

## Project Description

**Project Name: ONF/IENSSS Best Practice Guidelines for TBI – Implementation of Key Components for Rehabilitation A2.1 and A2.2**

Start Date: 14 February 2018

Project Parameters	Details
<b>Purpose or intended outcome of the project</b>	<ul style="list-style-type: none"> <li>• Establish a successful and sustainable mechanism for addressing the needs of clients with moderate to severe ABI and a comorbidity of mental illness and/or addiction.</li> </ul>
<b>Catalysts or rationale for the work or change</b>	<ul style="list-style-type: none"> <li>• Gaps identified by area providers and by ONF survey of site performance on implementation of key components of best practice guidelines for moderate to severe TBI rehabilitation</li> <li>• Repetitive anecdotal “stories” amongst providers of clients’ needs not being met</li> <li>• Despite best efforts, inefficient stewardship of resources trying to “piece-meal” solutions as best they can, too often in isolation without adequate, specialized resources, including lack of infrastructure</li> </ul>
<b>Intended benefits of the work or change</b>	<ul style="list-style-type: none"> <li>• Enhanced provider understanding of roles, mandates and admission criteria across the system</li> <li>• Enhanced collaboration amongst service providers</li> <li>• Enhanced understanding amongst area providers on how best to identify and work with people with ABI</li> <li>• Clients’ needs better met contributing to enhanced quality of life and less use of acute care services for related issues</li> <li>• Model for others to learn from/follow</li> <li>• Enhanced reputation of healthcare services in SEO</li> </ul>

Project Parameters	Details
<b>Summary of Work Completed to Date – <u>prior to launch of IWG</u></b>	<ul style="list-style-type: none"> <li>• Two meetings held (July and September 2017) of providers to initiate brainstorming on how to address identified gaps</li> <li>• Contact with ONF about potential funding (confirmed) for a project to address gaps</li> </ul>
<b>Fixed parameters – what is already known/decided and <u>outside of scope of the Implementation Working Group</u></b>	<ul style="list-style-type: none"> <li>• Funding for project</li> <li>• No known funding beyond timeline of ONF funding for sustainability or adding resources to the system</li> <li>• Client criteria for inclusion (as standards set the criteria)</li> </ul>
<b>Key Milestones (phases of work) to be completed by the IWG</b>	<ul style="list-style-type: none"> <li>• Approval of Project Description and Work Plan from members of Implementation Working Group (IWG) representing continuum of care.</li> <li>• Launch of monthly meetings of IWG</li> <li>• Development of a mechanism for addressing gaps and meeting needs of clients</li> <li>• Development of evaluation</li> <li>• Mechanism trialed and revised as required</li> <li>• Sustainability plan developed</li> <li>• Completion of project</li> </ul>
<b>Risks</b>	<ul style="list-style-type: none"> <li>• Many incarcerated individuals are believed to have undiagnosed ABI. Adequate resources for attaining assessment and diagnosis are a current gap in the system. Project is likely to emphasize this gap (outside the scope of this project)</li> <li>• Competing priorities could make it challenging for needed representatives to consistently dedicate time to the project, preventing timely and/or inclusive progress.</li> </ul>

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<p><b>System impacts/Considerations</b></p>	<ul style="list-style-type: none"> <li>• Time upfront to attend meetings required of project participants will add pressure already pressured workloads.</li> <li>• Once word “gets out” about the “collaborative”, the number of referrals could exceed the capacity of the designed mechanism – this needs to be considered in the design</li> </ul>
<p><b>Goals of the work (broad)</b></p>	<ol style="list-style-type: none"> <li>1. Create Project Description and Work Plan.</li> <li>2. Develop Implementation Working Group. Determine membership. Establish frequency, duration, and format for IWG meetings.</li> <li>3. Determine the guiding principles for the project.</li> <li>4. Explore how targeted gaps (A2.1 and A 2.2) are addressed in other areas (GTA – Ont Shores/CHIRS/CAMH, Thunder Bay, anywhere else in the world).</li> <li>5. Determine mechanism for addressing gaps (i.e. review case scenarios and potential action plans to address client needs).</li> <li>6. Develop evaluation plan.</li> <li>7. Determine and implement sustainability plan</li> <li>8. Determine venues for knowledge translation.</li> <li>9. Celebrate success.</li> </ol>

