

## Happy Holidays!!!

### MESSAGE FROM THE CENTRAL TEAM:

Our winter newsletter highlights some of the exciting contributions made by Consortium members to the National SCI Conference. Members of the Consortium presented 6 posters, 5 manuscripts and also were involved in 4 award-winning presentations. We can all be proud of the achievements, hard work and commitment of each and every network member and look forward to more of the same in '22.

Happy Holidays everyone!

### CONSORTIUM OPERATIONS TEAM



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# CONSORTIUM HIGHLIGHTS

## Canadian Spinal Cord Injury Rehabilitation Association 9th National Spinal Cord Injury Conference



### NETWORK INITIATION, STRUCTURE, & PROGRESS IN REHABILITATION CARE: THE SPINAL CORD INJURY IMPLEMENTATION & EVALUATION QUALITY CARE CONSORTIUM.

#### TORONTO, CANADA. POSTER

Farahani F, Wolfe, DL, Evbuomwan I, Craven BC, and the SCI IEQCC Group

- SCI IEQCC is a collaborative network consisting of rehabilitation programs, community organizations, stakeholders, and individuals with lived experience
- Aims to ensure functional recovery and advance care by delivering optimal and equitable health care services
- Supports the translation of knowledge into practice
- Facilitates the implementation of indicators and related best practices within 6 prioritized domains
- Data is collected locally and transferred for analysis and report card distribution



### VIEWS FROM THE FRONT LINES: THE SPINAL CORD INJURY IMPLEMENTATION & EVALUATION QUALITY CARE CONSORTIUM.

#### TORONTO, CANADA. POSTER

Chase A, Cornell S, Demers MJ, Duley J, Floriancic B, Giurleo C, Mizzoni C, Plourde K, Scovil C, Vandenwyngaert J, Ventre A, Wong C, Flett H, Kras-Dupuis A, Evbuomwan I, Farahani F, Craven BC, Wolfe DL

- Implementation and Evaluation Specialists (IESs) are the champions of the SCI IEQCC's efforts to achieving equitable, optimal care
- IESs lead local Site Implementation Teams, coordinate with data clerks, and participate in virtual central biweekly meetings
- Represent the front lines toward system transformation by contributing to a "learning health system culture"
- 12 IESs and 127 staff members helped run 18 local educational activities and 7 summits

#### View from the front lines: The Spinal Cord Injury Implementation and Evaluation Quality Care Consortium

Andrea Chase<sup>1</sup>, Stephanie Cornell<sup>2</sup>, Maryjo Demers<sup>3</sup>, Jennifer Duley<sup>4</sup>, Brienne Floriancic<sup>5</sup>, Charlie Giurleo<sup>6</sup>, Carrie Mizzoni<sup>7</sup>, Kristina Plourde<sup>8</sup>, Carol Scovil<sup>9</sup>, Jody Vandenwyngaert<sup>10</sup>, Annelise Ventre<sup>11</sup>, Chelsea Wong<sup>12</sup>, Heather Flett<sup>13</sup>, Anna Kras-Dupuis<sup>14</sup>, Irie Evbuomwan<sup>15</sup>, Farahani Farahani<sup>16</sup>, Cathy Craven<sup>17</sup>, Dalton Wolfe<sup>18</sup>

#### Background

The SCI Implementation and Evaluation Quality Care Consortium is a network focused on achieving optimal and equitable health care services through implementation and benchmarking of indicators and related best practices within SCI rehabilitative care across Ontario.

Implementation and Evaluation Specialist (IESs) have been the champions and facilitators of these efforts in working with leaders, frontline staff and persons with lived experience. This abstract outlines the key findings of an evaluation conducted at the end of the first mandate of the Consortium (i.e., 18 months) with a focus on primary outputs and intangible benefits seen on the front lines of clinical practice.

#### Methods

After initial training in implementation science, IESs were led to implement indicators and related best practices through the following general activities:

- Leading local Site Implementation Teams through key implementation activities across 6 domains of care
- Coordination with data clerks relating to data capture and submission of indicator information to central repository
- Virtual central biweekly meetings supported by mentors to share progress and problem solve

#### Acknowledgements

The research presented in this poster was supported by the Canadian Institutes of Health Research (CIHR) through the Rehabilitation Research and Innovation (RRI) program. The research was also supported by the Ontario Ministry of Health and Long-Term Care (MHLTC) through the Ontario Health Research and Innovation (OHRI) program.

