



collaborations + innovations

A NEWSLETTER OF THE SCI KMN



Networks are the future of health transformation

"Broad collaborative networks with clear visions and proper infrastructure supports are what will transform our healthcare system to better meet the needs of Canadians with disabilities," says Rick Riopelle, the Ontario Neurotrauma Foundation's (ONF) Chief Research Officer. Rick is a passionate advocate of the SCI KMN for many reasons, ranging from strategic to economic to practical.



Strategy

From a strategic perspective, the SCI KMN is 100% aligned with ONF's priority to support innovation and knowledge mobilization to positively impact care and the needs of patients. He is a strong proponent of the *Collective Impact Framework* to

ensure that best practices are integrated into care and services across the continuum of care, including community settings.

Economics

Economically, networks and knowledge hubs are more efficient than multiple one-off uncoordinated initiatives. Rick explains it this way, "At first glance, networks are not cheap. However, when one considers the sharing of resources and expertise, reduced duplication, opportunities to share learnings across multiple sites and the impact, I believe networks are a good investment and the future of health care transformation." As an example, he describes how the pan-Canadian SCI KMN sites have made tremendous progress on standardizing the practice of performing a pressure ulcer risk assessment on every SCI patient within 72 hours of admission. The compliance to this Required Organizational Practice (ROP) increased from approximately 60% to 90%.

Each issue of **collaborations + innovations** features the perspectives of an SCI thought-leader and highlights one of the SCI KMN implementation sites. SCI KMN is a pan-Canadian community focused on implementing best practices to improve health outcomes for people with SCI. Our seven sites rigorously apply implementation science strategies to mobilize evidence-based SCI care practices. Collaboration and patient-centred approaches are at the centre of everything we do.

OUR FUNDERS:



Practical

The rigorous way in which the SCI KMN has applied implementation science process and tools in its day-to-day work is a practical model for knowledge mobilization. "One of the most impressive things is that the processes and learning from the SCI KMN are eminently transferrable to any program and any patient population in a health system, healthcare or community organization or health not-for-profit," he enthusiastically states. "This is a conduit for bringing contemporary research to patients in a timely and standardized fashion. It is relevant to the entire continuum of care."

Getting Noticed

Whether Rick is meeting with patients who wish to be more engaged in their care; provincial and national policy makers; research funders or academic partners interested in health system transformation, he notes that they appreciate the collaborative way that the SCI KMN functions to harness the power of lived and practice-based experience, as well as research evidence; the importance of infrastructure support, capacity building activities and the impact of care standardization on patient outcomes. The bottom line is that individuals and organizations are taking notice of the SCI KMN and its accomplishments.

Sheila M. Cook, Facilitator and Knowledge Broker interviewed Rick via phone from his Ottawa office.

KNOWLEDGE EXCHANGE AT OSCIRN 2015



The London and Toronto SCI KMN Teams were in full force at the **2015 Ontario Spinal Cord Injury Network (OSCIRN) Meeting** in October. One hundred and ten students, scientists, clinicians and policy makers took part in sessions on topics such as Consumer Engagement in Research, Strategy Updates, Clinical Trials, SCI Accreditation Standards, Data Linkages, etc. Dalton Wolfe (pictured above), SCI KMN Network Lead - together with Heather Flett (UHN-TRI Co-Site Lead), Deena Lala, and Kristen Musselman – facilitated the session called *Implementing Best Practices Guidelines to Improve SCI Care*. Presentations are available [here](#).



INTERESTING READS

Unleashing Innovation: Excellent Healthcare for Canada, 2015

This hefty report by the Advisory Panel of Healthcare Innovation is a response to the Government of Canada Minister of Health's mandate to identify the five most promising areas of innovation that have the potential to sustainably reduce growth in health care spending while leading to improvements in the quality and accessibility of care. If you're short of time, you might wish to read Chapter 1 Prologue (pg.2) and the Concluding Summary (pg. 120) [Download the report](#)

BEST PRACTICE SUCCESS STORIES

Innovation: Skin Health Education and Mirrors London, Ontario Rehabilitation Team, Parkwood



The entire SCI KMN selected two specific pressure ulcer prevention practices as the first target area:

- 1) Conduct a comprehensive, systematic and consistent pressure ulcer risk assessment
- 2) Provide ongoing structured and unstructured education.

