

Developing Standards for Concussion Care in Ontario:

Standards for Clinics providing Concussion Care



Progress Update: October 27, 2016

Following the Summit held earlier in 2016;

- A draft white paper has been developed, and will be submitted shortly to a journal for publication.
- A manuscript is being prepared for the concussion data collected through the Institute for Clinical and Evaluative Sciences (ICES).
- ONF has met with Health Quality Ontario and has submitted an application for a Quality Standard in Concussion.
- ONF sits at the Provincial Table: Advisory Committee for Rowen's Law. While the mandate is different than the standards efforts, there are areas where the work can inform the other activity.
- Four Working Groups were created to address different elements of the draft standards. The working groups involve clinical experts and coordinators, people with lived experience of concussion, and organizations that oversee and are looking to improve concussion care in Ontario. The working groups report through ONF's Concussion Advisory Committee and from there through the ONF ABI Committee. This update provides a high level summary on the current activity and next steps for the Working Groups.

Working Group 1 – Collective Competence

Concussion care needs to be interdisciplinary. Clinics may not have all services in-house, but having reasonable access to the full variety of services is key. Service providers should not perform services that they are not certified to do; each speciality has a clearly defined scope of practice. What are the qualifications required to see a patient with a concussion, what training would be essential? Licencing is a stronger requirement than qualifications.

Next steps:

1. Map symptoms (clusters) to disciplines and licensing /professional regulations.
2. What should be **core** services and what should be available via referral? This will allow different clinical environments to serve specific roles in concussion care.

Working Group 2 - Management and Referrals

Large variability in available concussion clinics compared to LHIN incidence of concussion from the ICES data ONF has collected. Use of telemedicine to spread concussion care to remote areas. Creation of **the concussion pathway** from injury to diagnosis, to follow up, and referral to specialty clinic, which can be adapted by each LHIN as appropriate. Looking to create a standardized pathway that would flow people to the appropriate care at the right time.

Standard of reasonable access – optimal patient access to services as a standard for LHINs. Who needs to be referred to specialist and clinic care and what is the time frame for this?

Next steps:

1. Finalize the concussion pathway and the information supporting it.
2. Discuss wait times and indicators/criteria for referral to specialists.

Working Group 3 – Developing Patient Information

Challenge is that each patient wants to know something different; some want more or less information depending on their personality, injury and degree of support. The information needs to be provided in palatable and sequential chunks for those who want less, but provide enough information to be fulsome. Information should be multi-modal, so that it can be read, listened to, handed out or looked up on the internet. Different information is needed during each stage of recovery and management: initial phase, one month persistent symptoms and then very persistent symptoms. Needs to be provided for adults, pediatrics and geriatrics.

Draft Standard 3.1 A Concussion Clinic or Clinic providing care to people with concussion, should be able to provide the following educational information to patients and families:

- What is a concussion?
- Typical pattern and factors that may affect recovery, including risks and red flags.
- Reassurance that the majority of people recover (what is normal?)
- Things the individual should/should not do (return to play, work, or school).
- When to be concerned and what to do?
- Education on resources, including:
 - A) supports available at the clinic;
 - B) supports available beyond the clinic; and
 - C) websites that are reliable (evidence based information/treatments).

Next Steps:

1. Resources being collected to enable answers to these questions. Ensure high quality, credible, evidence-informed, with appropriate lay language. Some materials will be developed, others referenced.
2. Address needs for A) and B) above, as well as what more information that clinics need to be able to answer about their services, treatments.

Working Group 4 – Assessment, Coordination and Measurement

- Shorter term solution: Broad Education of the Standards
- Longer term solution: Working with Health Quality Ontario (HQO)

Difference between guidelines (clinical practice) and standards (system, organization and process). Value of ONF as the knowledge hub. Examined who the audiences are for the standards, some key considerations regarding the current state of concussion care and knowledge, and coordination and provision of education in this arena.

Next steps.

1. How are the standards education presented, articulated?
2. Collate where the common knowledge gaps are across the continuum of care in relation to the standard domains, and the priorities for the education of standards.
3. Draft a strategy and priorities according to knowledge gaps.

The Working Groups will continue this activity well into the fall of 2016. The ONF Concussion Advisory Committee will meet in January 2017 to assess progress, linkage of the various elements and determine next steps. We are grateful to the rich variety of experts, organizations and people with lived experience helping us in this work.

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