Ontario Concussion Care Strategy: Starting with a Common Language to Improve Clinical Care and Research

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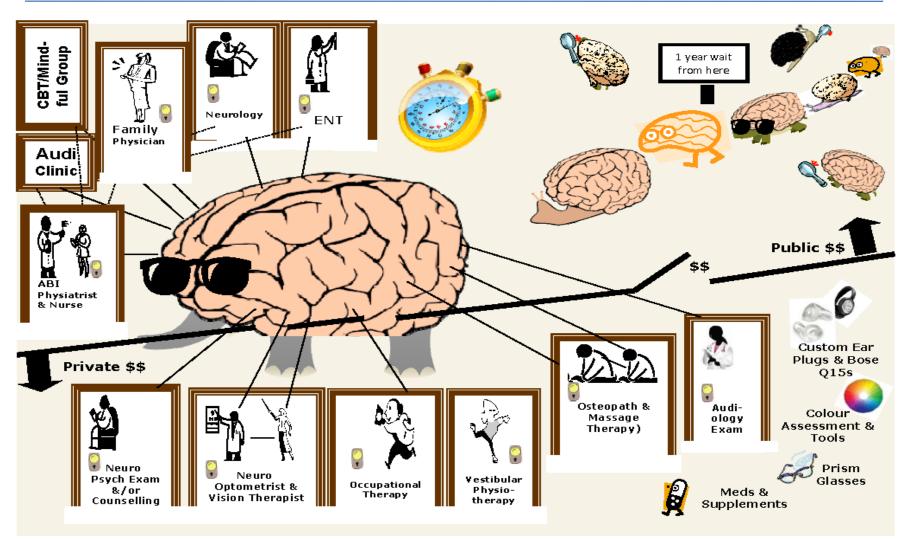
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Finding, Funding, Waiting, Coordinating



Slide courtesy of Jane Clark

Many more lives will be saved and more disability prevented by effective organization of services and good triage of patients than by all the Intensive Care Unit and pharmacological "neuroprotective" treatments that are currently used in head injured patients.

A David Mendelow June 2010

http://ec.europa.eu/research/health/medical-research/pdf/intbir-brussels/mary-baker_en.pdf



A Call for Change!

Standardize the approach

Enhance efficiency

Evaluate the impact

Future Research

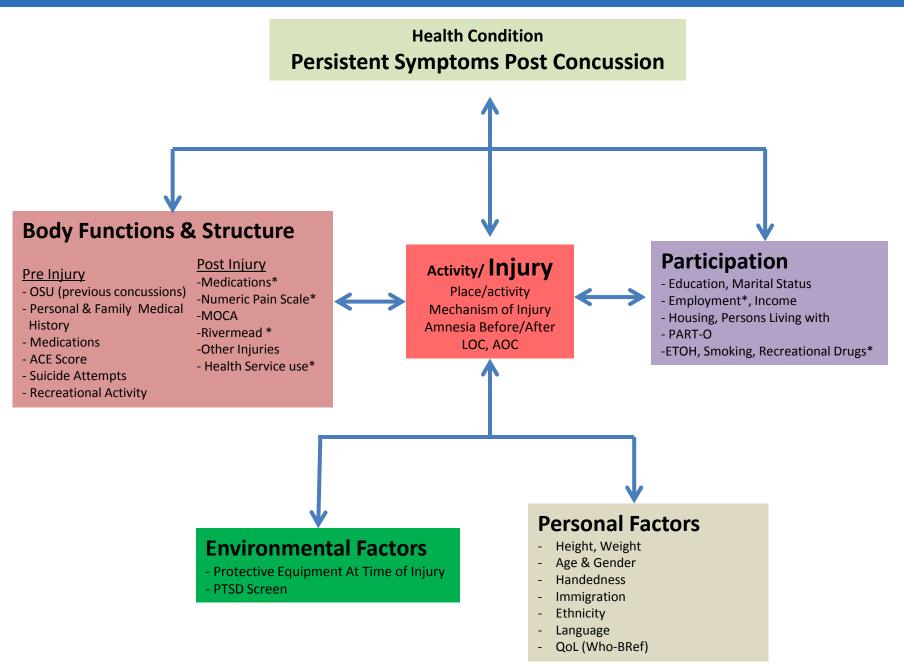


Methods of CDE Implementation by OCCS

Developmental Steps	Time Frame
1. SMH and ONF invite participants to a workshop to discuss concussion care. OCCS mission and goals and CDE subcommittee established	April 2014
 CDE committee identify elements for tertiary care settings. (NINDS, ONF-concussion/MTBI- PS guidelines, Zurich guidelines). 	4 months
3. Pilot testing of CDEs in Ottawa and SMH (TCC).	Started July 2014
4. CDE group reports back to OCCS on pilot work .	April 2015
5. CDE subcommittee selects core CDEs for family practice and sports clinic	April 2015
6. ONF funding supports technical support for development of formats that support CDE data collection (TCC, FP, Sports clinics)	August 2015
7. Building decision support tools using CDEs	ongoing
8. Building Partnership (northeast, northwest)	ongoing



International Classification of Functioning, Disability And Health (ICF)



Strengths of CDEs

- 1. Improving care
- 2. Improving wait times for patients
- 3. Data harmonization (patient reports data once)
- 4. Enhancing education of providers
- 5. Future projects funded will use CDEs
- 6. Observational clinical studies can be linked across regions and across the province
- 7. Multi-center and international clinical research efforts facilitated
- Improve benchmarks for individual sites and Ontario health policy & planning



Challenges of CDEs

- 1. Push pull- data of core CDEs verses supplemental CDEs
- 2. Limiting # of core CDE to minimize patient fatigue in self-reported questionnaire
- 3. Sufficient staff/resources to support collection & management of quality data
- 4. Revisions of CDEs: 2.0

