) • Self-Management (13 people) • Service Provider/Health Worker Capability (14 people) • Access (71 improvements including the following: <i>Equipment and Consumables 8, Essential service/care 23, Human rights/justice 10, Medical and Rehabilitation Services 19, Service Navigation Coordination 11, Financial Supports 9</i>).

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
Gold Coast HHS – ABI and SCI Driving Service	Patient-reported measures did not fully capture satisfaction levels due to inherent biases; however, the positive feedback from staff and the interest from other HHSs indicated a strong level of satisfaction among project team members and executives/sponsors. These insights collectively pointed to the successful implementation and uptake of the Driving and Rehabilitation Service.	A total of 47 consumers have been referred to the service. 74 Occasions of Service (OOS) since commencement of service in November 2023. Increased referrals to the Driving and Rehabilitation Service could serve as a quantitative measure of stakeholder satisfaction, reflecting confidence in the service’s capabilities.
Metro North HHS – Metro North Brain Injury Community Integration Service (BICS)	<p>PREM Snapshot: (Based on approximately 30% completion rate for consumers discharged from BICS.)</p> <ul style="list-style-type: none"> • Collaborative decision making: 100% positive response. • Ease of access & timely health care information: 100% positive response • Consumers learned what they needed to know about managing their brain injury: 100% positive response • Being treated as a person not another case: 100% positive response • Treated with respect and dignity: 100% positive response • Friends/family given support they needed: 100% positive response • Family/friends were given timely information: 89% positive response (11% neutral) <p>Consumer Feedback: “I am in a better place thanks to the service” “They’re so awesome! BICS is a wonderful service. Since we’ve had BICS coming in, life has been much easier, especially with accessing services, equipment, being able to ask about Paul’s progress within the BICS service.” “I would like to express my heartfelt gratitude to BICS for their incredible support throughout my recovery journey. They have been instrumental in helping me navigate through a really challenging time in my life” “Just knowing that I had the support of BICS and in setting up the NDIS, I couldn’t do it without you.”</p>	<p>March 24-March 25</p> <ul style="list-style-type: none"> • 1199 occasions of service • 99 referrals • 7-10 referrals per month • 41% referrals from STARS Inpatient & Day Hospital • 90 accepted referrals • 30 discharges • Average number of days from triage to admission 20.22 days • 8489.79 kms travelled. • 49 years average age • 62% male • 11% of clients identify as Aboriginal. • 20% substance misuse disorder • 44% dual diagnosis of a mental health disorder • 30% of clients met their community goals. • 29 clients identified RTW/Volunteering goals. • 27% discharged with ongoing support by trained and specialist ABI services. • 86% of carers reported lower carer strain on discharge (CSI). • 98% of client increase their functional ability using MPA14 outcome measure. • 28 patients successful NDIA access support <p>Engagement, partnership & education with ABI community services including The Brain Injury Group, The Brain Awareness Centre & The Brain Injury Community.</p>
Metro North HHS – STARS Brain Injury Rehabilitation Service	PREM (AM-CCRQ) implemented standardised form across STARS. Sustaining PREM collection at BIRU has been challenging as it is not designed for patients with cognitive impairment. Consumer feedback:	Therapy Intensity (1st July 2022 – 30th April 2023): <ul style="list-style-type: none"> • 58 patients • Average LOS 39 days • 95% patients received therapy on Saturday.