The best practice guidelines recommend educating patients and/or their caregivers about the importance of doing skin checks twice a day and how to identify changes in skin so that prevention measures can be put into place before a serious skin break occurs.

Self-Management Education

"Our team is passionate about helping patients learn skills", says Stacey Guy, Knowledge Mobilization Specialist. "This is what led us to create a self-management program called Keep Your Skin Healthy." The program components are:

- 30-minute skin health sessions (for patients and family caregivers) held on the unit every Friday.
- Capacity building of all team members (Nursing and Allied Health) so they can deliver the patient and family caregiver education skin health sessions.

- Facilitated learning opportunities.
 - A self-management toolkit. This includes a mirror and a binder which contains practical, evidence-based resources.
 - Access to the SCI-U interactive eLearning Skin Module on a DVD or iPad.

Adapted Long-handled mirrors

The best practice guidelines recommend a mirror to assist with skin inspections. In some instances, SCI patients may be able to do their own skin checks but the mirror may need to be adapted. The London team called upon the expertise of Rehabilitation Engineer, Don Carlson to build and/or modify the mirrors.

Evaluation of the Practice:

The team conducted audits and surveys during different phases of the implementation. Melissa Bucking, a practicum student from Western University, conducted an evaluation in 2014 in which she was able to do a more comprehensive evaluation looking at 12 months of data. Chart audits, and interviews with patients and health care team members revealed important progress and several opportunities for improvement. Team members used this information to further refine the process and tools, and are currently undergoing a three-month Plan – Do – Study- Act (PDSA) cycle of this practice change.

Success Factors

Anna Kras Dupuis, Clinical Nurse Specialist and Site Co-Lead explains, “The \$5,500 for the start-up costs for the iPads, binders, photocopying of resources and the mirrors came from the St. Joseph’s Health Care Foundation. We submitted a successful proposal and this made it possible for us to put our plans in place.” Many factors contributed to this practice change:

- A dedicated Site Implementation Team with an SCI consumer representative.
- Numerous PDSA cycles to refine the practice.
- A careful review of existing skin resources from various sources that could be tailored to the care environment.
- Consistent messages in all the components of the education strategy.
- Training the entire SCI team to deliver the patient education sessions to support sustainability.
- Ensuring skin checks are on the treatment plan. This more formal approach was designed to help patients become more independent with this important therapy goal.
- Involvement of SCI patients in their skin checks while they are on the rehab unit. In some cases, patients are able to do the skin check independently with a regular or modified mirror; while in other cases, patients learn to self-direct a health care provider and/or a family caregiver.
- Recognition that SCI patients would want to access learning in different ways depending on their learning style, experience with technology and access to the internet.

Lessons Learned

It took time and different influence strategies before both patients and health care providers better understood their roles in good skin health. Patient participation, to the best of their ability, is a really important principle.

What we’d Like to Share with Other Teams

- Seek creative ways to secure the resources (e.g. people, financial, expertise) you need for planning, implementation and evaluation.

PRESSURE ULCERS: The most common secondary complication for people with SCI

Pressure ulcers are defined as “*localized injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure or pressure in combination with shear and/or friction*”.

Individuals with SCI have a life-long risk of developing pressure ulcers with 95% of them developing at least one sometime during their lifetime¹.

Pressure ulcers cost the Canadian health care system somewhere between \$173 and \$355.4 million annually¹.

They have a negative impact on quality of life¹. In fact, people with SCI report that pressure ulcers are their number one concern.

Source:

¹<http://sci2.rickhanseninstitute.org/skin-integrity/skin-integrity-rhscir-toolkit/sci2-skin-integrity-toolkit-online>

- Look for ways to integrate the practice into various processes so that it becomes usual care.
- Consider who in your organization has expertise that you can tap into – you don’t have to do it all yourself.
- Use best practices and evaluation results to make your case for funds and in-kind support for sustainability.

Knowledge Dissemination

- Presentation to SCI Council at the Parkwood Institute and then disseminated to all SCI Team members (January 2015)
- Poster Presentation - Evaluation of Best Practice Implementation of Pressure Ulcer Prevention at Parkwood Institute