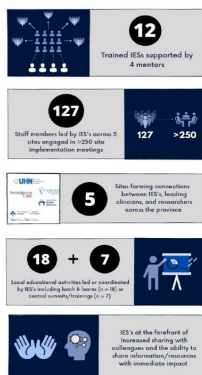
#### Bottom Line:

- IESs represent the front lines toward system transformation.
- Development of a "learning health system culture"
- Sharing expertise and resources across participating sites leading to better care and outcomes for all
- Implementation of structure, process and outcome indicators across emotional wellbeing, sexual health, walking, wheeling, urinary health and skin integrity
- Achieving a more positive work culture and renewed organizational pride
- A key contributor to our success has been our partnership with SCI Ontario to include the voices of persons with lived experience in all that we do

www.sciieqcc.ca



#### Results



# CONSORTIUM HIGHLIGHTS

## Canadian Spinal Cord Injury Rehabilitation Association

### 9th National Spinal Cord Injury Conference



#### Capturing patient experience to support quality improvement initiatives

Scovil C<sup>1,2</sup>, Ventre A<sup>1</sup>, Mizzoni C<sup>1,2</sup>, Wong C<sup>1</sup>, Plourde K<sup>1</sup>, Mills S<sup>1</sup>, Farahani F<sup>1</sup>, Guy K<sup>1</sup>, MacRitchie I<sup>1</sup>, Flett HM<sup>1,4</sup>

##### Background

- Patient experience and perspective is core to understanding and improving care
- Building on University Health Network's (UHN) Patient Experience and Patient Partners Initiatives
- Quality Improvement (QI) priorities of the Spinal Cord Injury (SCI) Implementation & Evaluation Quality Care Consortium based on consumer input
- Extensive involvement of patients prioritized throughout implementation

**Objective:** To describe how patient experience and perspectives were integral to implementation of QI initiatives to support best practices in a tertiary SCI rehabilitation centre.

##### Methods

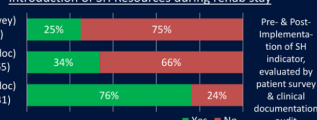
- Five Implementation and Evaluation Specialist (IES) from a range of clinical disciplines facilitated QI efforts in consultation with leaders, frontline staff and persons with lived experience
- QI in each domain of SCI rehab incorporated patient experience during development of clinical tools and education materials
- Patient experience was gathered through surveys, interviews, working groups, and direct feedback



Patient experience and perspective informing implementation of sexual health (SH) indicators: Ensuring all patients have access to SH resources during inpatient stay



#### Introduction of SH Resources during rehab stay



Patients indicated SH was a priority for them. Ensuring SH resources (developed with patient partners) were introduced to patients early in their rehab stay enabled them to take advantage of group sessions, one-on-one appointments, & educational materials:

"They reassured me that, although my body may work differently now, I'm still the same amazing, beautiful person I was before – and that really stuck with me."

"It has definitely increased my confidence, to know my questions have been answered, and that I'm as prepared as I can be."

#### Findings

- 114 individuals in inpatient SCI rehab were approached to share their experience, perspectives and personal knowledge, to influence QI initiatives & ongoing improvement cycles.

Patient involvement by SCI rehab domain	N
Tissue Integrity	30
Sexual Health	20
Wheeled Mobility	8
Covid adaptations	56

- Patient experience and perspectives supported rapid adaptations in clinical care required during Covid-19.
- Patient input about supports needed on weekends (without visitors) included significant enhancements:
  - Emotional well being supported with more activities on evenings & weekends
  - Walking and other therapy supported by weekend & evening gym availability
  - "If I didn't have all this, I don't think I would have recovered like I did"

#### Patient perspectives supported meaningful QI, resulting in:

- implementation of successful practice change
- greater patient engagement
- ultimately maximizing patient and family centred care.

## CAPTURING PATIENT EXPERIENCE TO SUPPORT QUALITY IMPROVEMENT INITIATIVES.

### TORONTO, CANADA. POSTER

Scovil C, Ventre A, Mizzoni C, Wong C, Plourde K, Mills S, Farahani F, Guy K, MacRitchie I, Flett H

- Patient experience and perspective is core to the implementation of quality improvement initiatives
- 114 inpatients were involved throughout the implementation of SCI rehab domains
- Patient input contributed to significant enhancements such as:
  - Support for emotional well-being through more evening & weekend activities
  - Support for walking and other therapies through evening & weekend gym availability

