

## Contents

<b>1. Project Title and Purpose.....</b>	<b>2</b>
<b>2. Project Description:.....</b>	<b>2</b>
A. Methods: .....	2
B. Findings (process and outcome): .....	3
C. Lessons Learned:.....	4
<b>3. Recommendations for next steps to support full sustainable implementation: .....</b>	<b>5</b>
<b>4. What has been done to ensure Sustainability:.....</b>	<b>5</b>

## 1. Project Title and Purpose

**Project Title:** Triage Model - Regional ABI Outpatient Services

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

The purpose of this project is to adapt, implement, and evaluate an existing brain injury intake, triage, and education process and to include mental health screening as a new part of the process. This entire process is referred to as the “triage model” throughout the document. Specifically, the goals of the project are to:

- Evaluate the adapted triage model to date
- Create a sustainable evaluation framework to support ongoing quality assurance
- Develop recommendations for service changes and staff training

**CPG Recommendation:** A2.1 – Collaboration mechanisms should be established with mental health services and programs in order to develop optimal management strategies for individuals with co-morbid traumatic brain injury and mental health issues

## 2. Project Description:

### A. Methods:

The project utilizes the National Implementation Research Network (NIRN) Active Implementation Frameworks along with the Spinal Cord Injury Knowledge Mobilization Network (SCI KMN) adaptations to the frameworks. The proposed implementation plan is as follows:

1. **Pre-Exploration:** Budget, space and workstations, workflow mapping, Cerner Build, recruitment, stakeholder engagement, communication, and screening tools.
2. **Exploration:** Develop structure to support teams, clinician team engaged, RN training and content of triage, and determine process of RN triage with mental health screen. PDSA for improvements as implemented tried and need for improvement identified.
3. **Installation:** Staggered transfer of triage role from each team to RNs, team management, PDSA, Cerner Report Review for data collection, clinician engagement for ongoing RN training, and obtain patient feedback.
4. **Initial Implementation:** Attain volume targets for funding, observe wait list for services, identify service gaps, track volumes of positive mental health screens, further refine treatment options and resources for clients, and PDSA.
5. **Full Implementation:** Monitor and evaluate. Evaluation parameters to be determined - to include qualitative and clinical outcomes for 100% of our ABI patients who screen positive on mental health tools. Measuring the waitlist for treatment and access to service. Evaluation of early provision of education and reassurance to clients with ABI.

**B. Findings (process and outcome):**

Below represents the findings to date, as aligned with the expected outcomes.

1. *Result in all patients receiving a mental health screen. Further, everyone with a positive mental health screen will receive support and education.*

The PHQ-9 has been implemented as the mental health screen for incoming patients during the triage and education session. A mental health resource document has been created as a handout and is now provided to all patients. This includes phone, online, and in-person resources (categorized according to location). Patients that answer positively to the question “thoughts that you would be better off dead or hurting yourself” are further assessed using the Columbia Suicide Severity Rating Scale (CSSRS) Short Screen. The mental health working group (including consultation with a psychiatrist from Parkwood Institute Mental Health) has created a protocol for supporting patients in various situations based on their level of risk.

2. *Result in the identification and establishment of relationships and resources to provide support to our ABI patients with mental health conditions/symptoms.*

Members of the team have had site visits to Connex and CMHA (London Middlesex) to better understand what mental health resources are available, or how to locate available resources, for individuals with ABI and mental health needs. Most importantly, the CMHA endorses a “no wrong door policy”. Accordingly, our ABI team is now aware that if their patient may benefit from specialized mental health support, they are encouraged to send their patient to CMHA. Information garnered from our conversations with Connex and CMHA have been used to create a mental health resource document for patients.

More recently, the Rehabilitation Program established a program wide Mental Health Education working group. This working group is working to develop a comprehensive mental health education toolkit. The main thrust of this education would be to help staff learn practical strategies in supporting patients with mental health concerns, while focusing on facilitating their progress towards achieving their rehabilitation goals. This working group is collaborating with the ABI Program’s Mental Health Screen and Pathway Working Group to leverage work being completed by each group to support all rehabilitation staff. In the future, our ABI team (along with all other Parkwood Institute rehabilitation units) will have access to electronic mental health resources (including infographics) and opportunities to hear various guest lectures to better prepare them for helping patients with mental health needs.

