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1. Project Title and Purpose

Project Title:

Shifting to Virtual Care: The adaptation and implementation of clinical practice guidelines for the diagnosis and management of concussion

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

The purpose of project was to adapt the world-leading ONF clinical practice guidelines for concussion, pediatric and adult, to facilitate virtual concussion assessment and care (VCAC), to create and disseminate VCAC resources for use locally and to inform next steps towards dissemination nationally and internationally and to create and evaluate an implementation toolkit/user-guide to support health care professionals to learn 'how' to use the created VCAC resources.

2. Project Description:

A. Methods:

The project was conducted using a four-phased approach grounded in the PDSA Cycle (Plan–Do–Study–Act), a Quality Improvement approach commonly used for learning, developing and adjusting health-related practices and services. In Phase 1, an interdisciplinary working group composed of expert panelists from the most recent ONF concussion guidelines reviewed the guideline tools, recommendations and resources in order to identify those appropriate for health care professionals to deliver using virtual care, and delivering this virtual care using video. Once the specific tools and resources were identified, this working group adapted language and processes to facilitate evidence-based use during the provision of VCAC.

In phase 2 the newly created VCAC resources were implemented within an interdisciplinary concussion clinic in Ottawa that adheres to the ONF's *Standards for Post-Concussion Care*. Delivery of these newly created virtual tools was carried out by healthcare providers. In phase 3, which was conducted concurrently with phase 2, the team evaluated the acceptability and feasibility of the newly created virtual care tools and resources, along with the toolkit/user guide designed to instruct health care providers on 'how' to use the virtual care tools and resource. Feedback was collected using both electronic surveys with health care professionals along with semi-structured qualitative phone interviews of health care professionals. Thirteen Family Physicians completed the electronic acceptability and feasibility surveys and participated in a qualitative semi-structured telephone interview.

Finally, in phase 4 the team incorporated the feedback from the electronic surveys and the semi-structured telephone interviews to improve the newly created virtual care tools. This final phase of this project will also be used to plan out next steps with regards to broader implementation of the virtual care tools and the need for additional efforts towards iteration and validation prior to broader dissemination.

B. Data collection Tools:

i. **Tools to measure Implementation process**

The tool used to measure implementation process included the REDCap Feedback Survey that participants completed after completing the training to provide feedback on the training materials and process.

ii. **Tools to measure Implementation outcome**

The tool used to measure implementation outcome included the telephone interview that participants completed after completing the training and several months of having the option to utilize the VCE within their practise to provide feedback on the training materials and performing the VCE on patients/implementing it into their practise. This was locally developed.

C. Findings (process and outcome):

We found that throughout this process many Family Physicians needed additional resources on abnormal findings and what to look for while performing a concussion assessment. We tailored our videos and manual to help accommodate this need with links to resources that are updated regularly. We also found that this was helpful for Family Physicians not only to perform virtual concussion assessments but also in-person assessments as it provided background and information on how to do a best practise concussion exam. We found that many of the Family Physicians who participated in the study found the VCE more extensive than their usual in person exams as well. Overall, from the feedback we received we found that this resource was a very welcomed training tool. The interview guide was locally developed.

D. Summary:

In summary, the team found that the VCE and training materials were a much-needed resource and that additional resources encompassing the use of assessments and what to look for/abnormal findings was also necessary.

E. Lessons Learned:

The greatest lessons learned would be that it is important to include not only the information pertinent to performing the assessments, but also additional information and resources to be inclusive of all Physicians levels of comfort and knowledge in the subject area.

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

Next steps could include the validation of the VCE through comparison with in-person assessments. This would help to validate the VCE but also provide a resource to Family Physicians on best practise concussion exams that can be done in person and virtually.

4. What has been done to ensure Sustainability:

To ensure sustainability we have embedded links to resources that are updated regularly.

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

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