Contents

1. Project Title and Purpose

Project Title: Transition to Virtual Care

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

Implementation of an amended assessment strategy for persistent concussion patients with blended virtual and in person assessment inclusive of an interprofessional approach, to minimize travel for patients and maximize reach of program while maintaining positive assessment outcomes.

Supportive of the 3rd edition- Guidelines for Concussion and Mild Traumatic Brain Injury and Prolonged Symptoms including the specifically the following sections: 2.1, 2.2, 2.4, 4.1, 4.2, 4.3, 4.4, 5.2, 5.3, 5.4, 5.7.

2. Project Description:

A. Methods:

The purpose of this project was to transition part of the initial assessment from an in-person assessment to a virtual intake in order to decrease the demands on patients in the clinical setting and reduced the overall time spent in clinic at the initial assessment. In order to do that patient history forms were developed prior to the initiation of this pilot and built into PHIPAA compliant method of electronic distribution for the patient to complete prior to the virtual intake. Anywhere from one to five days prior to the virtual intake the clinician contacted the patient and completed the health history an injury history with the patient and provided some education and orientation to the clinic process itself. Initial presentation for the inpatient assessment medical assessment was limited to physical assessment for multiple clusters of symptoms including visual symptoms, vestibular symptoms, cognitive symptoms, cervicogenic symptoms, physiologic symptoms and affective symptoms. The patient then received a complete interprofessional diagnosis, rehabilitation plan and additional education at the end of the assessment. All relevant findings or then communicated back to the referring physician in a comprehensive interdisciplinary consultation letter.

B. Data collection Tools:

i. Tools to measure Clinical process

Provider survey – pre (in-house, non-validated patient survey) – APPENDIX A

ii. Tools to measure Clinical outcome

Patient satisfaction (in-house, non-validated patient survey) – APPENDIX B

iii. Tools to measure Implementation process

Time spent with each portion of assessment (manually pulled data)

iv. Tools to measure Implementation outcome

Patient satisfaction (in-house, non-validated patient survey)

Provider post survey (in-house, non-validated patient survey)- APPENDIX C

C. Findings (process and outcome):

Patients were quite open to completing documentation on their own time prior to the assessment. In addition, patients were also quite agreeable to the virtual intake done prior to the in-person assessment. Patients did value the ongoing length of in-person assessment, however, did also report finding the separate virtual intake helpful to reducing anxiety about the assessment itself and breaking up the total cognitive load of the assessment. Reduction of clinician time was not as great as expected with the patient completed intake forms, however, overall education spent with the patient at the end of the assessment was reduced. This allowed for more dialogue and enhanced education as there was the opportunity to deliver some of the education sooner in that patient's assessment journey (upon initial virtual intake) and reinforce/expand upon concepts at the end of the in-person assessment.

D. Summary:

Overall patients were quite receptive to the new assessment format. It was felt thought clinicians were able to still garner the same level of information despite having the assessment completed over two different time intervals with patient input self-generated. Due to the restrictions of the ongoing pandemic the utility of this across a broader northeastern demographic was somewhat limited, however, it is anticipated but the same outcomes would occur regardless of the geographical location given the application across all patient intakes. It does highlight the need for a comprehensive care transition program to support ongoing rehabilitation locally well the interprofessional concussion clinic is able to provide ongoing support and recommendations as needed.

E. Lessons Learned:

The greatest lesson learned about implementation is the difficulty and challenges with objectively evaluating clinical processes. Comprehensive clinical process evaluation tools are difficult to come by in the context of a very specific population assessment. In addition, it is very difficult to reduce a clinical visit window when you've been practicing with that period of time. It

is very easy for clinicians to assume that more time spent with the patient promotes a better outcome and difficult to assess that relationship directly.

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

The biggest next step for our clinic will be the development of an education module for patients to have access to prior to their virtual intake appointment. This is to provide in time education and also orientate them to the clinic and the process itself. We did find this was the biggest barrier to reducing the length of time of the virtual intake in history. There is existing research in headache management which demonstrates early generic education can be beneficial to the presentation of symptoms on initial assessment especially in the context of there being a delay for the initial assessment.

4. What has been done to ensure Sustainability:

Within the clinic itself full transition to comprehensive charting and completion of all assessments in the new model regardless of geographical orientation has helped with sustainability show void multiple process differences with patients. Now that training with support staff has also taken place about triage, input of information prior to virtual assessment and clinician experience with patient input data, the time requirement outside of the initial assessment was far less than what was expected which does allow for it to remain imbedded in existing practices.

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

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