3. *Identify opportunities for service provision improvements and reduce wait times for service.*  
The new triage model change was prompted by the successful acquisition of Post Construction Operating Plan (PCOP) funding that was received by the Acquired Brain Injury (ABI) Outpatient

**SJHC London, Parkwood Institute Main  
Regional ABI Outpatient Services  
Catalyst Grant Case Report**

and Outreach Teams. PCOP funding provided net new resources to support the hiring of two registered nurses to manage the triage process for all new referrals to the program. Prior to the new triage model, allied health clinicians were completing triage, disposition and education on a rotational basis. The addition of two registered nurses to complete the triage process has anecdotally resulted in reduced wait times for patients. This is because allied health staff are now able to offer more services given they are no longer triaging patients.

The addition of a psychiatrist in our mental health working group has also facilitated the addition of psychiatry consultation services for patients. This is a new service that was not previously available to patients of the program.

We are consulting with Professional Practice, Risk and Privacy, and Ethics, in order to clearly establish our eligibility criteria and refine our intake processes. With clearly defined inclusion criteria, we can improve our administration efficiency by reducing the number of referrals that do not meet our eligibility criteria. Furthermore, we have worked to clearly outline the services we offer for inpatient referral sources to refer to the most appropriate services, and for nurses to triage to the most appropriate services.

We have condensed and combined the previous referral forms to one. This will help reduce wait times as patients will not need to be referred to outpatient/outreach, and then referred again to psychiatry (as needed) or vice versa. Additionally, we have made our referral form more concise to promote completion by referral sources. This referral form will collect the most clinically relevant information and help us to only triage patients that meet our eligibility criteria and triage them to the most appropriate service(s).

We have implemented prioritization criteria for incoming patients following triage. In implementing this new prioritization (on a 1-4 scale listed on the waitlists on Cerner), patients that require more timely services (based on priority level) will have a shorter wait time.

### C. Lessons Learned:

- Overall, ABI is a unique patient population with unique needs; therefore, clinicians must be skilled and knowledgeable in the area of ABI but also be able to support patients or identify community supports for patients in other areas of need (e.g., mental health, addictions, intimate partner violence, etc.).
- When the working groups began, there was no organizational standard within St. Joseph's Health Care, London to manage crisis situations in non-mental health areas. Accordingly, the ABI Mental Health Screen and Pathway Working Group started developing processes for the program. In August 2019 a corporate wide-policy for suicide risk assessment and prevention was released. In general, mental health is increasingly becoming a priority across many programs/areas but currently many policies and procedures do not exist for non-mental health

areas (e.g., rehabilitation). The result is that programs (including the ABI program) are looking to develop processes but then must quickly adapt those processes to align with organizational standards. This will likely continue as the organization continues to move forward with corporate policies for patients with mental health needs.

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

As with any process improvement/implementation initiative, there will be ongoing work to ensure practice changes are sustainable. The following are elements that will continue, to achieve sustainable practice change:

- Continue to implement changes identified in this project, and identify any additional areas for improvement and discuss how to implement changes (as part of an iterative process)
- Monitor key outcomes:
  - Process outcomes to ensure practices are being completed with fidelity
  - Patient outcomes (e.g., patient satisfaction with education) to ensure patients are receiving excellent care that improves their quality of life
  - Program metrics (e.g., number of patients consulted with psychiatry, # of patients completing the new triage process, etc.) to ensure patient flow through the program
- Review key outcomes within working groups and team meetings to share program achievements and discuss potential areas for improvement
- Continue to build relationships with community partners (e.g., CMHA) to explore opportunities for collaboration to meet patient's needs and for cross-training of staff
- Review staff training requirements and educational needs in order to identify opportunities to enhance staff knowledge and skill

### 4. What has been done to ensure Sustainability:

See above in 'Recommendations for next steps to support full sustainable implementation'

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

Saagar Walia

[saagar.wali@sjhc.london.on.ca](mailto:saagar.wali@sjhc.london.on.ca)