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<p><b>Objectives of the work (specific – SMART)</b></p> <ol style="list-style-type: none"> <li>1. Create Project Description and Work Plan.</li> <li>2. Develop Implementation Working Group.</li> <li>3. Determine the guiding principles for the project.</li> <li>4. Explore how targeted gaps (A2.1 and A 2.2) are addressed in other areas.</li> <li>5. Determine mechanism for addressing gaps.</li> <li>6. Develop evaluation plan.</li> </ol>	<ol style="list-style-type: none"> <li>1.1 Drafts created by Advisory Group.</li> <li>1.2 Documents approved by Implementation Working Group.</li> <li>2.1 Determine membership.</li> <li>2.2 Establish frequency, duration, and format for IWG meetings.</li> <li>3.1 IWG to develop and adhere to guiding principles.</li> <li>4.1 Investigate mechanism for addressing gaps in GTA (Ontario Shores/CHIRS/CAMH)</li> <li>4.2 Investigate mechanism for addressing gaps in Thunder Bay.</li> <li>4.3 Determine if and how addressed in other parts of the world.</li> <li>5.1 Upon consideration of other implemented initiatives, determine the mechanism for this implementation.</li> <li>5.2 Determine process for providing education (part of the guidelines).</li> <li>5.3 Determine admission criteria for “referrals.”</li> <li>5.4 Determine process for processing “referrals.”</li> <li>5.5 Determine process for addressing client needs.</li> <li>5.6 Determine process for documentation including sharing and auditing.</li> <li>5.7 Trial the processes.</li> <li>5.8 Review feedback of trial.</li> <li>5.9 Revise processes as required.</li> <li>6.1 Review evaluation plan of other implemented projects.</li> <li>6.2 Determine if the data from other implemented projects could provide baseline data.</li> <li>6.3 Determine what relevant data is currently collected in SE</li> </ol>

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<p>7. Develop and implement sustainability plan.</p> <p>8. Determine venues for knowledge translation.</p> <p>9. Celebrate success.</p>	<p>LHIN.</p> <p>6.4 Determine if other data collection is required, how this will be obtained.</p> <p>6.5 Determine indicators.</p> <p>6.6 Determine how data is reviewed and reported (to whom and by whom.)</p> <p>7.1 Determine in writing the required roles for sustained mechanism.</p> <p>7.2 Determine who will fulfill each role and term(s) of tenure.</p> <p>8.1 Present project as case study at annual Brain Injury Services conference in May 2018, Hamilton.</p> <p>8.2 Participate in KHSC - KGH site - forum to explore addiction-related initiatives.</p> <p>8.3 Participate in National or international Brain Injury Conference (e.g. OBIA 2019 Toronto)</p> <p>9.1 Recognize project milestones</p> <p>9.2 Participate in Providence Care Quality Fair.</p> <p>9.3 Participate in KHSC – KGH site – Nursing Week celebrations</p> <p>9.4 Consider project for presentation at conferences.</p> <p>9.5 Closing celebration</p>
<p><b>Sponsor(s)</b> – accountable for successful outcome of project; advocates for the work at a senior level.</p>	<ul style="list-style-type: none"> <li>• Brenda Luffman, Director of Professional Practice and Chief Nursing Executive, Providence Care, Kingston</li> </ul>
<p><b>Project/IWG Lead(s)</b> - Member of Advisory Group, collaborates closely with Project Facilitator and Administrative Support; MRP for completion of work plan and successful outcome of IWG</p>	<ul style="list-style-type: none"> <li>• Kathi Colwell, Program Manager, in-patient ABI, Providence Care Hospital, Kingston</li> <li>• Dr. Jessica Trier, Psychiatrist, ABI program, Providence Care, Kingston</li> </ul>

