

Rehabilitation Network of Ottawa-Carleton

Traumatic Brain Injury (TBI) Integration Project

**Steering Committee Meeting
The Rehabilitation Centre, Board Room
Tuesday, October 23, 2001, 11:30 a.m. to 1:00 p.m.**

Attendance:

Chair - Mr. Dan DeForge , Dorothyann Curran, Mark Ferland, Shawn Marshall, Nancy Jaworski, Bonnie Destounis, Karen Roosen, Lise Watson, Jo-Anne O'Brien, Christine McCool, Shelly Matthews, Teresa Van Dongen, Anna McCormick, Ed Lemarie, Beverley Leeks (Project Manager), Elly Nadorp (Clinician Triage/Educator)

Regrets: Lloyd Cowin

Draft Minutes

1. **Welcome and Introductions** - Chair, Mr. Dan DeForge
The Chair thanked everyone for attending the inaugural meeting. A round table of introductions proceeded.
2. **Project Genesis**
The Chair provided a backgrounder on the inception of the project which was supplemented with an over head presentation, which outlining the key points of the government approved proposal (hard copy circulated - see attached). A hard copy hand out of the slide presentation was provided to all of the attendees. Copies are available from the TBI Integration Project office.
3. **New Pediatric Component**
Specifically, the Ontario Neuro trauma Foundation has provided \$50,000 to our project. As a result, a pediatric component will be developed and added to the project. At this time, members of the original Project Team are preparing a letter of how the funds are to be allocated/
4. **Summarized Overview**

Mandate: Develop an integrated rehabilitation system for TBI in the Champlain District.

Three Broad Goals

- a. Consult stakeholders regarding the needs and objectives of an integrated rehabilitation system for traumatic brain injury;
- b. Develop a centralized resource for TBI whose objectives include
 - a centralized referral source and tracking for referrals to all services through the system centralized database
 - triage information for referral sources and consumers to public and private providers
 - internet-based knowledge management on practice standards and other educational materials on TBI for service providers and consumers
 - telehealth links and consultation when appropriate
 - bilingual services
- c. Outcome evaluation of the project whose measures will include
 - measuring efficacy of the assistance, client centeredness, and functionality

Initial Target Audience

TBI caused by motor vehicle crashes, falls, work and sports related injuries

Demographic Uniqueness:

- Combination of high urban and sparse rural populations
- Bilingual Collaborative working framework which integrates

Crucial component:

- Effective coordination of ambulatory services given the dominance of rehabilitation services provided through this mechanism within communities

The project is not ...

- a service
- designed to provide services
- not measuring a patient's outcome after treatment

The project is ...

- the drafting and testing of a systems framework for better integration of varying levels of care
- a mechanism to aid in better access
- a means to create a seamless transition (moving from one level of care to another)

Why was brain injury chosen?

- worked within the framework as described by the MOHLTC's "Integrating the Seams" document
- belief that improving efficiencies will pay for the sustainability of the system
- would be expandable to other BI (stroke, etc), with each disability bring new challenges into the system

Stakeholder - Provider Benefit

- knowledge management

Project design**Components:**

- Conduct consultations and focus group (care providers, patients, and caregivers)
- Develop tools: resource database, web site, standardized TBI assessment,
- Pilot test system and tools
- Evaluate system design process and system's efficacy

Project GovernanceSteering Committee:

- Provide consultation to and direction for the project
- High Priority: Ensure the needs of the providers and consumers are identified through consultation/focus group efficacy
- System Framework is sustainable

Project Management and Implementation

Staffing: 1 Project Manager (1 FTE), 1 Clinical Triage/Educator (1 FTE), 1 Web Master (1 FTE), and web site

Beverley Leeks indicated that she would be preparing a reference document, which would elaborate on many of the above components.

5. Meeting Frequency and Location

It was agreed that the Steering Committee would meet as a minimum, on a monthly basis during this phase of the project. The frequency can be adjusted as required throughout the duration of the project. It was agreed that the Steering Committee would meet in the Board Room at The Rehabilitation Centre.

6. Steering Committee Mandate

The Chair indicated that the primary role of the Steering Committee would be predominately focused on the Consultation Process and addressing the sustainability issue. A Terms of Reference will be prepared for the next meeting for review and ratification. The Steering Committee needs to ensure that the design of the new systems meets the needs of the stakeholder, and brings something back to the community.

7. Question and Answer Period

Dan opened the floor for a general Q&A period.

What was the role of the External Evaluator?

Angela Chan (MOH<C) provided input regarding the Performance Measurement Workshop which would proceed following this meeting. The primary task was to map out the performance indicators of this project. It is these indicators which will be used to evaluate the project's success.

How do the consultations related to the activity of creating telehealth links?

Shawn Marshall responded: Telehealth has been pragmatic. It has the most benefits for individuals who live in the rural areas and have to travel great links to access rehabilitation services. By linking through electronic means, that means that in the dead of winter, consumers could be spared having to travel. They could hook up through telehealth links. Several examples were given.

8. Stakeholder Involvement

Dorothyann Curran led a discussion on how gathering information re:stakeholder needs (via consultations) would occur. She indicated that Elly would be contacting the Steering Committee members to determine who can help her gather names for focus group participation. The mix of participation was described: providers, caregivers, patients, private, public, rural, urban, pediatric and school board stakeholders, and front line providers. Several examples of the types of groups that would be invited to join were given.

9. Adjournment

Dan thanked everyone for coming. The meeting was adjourned at 1:00 p.m.