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1. Project Title and Purpose

Project Title:

Making the Most of Every Waking Moment: Fatigue Management After Concussion / mTBI (renamed “**recharge**TM”)

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

Long term fatigue is a common but debilitating consequence of mild traumatic brain injury (mTBI). Successful management of fatigue is multifaceted and requires attention to biopsychosocial factors. Brainworks has worked with many individuals to help them manage their post mTBI fatigue and restore quality of life. To facilitate this process, Brainworks developed many in-house therapy materials, where such materials were either unavailable or insufficient. We sought the catalyst funds to allow us to complete a thorough review, update and freely share our resources with the wider rehabilitation community.

Specifically, the purposes of this project are:

1. To bridge the gap between the Ontario Neurotrauma Foundation Guidelines for Concussion /Mild Traumatic Brain Injury and Prolonged Symptoms, 3rd Edition, Guideline 11.4, and clinical practice.
2. To provide structured, evidence-based, fully downloadable manualized resources that are **READY TO IMPLEMENT** by therapists across the province with minimal lead time / prep time.

Before any further evaluations of the efficacy of the **recharge**TM resource could be conducted, the feasibility of **recharge**TM needed to be assessed. In essence we addressed the question “**Can this intervention work?**” By exploring the acceptability, demand and utility of the **recharge**TM resource for clinicians.

2. Project Description:

A. Methods:

This project consisted of reviewing, editing and further developing a clinician-led fatigue intervention program that had previously been developed by Brainworks over the course of many years. A multidisciplinary team of in-house clinical consultants edited, developed and honed these materials, and a literature review was conducted to ensure that we included current evidence-based practices. The program was rebranded as “**recharge**TM” to make the project name more memorable to both clinician and client and to provide a consistency within the metaphors used in the modules. The rebranding was done with the overall aim of supporting client learning

and carry-over into behaviour changes. We then sought out independent peer reviewers to critically evaluate the programme. Five peer reviewers completed an initial in-depth review and the tool was further edited based upon their feedback. The **recharge**TM resource was then made available to 24 clinicians across the province for feasibility review. We also invited client feedback using a short in-house summary questionnaire.

B. Data collection Tools:

We developed an in-house questionnaire tool to assess feasibility. We evaluated 3 factors: acceptability, demand, and access and usage. Acceptability related to the extent that the **recharge**TM programme is judged as suitable and satisfying to the healthcare providers delivering the program. Self-efficacy of the clinician is also found to be a strong predictor of tool use in the research literature, and thus questions to explore clinician knowledge and confidence were also included. Demand related to the extent of likely use of the **recharge**TM materials. Access and usage referred to the extent the **recharge**TM program is successfully delivered and implemented by the target clinicians. We also developed a short in-house feedback questionnaire to be completed by clients in receipt of the programme.

C. Findings (process and outcome):

Initial feasibility review was conducted using descriptive statistics. 20 out of 24 clinicians who had received the materials responded to the survey within the required timeframe. The respondent's responses were overall positive, indicating that they found the **recharge**TM materials acceptable, that there is demand for the tool and the package is easy to access and implement. This was further supported by the qualitative feedback. Of note, 100% of respondents (n=18) agreed that they will continue to use the **recharge**TM materials and 95% of respondents (n=19) agreed that there is merit in evaluating the **recharge**TM materials further. Three clients responded to short in-house feedback questionnaire. All respondents positively endorsed items regarding the usefulness of **recharge**TM and application to help better manage their fatigue. Two respondents positively endorsed the effectiveness of the program, with one reporting they are undecided due to the program just starting.

D. Summary:

The **recharge**TM resource was developed to bridge the gap between Guideline 11.4 of the Ontario Neurotrauma Foundation Guidelines for Concussion /Mild Traumatic Brain Injury and Prolonged Symptoms, 3rd Edition and clinical practice, providing structured, evidence-based, fully downloadable manualized resources. The **recharge**TM resources were developed within Brainworks, with clinician collaboration and feedback from clinicians external to the Brainworks

organization. An initial feasibility review of the resources indicated that clinicians found **recharge™**, acceptable, that there is demand for the tool and the package is easy to access and implement. There was positive initial feedback from clients, although this needs further evaluation.

E. Lessons Learned:

This was an ambitious project with tight timelines, and we learned many lessons along the way.

We would advise others to invite collaboration and an open dialogue with your stakeholders early on in your project. Although the project seemed to expand with all of the various inputs, working through the process as a team and with our stakeholders has rewarded us with a superior product in the end.

Be wary of mounting editing / graphics costs. Our core team decided that we wanted the graphics components to be developed early in the redevelopment process. This was due to the bespoke graphic being identified as a more meaningful component than initially anticipated and we felt the materials could not be adequately appraised without the presence of the graphic images. Since we engaged in a constant editing process throughout the course of this project, every subsequent change to the text had to be communicated to and executed by our external graphics consultant. While our consultant undertook all of her work with excellence and efficiency, the back-and-forth that this required became more costly, markedly increasing budgetary estimates for editing, creative consultation, administration and graphics. We were able to accommodate the increased time and financial commitment, however, we learned from the process. Next time we plan to involve the design team early, however, text will not be incorporated into the graphics until later on in the design process.

Take care in determining the scope of the project, the timelines and the impact of every decision on the budget. In our case, Brainworks had already planned that our financial contribution would include fruit of previous self-funded development, plus, matching dollar for dollar the ONF contribution to the project. However, given the other lessons learned, noted above, Brainworks' final financial investment was more significant than planned.

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

We plan to issue a third survey to the pilot group, once the clinicians have had access to the tools for a longer period (6 months), to explore uptake and ongoing use of the materials. At that time,

we will also review whether there have been any changes in clinician-reported confidence and knowledge in the management of fatigue post mTBI as a result of access to the **recharge**[™] program. We will also look for areas for further development of the **recharge**[™] program. Following that, further evaluation may be merited regarding client utility and clinical outcomes of the program.

Consideration should be made for further adapting materials for broader accessibility, for example, cross languages and cultures. Consideration should also be made for making a fully online version of this program. This important feedback was echoed by members of our review panel.

Further research should be undertaken for efficacy of the program.

4. What has been done to ensure Sustainability:

The **recharge**[™] resource will be posted on the ONF website, as a freely available, open access resource to clinicians targeting a challenging area for rehabilitation. It has been developed with continuous clinician feedback and evaluation to ensure that it is meeting the clinician's needs and supporting their intervention.

We plan to share the **recharge**[™] materials at rehabilitation conferences within the province of Ontario, as well as nationally and internationally as opportunities enable. Members of our pilot group have already reached out to us with this suggestion; and, we are alert for opportunities to submit abstracts in this regard.

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

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