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1. Project Title and Purpose

Project Title: *A collaboration between Sick Kids and Holland Bloorview Kids Rehabilitation Hospital: Early recognition and referral of children and youth to specialized care who present at high risk for prolonged concussion recovery in acute care settings*

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

Improved implementation of the 5P high-risk clinical screen within Sick Kids Emergency Department to prioritize and streamline those most likely to benefit from specialized care within the ≤ 4 weeks of injury at Holland Bloorview Early Concussion Care Program. By identifying children and youth at risk of prolonged symptoms upon diagnosis in acute care, specialized concussion care can be prioritized and streamlined for those who need it most.

Recommendation(s):

- 2.1b: Note common modifiers that may delay recovery and use a clinical risk score to predict risk of prolonged symptoms (Evidence Level: A).
- 2.9: Consider early referral (prior to 4-week post-injury) to an interdisciplinary concussion team in the presence of modifiers that may delay recovery. (Evidence Level: A).

2. Project Description:

A. Methods:

- Assessing evidence-based interventions framework
- Concussion Clinical Practice Guideline Implementation Survey
- ADKAR change management framework
- Patient Oriented Discharge Summary Process (PODS) Feasibility Survey
- Open ended interviews to capture client and family experiences and narrative
- Chart review and data tracking within Sick Kids (EPIC) and Holland Bloorview (Meditech Expanse)

B. Data collection Tools:

i. Tools to measure Clinical process

- Implementation of 5P Screen into EPIC system for ease of clinical workflow

ii. Tools to measure Clinical outcome

- Completed tracking sheet of 5P screen scores, injury and referral dates, appointment dates and clinic outcomes to measure impact of pathway for clients at high risk of prolonged recovery

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- Future retroactive chart review to capture case studies and expand on clinical outcomes
- Completed exit surveys to capture client and family experience with pathway, as well as capture client narratives and stories through open ended interviews

iii. Tools to measure Implementation process

- Completed evaluation system in EPIC to track frequency of 5P screen used per concussion diagnosis to identify implementation successes and gaps

iv. Tools to measure Implementation outcome

- After action review to measure success of implementation and required next steps to increase uptake and sustainably
- Set up system to evaluate spread of use of 5P screen and pathway beyond Sick Kids emergency department through this initiative (i.e. pediatrician clinics, other ED settings).

C. Findings (process and outcome):

- Increased understanding of delayed modifiers amongst health care providers in acute settings is helping clients and families at high-risk receive the right care at the right time
- Direct referral to specialized care <4 weeks for high risk children and youth is preventing clients and families from being lost in healthcare system and reduces chance of prolonged recovery and/or secondary issues that can contribute to the chronicity of concussion symptoms
- Referring high risk clients and families at initial concussion diagnosis is preventing subsequent visits to emergency department
- Acute and primary care providers see value in using screen due to it's direct and clear impact on determining next steps in client care

D. Lessons Learned:

Implementation of concussion best practices is rooted in change management. ADKAR's framework's (*awareness, desire, knowledge, ability, and reinforcement*) can be helpful in tool to analyze change and better understand how to do this from a human perspective. In addition to increase *awareness and knowledge* around best practices in concussion we must increase *ability* by implementing processes into clinician workflows and *desire* by ensuring change is efficient, leans on processes that are already working well, and has direct benefit to the client in real time. We must also continue to be reinforced these changes to create sustainability and uptake over time.

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

Ensuring fast access to specialized concussion care for high-risk clients and families (i.e. <4 weeks) was necessary for success in clinic outcomes and preventing secondary issues that can contribute to the chronicity of concussion symptoms. Specialized multidisciplinary concussion care teams must continue to ensure efficient care models to minimize wait times and ensure rapid access in order to prevent prolonged symptoms

4. What has been done to ensure Sustainability:

Plans have been put in place to provide reinforcement of practice change in acute and primary care settings. We also plan to continue to develop innovative solutions provide rapid access to specialized concussion care, prioritizing it for those who need it most, and ensuring the care we provide is both meaningful and efficient.

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

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