## IMPLEMENTING DEPRESSION AND ANXIETY SCREENING FOR INPATIENT SCI POPULATION.

### TORONTO, CANADA. POSTER

Scovil C, Grummitt J, McKay M, Yao C, Farahani F, Macritchie I, Flett H

- Emotional well-being is a critical aspect of adjustment to disability
- SCI IEQCC sites were asked to collect the PHQ-9 and DASS-21 scales
- Site implementation team consisted of content experts, leadership, and implementation specialists
- Implementation science frameworks were used to support practice change
- Successful implementation of screens reduced psychologist referrals by 8 days
- Depression, anxiety, and suicide ideation declined during rehab stay

#### Implementing depression and anxiety screening for inpatient SCI rehabilitation

Scovil C<sup>1,2</sup>, Grummitt J<sup>1</sup>, McKay M<sup>1</sup>, Yao C<sup>1</sup>, Farahani F<sup>1</sup>, MacRitchie I<sup>1</sup>, Flett HM<sup>1,4</sup>

##### Background

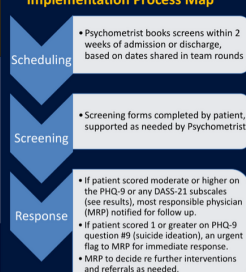
- Emotional well-being (EWB) post Spinal Cord Injury (SCI) is a critical aspect of adjustment to disability
- The SCI Implementation and Evaluation Quality Care Consortium (SCI IEQCC) prioritized EWB indicators to both understand and respond to patient needs
- All sites to collect Patient Health Questionnaire (PHQ-9) for depression, and Depression Anxiety Stress Scales (DASS-21) Anxiety subscale
- Implementation Science frameworks were used to support practice change

**Objective:** To describe implementation of PHQ-9 and DASS-21 screening for depression and anxiety at admission and discharge from a tertiary SCI rehabilitation centre.

##### Methods

- A Local Site Implementation Team formed
  - consisted of site leadership, implementation specialists, and content experts
  - 2 Clinical Psychologists and Psychometrist
- Practice profiles (see process map) determined:
  - timing and logistics of screening process
  - plan to collect all DASS-21 subscales
  - clinical response to patients flagged with scores above threshold values
- Screening at admission trialed on one unit, and the process adapted to fit the local context
- Full implementation of screening by Psychometrist on all three inpatient units started Feb 2020.

#### Implementation Process Map



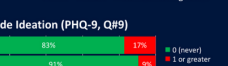
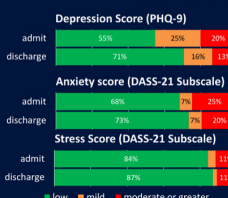
- Scheduling considerations:**
- Discharge date being moved up after rounds
  - Sudden discharge to acute care, and did not return
  - Patient schedule very full with discharge preparation, resulting in cancelled screening or patient unavailable
  - Patient stay < 3 weeks, so no discharge screen completed



#### Results

- Screening data from Jan 2020 – Jun 2021
- 373 screens at admission, 235 at discharge (50 patients not yet discharged from rehab)
- Time to psychologist referral in rehab stay declined significantly following implementation of screening:
 

Screening	Pre (n=20)	Post (n=231)
Admission	34 min	9 min
Discharge	12 min	8 min
- Referrals of patients for additional EWB services during rehab stay included: Psychologist: 47%, Psychiatrist: 14%, Spiritual Care: 26%
- Depression (PHQ-9), Anxiety (DASS-21) and Suicide Ideation (PHQ-9 Q#9) scores significantly decreased between admission and discharge (paired t-test, p<0.05, p<0.001)



#### Screening considerations

- Physical assistance provided as needed to complete form
- 62% at admission, 49% at discharge
- Translation required for 34 patients into 19 languages. Phone translator & translated screening tools as available
- Mean time for screen and admin:
 

Screening	Screen time	Admin time
Admission	34 min	9 min
Discharge	12 min	8 min
- Admin includes: scheduling, locating patient (10% required rescheduling), and post screen follow up.

#### Response considerations

- Screens done in final week before discharge did not allow clinical team enough time to respond to issues:
  - Screens now done in 2<sup>nd</sup> last week
- Challenge of number of patients with high-risk flags for suicide ideation:
  - Secondary suicide risk screening being considered, to clarify patient risk areas, and guide clinical teams.

- Successful implementation of the PHQ-9 and DASS-21 screens reduced time to psychologist referral by 8 days
- Screening showed depression, anxiety and suicide ideation declined during rehab stay & provided additional tools for team to support EWB of patients.

