Neurosciences, Rehabilitation & Vision Strategic Clinical Network[™] **Project Bulletin - November 2022**

For more information visit ahs.ca/nrvscn



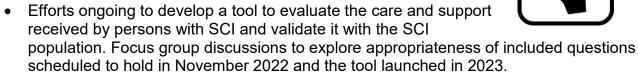
Table of Contents

CONnecting & Coordinating an Enhanced Network for TRansitions In Care	
(CONCENTRIC): A New Model of Spinal Cord Injury (SCI) Care in Alberta	3
Contact: Olaleye Olayinka or visit the CONCENTRIC website	3
Driving Guidelines Following an Initial, Unprovoked Seizure	3
Contact: NRV SCN	3
Long COVID Resources, Pathways & Supports	4
Contact: Shawna Curry or Nicole McKenzie	4
Evaluation of the Implementation of the Post COVID-19 Rehab Framework	5
Contact: Jacqueline Krysa	5
Alberta Health Funded COVID-19 Survey Study	6
Contact: Xueyi (Sher-i) Chen	6
Nursing and Allied Health Care for Patients with SCI in Hospital	7
Contact: NRV SCN	7
Pressure Injury Prevention (PIP) for Adult Patients in Alberta Hospitals	8
Contact: Andrea Cole-Haskayne	8
Development & Implementation of Key Quality Indicators (KQIs)	9
Contact: Kiran Pohar Manhas	9
Quality of Care for Persons with Multiple Sclerosis or Parkinson's Disease	10
Contact: Kiran Pohar Manhas	10
2023 Funding Opportunities from the NRV SCN Scientific Office	11

CONnecting & Coordinating an Enhanced Network for TRansitions In Care (CONCENTRIC): A New Model of Spinal Cord Injury (SCI) Care in Alberta

Contact: Olaleye Olayinka (oolayink@ualberta.ca) or visit concentricproject.com

- First phase of attempts to create a provincial Transitions in Care (TiC) model for spinal cord injury (SCI) and report completed.
- General meeting to introduce and respond to questions from SCI stakeholders on 5 new proposed working groups for the second phase was held in October 2022.
- Recruitment of members for new working groups ongoing. Details and opportunity to show interest in one or more of the working groups can be done by reaching out directly to Olaleye Olayinka by e-mail or phone at 587-501-6092.



Driving Guidelines Following an Initial, Unprovoked Seizure

Contact: NRV SCN (nrv.scn@ahs.ca) or visit MyHealth.Alberta.ca

- Co-led by Neurologist, Dr. Katie Wiltshire, and the NRV SCN, the working group developed information pages for patients and providers, to clarify the guidelines and responsibilities for the patient and provider related to driving after a seizure.
- Content for the patient information page is available at <u>Seizures: Driving in Alberta</u> <u>after a first-time seizure</u>. The patient information page has been disseminated broadly.
- The provider information page is complete and is being built into Connect Care.
- Scale and spread of this work to other NRV populations is being considered.

Long COVID Resources, Pathways & Supports

Contact: Shawna Curry (shawna.curry@ahs.ca)

- The NRV SCN continues to support the long COVID response to improve patient outcomes and reduce hospital re-admission and Emergency Department use.
- The Pathways & Resources Working Group continues to identify, gather, update, and develop resources for patients and providers:

Patient (including Pediatric)	Provider (including Pediatric)
Getting Healthy After COVID-19: Resources for Patients Alberta Health Living Program's Symptom Self-Management Video Series Information for parents, educators & caregivers MyHealth.Alberta.ca Content available in 13 languages Featuring updated content for the "Physical Activity & Exercise" sections Together4Heatlh	 Recovery & Rehabilitation After COVID-19: Resources for Health Professionals Post COVID-19 Functional Status Scale (PCFS) form – refresh browner for updated version. Primary Care Guidance: Rehabilitation for Children & Youth Presenting with Post COVID-19 Condition. Rehabilitation & Allied Health Practice Considerations: Post COVID-19.

- The Interprofessional Outpatient Program (IPOP) clinics are accepting referrals:
 - <u>Calgary IPOP clinics</u> serve patients in and South of Red Deer as well as the Calgary and South zones.
 - <u>Edmonton IPOP (Kaye Clinic)</u> serves patients north of Red Deer as well as the Edmonton and North Zones.
- The <u>Patient and Community Engagement Researcher (PaCER)</u>
 cohort recently conducted two focus groups to learn about the
 "barriers and facilitators of returning to health following COVID-19". Their final report
 will be available and disseminated by the end of 2023.
- "The Pandemic After the Pandemic" four part webinar and podcast series can be found on the YouTube Long COVID Playlist and the AHS SoundCloud.
- Does your team want to learn more about what resources, supports and pathways are available to support individuals with long COVID? To book a short presentation or to learn more, email Shawna Curry (address above).

