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1. Project Title and Purpose

1. **Project Title:** Using patient centred guidelines as part of summary sheet instructions for outpatients at a post-concussion clinic

Project Purpose (clearly indicate the Recommendation number and wording from the Clinical Practice Guideline):

2. Project Description:

A. Methods:

- 1) Macros (short texts with key information on a specific topic) were created for over 30 different clinical issues and interventions experienced by people who have persisting symptoms post concussion. The macros were created by a research assistant based on information found in the *Guideline for Concussion/mTBI & Persistent Symptoms, 3rd Edition: for Adults over 18 years*. This was version 1 of the macros.
- 2) Then clinicians who work with this patient population, including physiatrists, physician assistants, physiotherapists, occupational therapists and nurses were asked to comment on and edit the macros. This was version 2 of the macros.
- 3) A patient advisory group was brought together, which included patients with persisting symptoms and caregivers of patients. This advisory group was provided with the macros document in hard copy or by email (as per individual request). In a meeting which lasted about 2 hours, the patient advisory group made revisions and suggestions to the macros specifically to ensure the content of the macros was clear and easy to understand from a patient perspective. This was version 3 of the macros.
- 4) A final version of the macros was set by the study investigators (final version incorporated all formatting recommendations from the 2 previous iterations) and sent to the clinical staff of the post concussion clinic to begin incorporating into Epic (the hospital's electronic medical record) .
- 5) Staff began using the new macros in the first week of January, 2020 with new consults and follow-up patients coming to the post concussion clinic at The Ottawa Hospital Rehabilitation Centre.
- 6) The research assistant kept track of the number of people who received the macros and how many macros were being used. At the beginning of March, the physician assistant called each person who had been seen in clinic to get feedback on the macros. Sixteen people were able to provide feedback.

B. Data collection Tools:

Data collection for this project consisted of accessing patient charts to perform counts on key outcome (macros) usage. The second component of data collection consisted of a short survey performed over the telephone consisting of the following questions; 1) Did you look at the information in the After Visit Summary? 2) Was the information helpful? 3) Was the information clear? 4) Is there anything you would change (e.g. about the text etc.)?

*Note that as part of the project we want to be able to share the tools and resources that were used. **Please list the tools that you used and embed links to the tools/attach pdf versions to this report.** Indicate whether these tools were locally-developed or developed by others. Make sure that it is clear who owns the intellectual property/copyright.*



i. Tools to measure Clinical process

The counts for the use of the macros and number of macros used per patient were measures of the clinical process for this project.

ii. Tools to measure Clinical outcome

The telephone interview measured clinically relevant outcome regarding use and perception of the macros in the After Visit Summary. This interview was developed locally by the physician assistant and asks basic questions related to the patient experience.

iii. Tools to measure Implementation process

Emails were also sent biweekly to the study clinicians by the research assistant to remind them to use the macros.

iv. Tools to measure Implementation outcome

The counts of number of macros used per patient indicated that the macros were accessible and easy to use for the clinicians.

C. Findings (process and outcome):

In total, 210 macros were disseminated to 43 patients using a standardized After Visit Summary over a 2 month time frame. The mean number of macros per patient was 5.2 with a range of 1-14. All new consults received the mTBI summary macro, making it the most popularly distributed macro, followed by the macros for Sleep (20), non-prescription medications for sleep (19), Fatigue (18), Mood (16) and Headache (12). The iterative process of consolidating the information for the macros meant that all stakeholders were able to be involved in the development and all stakeholders were supportive of the project. Most patients who attended the clinic received a macro, and those that did not were follow-up appointments that were deemed by the clinician to not require extra information, therefore the study team is quite confident that the results of the count are reflective of a tool that is easy to use and readily accessible to the clinic staff.

In addition, feedback from patients who received the summary indicated that most (14/16 people) looked at the After Visit Summary and most found the information to be helpful (13/16) and clear (12/16). This reflects the achievement of the goal of the study team to provide information to patients in a consistent (everyone received the same information on specific topics as they were personally relevant) and clear fashion.

D. Summary:

The use of macros to provide clear and consistent information to patients in a post concussion outpatient clinic is feasible for clinicians and well accepted by patients. This means that macros could be trialled in other clinics or clinical settings where this patient population receives care. It also indicates that there could be potential to trial this concept with other patient populations who can receive this type of information based from well established clinical guidelines.



E. Lessons Learned:

The greatest lessons learned about implementation (i.e., what advice you would give to others) Ensure that a project has adequate length time for stakeholder involvement; many stakeholders are busy and require numerous reminders and extra time to provide thoughtful feedback. Allow for patient stakeholders in particular to both receive information and to provide feedback in various formats (written hard-copy, email, verbal).

3. Recommendations for next steps to support full sustainable implementation (for your organization, for future implementation projects, for policy, for system organization):

Next steps would include expanding the current set of macros to include less common issues/interventions and encouraging the use of the macros among other clinicians in the facility who see post concussion patients. We would also recommend the use of the macros to other post concussion clinics. The macros can be incorporated into Microsoft Word and have the capability to be used as SmartPhrases in other electronic interfaces (such as dictation software).

4. What has been done to ensure Sustainability:

With the ability to incorporate the macros into the Epic electronic medical chart, the use of the macros is quite easy for clinicians to uptake. As well, the physician assistant who sees most of the post concussion patients and consults has been involved with the project from the beginning and has a clear concept of the value of the macros and their use. She will be able to train any new clinicians who work with this patient population at our facility. A report to clinical administration will also help disseminate the findings of the project and enhance the communication of the value of using macros both vertically and horizontally within the organization.

If you want more information about this Project, please contact:

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