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1. Project Title and Purpose

Project Title: Brain Injury Enhanced Case Management

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

CPG recommendation that is the focus of implementation activities:

D. Promoting Reintegration and Participation

D2. Community Rehabilitation

D2.1 Individuals with ongoing disability after TBI should have **timely** access to specialized outpatient or community-based rehabilitation to facilitate continual progress and successful community re-integration.

The overarching goal of the project is to reduce the waitlist for ABI Community Outreach services by implementing Case Management (CM) into our Outreach service delivery model. Case management will aim to provide the opportunity for any pressing needs of an individual applying for ABI services to be immediately addressed. This will support individuals in attaining a more successful level of community reintegration early on and allow individuals to have their needs further assessed for longer-term Outreach services.

2. Project Description:

A. Methods:

1. Development of CM process and CM inclusion in the intake process
 - a. The CM model was developed after speaking with another ABI provider with a similar existing model
 - b. A process was created to include CM in the outreach service delivery model
 - i. CM is offered to those applying for ABI outreach with any immediate needs that can be addressed with access to a short-term ABI rehab worker in the community
 - ii. CM is offered to applicants on the ABI outreach wait list in order of application date as an initial service to address immediate needs
 - iii. The intake process for outreach was revamped to include CM
2. Training for outreach staff
 - a. An initial overview and training is provided with a flow chart to demonstrate the new outreach service delivery model with CM
 - b. Following the initial general training, site specific trainings and meetings are scheduled with each location to review site-specific approaches to the implementation of CM (slight variations based on staff ratios/availability)
 - c. Regular formal and informal meetings and check-ins take place with staff throughout process

3. Comprehensive review of wait list
 - a. We created a tool with some additional questions to compliment our standardized 12-month contact form in order to better identify if there are any immediate needs to be addressed
 - b. At the 12- month contact, a review of the ABI outreach service model is also provided to ensure individuals have a clear understanding of the service they are on the wait list for.
4. Comprehensive review of current consumers
 - a. The Outreach supervisor met with each location to review the existing consumers in service and discuss their goals. The consumers currently in service were assigned appropriate timelines on a case-by-case basis to review them for service renewal or develop transition plans for those no longer requiring Outreach service
5. Offering CM
 - a. We began to offer CM to those on the wait list. We started by reviewing and contacting the first 5 wait list consumers per approved location.
 - b. Staff feedback and deliberation allowed CM to be offered without the limit of 3-5 sessions, but still on a short-term basis. The criteria of 3-5 sessions is to be viewed as a guideline, allowing for some flexibility depending on the identified CM goal. Depending on the needs of the consumer, some received only 2 sessions, while others required some extra sessions.
 - c. New groups created to compliment CM and promote skill building and community reintegration

B. Data collection Tools:

i. Tools to measure project process

- We used our 12-month contacts to gauge interest in CM program from consumers on the wait list

ii. Tools to measure project outcome

- The Community Integration Questionnaire (CIQ) is a tool created by Barry Willer that is used to assess the independence and community integration of people with acquired brain injury. We used the CIQ to measure the change observed in consumers before and after receiving CM by obtaining pre and post scores. We expected the CIQ scores to increase after an individual obtained CM services.
- The Consumer Satisfaction Questionnaire (CSQ) is a tool that March of Dimes Canada uses to obtain feedback from consumers receiving any of our services. We decided to use the CSQ after completing CM with a consumer in order to obtain some qualitative data and provide consumers the opportunity to identify what they enjoyed and perhaps did not enjoy about receiving CM.

iii. Tools to measure Implementation process

- We created a feasibility survey for staff based on a feasibility survey example provided to us by ONF that we used as a template. The feasibility survey measured staff outlooks on the project using 6 categories: accountability, demand, implementation, practicality, integration, and efficacy.
- We held regularly scheduled Outreach team meetings where the opportunity to discuss the process, obtain feedback, and problem solve through any identified barriers was provided
- Informal dialogue and ad hoc meetings also took place regularly between staff and CM project team members as any concerns/barriers were encountered

iv. Tools to measure Implementation outcome

- The overarching goal of implementing CM into our Outreach service delivery was to reduce the wait list. In order to measure this outcome, we recorded the number of people on the wait list, as well as average number of days waiting, on a bi-weekly basis. We excluded any new applicants added after October 1st, when we began the implementation project. This allowed us to clearly see the effect the implementation of CM had on the number of people who had been on the wait list prior to offering CM.