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
	<p>"There is nothing like STARS. STARS was really loving...like a family. It was education to remind my brain of what I needed to do."</p> <p>"Every time you do that therapy, you're moving up that ladder towards getting better."</p> <p>"Being at STARS was like a part time job, it gave me a purpose... there was always something to do, and I think that was really helpful"</p>	<ul style="list-style-type: none"> • Average of 1.5 hours of Saturday therapy. • 64% patient received an average 4 hours therapy for min of 5 days. • Average total of hours of therapy during admission on weekdays 131.3 hours. • Average 22.9 total therapy each week (weekdays) • 83% completed group therapy, with average of 22.5 hours over their admission. • BIRATS Access and Wait Times (1st July 2022 – 31st March 2023) • Average 0.45 days from referral to initial assessment by BIRATS team.
Metro North HHS – Acute Disorders of Consciousness (DOC)	<p>50% improvement in staff knowledge and confidence.</p> <p>50% of DOC champions funded to attend Prolonged DOC Observer and Facilitator training</p> <p>20 staff funded to complete Chronic DOC training</p>	<p>100% compliance with neurobehavioural assessment and diagnosis of level of DOC.</p> <p>36.6% improvement in overall compliance with clinical guidelines (up to 60% improvement in assessment and diagnosis domain).</p> <p>70% fidelity with assessment and management approach implemented</p>
Metro North HHS – Prolonged Disorders of Consciousness (PDOC): Implementation of a 12-week Assessment and Management Framework in Subacute Rehabilitation	<p>80% of staff concurred that the PDOC pathway is valuable in their clinical practice, with a 90% consensus on its benefit for patients and families.</p> <p>0% of survey respondents identified the PDOC pathway as not useful in their clinical practice.</p> <p>0% of survey respondents identified the PDOC pathway as not being beneficial for patients and families.</p>	<p>66% compliance in delivering the key PDOC pathway elements as designed.</p> <p>Three out of four patients admitted to the pathway transitioned in accordance with the implemented criteria led decision framework.</p> <p>Compliance with clinical guidelines for PDOC assessment and management improved by approximately 48%, to achieve an overall 69% compliance.</p> <p>Improvement of 5-fold in compliance with minimum competency recommendations for services that provide sub-acute rehabilitation for patients in PDOC to take it to an overall 86% compliance.</p>
Metro North HHS – Hospital to Home	<p>Consumer feedback was via complaints and compliments (verbally and written). Staff feedback was collected via an issues log and staff survey.</p> <p>Patients and carers reported frustration at lack of consistent access to Allied Health and the need to pay maintenance fees.</p> <p>Despite the intervention, deterioration in function continued to be reported by patients.</p>	<p>Outcome</p> <p>A part-time allied health team was implemented, however recruitment and staff retention were an issue for consistent service provision</p> <p>The model trialled was ineffective to address the aims to facilitate earlier discharge and reduce functional/physical deterioration.</p> <p>Recommendation:</p> <p>The complexity of care and input necessary to facilitate the transition for patients who have suffered a severe brain injury is significant and</p>

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
		requires a holistic and coordinated multidisciplinary (MDT) approach. This is best provided by a full-time MDT, in the environment and facility where they received their rehabilitation in order to optimise efficiency, reduce duplication and optimise patient and family experience.
Metro South HHS – PAH BIRS Concussion Clinic	<p>Hospital Clinicians Survey: Satisfaction with pathway to interdisciplinary care: 89% were satisfied with the pathway, and 94% were satisfied with the timeliness of access following the concussion clinic pilot; versus the baseline rating of 29% satisfaction with the pathway, reporting dissatisfaction secondary to reduced timeliness of access. 100% were confident that patients were accessing high-quality and evidence-based care via the concussion clinic, and 94% indicated satisfaction with the model of care that has been developed. The level of satisfaction has increased relative to the pre-pathway survey, with 56% indicating satisfaction with BIRS Day Hospital Assessment procedures, and 72% indicating satisfaction with current therapy interventions.</p> <p>General Practitioners Survey: 100% were 'extremely satisfied' with the care their patient received. 91% were satisfied and 73% were 'extremely satisfied' with the timeliness of access. 91% rated 'extremely satisfied' with the written MDT clinic feedback summary, including the timeliness with which the GP letter was received, information included to support ongoing care, plan, and recommendations. No respondents indicated dissatisfaction with the service.</p> <p>Patient Impact and Satisfaction: Baseline scoping surveys with patients (n=25) indicated reduced patient satisfaction with early education, follow-up, and pathway to interdisciplinary care before the project and commencement of the clinic. From review of preliminary results for patients attending the concussion clinic, patients have demonstrated good outcomes in relation to post-concussive symptoms, level of function and psychological wellbeing, and rated high satisfaction with the clinic.</p>	<p>1. Reduction in Number of Re-presentations to Emergency Department (ED): Comparison of baseline data revealed a decrease in the number of re-presentations to ED - 18% for the concussion clinic cohort relative to 33% of the baseline cohort (June 2021 - June 2022). There were no re-presentations to ED related to concussion after being seen by the clinic.</p> <p>2. Improved timeliness of access to specialised care following mild TBI: Relative to the baseline cohort, there has been improvement in the timeliness of access to specialist care. Date of referral to first appointment with specialist service from 58 day to 17.</p> <p>3. Patient Outcomes: After the pilot, 20 of the 40 patients referred for further interdisciplinary input completed full programs and were discharged back to their GP. Of these patients, the majority have:</p> <ul style="list-style-type: none"> • Achieved or had significant improvement towards identified activity-based / functional goals (Patient Specific Functional Scale) • Reported a reduction or resolution of post-concussive symptoms and functional limitations (Post-Concussion Symptom Scale) • Reported increased satisfaction with quality of life and psychological function

