

**TBI Integration Project  
Data Analysis Working Group Meeting  
The Rehabilitation Centre, March 2002**

Attendance: Lead: Dorothyann Curran, Lloyd Cowin, Shawn Marshall, Sue Balmer

Decisions and recommendations made to ensure compilation of appropriate information for both the Ministry assessments and for our own assessments.

<b>Agenda Item</b>	<b>Decisions/Recommendations</b>	<b>Action</b>
<b>Information sources and formats</b>	Brainstorming sessions were held to determine what we could do with the data we are collecting from the following sources and in the following formats.	

<i>Information source</i>	<i>information format</i>
Focus groups (caregiver, client, service provider)	Surveys
Website (feedback page)	Survey
Website (data forms)	Possibly report format
Website (# of hits on specific pages)	Report format
Website (service provider logins)	Report format
Clinical Coordinator (volume, use of time, time per interaction)	Report format

<b>Focus groups</b>	Focus group survey's were largely developed by our project team to suit our needs although there are two questions that the Ministry required us to retain from an original survey developed by Power Analysis. Survey information has been entered into SPSS 6.0 by Power Analysis Inc., the company that has been hired by the Ministry of Health to assess the pilot projects. This baseline information is now summarized in a report (that was passed out to the group by e-mail on March 25 <sup>th</sup> ). Further analyses or revisions can be performed at our leisure. A follow up survey will be given to focus group participants near to the end of the project to determine any change from baseline and determine the success of the project. These follow up surveys will be very similar to the baseline surveys. Bob Power, the company representative, will be working with us come summer to finalize the follow up surveys. He has not offered a more specific time frame for development thus far.	
<b>Website Feedback Survey</b>	Information from the website feedback form will be collected by the Clinical Educator/Coordinator for the project in e-mail format and printed out for the data analysis team.	
<b>Website Data Forms</b>	The data forms can be printed out individually for use by teams of people or by individuals. These forms do not have use in terms of data analysis for this project but of course may be used for research at later dates.	
<b>Website hits on specific pages</b>	Interest in the number of hits per web page would allow us to see what people are finding of interest in the website. This can be done by accumulating web stats and counting the number of hits. Consultation with the Information Technology (IT) working group should allow us to determine what is practical in terms of information we can obtain.	

<p><b>Website service provider log-ins</b></p>	<p>According to the IT working group, a report process can be set up to obtain information on the persons accessing the client data. Currently, it is thought that the following information would be of use to have in a report;</p> <ul style="list-style-type: none"> <li>- date</li> <li>- time of log-in</li> <li>- affiliation of each person logging in (public, private)</li> <li>- client profile number (or numbers) accessed</li> <li>- what the person did (change, print, create new)</li> </ul> <p><b>Team action required:</b> discuss the frequency of reporting, as well as whether there are other pieces of information that we would like from this.</p>	
<p><b>Clinical Coordinator Use</b></p>	<p>Use of the clinical coordinator will be one of the key outcomes that we assess from this project. The clinical coordinator will keep track of her time spent each day on fielding telephone calls, e-mails, faxes regarding the project in general and the website and forms specifically. Following is a list of information currently felt to be important for collection;</p> <ul style="list-style-type: none"> <li>- date</li> <li>- type of contact (faxes, phone calls, e-mails)</li> <li>- affiliation of each person contacting the central processing unit (public, private)</li> <li>- type of information requested;</li> <li>- general project,</li> <li>- forms (computer access issues, clarity),</li> <li>- website (navigation, information not on website)</li> <li>- amount of time in minutes spent on each contact</li> </ul> <p>From this information, totals can be obtained for each type of contact per day or week and the details surrounding the contact can be summarized.</p> <p>The clinical coordinator also needs to keep records of the number of training sessions conducted and the number of people attending each one.</p> <p><b>Team action required:</b> finalize a report format for use by the clinical coordinator</p>	
<p><b>Performance Measurement Workshop</b></p>	<p>Several outcomes were discussed at this workshop, given by the Ministry of Health in November, to assist the pilot projects in structuring their assessment tools. A few of these outcomes could be captured in a survey tool. Perhaps questions could be added to the follow up questionnaires. The specific questions generated from the workshop were:</p> <ul style="list-style-type: none"> <li>- % service providers surveyed who report that the information provided has improved their ability to access current medical information about TBI treatment and locate appropriate services for individual patients</li> <li>- % service providers who report that the Network is meeting their needs (needs identified via focus groups)</li> <li>- % of both service providers and clients/ caregivers who report that they have a better understanding of the health care process and the kinds of treatment services and alternatives</li> <li>- quality of the transfer of information between services/ facilities</li> <li>- usefulness of the amount of information transferred between services/ facilities</li> <li>- % service providers who report that the project has improved the efficiency of managing patient care</li> <li>- average waiting time for consultation (patients seen by Shawn?)</li> <li>- average waiting time for referral</li> </ul> <p><b>Team action required:</b> decisions about whether these questions are still useful and how to word the questions and capture the info.</p>	

<p><b>Other issues</b></p>	<p>1) Evidence Based Guidelines: This was indicated as an outcome in the Performance Measurement Workshop. The questions generated were the following:</p> <ul style="list-style-type: none"> <li>- % of service providers surveyed who report that they are aware of and/or have formally adopted evidence based guidelines for TBI.</li> <li>- % of TBI patients who receive the minimum assessment tools.</li> </ul> <p>Service providers were asked in the focus group surveys whether they used Evidence based guidelines.</p> <p><b>Team action required:</b> discussion of whether is the focus group survey enough information or do we wish to pursue more in this avenue.</p> <p>2) The point was raised in the workshops that it might be difficult to determine whether service providers notice that the system is more seamless, that the new referral process is more helpful. A current system that overlaps ours is still in place and we need to determine exactly how we will know that it is the new system or the current one which works better.</p> <p><b>Team action required:</b> discussion.</p>	
<p><b>Next Meeting</b></p>	<p>Agenda: Respond to Team Action Required.  April 5<sup>th</sup>, 2002  Time: 9:30 am- 11am  Location: Lloyd Cowin's office, CHEO, 6<sup>th</sup> floor (Occupational Therapy)</p>	