Evaluation of the Implementation of the Post COVID-19 Rehab Framework

Contact: Jacqueline Krysa (jacqueline.krysa@ahs.ca)

- Rehabilitation can address many Post COVID Condition (PCC) related sequelae, whether respiratory (e.g., inspiratory muscle training, airway clearance techniques); musculoskeletal (e.g., balance, strength training), or neurological (e.g., motivational, and safe exercises).
- There is a lack of clarity on the impact of a systematic framework to use rehabilitation for PCC.
- The Post COVID-19 Task Force and the NRV SCN received a Canadian Institutes for Health Research (CIHR) grant, to support the implementation and evaluation of the Post COVID-19 Rehabilitation Framework (PCRF).
- Collaboration with Zone leads to support provincial implementation is ongoing.
- Completed n=330 telephone surveys with persons with PCC to understand the
 patient experience of access and navigation of care. Surveys were conducted with
 adults recovering from PCC across Alberta experienced hospitalization for acute
 COVID-19 and those that were not hospitalized for acute COVID-19 between March
 and October 2021.
 - Select Key Findings:
 - 49% of hospitalized and 25% of non-hospitalized participants self-reported PCC up to 13 months since their acute infection
 - 31% of hospitalized and 11% of non-hospitalized participants were not able to return to full-time work 6-13 months since their acute infection
 - 60% of survey participants self-reported paying for rehabilitation services to support their COVID-19 recovery
- Completed n=31 interviews with leadership and front-line providers from early adopter sites to understand the provider experience of PCC care provision and adoption of the PCRF
 - Select Key Findings:
 - System, provider, and patient specific barriers to access and navigation of PCC care were identified. Barriers included: lack of access to primary care provider, wait times for referrals, inappropriate referrals, provider and patient knowledge of PCC, lack of consistent coding of persons with PCC, and high caseloads limit the time available to learn about PCC and support patient care

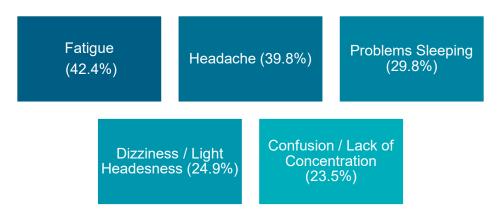
Alberta Health Funded COVID-19 Survey Study

Contact: Xueyi (Sher-i) Chen (xueyi@ualberta.ca)

- The research team is collaborating with the NRV SCN to study the long-term physical and psychological effects of the COVID-19 pandemic on Albertans. Understanding Albertans' post-COVID-19 test experiences and symptomology are important to guide better care for this population. This study will also help us understand the trajectory and risk factors of long COVID in Alberta.
- Albertans aged 18 and older, with a positive OR negative COVID-19 result (PCR or Rapid Antigen test), at least 28 days from the test date, are invited to complete an internationally standardized survey on their health before and after the COVID-19 test. This data will expand our understanding of the sequelae of post COVID symptoms. https://albertapostcovidsurvey.ca



- With respondents' consent, the survey answers will be linked with health data to further investigate the impacts of the pandemic and long COVID on the health and health system in Alberta.
- Preliminary data from the COVID-positive group, indicates that the top 5 symptoms reported were:



• The top 5 symptoms reported by Albertans after their first COVID-positive test were:

2-6 months

- Fatigue
- Headache
- Problems sleeping
- Dizziness/Light headesness
- •Shortness of breath/Breathlessness

7-12 months

- Fatigue
- Headache
- Problems sleeping
- Confusion/Lack of concentration
- Dizziness/Light headesness

12 months up

- Fatigue
- Headache
- Problems sleeping
- Confusion/Lack of concentration
- Dizziness/Light headesness

Nursing and Allied Health Care for Patients with SCI in Hospital

Contact: NRV SCN (nrv.scn@ahs.ca)

- Patients with spinal cord injury (SCI) and families report a lack of consistent care in hospital and inpatient rehabilitation during their acute stay, as well as when they are readmitted to hospital after their initial injury.
- The NRV SCN is leading a provincial working group of subject matter experts (including persons with lived experience) to support the standardization of nursing and allied health care for patients with a SCI in hospital and inpatient rehabilitation.
- The working group has competed the following topics:
 - o Recognition and Management of Autonomic Dysreflexia
 - o Guidelines for the management of neurogenic bowel dysfunction
 - o Guidelines for skin integrity and pressure injury prevention
 - o Bladder Management for Patients with Neurogenic Bladder Dysfunction
 - o Supporting Mental Health After a Spinal Cord Injury
- Other topics prioritized for standardization that are in progress include: spasticity management, pain management, and transitions in care.
- The NRV SCN received grant funding for the creation of education resources that will support the implementation of the standardized topics. We are collaborating with AHS digital media services and quality patient safety education to create education videos and education e-modules. These will be presented by clinical subject matter experts and persons with lived experience. Recordings for 3 topics started in May, and 3 additional topics were started in November.