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
Metro South HHS – Specialist ABI Community Rehabilitation for Hub Sites	<p>Client & significant other satisfaction surveys: All responses were positive. Qualitative interviews with Rehabilitation Coordinator: Reported as a rewarding but extremely challenging role; identified client, service, system, and professional challenges and barriers; and identified drivers and enablers to implementation.</p> <p>Online training and capacity building survey with MNHHS CBRT Staff: Staff provided information on areas of interest for further training, clinical practice confidence in areas of training interest, and preferred training formats.</p>	<p>Improved Service Access: The embedded Rehabilitation Coordinator at MNHHS increased referrals from MNHHS to ABIOS from 7 in the previous FY to 45 during the 9-month implementation.</p> <p>Client Outcomes: Using the Mayo-Portland Adaptability Inventory – 3 subscales of ability, adjustment, and participation. All 9 participants demonstrated lower scores on all scales at discharge from the pilot, indicating that participation in the ABIOS program was beneficial.</p>
Metro South HHS – BICS: ABI Community Case Management Project	<p>1. BICS Workshops Evaluation:</p> <p>100% of the Workshop participants that responded to the workshop evaluation, reported being “very satisfied” with training.</p> <p>86% reported the training about ABI community rehab approaches and frameworks was “very useful”, and 14% reported it was “mostly useful”.</p> <p>93% reported the training about ABI case management approaches and frameworks was “very useful”, 7% reporting it was “mostly useful”.</p> <p>86% reported the training about the ABIOS model of service and service methods was “very useful”, 14% reported it was “mostly useful”.</p> <p>100% reported the inclusion of consumer experiences and tips from Rehab Coordinators was “very useful”.</p> <p>93% reported the training about key skill areas for Rehab Coordinators was “very useful”, 7% reported it was “mostly useful”.</p> <p>71.4% reported the training about practical tips and tools for Rehab Coordinators was “very useful”, 21.4% reported it was “mostly useful”, and 7.1% reported it was “somewhat useful.”</p> <p>50% reported they were “very confident” in applying the knowledge and skills learnt during the training in their role as a Rehab Coordinator, and 50% reported they were “mostly confident”.</p> <p>Surveys, group & individual interviews completed by staff from BIRS, STARS BIRU, BICS, BBIS re ABI Educational Resources Review:</p> <p>The surveys were completed by staff from BIRU, Day Hospital, ABI TRS, Jasmine Unit, ABIOS, STARS BIRU, BICS, and BBIS with 47 responses in total. The survey was followed by group and individual interviews with a cross-section of management and clinical staff from these services.</p> <p>Analysis of survey and interview results revealed strong views regarding the need for a comprehensive, evidence-informed platform of centralised</p>	Not applicable for MSH