C. Findings (process and outcome):

The Outreach wait list was reduced from 234 consumers prior to beginning CM in September 2020, to 197 consumers as of March 1st 2021. We were able to decrease the wait list by 37 people by implementing CM and resultant processes into the outreach service delivery model. The average days waiting decreased from 1007 days to 978 days, a total 29 day decrease in average wait time.

We were able to have 10 wait list consumers access CM. 5 have completed CM and 5 are still currently receiving CM. 1 of the 5 waitlist consumers that completed CM remains on the wait list for Outreach services.

Although initial CIQ scores were obtained at the start of all CM services, follow-up scores are not yet available and therefore we are unable to report on this data at this time. It is anticipated that data will become available for comparison with the current sample of 10 CM consumers in June 2021.

The feasibility survey results demonstrated that staff had an overall positive response to the implementation of Case Management into the Outreach service delivery model. The results did highlight some hesitancy from staff in the implementation and practicality categories, especially around resources (staffing) which received the lowest scores in both of those categories. This feedback, along with highlighting concerns around the ease of implementation appear to be more related to the current pandemic circumstances after some follow-up. Qualitative feedback from staff suggested that feasibility scores would be higher overall if COVID-19/the pandemic were not current realities. Staff feedback and problem solving as a team continues with tweaks

to the process being implemented on an ongoing basis. CM continues to be offered and adapt in relation to ongoing adjustments in processes as regional/provincial restrictions and resultant policies change.

D. Summary:

CM was implemented into MODC's ABI Outreach service delivery model in order to address the gap in individuals with ABI receiving timely access to ABI community rehab for successful community reintegration. By implementing CM, MODC was able to see a reduction in the wait list for ABI Outreach and decrease the average number of days waiting. As we continue to operate within this new service delivery model, we strive to continue to support more individuals in the community right when they need it.

E. Lessons Learned:

1. Staff buy-in is crucial, as frontline staff are the ones that have to carry out the vision and will know what is working for them and what is not. If staff do not believe in the vision and do not have the opportunity to provide feedback and input into the process, the endeavour will not be successful. Be open to the feedback and make the necessary adjustments and alterations.
2. Change takes time and so small progress is still progress towards the end goal. Progress is also not always linear, and you might see some fluctuations in results at first.
3. Allow for extra meetings and dedicate extra time to the project during the implementation phase. It is better to have more frequent meetings in the beginning to problem solve and address issues as they come up than to have an issue identified when you are already months into the project.

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

- Continue to allow feedback and open dialogue at formal meetings and informal ad hoc meetings with outreach staff, as a larger group and with individual sites, regarding CM
 - Allow staff to share successes and/or barriers
 - Allow staff to problem solve
- Expand CM services to other satellite sites as resources allow
- Share new model with external community agencies/organizations
- Continue to offer and revamp groups as a compliment to CM and the Outreach program
- Consider having staff dedicated to CM only

4. What has been done to ensure Sustainability:

CM has been fully included in the Outreach service delivery model:

- The intake process was revamped to reflect CM being offered as a precursor to outreach services
- The admissions committee developed a process for approving individuals for CM
- Wait list management procedures reflected this change by identifying those approved for CM with a “CM” code on the wait list
- Staff received training on a clear process, illustrated with a flow chart, for the new Outreach service delivery model
- Outreach supervisor will continue to oversee CM as a part of the Outreach program

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

Meghan Smith, Community Support Supervisor of the ABI Outreach Program,
msmith@marchofdimes.ca

OR

Kamilah Francis, Regional ABI System Navigator, kcfrancis@marchofdimes.ca