“Every person with a brain injury realizes their full and unique potential”

Clinical Advisory Panel Recommendations

for Head Injury Rehabilitation Ontario (formerly Brain Injury Services)

March 27, 2019

Head Injury Rehabilitation Ontario

formerly Brain Injury Services
Respect, Learning, Independence

Agenda

- Terms of Reference for Clinical Advisory Panel
- Overview of Panel's work
- Panel Recommendations

Clinical Advisory Panel Terms of Reference

Mandate:

Provide guidance to BIS related to clinical practices for their client population. This will support BIS to develop a clinical programming roadmap for the future.

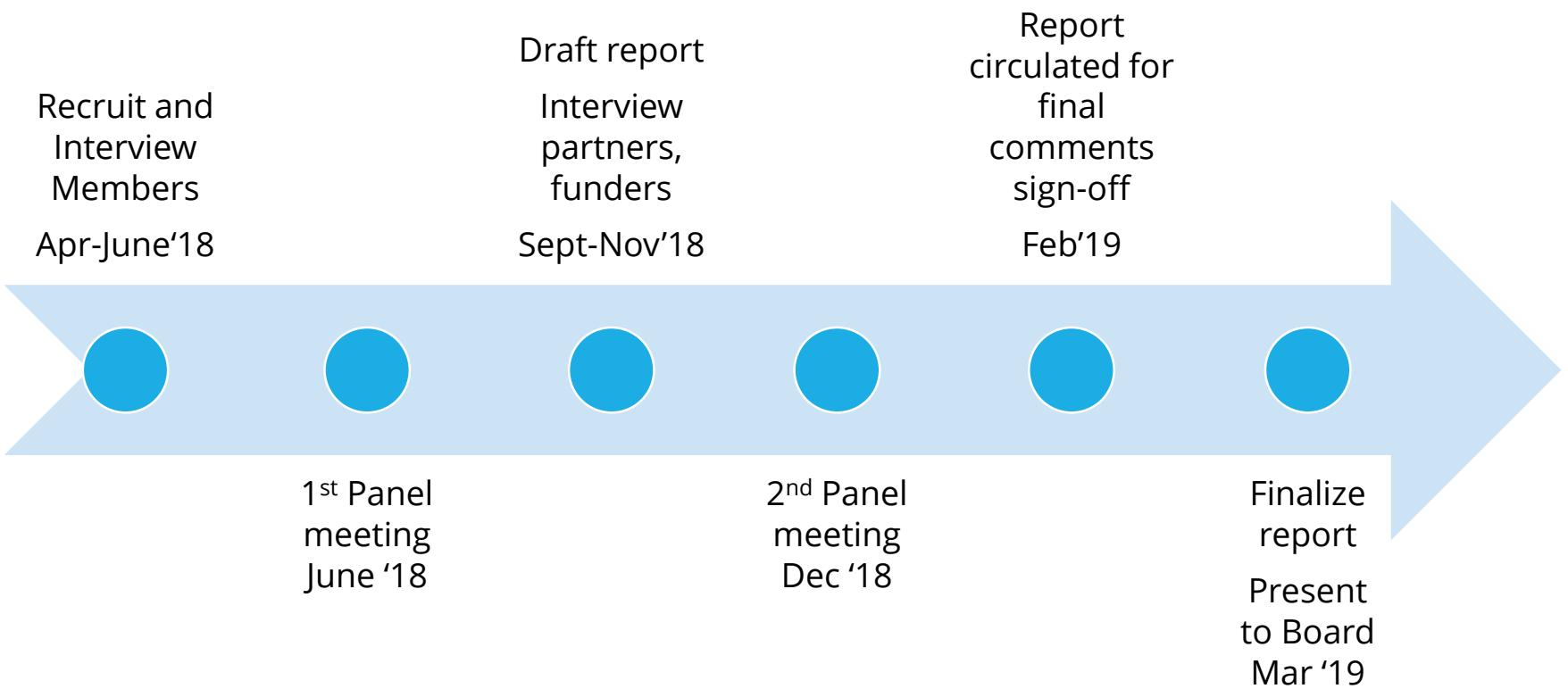
Key Deliverables:

- Identify clinical best practices in community-based and residential ABI rehabilitation
- Recommend standardized tools for client assessment, care planning and measuring client outcomes
- Recommend models of care that would support best practices and partner collaboration to improve client outcomes

Panel Membership

- Jacqueline Bonneville, Occupational Therapist
- Dr. Angela Colantonio, Researcher in ABI
- Dr. Linda Cudmore, Psychologist
- Dr. Julija Kelecevic, Physician and Ethicist
- Dr. Jorin Lukings, Family Physician and Physician for 2 of BIS residential homes
- Dr. Robert van Reekum, Psychiatrist
- Sandra Sanmartin, Speech Language Pathologist
- Dr. Chanth Seyone, Psychiatrist
- Dr. Elizabeth Shaw, Family Physician and Family Member
- Dr. Deborah Tang, Psychologist