References: 1914g et al. (2018) Journal of Spinal Cord Medicine, 42(4); 149-160 & 160-161. (1999) Manual for the Depression Anxiety Stress Scales, 2nd ed. Psychology Foundation of Australia.



# CONSORTIUM HIGHLIGHTS

## Canadian Spinal Cord Injury Rehabilitation Association 9th National Spinal Cord Injury Conference



### Patient Perspectives regarding 7-day therapy during the onset of COVID-19

B. C. Craven<sup>1,2</sup>, M. Amiri<sup>1</sup>, K. Guy<sup>1</sup>, H. M. Flett<sup>1,3</sup>, J. Farahani<sup>1</sup>, G. Jeyathevan<sup>1</sup>, J. MacRitchie<sup>1</sup>, G. Mighty<sup>1</sup>, S. Mills<sup>1</sup>, C. Mizzon<sup>1</sup>, C. Scovil<sup>1</sup>, C. Wong<sup>1</sup>, A. Ventre<sup>1</sup>, P. Cripps-McMartin<sup>1</sup>

<sup>1</sup>Spinal Cord Injury Rehabilitation Program, University Health Network, 7777  
<sup>2</sup>1010 - Toronto Rehabilitation Institute, University Health Network,  
<sup>3</sup>Department of Physical Therapy, University of Toronto

**Background:** COVID-19 presented unique challenges for patient wellbeing in tertiary SCI rehabilitation settings. Patients had long evening and weekend stretches to occupy themselves while isolated from their family and support network without access to volunteers, peer mentors, recreational outings or weekend passes.

**Objective:** To describe the outcomes of a 7-day therapy model implemented during COVID-19 from a patient perspective.

**Methods:** The pandemic provided a unique opportunity for redeployment of outpatient staff to the inpatient program, and provision of therapy services 7-days/week for 12 hours/day (vs. prior 5 days/week for 8 hrs). The aims of redeployment are shown in Figure 1. Patient surveys were designed, and piloted by the Toronto IES team to evaluate the effectiveness and impact of the enhanced rehab schedule. A staff survey was distributed via survey monkey. Data were analyzed by two postdoctoral fellows not affiliated with the SCIRP (SC) and RAJ using appropriate descriptive statistics or qualitative methods. In total, 6 PTA's (5 FTE), 4 OT's (2.5 FTE), 2 AOT's (2.2 FTE) were redeployed.

*"Got to meet people on the weekend, and got the feeling that people are working for your improvement. I like it; everyone is involved with you!"*

Patient's have identified health service enhancements with potential to augment emotional wellbeing beyond the pandemic.....

#### Opportunities for Improvement Linked to Patient Satisfaction



Source: Figure 1 (FTE), Craven B, Amiri M, Guy K, Flett H, Farahani F, Jeyathevan G, MacRitchie J, Mighty G, Mills S, Mizzon C, Scovil C, Wong C, Ventre A, Cripps-McMartin P.



Figure 1 Redeployment activities in SCIRP:



**Findings:** Enhanced recreation therapy evening programs (bocce, movie night, relaxation group, adapted sports, etc.) and extended gym hours were provided. Supports for feeding, laundry, ADLs, and e-visits were established. The leadership team worked extended hours and weekends with staff. Seeing clinic staff supported wheelchair prescription and ADP processes. Thirty inpatients, 17% male, 6 paraplegics and 24 tetraplegics, majority of non-traumatic etiology, with a median 57-80 day LOS indicated their preference for a 6-day vs. 7-day therapy model.

Weekend recreational programs had the best attendance, while recreational programming attendance was a predictor of greater program satisfaction. A majority of inpatients indicated their preference for 6-day per week programming indicating they would "spend a day of relaxation, which could still be therapeutic, just less physical and more recreational perhaps."

### PATIENT PERSPECTIVES REGARDING A 7-DAY THERAPY MODEL DURING THE ONSET OF COVID-19

#### TORONTO, CANADA, POSTER

Craven B C, Amiri M, Guy K, Flett H M, Farahani F, Jeyathevan G, MacRitchie J, Mighty G, Mills S, Mizzon C, Scovil C, Wong C, Ventre A, Cripps-McMartin p.

