# ABI and Active+ client persona

A persona is a made-up client based on clinicians’ experiences of a range of similar cases. The team created this persona and the ideal pathway for him.

## Background

‘Caleb’ is a 26-year-old male with mild traumatic brain injury (mTBI) and orthopaedic injuries who was involved in a high-speed, multi-vehicle crash three days ago. The driver of his car was his best friend and was killed in the crash, where speed and alcohol were contributing factors. Caleb was treated at the scene before being transported to Middlemore Hospital via ambulance. The Glasgow Coma Score (GCS) on arrival at the emergency department was 13/15 and CT scanning of brain was normal. Caleb has a fractured wrist, which is in a plaster. Caleb has been experiencing symptoms consistent with TBI and the Middlemore Hospital trauma and allied health team have assessed him as needing TBI rehabilitation on his discharge.

Caleb flats with his cousins and sees his parents and siblings regularly. Caleb is a keen rugby league player and goes to the gym regularly. He has also told the Middlemore Hospital team he experienced concussions as a teenager and had another one in a league game two years ago. Caleb is a qualified plumber. He is worried about work and how he will be able to drive, and is keen to be discharged today so he can go to his friend’s tangi tomorrow.

## Flags and challenges

• Caleb does not have a general practitioner.

• He is dealing with the death of his friend in the accident.

• He has had three previous concussions/TBIs.

• He is returning to work as a plumber, with work and money worries.

• As he is unable to drive, how will he get to appointments and social activities?

• Inpatient assessments show Caleb is highly symptomatic on the brain injury screening tool (BIST).

## Needs on discharge

• A community rehabilitation clinician skilled in mTBI/concussion should conduct an assessment and triage for TBI within five to seven days of discharge.

• Provide recovery and rehabilitation advice through a rehabilitation programme focused on TBI education, return to work and driving.

• Monitor psychological wellbeing in relation to TBI recovery (any impact of previous TBIs) and the death of his friend.

## Caleb’s ideal pathway

• The allied health team refers Caleb to a community TBI rehabilitation provider on the day he is discharged from hospital. The community TBI rehabilitation provider notifies the referrer when it has received the referral and confirms it will see Caleb.

• The hospital or community rehabilitation provider does not need to get Accident Compensation Corporation (ACC) approval to begin the service. This removes time delays.

• On discharge, the hospital provides Caleb with his discharge summary, ACC45 number and a fact sheet about concussion recovery and tells him that he should be called in the next few days for an appointment from a community rehabilitation provider.

• On the third day after discharge, Alice, an occupational therapist from the community TBI rehabilitation team, calls Caleb. She completes a check-in to see how he is doing and decide whether he needs to have an assessment. She decides an assessment would benefit Caleb. During this call Alice provides Caleb with basic information about TBI and some strategies for managing headaches and fatigue.

• On day 10 after discharge, Alice sees Caleb face to face. She completes a Concussion Services Assessment and makes recommendations for ongoing rehabilitation, which includes return to work support, fatigue management and other symptom management. A notification is sent to ACC advising ACC of Caleb’s needs.