Introduction
Persistent cognitive, psychological and emotional symptoms following traumatic brain injury represent hidden disability and limited support exists. Supported self-management is underpinned by various assumptions, which may determine and preference which groups are considered likely to benefit by healthcare professionals (Kendall et al. 2011).

Aims
1. To develop self-management support through engaging people who had experienced traumatic brain injury in the co-design of resources.
2. To enhance the skills of healthcare professionals in supporting self-management.
3. To implement self-management support package across a traumatic brain injury pathway.

Method
1. Development phase:
   - Focus groups and semi-structured interviews for co-design of patient and family tools.
2. Training and implementation phase:
   A series of ‘Plan-Do-Study-Act’ cycles, informed by Normalisation Process theory (May and Finch, 2009), sought to generate interest in supporting self-management, facilitate sense-making, engage staff in collective action, and reflect upon the new ways of interacting with patients and families.
3. Evaluation:
   - Staff: Change in beliefs, attitudes and skills in supporting self-management were assessed through bespoke questionnaires.
   - Patients and families: Standardised outcome measures were collected for a subgroup of patients allowing profiling comparison with a matched historical cohort.

Results
Self-management support tools specific for the traumatic brain injury context have been co-designed and implemented in:
- Acute neurosciences and trauma wards of a Major Trauma Centre.
- A specialist inpatient rehabilitation Unit.
- A community-based centre.

‘Bridges Brain injury’ resources comprise a patient-held interactive book, a family and friends’ book, and a multi-disciplinary bespoke training package:
- Weekly multidisciplinary staff and volunteer sector workers participated in 3-stage training (9 hours).
- An additional 40 staff and managers attended abbreviated training (1 hour).
- Questionnaire responses showed a significant difference in levels of staff confidence regarding knowledge and skills to support people with traumatic brain injury and their families to self-manage, following training (p<0.001).
- Implementation was achieved with 73 patients across pathway settings, within the initial 3-month implementation period.
- Standardised outcome measures were collected for a subgroup of 18 patients allowing profiling comparison with a matched historical sample.
- Qualitative evaluation revealed the ways in which staff had used the Bridges package to motivate patients to plan and to gain ideas from others who had experienced TBI.

Discussion
This is the first project to co-design self-management support with people who have suffered from traumatic brain injury. Challenges were encountered due to lack of a cohesive team structure for patients with traumatic brain injury within the acute services of the Major Trauma Centre (Figure 7).

Individual, team and organisational responses demonstrated a range of engagement and adaptation processes. Future work will focus on sustaining the intervention within the project settings, and spreading to other Major Trauma Centres and their Trauma Networks.

Acknowledgements
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References

Figure 1. Training workshops

Figure 2. Numbers introduced to Bridges across settings (n=78, 67% male)

Figure 3. Hospital Anxiety and Depression Scale: Anxiety Scores

Figure 4. Hospital Anxiety and Depression Scale: Depression Scores

Figure 5. Short Form Health Survey (SF36) Physical Health Scores

Figure 6. Summary of themes from patient and family feedback

Figure 7. Key learning points

EARLY INTEGRATION OF THE BRIDGES SELF-MANAGEMENT SUPPORT PACKAGE INTO USUAL CARE FOLLOWING TRAUMATIC BRAIN INJURY: a feasibility study

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