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
	resources for both health professional learning purposes and access to consumer resources. Many participants identified reliability and ease of access as key to any future platform development. Analysis also revealed a strong preference for online educational videos and interactive learning resources for health professionals and a preference for locally produced resources.	
Sunshine Coast HHS – Neurointensive Rehabilitation	PREM delivered – 63% response rate for those completing alongside discharge. All positive.	161 patients (during pilot period) receiving care closer to home 50 patients avoided inpatient rehabilitation due to NIR Improvements in Functional Independence Measure (FIM), Mayo-Portland Adaptability Inventory (MPAI-4), Depression, Anxiety Stress Scales (DASS). Achieved improvements in standardized measures of ability, adjustment and participation after injury
Sunshine Coast HHS – Complex Concussion Clinic	Patient self-reporting improvements, return to life roles. Positive feedback.	95 patients (during pilot period) receiving care closer to home Improvements in Assessment of Quality of Life (AQOL-6D), Oregon Post-Concussive Symptom Checklist, Discipline specific measures.
Sunshine Coast HHS – MEMO Rehab	Patient self-reporting improvements and personal goals. Positive feedback.	Improvements in the Everyday Memory Questionnaire, Memory Strategy Checklist, Memory Self Rating.
Sunshine Coast HHS – BICS	PREM Positive feedback received “Just having an advocate was life changing, and that’s where I think BICS is invaluable.”	78 patients (during pilot period) receiving care closer to home Improvements in MPAI and Quality of Life measures. Achievement of goals.
Townsville HHS – THHS MDT ABI Review Service	PREM delivered Dec 2022 – June 2024. All domains positive increase. Sustaining PREM challenging post project	Outcome measures – DASS and Quality of Life After Brain Injury (QOLBRI) indicated all positive or neutral changes (remained ‘normal’). Communication outcome measures (Cognitive Communication Checklist for ABI + Latrobe Communication Questionnaire completed for 4 patients pre and post. All indicated improvement of function in scores.
Townsville HHS – THHS Concussion Service	PREM delivered Dec 2022 – June 2024. All domains positive increase. Sustaining PREM challenging post project	Outcome measures – DASS and QOLBRI indicated all positive or neutral changes (remained ‘normal’). Post Concussion Symptom Checklist indicated reduction in symptoms in 10 consumers (noting low pre-post completion rates) on discharge.
Townsville HHS – THHS BICS	PREM delivered October 2024 – May 2025. Consumer interviews completed with 3 participants post program. All feedback positive and reported quality of life gains and significant individual goal attainment.	DASS: 3 completed pre-post. All made positive gains. PWI: 17 pre-post completed. Average Pre Score: 55.99 Average Post Score: 66.71 This indicates an increase of approximately 10.72 points, reflecting a notable improvement in-personal wellbeing across the group.

Acquired brain injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
		<p>MPAI: 30 pre-post consumers. Change in Total T-scores averaged -8.93 indicating participants had lower scores on discharge indicating better functioning. A change of 8–10 points or more can reflect strong functional gains as per MPAI manual.</p> <p>Completed STEPS program: 9 (partnership with JCU)</p> <p>Returned to Driving: 22</p> <p>Vocation: 16 returned to work</p>