- Outpatient staff were redeployed to inpatient programs.
- Therapy services were provided 7-days/week for 12 hours/day
- Patient and staff surveys were conducted to evaluate the impact of the new schedule
- About 30 patients with median 57-80 day LOS indicated a preference for a 6-day vs 7-day therapy model
- Weekend recreational programs had the best attendance

### A NEW FRAMEWORK FOR WEEKLY GAIT AND BALANCE TESTING IN AN INPATIENT SCI REHABILITATION PROGRAM: OPTIMIZING PHYSIOTHERAPY RESOURCES, USE OF OUTCOME MEASURES AND DOCUMENTATION

#### HAMILTON, CANADA, POSTER

Diana L Herrington, Leanne Michelle Read, Anastasia Stojakovic, Jacklyn D. Penner, Suzanne Anthony, Jennifer M. Duley, Stephen Patton

- One day a week was dedicated to complete assigned SWAT outcome measures for appropriate SCI patients.
- Tracking form was developed to document outcome scores for each patient.
- This process resulted in consistent and efficient documentation and collection of data
- Team members are better informed of patients' mobility status.
- PTs can track progress and analyze outcome measures based on available data.

#### A new framework for weekly gait and balance testing in an Inpatient SCI Rehabilitation Program: Optimizing physiotherapy resources, use of outcome measures and documentation

Diana L. Herrington (PT), Leanne Michelle Read (PT), Anastasia Stojakovic (OT/PTA), Jacklyn D. Penner (OT/PTA), Suzanne Anthony (OT/PTA), Jennifer M. Duley (PT), Stephen Patton (Clinical Manager)

##### Background

- Implementing best practice guidelines and research related to standing and walking was prioritized by physiotherapists in the Inpatient SCI Rehabilitation Program
- Two major challenges were identified as barriers to efficient data collection:
  1. Difficulty with consistently identifying when patients met functional thresholds that required additional assessments to be completed
  2. No efficient plan in place to ensure completion of additional evaluations, outcome measures and documentation

##### Methods

- One morning per week was dedicated to having PTAs complete assigned SWAT outcome measures for appropriate SCI patients, as identified by the PTs
- A SWAT tracking form was developed to document all outcome measure scores for each patient.

Dedicating a weekly time and the development and use of a new SWAT tracking form for gait and balance outcome measurement has improved efficiency and consistency with documentation and data collection for Praxis, the SCI Consortium and patient discharge reports.



##### Results

- Team members are better informed regarding each patient's mobility status.
- Patients report benefits from seeing their progress tracked in a tangible way and are eager to improve weekly scores as they work to achieve their functional goals.
- Collection and documentation of the data is more consistent and efficient.
- PTAs report improved engagement and job satisfaction within their role.
- PTs have more outcome measure data available to analyze and track progress.
- PTs are now less likely to miss functional thresholds that would require additional outcomes to be measured.

##### SWAT Tracking Form



# CONSORTIUM HIGHLIGHTS

## Canadian Spinal Cord Injury Rehabilitation Association 9th National Spinal Cord Injury Conference

### AWARD RECIPIENTS:



### EVOLUTION OF A SPINAL CORD INJURY IMPLEMENTATION & EVALUATION QUALITY CARE CONSORTIUM DATA STRATEGY:

**It's more than just the numbers .**

Award Recipient - Health Services, Economics and Policy  
Change Submission

#### Presenters & Abstract Authors:

Farnoosh Farahani, Mohammadreza Amiri,  
Seyed Mohammad Alavinia, B. Catherine Craven

In this session, the evaluation team described the development of a data strategy for the SCI IEQCC. The data strategy involved the following components;

- Utilization of current national and provincial datasets
- Adherence to privacy and legal requirements
- Development and execution of agreements – DSA, Confidentiality agreements and confidential disclosure agreement
- Acquisition of quality improvement approvals
- Validation of privacy and security standards
- Creation of Data collection tools
- Development of data collection spreadsheets
- Development of staff training and support curriculum
- Development of indicator analysis plan
- Exploring data visualization strategies
- Reporting: practice evaluation
- Reporting: data quality
- Next steps: utilization of interactive dashboard tools

### TOWARDS A BETTER APPROACH TO PERSONALIZED SELF- MANAGEMENT:

**Adapting the health education impact questionnaire to measure self-management skill acquisition among adults with spinal cord injury or disease.**

Award Recipient - Clinical/Best Practice Application  
Submission

#### Presenters & Abstract Authors:

Gaya Jeyathevan, Susan B. Jaglal, Sander L. Hitzig, Gary Linassi,  
Sandra Mills, Vanessa K. Noonan, Karen Anzai, Teren Clarke,  
Dalton Wolfe, Mary Bayley, Lubna Aslam, Farnoosh Farahani, S.  
Mohammad Alavinia, Maryam Omidvar, B. Catharine Craven

In this study, the team identified the following challenges;

- No gold standard of what constitutes self-management in SCI/D.
- Inconsistent practices across tertiary rehab hospitals suggesting lack of equity in national care for SCI/D.