• Completed topics and resources are posted on the NRV SCN external website.

Pressure Injury Prevention (PIP) for Adult Patients in Alberta Hospitals

Contact: Andrea Cole-Haskayne (andrea.cole-haskayne@ahs.ca)

- The PIP Patient and Family Advisory Group has been created to drive and co-design PIP in hospital to ensure it meets the needs of patients and families. To get involved, email Andrea Cole-Haskayne (address above).
- **Digital Stories:** Two of our wonderful patient advisors shared their **experiences related to pressure injuries**
 - Kathy's story helps build awareness of the problem of hospital acquired PIs, and the impact it has on patients and families.
 - Jane, a retired nurse, shares her personal story to raise awareness of the importance of PIP.
- Patient Safety Memo: AHS Patient Safety sent out a patient safety memo in September 2022 highlighting hospital acquired pressure injuries as hospital harm.
- A working group of nursing, allied health, and patient advisors is collaborating on building learning modules for AHS staff to provide standardized education on PIP. The eLearning Design & Development IT Centre of Expertise / Learning Services team will assist in developing the provincial e-learning modules for PIP.
- Pressure Injury Reporting Policy: A working group created a draft provincial policy
 for the reporting and documentation of hospital acquired pressure injuries in Alberta
 that was sent out across the organization for broad stakeholder consultation in
 September. Several people provided rich feedback. We are following up with several
 different areas and will be incorporating feedback into the latest draft of the policy.
 Data Integration and Management (DIMR) is currently exploring what data can be
 extracted from the Connect Care health record at this time.
- **Research Study**: With funding from the Alberta Registered Nurses Education Trust (ARNET), the NRV SCN is leading a two-year nursing research study to learn more about the barriers and facilitators to PIP in Alberta hospitals. Interviews have begun with wound experts and multidisciplinary providers from units across 5 zones including 2 rural and medicine, surgery, and critical care.
- PIP is included in the Acute Care Bundle Improvement (ACBI) initiative. ACBI includes 8 quality improvement initiatives being implemented or optimized starting at the 14 largest hospital sites in the province. PIP is 1 of 4 foundational care initiatives for EVERY PATIENT, EVERY TIME. ACBI is being piloted at the Royal Alexandra hospital in Edmonton and the Peter Lougheed Center in Calgary.
- Videos to support the ACBI initiative have been created for Frontline Leaders, Health Care Aides, Nurses, and Allied Health. AHS staff can access this information on the Pressure Injury Prevention in Alberta Hospitals page.
- **Webinar:** Pressure Injury Prevention in Hospital: Every Patient Every Day. A webinar hosted by the Health Professional Strategy and Practice (HPSP) team was held on Thursday, November 3rd. This webinar brings awareness to the issue of pressure injuries in hospital, and interventions and strategies to prevention.
 - Pressure Injury Prevention in Hospital: Every Patient Every Day (recording)

Development & Implementation of Key Quality Indicators (KQIs)

Contact: Kiran Pohar Manhas (kiran.poharmanhas@ahs.ca)