Spinal cord injury service pilots		
Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
Gold Coast HHS – Spinal Cord Injury Liaison Service	<p>A PREM developed collaboratively with other BaSCI sites and GC SCILS team.</p> <p>A total of 5 PREMS completed. The survey indicated that 100% of patients strongly agreed that they were treated with respect and dignity by the SCILS staff, comfortable expressing their feelings and their emotional needs were recognised and taken seriously by the team.</p>	<p>Average improvement in the Spinal Cord Injury Independence (SCIM) III score for n=70 patients assessed at admission and discharge 34.</p> <p>Patients receiving intervention with improved outcomes based on SCILS intervention across the following domains:</p> <ul style="list-style-type: none"> - Bowel Management: 204 - Skin Integrity: 80 - Respiratory: 10 - Count of Bladder: 245 - Count of Equipment Issues: 40
Gold Coast HHS – ABI and SCI Driving Service	<p>Patient-reported measures did not fully capture satisfaction levels due to inherent biases; however, the positive feedback from staff and the interest from other HHSs indicated a strong level of satisfaction among project team members and executives/sponsors. These insights collectively pointed to the successful implementation and uptake of the Driving and Rehabilitation Service. Verbal testimonials from staff and healthcare professionals – See closure report.</p>	<p>74 Occasions of Service (OOS) total across both sites since commencement of service in November 2023.</p> <p>A total of 47 clients have been referred to the service.</p> <p>Increased referrals to the Driving and Rehabilitation Service could serve as a quantitative measure of stakeholder satisfaction, reflecting confidence in the service’s capabilities.</p>
Metro North HHS – Enhancing equitable, connected health care for patients with a new spinal cord injury – partnering with the Queensland Spinal Cord Injury Service to deliver timely local specialised care	<p>122 people with spinal cord injury were captured by the service (SCIMNH) during the 12-month pilot. A sample of these patients consented to provide more detailed feedback on their experiences which has been showcased in reporting.</p>	<p>Forty-four percent of patients who went through the major quaternary centre of RBWH were discharged from there whilst fifty- six percent of patients underwent rehabilitation at either STARS or SIU. Only 12% of patients received admission to SIU. The embedded positions, workforce training, and network of connected SCI clinicians have facilitated care closer to home with less delay to rehabilitation access. The need to expand and fund specialist rehabilitation outside of the SIU remains an ongoing objective.</p>

Spinal cord injury service pilots

Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
Metro South HHS – QuickStart	<ol style="list-style-type: none"> 1. PREM: A PREM was developed for patients who transferred to the SIU and for those who were discharged from their local facility: <ul style="list-style-type: none"> ● 88 -100% of consumers reported “agree” or “strongly agree” to the domains of: decision-making, education, outcome evaluation, family involvement, emotional support, and continuity/coordination. 2. Semi-structured interviews were conducted with health professionals from five HHSs across Queensland who had received support from QuickStart. Four key themes emerged: <ul style="list-style-type: none"> ● Support for patients and staff: overwhelmingly clinicians felt that QuickStart was a valuable service and made a significant difference to patients, their outcomes and the skills and confidence of the staff. ● Capacity building: Clinicians felt that their SCI skills and knowledge had improved with the support of QuickStart. Greater confidence in managing people with SCI was reported as developing. Ongoing support for those specialised SCI specific skills such as complex equipment prescription and bowel and bladder management was reported as important. Several of the clinicians found the structured QuickStart led training very beneficial in their knowledge and skill development. ● Communication and collaboration: Clinicians described several ways that QuickStart engaged with them, including phone, videoconferencing, email and in-person. The multidisciplinary meetings were considered helpful, especially once modifications were made to suit those who participated. ● Resourcing: Clinicians described at times wanting more support from QuickStart, however, were understanding that staffing levels limited their ability to do so. It was also highlighted that having greater access to equipment at their local sites would be helpful. 	<ol style="list-style-type: none"> 1. Timeliness of access to specialised services: The average days from date of SCI injury to QSCIS receiving the referral have reduced since QuickStart’s inception from 19 days in 2022 to 16 days in 2024. 2. Timeliness of access to specialised services: In 2023, the average time to first review was 3 days; however, this has increased to 5.7 days in 2024. This growth is consistent with the increase in caseload without an increase in QuickStart FTE. <ul style="list-style-type: none"> ● Average occasions of service for each patient = 12. 3. Equity of access: 47.2% of patients were from Brisbane or major regional cities, 47.2% were from other regional centres, and 2.2% were from rural residences. 4. Transition Coordinator Role: <ul style="list-style-type: none"> * Social Housing waiting times have been reduced by 43% since implementation. Average wait time 2021-2022 = 127 days per person. Average wait time with the Transition coordinator role = 73 days. * Home Modifications – Support from the Transition Coordinator resulted in a total of 672 bed days saved (average 96 days per patient). * Interim Support - Support from the Transition Coordinator resulted in a total of 496 bed days (average 99 days per patient).
Sunshine Coast HHS – Neurointensive Rehabilitation	PREM delivered – 63% response rate for those completing alongside discharge. All positive. See Appendix 8.1.2 and 8.1.4 of FY21-23 closure report.	161 patients (during pilot period) receiving care closer to home 50 patients avoided inpatient rehabilitation due to NIR Improvements in FIM, MPAI-4, DASS. Achieved improvements in standardized measures of ability, adjustment and participation after injury
Sunshine Coast HHS – Hypertonicity Clinic	Reduction in wait time	Reduction in wait-time
Sunshine Coast HHS – Spinal CNC	PREM Positive feedback received “...I don’t know where I would be without her”	35 patients (during pilot period) receiving care closer to home Improved education rates of nursing. Improved patient education.
Townsville HHS – NQSCIS	PREM delivered January 2025 – June 2025.	Improved access to specialist service:

Spinal cord injury service pilots

Name of pilot	Consumer experience snapshot	Clinical outcome snapshot
	<p>10 responses from patients between Jan and May 2025. All indicated strongly agree or agree in all domains. Themes of free text response indicated improvement in access for a regional based SCI specialist rehab team and strong support for continuation of a regional based specialist SCI service</p> <p>Gathering PREM data was difficult due to patient's requiring long and complex involvement with the team, difficulty determining NQSCIS vs general rehabilitation staff with staff changes and part-time positions and consumer engagement to return responses if left for completion or emailed.</p>	<ul style="list-style-type: none"> • 161 patients active with NQSCIS as of 30.4.2025 who are a mix of old and new injuries. <ul style="list-style-type: none"> ◦ 37 of these patients sustained a new SCI injury between 10.09.2025 - 10.3.2025 and required inpatient admissions and rehabilitation follow up at a NQ hospital. • Return-to-work programs for people with new SCI in North Queensland -NQSCIS completed 8 referrals for new SCI compared with 0 completed by staff prior to NQSCIS <p>Improved diagnose and timely care:</p> <ul style="list-style-type: none"> • Low-level SCI and cauda equina syndrome identification: Data indicates 27 referrals for cauda equina to NQSCIS in 12 months. Data prior is unclear but estimated by THHS rehabilitation clinics to be 2 patients prior to NQSCIS. • NQSCIS has facilitated early diagnosis, evidence –based treatments, early registration with funding bodies, supported networking with neurosurgical and NQ Persistent pain to assist with triaging and scheduling OP appts and safe guarded against re-admittance. <p>Cost savings (operational):</p> <ul style="list-style-type: none"> • Based off NQSCIS data they have prevented 25 admissions through hospital avoidance and ED in-reach at TUH. Note: 3 of these admissions would have been sent to ICU due to ventilation care requirements. • 65 patients referred would have required minimum return flights for OP medical appointments at PAH. All eligible PTSS. • NQSCIS is estimated to have saved TUH 602 bed days since inception.

