SCI IMPLEMENTATION EVALUATION & QUALITY CARE CONSORTIUM

SCI-High Project Overview

Meeting: January 25th 2019
Objectives

- Review the SCI-High Mission and Aim
- Demonstrate national stakeholder engagement throughout our processes
- Share an overview of the SCI-High project methodology
Who Are We?
Aim

To advance SCI rehabilitation care for Canadians in the first 18 months after inpatient rehabilitation admission by 2020.
Mission Statement

“Establish a comprehensive framework of structure, process & outcome indicators to improve standards of spinal cord injury rehabilitation in Canada.”

This will be accomplished through:

Consultation with relevant stakeholders including Accreditation Canada, HSO, RHI, ONF, scientists, health policy makers, leaders, administrators, health care providers and consumers.
# Indicators

## Structure Indicators

Describes the infrastructure, personal and organizational characteristics of the institution where care is provided.

**Example:** The number of health specialists at an institution or number of beds in a hospital.

## Process Indicators

Represents the actions taken by health care providers to achieve a given or specific care goal.

**Example:** The percentage of cancer patients receiving chemotherapy within 30 days of tumour diagnosis.

## Outcome Indicators

Describes the effect of care on the patient’s health and wellbeing.

Outcome indicators explore patients’ clinical (e.g. insulin requirement), functional (e.g. grasping ability) and satisfaction (e.g. sadness, anger, happiness) measurements.
Hanlon Method for Ranking Rehab Priorities

Rank the domains of rehabilitation care – Based on the priority scores calculated (Step 1) of the Hanlon Method, and feasibility score (Step 2).

Final Score = Priority Score * Feasibility Score
Project Infrastructure

- National Content Experts
- External Advisory Members
- Toronto Rehab Quality Council
- Project Team
- Minimum Data Set Committee

Sci-HiGH
National Content Experts Working Group Processes

• Developed and/or refined constructs (based on E-Scan derived domain constructs)

• Aim: intention of achieving incremental changes within a finite time
Driver Diagram
Cause & Effect Analysis

SCI Related Impairments
- Etiology
- Peripheral Nerve Injury
- Concomitant Injury
- Brain Injury
- Autonomic
  - HR
  - BP

Age at Injury
- Time Post Injury

Equipment/Devices
- Age
- UEMS
- LEMS
- NLI
- Motor Function
  - Trunk Spasticity
  - Proprioception

Motor Function
- AIS
- Vibration
- Sensory Score
- Light Touch

Stakeholders/Staff
- Outcome Measures

SCI Domain Specific Aim

Techniques/Therapies/Supplies
- Factor 1
- Factor 2

Environment/Setting
- Factor 1
- Factor 2
Synthesis of Outcomes, Psychometric Validity and Feasibility

List of walking outcome measures

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Measurement Tool</th>
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<tr>
<td>10MWT</td>
<td>10-Meter Walk Test</td>
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<tr>
<td>6MWT</td>
<td>6-Minute Walk Test</td>
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<tr>
<td>SCIM III</td>
<td>Spinal Cord Independence Measure III (Mobility Subscale)</td>
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<tr>
<td>mTUG</td>
<td>Modified Timed Up &amp; Go Test</td>
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<td>WISCI II</td>
<td>Walking Index for Spinal Cord Injury II</td>
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<tr>
<td>SCI-FAP</td>
<td>Spinal Cord Injury Functional Ambulation Profile</td>
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National and Local Interactions

Body Structure & Function

Activity

Participation

Domain Working Group A

Domain Working Group B

Domain Working Group C

Local Working Group A

Local Working Group B

Local Working Group C

National

Local

Project Leader

Local Practice Leads

Quality Council Member(s)

Program Leadership

Project Leader

Local Practice Leads

Quality Council Member(s)

Program Leadership

Project Leader

Local Practice Leads

Quality Council Member(s)

Program Leadership

Project Leader

Local Practice Leads

Quality Council Member(s)

Program Leadership
<table>
<thead>
<tr>
<th>Domains</th>
<th>Construct</th>
<th>Fishbone</th>
<th>Structure</th>
<th>Process</th>
<th>Outcome</th>
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How important is this construct for improving SCI rehabilitation care nationally?

- One of the most important areas: 7%
- Somewhat important: 11%
- Very important: 43%
- Important: 39%

Is this construct sufficiently important to prioritize for immediate implementation?

- Yes Important - Top Priority: 3%
- Yes Important - Urgent: 24%
- Not applicable/I don’t know: 4%
- No, Not Important - Do Not Prioritize: 7%
- Yes Important - Not Urgent: 62%
RANKING

![Bar graph showing rankings of various topics]

- Urinary Tract Infection
- Tissue Integrity
- Emotional Well-Being
- Sexual Health
- Community Participation
- Urohealth
- Walking
- Wheeled Mobility
- Reaching Grasping & Manipulation
- Self-Management
- Cardiometabolic Health
- Employment

Report Out Meeting Informing the First 6 Domains

- 37 Domains
- 17 Domains
- 11 Domains
- 6 Domains

- Sexual Health
- Urinary Tract Infection
- Emotional Well-Being
- Wheeled Mobility
- Walking
- Tissue Integrity
Data Collection Strategies

Minimum Data Set

- National Rehab Reporting System
- RHSCIR 3.0 Minimal Data Set
- Site-Specific Medical Records

SCI-High Project Data Set

- Minimal Data Set
- Domain-Specific Indicators
  - Domain A Indicators
  - Domain B Indicators
  - Domain C Indicators