- A fundamental strategic direction of the 2020-2024 NRV SCN's Transformational Roadmap is enhancing the standardization of care by supporting evidence-informed decision-making through the development and implementation of standardized sets of key quality indicators (KQIs) for each NRV stream.
- **Neurosurgery:** From June 2021 to May 2022, the provincial Neurosurgery KQI Steering Committee co-designed and completed a modified e-Delphi process to reach consensus (n=36 participants) on a set of 12 core KQIs (n=2 aspirational) that map to measuring 4 quality concepts: infections (surgical and nosocomial), surgical complications, safe, effective, and efficient care, and high-quality communication.
 - Current Work includes (1) working with Clinical Analytics and subject-matter experts to define the cohort population and build technical definitions; (2) creating a project plan to clearly operationalize these KQIs; (3) completed environmental scans on the aspirational KQIs to inform later steps in operationalization; and (4) planning dissemination of results via presentations in Calgary and Edmonton and preparing a manuscript for publication.
 - The provincial Neurosurgery KQI Steering Committee will reconvene in November 2022 and January 2023 to discuss the current work described and determine best steps for operationalization.
- Vision (Glaucoma & Cataract): From June 2021 to June 2022, the provincial Vision KQI Steering Committee co-designed and completed a modified e-Delphi process to reach consensus (n=33 participants) on a 13 core KQIs (n=3 aspirational) for cataracts and glaucoma care that map focus on measuring accessibility, safety, and acceptability of care.
 - Current Work includes (1) preparing and submitting a funding application to the Canadian Institutes of Health Research to build the collaborative governance framework and data infrastructure required to define and operationalize these KQIs given the distributed model of vision care in Alberta (e.g. public and private settings; ophthalmology and optometry); (2) working with the patient advisors to supervise a BHSc thesis project that will use interviews and a scoping review to understand potential content and implementation strategies of an Alberta-specific Patient-Reported Experience Measure (PREM) for cataract and glaucoma care.
 - Due to external pressures on the vision community, meetings of the provincial Vision KQI Steering Committee as well as oral dissemination activities were paused in October 2022 until Spring 2023. This timing aligns with the results of the funding competition. Background work on the PREM continues.
- Inpatient Rehabilitation: In Feb 2022, the provincial Inpatient Rehabilitation KQI Steering committee was convened by the NRV SCN Scientific Office to identify, discuss, and refine potential KQIS. They set the scope as universal indicators for inpatient rehabilitation (aim 10-12 KQIs), with an additional complementary set for pediatrics (aim 1-4 KQIs) and older adult (aim 1-4 KQIs) populations. The committee is co-designing a modified e-Delphi process to develop consensus on the content of these core KQIs. The modified e-Delphi process will run February 8 to April 19, 2023 and will include two online survey rounds and a virtual face-to-face discussion.

- The steering committee includes patient and family advisors, physicians, nurses, allied health professionals, community representatives, operational and division leads.
- This process has advanced stakeholder engagement to promote KQI appropriateness, development & implementation. Next steps include co-development of technical definitions & operationalization; planning operationalization & implementation; and enacting a multi-modal communication strategy to disseminate results.

Quality of Care for Persons with Multiple Sclerosis or Parkinson's Disease

Contact: Kiran Pohar Manhas at kiran.poharmanhas@ahs.ca

 On June 17, 2022, the Scientific Office of the NRV SCN convened a Research Planning Summit with patients, clinicians, academics, and operational leaders. We sought to clarify the following, related to the quality of care for Albertans living with Multiple Sclerosis (MS) or Parkinson's Disease (PD):

Patient and community priorities to improve care

Clinical activities, gaps, and priorities

Current and emerging research

- Discussion at the Summit revealed significant provincial challenges relate to access, human resources, and system navigation. Despite population diversity, similar challenges and barriers were noted in both the PD and MS communities. Current care challenges relate to inequitable, inaccessible, long-term management and preservation of function in MS and PD.
- Since the Summit, the Scientific Office has prepared a meeting synthesis for feedback from participants, surveyed the participants on preferred next steps, and met with a smaller group of community, academic and operational partners.
- Next Step: On November 15, 2022, the NRV SCN Scientific Office launched a funding competition: the 2023 Research Grant Multiple Sclerosis, Parkinson's Disease & Quality of Care in Alberta. One (1) award of up to \$20,000 will be offered. This funding opportunity supports research grants that generate evidence to advance the quality of care for persons with lived experience of Multiple Sclerosis (MS) and/or Parkinson's Disease (PD) in Alberta. It will support research that will promote the recognition of, or directly address, the gaps and challenges recognized by the patient, community, research, and clinical stakeholders who participated in the 2022 NRV SCN MS & PD Research Planning Summit (June 17, 2022).
 - Applications are due March 1, 2023.
 - The objective of this funding opportunity is to support health services or policy research for the MS and/or PD patient populations; to mobilize diverse methods, disciplines, perspectives and knowledge mobilization approaches; to foster the creation of new, or strengthen existing, partnerships and collaborations; to create momentum, direction and advancement in the quality of care provision for persons

living with MS, PD or both in Alberta; and to foster leveraging of in-kind and monetary supports.

2023 Funding Opportunities from the NRV SCN Scientific Office

- Two NRV SCN 2023 Undergraduate Summer Studentship awards are available (each award is up to \$6K for 4 months). The competition is now open, with applications due February 28, 2023.
- One NRV 2023 Research Grant: Multiple Sclerosis, Parkinson's Disease & Quality
 of Care in Alberta will be available (up to \$20K). The competition will launch
 shortly, with applications due March 1, 2023.
- Full details are available on the NRV SCN's Funding Opportunities page.
- Please reach out to Kiran Pohar Manhas (<u>kiran.poharmanhas@ahs.ca</u>) if you have any questions.

