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Abstract Title: The identification and management of mild traumatic brain injury and concussion in rehabilitation settings: A qualitative study.

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ABSTRACT:

Abstract Theme: Mild TBI / Concussion

Topic(s) of Interest: Best Practices, Clinical Research

Purpose of Project: Mild traumatic brain injuries/concussions (mTBI/C) are often under-diagnosed due to the initial focus on treating the immediate life-threatening injury in the acute phase. This qualitative study examined the perspectives of trauma care healthcare professionals (HCPs) to identify feasible and clinically meaningful approaches to mTBI/C diagnosis in the rehabilitation setting.

Methods, Procedure, Results/Outcome, Conclusion: Methods: An inductive qualitative study was undertaken with HCPs working in trauma and/or mTBI across major acute care and rehabilitation hospitals across the Greater Toronto Area. Semi-structured interviews with HCPs were conducted, which asked participants about their perspectives on, and experiences with, identifying mTBI/C in post-acute settings. Our questions were focused on the scope of missed mTBI/C, impact on delivery of clinical services and patients' outcomes, and on eliciting recommendations for feasible and clinically meaningful screening measures. Interviews were transcribed for analysis and are being analyzed using codebook thematic analysis (In progress).

Results: Twenty-one HCPs participated, with representation from: neurology, trauma surgery, physical medicine and rehabilitation, occupational therapy, physiotherapy, patient coordinators, social work, nursing, and speech and language therapy. Preliminary results indicated that participants felt that missed cases of mTBI/C is a significant concern in rehabilitation settings, and that current approaches (e.g., use of the Montreal Cognitive Assessment Test in rehabilitation settings) may not be sensitive to detecting these conditions. Patient level factors (e.g., English fluency), and system level issues (e.g., communication challenges between acute care and rehabilitation) contribute to difficulty in diagnosing mTBI/C. In particular, those patients without third-party payer support (e.g., Work Safety Insurance Board) have access to less resources for diagnosis and treatment compared to those who do have these in place. Emphasis on finding ways to support early identification were highlighted as being critical to optimize patients' outcomes. In general, participants noted difficulties in identifying mTBI/C not only arise from the complexity of both the condition and the patient but also the complexity and fragmentation of the healthcare system.

Conclusion: Based on preliminary findings post-acute mTBI/C requires a multi-disciplinary approach to diagnosis and management. Factors impacting the ability to identify mTBI/C stem from the variety of approaches, challenges of coordinating with other HCPs across the continuum of care, and patient characteristics that can further complicate diagnosis. The findings of this study can support efforts to gain consensus on a feasible and clinically meaningful pathway for mTBI/c identification in post-acute settings