Appendix 3: Implementation site evaluations

Sample evaluation template provided to HHSs:

The HHS has better <u>capacity</u> to provide access to quality, safe brain injury/spinal cord injury rehabilitation to consumers.				
Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<i>Please provide additional information</i>				
The HHS has better <u>skills and capability</u> to provide access to quality, safe brain injury/spinal cord injury rehabilitation to consumers				
Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<i>Please provide additional information</i>				
The HHS has better <u>access to specialist equipment</u> to provide access to quality, safe brain injury/spinal cord injury care to consumers				
Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<i>Please provide additional information</i>				
Overall, what has been the <u>impact of BaSCI</u> for specialist brain injury/spinal cord injury rehabilitation service provision at the HHS?				
Very positive	Somewhat positive	Neutral	Somewhat negative	Very negative
<i>Please provide additional information</i>				
At a statewide level, BaSCI has contributed to <u>increased collaboration</u> across Queensland regarding specialist brain injury/spinal cord injury rehabilitation service improvements and strategies.				
Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<i>Please provide additional information</i>				

BaSCI site evaluation summary: Spinal cord injury care

Reflection completed by each of the seven funded Hospital and Health Services through the local project governance group.

Legend				
Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Evaluation summary of spinal cord injury care	
Evaluation questions	Ratings
The HHS has better <u>capacity</u> to provide access to quality, safe and spinal cord injury care to consumers.	
The HHS has better <u>skills and capability</u> to provide access to quality, safe spinal cord injury care to consumers	
The HHS has better <u>access to specialist equipment</u> to provide access to quality, safe spinal cord injury care to consumers	
Overall, what has been the <u>impact of BaSCI</u> for specialist spinal cord injury service provision at the HHS?	
At a statewide level, BaSCI has contributed to <u>increased collaboration</u> across Queensland regarding specialist spinal cord injury service improvements and strategies.	

BaSCI site evaluation summary: Acquired brain injury care

Reflection completed by each of the seven funded Hospital and Health Services through the local project governance group.

Legend				
Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Evaluation summary of acquired brain injury care	
Evaluation questions	Responses
The HHS has better <u>capacity</u> to provide access to quality, safe brain injury rehabilitation to consumers.	
The HHS has better <u>skills and capability</u> to provide access to quality, safe brain injury rehabilitation to consumers	
The HHS has better <u>access to specialist equipment</u> to provide access to quality, safe brain injury care to consumers	
Overall, what has been the <u>impact of BaSCI</u> for specialist brain injury rehabilitation service provision at the HHS?	
At a statewide level, BaSCI has contributed to <u>increased collaboration</u> across Queensland regarding specialist brain injury rehabilitation service improvements and strategies.	

Appendix 4: Stakeholder feedback

“Prior to this [BaSCI] I regularly noticed and voiced concerns with our health services inability to treat Spinal Pts well.

I myself did not have confidence, despite being a senior clinician...

Since [BaSCI]... the change has been incredible. We are getting more confident and competent in treating Spinal pts. This is HUGE. The impact on patients and family to be treated locally is so beneficial.”

“Prior to BaSCI's rollout I wasn't aware of how great the service gaps were, i.e. how wide the gaps were, and thought the care we were delivering was adequate.

Once the BaSCI services have been comprehensively delivered and to such a high standard it is deeply concerning to think that they may not be continued as we now know what some of our most vulnerable patients will be missing.

The need for such specialty services, with a local knowledge and skillset, is crucial to deliver appropriate and timely care to brain and spinal cord injury survivors in North Queensland.

The community needs sustainable, permanent services to allow them to live the lives that they worked so hard to get back to in the inpatient setting!”

“The improvements to continuity of care, communication within services and across the state has been fantastic. It would be a huge step backwards if the services weren't able to continue. Especially for those patients who are unable to access the SIU and those in regional and rural communities.”

“Being able to provide a regional perspective to those living and working in SEQ has been fantastic. Building relationships and communication pathways between the services has been invaluable. It would be a tragedy if the amazing work being completed by these teams came to a grinding halt because of a lack of ongoing dedicated funding.”

