



CLINICAL PRACTICE GUIDELINE
FOR THE REHABILITATION OF ADULTS
WITH MODERATE TO SEVERE TBI



<https://braininjuryguidelines.org>

Wide-scale provincial implementation of a clinical practice guideline for adults with moderate-to-severe traumatic brain injury
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GOAL

To improve the implementation of evidence-informed guidelines for traumatic brain injury (TBI) rehabilitation.
Right care, right provider, right time.

RELEVANCE

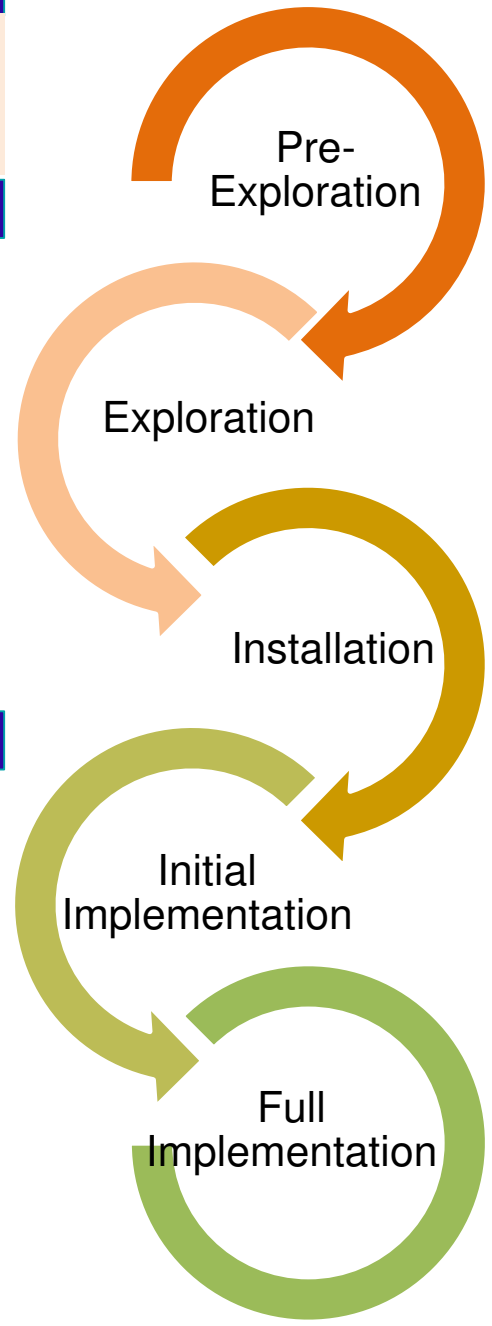
- Best practices may not get integrated into daily practice even though there is interest and motivation.
- Common obstacles to filling evidence-to-practice gaps are lack of access to targeted funds, staff time, and knowledge of how to implement change.
- Clinicians need outside implementation expertise to assist with facilitation and development of implementation projects.
- Implementation projects need to be tailored to local priorities to increase likelihood of success.

METHODS

- **Implementation Survey:** Organizations providing TBI rehabilitation completed an online survey to identify knowledge-to-practice gaps.
- **Catalyst Grant:** Interested organizations applied for a catalyst grant to implement one or more recommendations from the Clinical Practice Guideline (CPG).
 - ✓ Implementation projects were determined locally based on local relevance, prioritization and feasibility.
 - ✓ The catalyst grant amount was designed to provide one-time funding without creating dependence.
- **Implementation Framework:** Projects were required to engage in all implementation phases (**Figure to near right**).
 - ✓ Process and outcome data were collected on implementation and practice change activities.
 - ✓ An implementation specialist was available to advise and support the implementation activities.
 - ✓ All tools used/developed must be readily available.
 - ✓ Sites must write-up their project as a casebook, so others can replicate their methods.

IMPLEMENTATION PROJECTS

- **WHO:** 10 self-selected healthcare provider organizations across the province engaged in TBI rehabilitation.
- **WHAT:** Projects relating to specific recommendations from the INESSS-ONF Clinical Practice Guideline (**Table**).
- **HOW:**
 - ✓ Using a formal implementation framework with associated tools.
 - ✓ Data collected at different timepoints: baseline, exploration, process and outcome.
 - ✓ Data collected that assessed both clinical and implementation activities.



- Online pre-implementation survey: degree of implementation, priority and feasibility of CPG
- Clinician desire to deliver evidence-based care and identification of gap

- Catalyst Grant Application
- Assessment of Environmental Readiness
- Formation of Implementation/Support Teams with leadership, clinician and patient/family members
- Implementation Planning Chart: Recipients, What, How (Implementation strategies), Beneficiaries, Outcome, Sustainability
- Selection/creation of data collection tools: match to the implementation strategies
- Baseline: admin data, chart audit, surveys

- Set-up communication and training mechanisms: are all stakeholders ready?
- Plan-Do-Study-Act (PDSA) cycle set-up

- Fidelity or Adaptation?
- Assess feasibility: process evaluation, surveys
- Assess for Sustainability: follow up data collection; more PDSA cycles
- Embed in regular practice; the "new normal"
- Celebrate successes

- Evaluation of follow up data: process, outcome, sustainability; adjust as needed
- Are there options for spread and scale-up?
- Do another implementation project for other gap?
- Have we built capacity to implement?

Recommendation	Project description
Coordination and collaboration with mental health and addiction services (Recs A2.1, A2.2)	Renewal of Regional Network to discuss complex patients ●
	Creation of 3 Regional Collaboratives for complex clients ●
	Combined triage for mental health, addiction, and brain injury treatment programs at one facility ●
Capacity to manage challenging behaviours (Recs A2.3, I2.2)	Pilot of a Risk Assessment Tool; workshop and online resources ●
Discharge planning and follow-up. (Recs C3.10, D1.1)	Interdisciplinary team improved discharge process using the Patient Oriented Discharge Summary (PODS) ●
	Interdisciplinary team instituted telephone follow-up after discharge ●
Peer involvement in rehabilitation (Rec D2.2)	Promoted Provincial Peer Support Programme to in-/out-patients and outreach clients ●
Memory compensation skills (Rec J5.1)	Staff provided structured memory skills training over 12 group sessions ●
Contextualized communication assessment (Rec K2.6)	SLPs increased use of contextualized communication tools and processes ●
Sexuality Education and support (Rec Q1.3)	Structured sexuality group education programme ●

FINDINGS

- 92% of survey respondents applied for a catalyst grant application; 82% were funded.
 - Stakeholder identification and engagement were key activities.
 - Senior leadership and clinical manager involvement had a direct positive influence on success.
 - Data collection tools were selected based on individual project needs.
 - More than 80% of site respondents reported the implemented change was feasible and sustainable.
 - Mechanisms were put into place to ensure accountability.
 - The new practice was embedded in regular activities.
 - For system-level change projects, new cross-sector networks and practices were developed to allow for more efficient care planning for complex patients with TBI and mental health and/or addiction problems. Care was taken to address issues of privacy and confidentiality and obtain institutional agreements to participate in the new networks.
- Catalyst grants and outside implementation support and were instrumental to project planning, initiation and completion.**

CONCLUSIONS

- Key elements for successful implementation and maintenance:
 - ✓ thorough planning using an implementation framework
 - ✓ broad stakeholder engagement with leadership buy-in
 - ✓ specific implementation resources and funding
 - ✓ baseline, process and outcome data collection
 - ✓ sustainability planning and follow up
- Implementation needs facilitation as it is beyond daily clinical tasks.
- Having grant recipients write-up their methods and tools for online access via the CPG website, helps with spread and scaling of implementation efforts.