

Catalyst Grant Case Report

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1. Project Title and Purpose

Title of Catalyst Grant: Telephone Follow-up: Supporting Community Transition Post ABI Rehab

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ONF Clinical Practice Guideline Recommendation: D 1.1	Project Purpose
<p>All individuals with traumatic brain injury discharged from a specialized traumatic brain injury rehabilitation program (inpatient, outpatient, residential) should have access, if needed, to scheduled telephone follow-up contact with a professional skilled in motivational interviewing, goal-setting, providing reassurance and problem-solving support. (adapted from NZGG 2007, 9.1, p. 130)</p> <p>Level of evidence: B</p>	<p>The purpose of the project was to refine and implement a sustainable telephone follow-up process in the Acquired Brain Injury (ABI) Inpatient Services at Toronto Rehab, UHN. The objectives of telephone follow-up were:</p> <ul style="list-style-type: none"> - To ease transitions home and to independent community living. - To promote patient and caregiver self-management and self-efficacy. - To support optimal rehab outcomes and allow for future program development and personal learning. - To align with ABI Best Practice Guidelines.

2. Project Description

A. Methods

- Project focused only on ABI Inpatient Services as Outpatient ABI Services continued to complete telephone follow-up and re-evaluated and revised the telephone follow-up tool in recent years
- A working group consisting of an interprofessional team from the ABI Inpatient Services as well as patient and caregiver partners was formed. The interprofessional team included members from occupational therapy, physiotherapy, speech therapy, social work, managers, advanced practice lead, community resource worker, and service coordinators.
 - o Staff surveys and 1:1 interviews were completed with both inpatient and outpatient ABI teams to identify facilitators and barriers to the completion and sustainability of telephone follow-up. Questions for staff primarily aimed to obtain data on how often and if telephone follow-up calls were completed by staff and to obtain their written feedback on challenges and opportunities based on their experiences.
 - o Clinicians’ feedback, best practice guidelines, and patient and caregiver partners’ inputs were used to refine the purpose, process, and tools.
- The refined process and tool were first piloted by working group members which has led to further refinement. Patient partners and the working group delivered a 1-hour education session with the ABI teams prior to full rollout of the new process (see **TR-UHN Telephone Follow-up Staff Education**)

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& Orientation 2018). Information from the education session and materials developed from the Telephone Follow-Up initiative were archived in a shared online folder for future student and staff orientation and education. After the initial implementation, outcomes were monitored and PDSA (Plan-Do-Study-Act) Cycles continued to further refine the process and tools as needed.

- The development of the process and tools were finalized in August 2018 (see **TR-UHN Telephone Follow-up Implementation Procedures 2018, Pre Discharge Patient Info Sheet 2018, Patient Form 2018**). Post-evaluation was completed via staff survey and patient/caregiver feedback (see **TR-UHN Telephone Follow-up Staff Survey 2018, Patient Interview Questions 2018**) was obtained after they have received the telephone follow-up call.
- In February 2019, a four-week evaluation of the completion and impact of the telephone follow-up call was completed six months after the project was finalized to evaluate follow through of key process steps and to measure sustainability of the process and outcome.

B. Data Collection Tools

Tools to measure clinical process

- Staff online survey tracked time spent discussing telephone process during weekly team rounds – locally developed (see **TR-UHN Telephone Follow-up Log Sheet 2018**)

Tools to measure clinical outcome

- Patient telephone survey – locally developed (see **TR-UHN Telephone Follow-up Patient Interview Questions 2018**)

Tools to measure implementation process

- Staff online survey tracked completion of key process steps that aimed to foster team communication, accountability, and sustainability – locally developed (see **TR-UHN Telephone Follow-up Staff Survey 2018**)

Tools to measure implementation outcome

- Tracked number of follow-up calls completed with patients/caregivers meeting set criteria, staff and patient survey.

C. Findings (Process and Outcome)

Process

1. Identified the need for telephone follow-up based on set criteria and clinical decisions (i.e. staff may decide to complete follow-up calls with patients outside of criteria set if needs are identified). Please refer to **TR-UHN Telephone Follow-up Implementation Procedures 2018** for details.
2. **One week prior to discharge:**
 - a. Caller met with patient or caregiver to determine date and time of call and initiate completion of the telephone follow-up form.
 - b. During weekly team rounds, the team identified any issues and/or goals to address during telephone follow-up.
3. **Approximately 3 weeks post discharge**, the designated goal coordinator completed the telephone follow-up call with the patient or caregiver.
4. **Approximately 4 weeks post discharge** the caller provided an update during team rounds and then forwarded completed documentation to Health Records and Psychiatry outpatient follow-up clinic.