The research team identified, appraised and adapted a single quality of care outcome indicator used to assess self-management skills among adults with SCI/D prior to rehabilitation discharge and 18 months post-rehabilitation admission. The goal was to promote self-management so the individuals with SCI/D can manage their health and daily activities toward successful community integration.

# CONSORTIUM HIGHLIGHTS

## Canadian Spinal Cord Injury Rehabilitation Association 9th National Spinal Cord Injury Conference



### AWARD RECIPIENTS:



### MINDFULNESS MEDITATION PROGRAM IN INPATIENT SPINAL CORD INJURY SETTING

#### Award - Clinical/Best Practice Application Submission

##### Presenters & Abstract Authors:

Sussan Askari, Rachel Holthof, Maciej Zaborowski,  
Heather Brown

- Loneliness, depression and anxiety are on the rise
- Prevalence of depression and anxiety is approximately 30% in individuals with SCI/D
- EWB is recognized as one of the six domains of care by SCI IEQCC
- Wellbeing is a skill which consists of awareness, connection, insight and purpose.
- Mindfulness is defined as the awareness that arise from paying attention on purpose
- The program runs once a week in 4 consecutive weeks and each session lasts for 60 mins

### WOUND ROUNDS: A HANDS-ON INTERDISCIPLINARY TEAM APPROACH TO TISSUE INTEGRITY MANAGEMENT IN INPATIENT SCI REHAB

#### Award - Clinical/Best Practice Application Submission

##### Presenters & Abstract Authors:

Leanne Michelle Read, Diana L. Herrington, Alison R. Smith, Dorinda M. Taylor, Stephanie L. Lemke, Shannon K. O'Dwyer.

- The purpose of the rounds is to decrease the incidence of wounds, improve outcomes related to wound healing and to create a custom form that would fulfill documentation and SCI database collection requirements.
- The team uses an interdisciplinary approach that addresses all aspects of wound management at a single time point.
- An education program for proper skin checks was developed
- Practice improvement included taking quality photos – the team uses a tablet specific for taking pictures of PI.
- The team identified that some patients are interested in seeing the wound while others are not interested in seeing the wound.

# CONSORTIUM HIGHLIGHTS

## 2021 SCI IEQC Consortium Publications

The Journal of Spinal Cord Medicine Volume 44, 2021 - Issue sup1



Bateman EA, Sreenivasan VA, Farahani F, Casemore S, Chase AD, Duley J, et al. Improving practice through collaboration: Early experiences from the multi-site Spinal Cord Injury Implementation and Evaluation Quality Care Consortium. The Journal of Spinal Cord Medicine. 2021;44(sup1):S147-S58. <https://doi.org/10.1080/10790268.2021.1936946>



Hitzig SL, Jeyathevan G, Farahani F, Noonan V, Linassi AG, Routhier F, et al. Development of Community Participation Indicators to Advance the Quality of Spinal Cord Injury Rehabilitation: SCI-High Project. The Journal of Spinal Cord Medicine. 2021;44(sup1): S79-S93. <https://doi.org/10.1080/10790268.2021.1955204>



Jeyathevan G, Jaglal SB, Hitzig SL, Linassi G, Mills S, Noonan VK, et al. Conception and development of Self-Management indicators to advance the quality of spinal cord injury rehabilitation: SCI-High Project. The Journal of Spinal Cord Medicine. 2021; 44:sup1, pages S94-S117. <https://doi.org/10.1080/10790268.2021.1961054>



Alavinia SM, Jetha A, Hitzig SL, McCauley D, Routhier F, Noonan VK, et al. Development of employment indicators to advance the quality of spinal cord injury rehabilitation care: SCI-High Project. The Journal of Spinal Cord Medicine. 2021;44(sup1):S118-S133. <https://doi.org/10.1080/10790268.2021.1955205>



Kalsi-Ryan S, Kapadia N, Gagnon DH, Verrier MC, Holmes J, Flett H, et al. Development of Reaching, Grasping & Manipulation Indicators to Advance the Quality of Spinal Cord Injury Rehabilitation: SCI-High Project. The Journal of Spinal Cord Medicine. 2021;44(sup1): S134-S146. <https://doi.org/10.1080/10790268.2021.1961052>