Key Steps in Panel Work



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9 Panel Recommendations

Assessment and Care Planning	• Adopt a Collaborative Interdisciplinary Team Approach • Implement Core Set of Standardized Tools
Rehabilitation Implementing Care Plans	• Offer Rehabilitation Focused on Client Goal Attainment
Outcome Measurement	• Reassess using Standardized Tools and Report on Individual Client Goal Attainment • Report on Changes at a Group Level
Clinical Leadership	• Appoint Regulated Health Professional as Clinical Lead
Partnerships with Other Providers	• Partner with Primary Care Providers • Partner with Mental Health and Addictions Providers • Improve Access to LTCH and other Housing Providers

Recommendation #1

Adopt a Collaborative Interdisciplinary Team Approach

- Assessment of all clients should involve a team of regulated health professionals (RHPs)
- Care planning for all clients requires input from the full team, including clients, family, RHPs and unregulated providers
- RHPs should support unregulated team members in implementing the client care plans and monitoring each client's progress and changing needs
- Provide opportunities for team members to collaborate, meet, communicate and care plan together
- Include of an experienced RHP in initial screening and intake process using a standardized set of questions
- Include family perspective in intake, admission and care planning

Recommendation #2

Implement Core Set of Standardized Tools

- Implement standardized tools that measure severity of ABI and things that are important to clients, i.e. client goals, quality of life, level of function
- Promote team assessment and care planning and minimize redundancy in assessment tools
- Incorporate family and staff goals into assessment and care planning
- Consider these 4 Core Tools:
  - MPAI-4 – assess problems & measure abilities, adjustment and participation
  - COPM — complimentary tools that help clients set individualized goals
  - GAS
  - QOLBRI – quality of life measure for ABI clients
- Other tools based on individual client's needs
- No tool is perfect – opportunity for future development

Recommendation #3

Offer Rehabilitation Focused on Client Goal Attainment

- Participation based focus, as opposed to impairment based focus on hospital rehabilitation
- Care plans should support clients in working toward attainment of their goals
- Daily Activity Scheduling approach used in residential setting should align with client's goals
- Client's goals may be to improve in a particular area or to maintain their gains made during rehab
- Supportive of 'prime' therapist approach to rehabilitation/implementing care plans and RHPs as consultants

Recommendation #4

Reassess Clients Using Standardized Tools and Report on Individual Client Goal Attainment

- Measuring/quantifying results of implementation of a client's care plan is important for clients, family and providers
- Use the same standardized tools at admission and at regular intervals for reassessment, i.e. at least annually or as client goals are met
- Reassessment can help inform readiness for transitions and help manage client and family expectations

Recommendation #5

Report on Changes at a Group Level

- Use core set of standardized measures with all BIS clients to help demonstrate progress and inform consistent/meaningful care planning
- Work with partners to implement same tools to support benchmarking, evaluation and research activities

Recommendation #6

Appoint a Regulated Health Professional as Clinical Lead

- Currently none of the RHPs working with BIS clients have any supervisory authority with other team members or clinical programming
- Appoint a RHP to offer clinical leadership and clinical supervision for rehab programming
- Clinical Lead should have expertise working with ABI population and in ABI rehabilitation
- Contract with a Psychologist to be part of the care team – only RHP vacancy at the present time
- Consider supporting a Clinical Advisory Panel structure for ongoing review and evaluation

Recommendation #7

Partner with Primary Care Providers

- Adopt consistent staffing model for residential homes, i.e. family physician for home rather than different family physicians for each client
- Consider partnering with a family health team to develop an interdisciplinary care model for clients living in the community
- Support building capacity of physicians in managing the care of these clients
- Consider development of a team ‘community care plan’ to support communication and the role of the family physician

Recommendation #8

Partner with Mental Health and Addictions Providers

- Internal review of BIS clients revealed:
  - 100% residential clients have history of mental health issues
  - 90% community outreach clients have mental health history
- Client's with mental health and addictions diagnoses require an interdisciplinary team who are able to work collaboratively
- Enhance supports and improve access to mental health resources for clients – bridge gaps between ABI rehab and mental health services
- MH&A providers can support education/training for other interdisciplinary team members related to optimal management strategies

Recommendation #9

Improve access to LTCH providers and other Housing Providers

- Internal review of BIS clients revealed that 95% are dependent on social assistance
- Clients who have met their ABI rehab potential, or who are advancing in age and medical/nursing care is more important/pressing, should have access to the most appropriate care setting