## Poster #: 6

Abstract Title: Are you floundering around to find help? Getting hooked on a care path in Peel

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## **ABSTRACT:**

Abstract Theme: Moderate - Severe Brain Injury

**Topic(s) of Interest:** Knowledge Translation, Applied Research, Quality Improvement

**Purpose of Project:** Ontario lacks an equitable system of care for traumatic brain injuries (TBI). Quality of care and health outcomes depend on where you live, available funding and severity/type of injury. Evidence-based and standardized Neurotrauma Care Pathways with companion quality indicators were co-created with key partners from across Ontario. Now it is time to implement them!

## Methods, Procedure, Results/Outcome, Conclusion:

Methods: The Neurotrauma Care Pathways have been presented to ABI Navigators and at Ontario brain injury conferences. A community-based brain injury provider approached the Care Pathways Team about implementing the Care Pathway and Quality Indicators in their region. A preliminary mapping was done to understand which service providers from acute through to the community phases provided care to people after a brain injury. An in-person meeting occurred for all potential providers of the essential care elements of the Care Pathway. A detailed mapping of the Care Pathway and identification of gaps occurred and an action plan developed. Administrative data highlight the gaps in the current care journey and in meaningful data collection. Outcome: All prospective members of the Regional ABI Care Pathway Collaborative agreed to collaboratively work towards improving the care for people after brain injury. Key features of the Regional ABI Care Pathway are timely, comprehensive and appropriate assessment, access to trained specialized rehabilitation, navigation into community supports, follow up by primary care, and ongoing access to education and supports over the lifespan. An action plan for the Regional ABI Care Pathway Collaborative was developed to 1. Implement the Care Pathway 2. Collect data on quality indicators meeting the needs of patients/families 3. Identify and develop solutions for persisting gaps in care 4. Embed the needed communication and collaborative practices 5. Invite additional providers into the collaborative to ensure comprehensiveness. The Neurotrauma Care Pathways Team has been supporting the Regional ABI Care Pathway Collaborative by providing coaching on effective implementation and data collection, and by documenting all processes to allow for spread. The voices of persons with lived experience have been integral throughout this process. There have been some ongoing challenges with implementation of new data indicators but the Collaborative is working to overcome these with supplemental data collection using common operational definitions for the data indicators. Conclusion: The Peel ABI Care Pathway is relevant for all mechanisms of injury. This implementation work shows how a community-based brain injury provider can spearhead a system level quality improvement project resulting in elevated care for people/families after brain injury. This systematic approach and documentation allows for the spread to other parts of the province.