Outcome

Outcomes Measures	Collected over 11-week period	6-month follow-up Outcome – collected over 4-week period
#1 – Receiving a telephone follow-up call	- 14/ 15 patients received - 1 patient did not receive a call due to scheduling issue of assigned staff/ caller	10/17 (58.8%) of discharged patients would require the telephone follow-up call.
#2 – Telephone survey during follow-up call (Completion, timing, value)	- 11 patients or their caregivers were contacted post call and completed the telephone survey. Feedback was overall positive towards follow-up call objectives.	7 patients or their caregivers were contacted post call and completed the 3-question telephone survey. Feedback was overall positive towards the follow-up call objectives.
#2b – Timing	- Majority felt that timing of the call at 2-3 weeks post discharge was appropriate. - Only 2 felt the call could be completed 1 week sooner.	Majority felt that timing of the call at 2-3 weeks post discharge was appropriate. - Only 1 felt that the call could be completed sooner by 1 week (at 2 weeks instead of 3 weeks).
#3 – Value	- All patients felt the call was valuable and appreciated the caller checking in on them. “Reminded me about all the information in my book”. “It’s valuable because I know you care about the patients”.	- Majority of patients felt the call was valuable. “Appreciate the follow-up – made me feel cared about”. “It made him feel comforted and cared about to have someone check-in even though everything was going well”. - 1 patient stated the call “did not matter.”
#4a – Was the time spent on completing the telephone follow-up a manageable increase to workload?	- Manageable – 85.7% of staff respondents - Unmanageable – (14.29% included nursing), which contributed to the revision of who was to complete the call	- Manageable – 88.9% of staff respondents - No impact on workload – 11.11%
#4b Is the time spent on completing the telephone follow-up sustainable over time?	- Sustainable – 71.4% of staff respondents - Unsustainable – 28.75% felt that sustainability would not be achievable within the nursing role and that there should some periodic “check-ins” or evaluation to see how consistently process is being completed.	- Sustainable – 77.8% of staff respondents - 22.2% –ongoing reinforcement of the process required to ensure sustainability and revision of call assignment to ensure equal distribution of workload.
Process Measure – Were the patients reported on in rounds?	Of the 11 patients who were scheduled to report back at rounds: - 11 patients were discussed during rounds with feedback from follow-up calls provided.	Of the 12 patients who were scheduled for report back at rounds: - 8 patients were discussed during rounds with feedback from follow-up calls provided - 1 patient call was missed for an unknown reason - 1 call missed due to staff error
Balance Measure – Did the addition of reports during rounds impact its duration?	- Did not have a significant impact on rounds duration - Average duration per patient discussion remained at approximately 6.5 minutes.	- Did not have a significant impact on rounds duration - Average duration per patient discussion remained at approximately 6.3 minutes.

D. Summary

- Overall, telephone follow-up was feasible to implement by staff and majority reported the added time to complete calls was manageable.
- Patient survey outcomes were positive with the majority finding value in the phone calls. Feedback from staff completing the phone calls echoed that of patients and caregivers.
- Sustainability of outcome was measured after 6 months to ensure that telephone follow-up remained an active part of daily practice. There was a 93% call completion rate upon initial rollout and an 83% call completion rate 6 months post.
- Inclusion of report back during interdisciplinary team rounds served as a place to reinforce accountability and sustainability of the process.
- Follow-up evaluation findings indicated telephone follow-up is feasible to implement and patients / caregivers continue to value the calls.
- Minor changes to the process continue to be considered in response to feedback to foster ongoing improvement and sustainability of this initiative.

E. Lessons Learned

- Creating change within a large interprofessional team involves being receptive to feedback and being willing to adapt to the needs of the larger group as a whole. Creating a process that will fit seamlessly into everyday processes as well as meeting the needs of the ABI team which consists of the Neuro-Physical and the Neuro-Cognitive teams situated on two floors requires strong collaboration from the group as a whole.
- The inclusion of patient and caregiver partners was crucial in creating a meaningful process and tool.
- The involvement of a patient partner during staff teaching helped to reinforce the importance and significance of telephone follow-up with the teams.

3. Recommendations for Next Steps to Support Full Sustainable Implementation

1. Ongoing support and recognition of telephone follow-up as a practice standard and expectation by the leadership, service manager, clinical teams, and patients and caregivers.
2. Clinical research to inform and guide best practice guideline related to telephone follow-up for individuals with ABI in different practice settings.
3. Ongoing informal feedback from team regarding telephone follow-up to be considered during existing ABI quality improvement groups across both units.

4. What Can be Done to Ensure Sustainability

- **To ensure sustainability, key points of process have been designed to reinforce accountability:**
 1. Patient census was adapted to automatically calculate and indicate when callers need to report back at rounds for each patient.
 2. Patient rounds list include patients who are due for report back.
 3. All callers are expected to report back to the teams in the beginning of rounds on a defined date.

- **All ABI staff have access to the following resources, which can also be used during orientation of new staff and students:**
 1. Telephone follow-up process standard work (see **TR-UHN Telephone Follow-Up Implementation Procedures 2018**)
 2. Tip sheets with strategies to guide staff on how to coach and foster self-management during the calls (see **TR-UHN Telephone Follow-Up Tip Sheet 2018**)
 3. Telephone follow-up patient/caregiver information sheet (see **TR-UHN Telephone Follow-Up Pre Discharge Patient Info Sheet 2018**)
 4. Telephone follow-up tool form (see **TR-UHN Telephone Follow-Up Patient Form 2018**)
 5. Telephone follow-up staff orientation & education slides (see **TR-UHN Telephone Follow-Up Staff Education & Orientation 2018**)
 6. Working group meeting minutes

- Process was also developed for unit volunteer to maintain availability of all forms needed for staff to sustain telephone follow-up completion. A centralized location has been set up at the nursing stations of each ABI unit to store all telephone follow-up forms for easy access by the teams.
- Telephone follow-up was an organizational goal for 2018. It was recognized as an important part of practice and has the support of the ABI managers and leadership team. This recognition helped set expectations of this practice standard with the ABI teams.

5. Summary of Resources

- Resources shared include:
 1. TR-UHN Telephone Follow-Up Staff Education & Orientation 2018
 2. TR-UHN Telephone Follow-Up Implementation Procedures 2018
 3. TR-UHN Telephone Follow-Up Pre Discharge Patient Info Sheet 2018
 4. TR-UHN Telephone Follow-Up Form 2018
 5. TR-UHN Telephone Follow-Up Staff Survey 2018
 6. TR-UHN Telephone Follow-Up Patient Interview Questions 2018
 7. TR-UHN Telephone Follow-Up Log Sheet 2018
 8. TR-UHN Telephone Follow-Up Tip Sheet 2018