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<p><b>Project/IWG Facilitator</b> - In collaboration with Project Leads and Advisory Group guides process, designs and facilitates sessions to create a work plan to achieve intended outcome; proposes appropriate schedule of meetings to ensure progress is achieved and momentum is maintained; summarizes sessions highlighting key messages, next steps to ensure accountabilities are met and progress is achieved in work plan; collaborates closely with Project Administrative Support (if different person) to ensure master records are maintained. Anticipates and plans for other system impacts. Builds capacity for change and transition.</p>	<ul style="list-style-type: none"> <li>• Dawn Downey, Operational Readiness Leader, Providence Care, Kingston, Ontario</li> </ul>
<p><b>Advisory Group members</b> - List core members who will be engaged in developing vision, clarity of purpose of project, naming intended outcomes, helping to identify Working Group members, advising on frequency of meetings/sessions, providing feedback on draft designs, etc. This group will meet to plan launch of the work and will meet only as needed once the work is active.</p>	<ul style="list-style-type: none"> <li>• Kathi Colwell</li> <li>• Dr. Jessica Trier</li> <li>• Dawn Downey</li> </ul>
<p><b>Implementation Working Group members</b> - List members of working group to be invited to participate who will represent the key stakeholders (key stakeholders are people and services that will be affected by the project and who ultimately will use and/or be affected by the output of your project); they will contribute to the development of the Work Plan; they will prepare for and attend meetings, participate, complete assigned work, communicate key messages, bring questions, suggestions from the front line or peer group, positively represent the work of the working group, follow principles of respectful participation and reflect the guiding principles throughout the work.</p>	<ul style="list-style-type: none"> <li>• Kathi Colwell</li> <li>• Dr. Jessica Trier</li> <li>• Dawn Downey</li> <li>• Michelle Pangilinan, SEO ABI System Navigator</li> <li>• Dr. Martin Logan, Neuropsychologist, Community Brain Injury Services (CBIS), Providence Care</li> <li>• Dr. Adriana Carvalhal, Psychiatrist, Consultation Liaison</li> <li>• Jennifer Payton, Director, Sub-Region Planning &amp; Integration, Rural Hastings geographic region, SE LHIN</li> <li>• Mary Grattan Giele, LHIN, Director Intake Process, Home and Community Care, SE LHIN</li> <li>• Karen Brown, Manager, Home and Community Care (hospital access/intake teams), SE LHIN</li> <li>• Karin Carmichael, VP Community Programs and Long-Term Care, Providence Care</li> <li>• Terry Landry, Director Regional Specialty Mental Health,</li> </ul>

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	<p>Providence care</p> <ul style="list-style-type: none"> <li>• Nicole Chenier-Hogan, Nurse Practitioner, Neurosciences, Kingston Health Sciences Centre, KGH site</li> <li>• Dr. Louise Good, Community Addictions Practice and Primary Care rep</li> <li>• Karin Merkel-Dirksen, Community Mental Health Nurse, Community Mental Health, Correctional Service of Canada, Federal rep</li> <li>• Ruth Dixon, Provincial Health Care Manager, Corporate Health Care Unit, Programs and Operational Planning Branch, Operational Support Correctional Service of Canada, (Provincial rep)</li> <li>• Matthew Ormsbee-Posthumus, Access to Care and Transition Specialist, Providence Care Hospital</li> <li>• Myra Emery, Psychiatric Social Worker, Providence Care Hospital</li> <li>• Cara Tudor Price, Lived Experience client representative</li> <li>• Mary Lou Jaansalu, Lived Experience family representative</li> <li>• Travis Mitchell, Community Coordinator, Street Health, Kingston</li> </ul>
<p><b>Key consultants</b> – people (or services) that will be consulted on an ad hoc basis to provide expertise and input.</p>	<ul style="list-style-type: none"> <li>• Judy Gargaro, Clinical and Systems Implementation Associate, ABI, Ontario Neurotrauma Foundation (ONF)</li> <li>• Kathy Baker, Regional Director, Behavioural Supports Service and Seniors Mental Health (Community), Providence Care</li> <li>• Cheryl Westervelt, Manager Patient Records and Registration, Privacy Officer, Certified Health Information Manager, Providence Care</li> <li>• Kathy Miller, Privacy Officer and Project Lead, SE LHIN</li> <li>• Mary McDonald, Director Quality and Risk, Providence Care</li> </ul>

Project Parameters	Details
	<ul style="list-style-type: none"> <li>• Joni Hartman, Program Manager, Providence Care Regional Community Brain Injury Services (CBIS) and SEO ABI System Navigation</li> <li>• Lindsay Yarrow, Director of Care, Addictions and Mental Health Services for KFLA, Kingston, Ontario</li> <li>• Darcy Woods-Fournier, Senior Director Mental Health Services, Providence Care Hospital</li> <li>• Dr. Claudio Soares, Head of Psychiatry, Queen’s University</li> <li>• Pam Havery, Executive Director Interval House, Women’s Shelter for victims of domestic violence, Kingston</li> </ul>
<p><b>Corresponding Members:</b> People who will receive the meeting summary reports to be kept abreast of the project.</p>	<ul style="list-style-type: none"> <li>• Brenda Luffman, Director of Professional Practice and Chief Nursing Executive, Providence Care, Kingston</li> <li>• Janine Mels-Dyer, Senior Director, Complex, Rehabilitative and Palliative Care, Providence Care Hospital</li> </ul>
<p><b>Anticipated duration of project and frequency of IWG meetings</b></p>	<ul style="list-style-type: none"> <li>• IWG meetings until the end of March 2019</li> </ul>