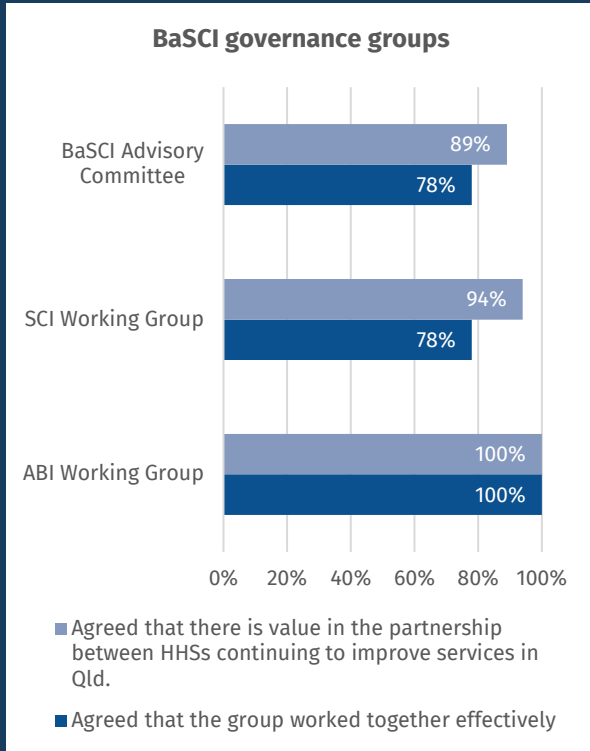
“The SCI working group worked together to address current gaps, challenges and to ensure equitable access to specialized spinal injury rehabilitation and continuity of care for SCI patients.”

“ABI working group has made great inroads into providing excellent care for concussion and hypertonicity. Equity of access is still a concern as not available through QLD, but hopefully the model can be replicated in other areas. “

“Regional and rural ABI survivors deserve equal access to services. It shouldn't be a lottery of where you live, as to being able to access appropriate care for your ABI. There are skilled and dedicated clinicians all across the state and being able to work in a networked service model, instead of being confined to HHS silos, would be the dream.”

BaSCI GOVERNANCE GROUPS:

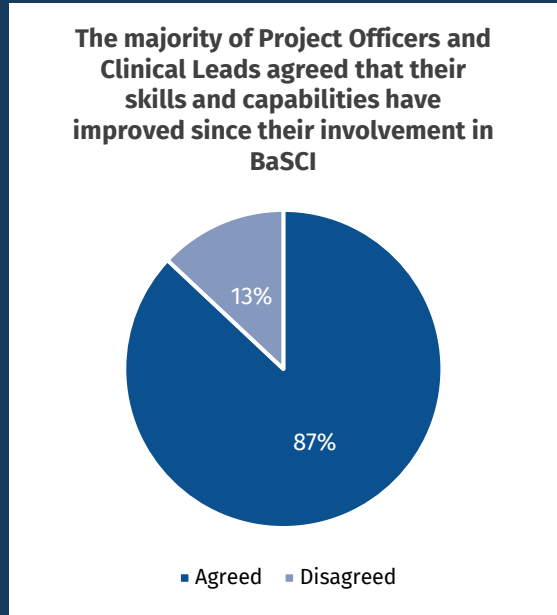
The majority of BaSCI’s governance group members agreed that there is value in partnering with other HHSs to improve specialist rehabilitation services in Queensland.



External providers have observed “a perceived **improvement in discharge outcomes in regional hospitals**, with increased engagement between services being cited as a contributing factor...
There appears to be **a greater sense of support during the transition home.**”

PROJECT OFFICERS AND CLINICAL LEADS

47% of surveyed Project Officers and Clinical Leads had been in their current role for less than 2 years, but the majority agreed that their skills and capabilities (e.g. project management, data analysis and collaboration) have improved since their involvement in BaSCI.



Key enablers of success included:

- relationships
- collaboration
- networking
- knowledge
- experience
- capabilities and
- access to resources
- access to opportunities.

Key barriers or challenges encountered included:

- organisational and structural barriers
- funding and resource constraints
- workforce issues
- stakeholder engagement challenges
- corporate knowledge gaps
- project execution challenges.

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