

# SCI CONSORTIUM QUARTERLY CONNECTIONS

## MESSAGE FROM CENTRAL TEAM

Welcome back to the quarterly Consortium newsletter. We have had a busy summer season while the Central and Site Leadership Teams and the site Implementation & Evaluation Specialists have worked hard to keep us on track and working towards our deliverables. We were pleased to see that the Ontario Ministry of Health renewed our funding in Ontario for the current fiscal year. Praxis is working hard to put in place funding agreements for the sites in Alberta and Atlantic Canada for this and the next fiscal year as well (more details to come!).

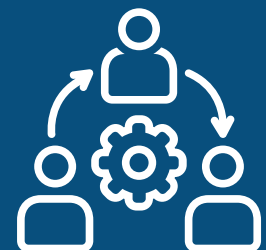
In this edition, we highlight the phenomenal presentations by Consortium members who attended the International Spinal Cord Society conference in Vancouver recently held in September. In addition, we were able to take some time in July to celebrate the various accomplishments achieved across Ontario. Finally, we look forward to the future in introducing some new members to our Consortium team.



## Content:

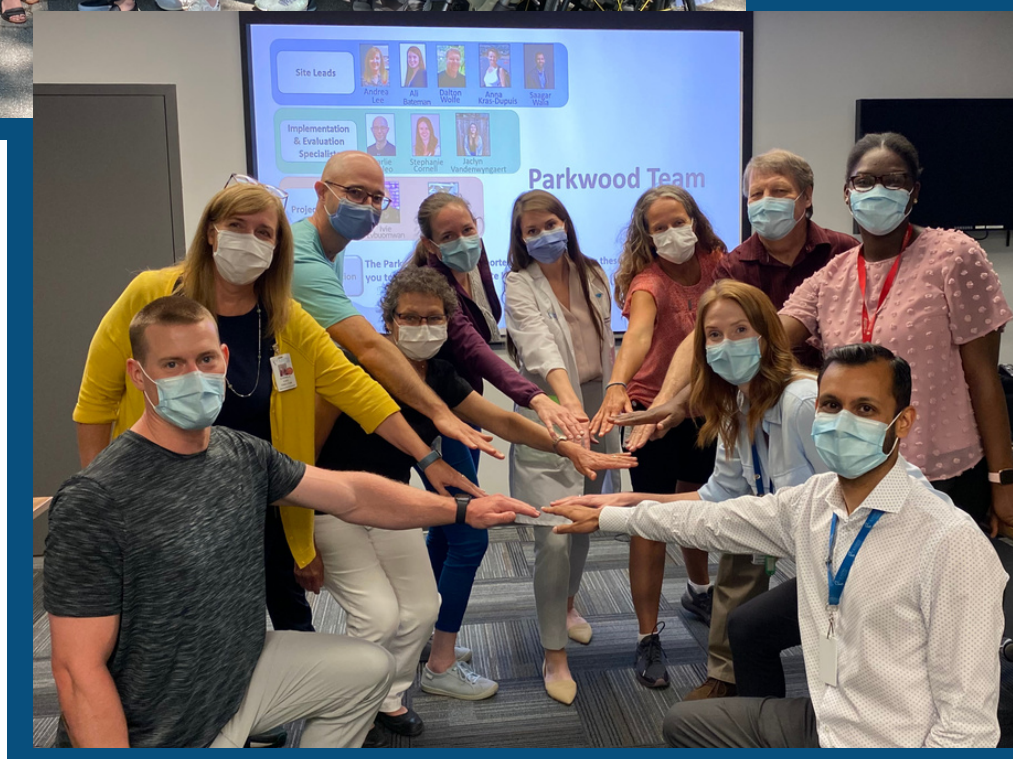
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# SCI IEQCC Ontario Celebration

On July 20, 2022 the Consortium held a celebration to acknowledge the hard work and dedication put forth by the Implementation Evaluation Specialists, Data Collectors, Site Leads, and Central Team. With everyone's efforts, we have been able to continue gathering key information about best practices across the six domains of sexual health, UTI, tissue integrity, emotional well-being, walking and wheeling mobility. The pictures below reflect team photos of Toronto University Health Network and London Parkwood on the day of the celebration.



# Consortium Highlights

## 61st Annual International Spinal Cord Society Meeting

During the ISCoS Conference that was held September 15-18, 2022 in Vancouver several of our members presented posters or presentations that are summarized below:

### Spinal Cord Injury Implementation and Evaluation Quality Care Consortium (SCI IEQCC)

- ✓ 10 SCI/D Rehabilitation Programs
- ✓ Spinal Cord Injury Ontario (SCIO)
- ✓ 120+ Network members
- ✓ External Stakeholders
- ✓ Supports best practice implementation and quality indicators through:

- ✓ Collection
- ✓ Analysis
- ✓ Reporting



<https://www.sciieqcc.ca/>



### Elaboration of Spinal Cord Injury Implementation and Evaluation Quality Care Consortium Data Strategy

#### Toronto, Canada Presentation

Amiri M., Alavinia S. M., Farahani F., Rybkina J., Scovil C., Wolfe D., Evbuomwan I., Craven C.

#### Presentation Highlights include:

- Processes underpinning the SCI IEQCC data management, analysis, and dissemination
- Need for a rigorous, multimodal, and interactive data strategy to meet the growing scope of the network
- Maintenance of a simple user interface while integrating the usability, comprehensive, and accuracy of data

### The Canadian Spinal Cord Injury Implementation, Evaluation and Quality Care Consortium: Using Data Visualizations and Implementation Science to Inform Practice within a Learning Health System

#### Toronto, Canada Poster

Craven C., Farahani F., Flett H., Wolfe D., Rybkina J., Amiri M., Alavinia S. M., Scovil C., Evbuomwan I.

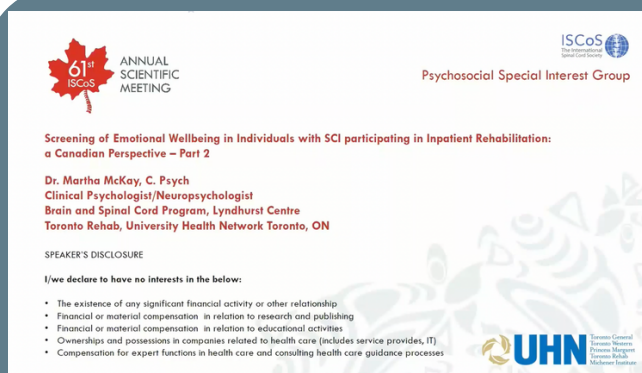
- Indicators can determine health system performance by assessing the adequacy of resources, monitoring care and evaluating rehabilitation outcomes.
- Dedicated implementation efforts of indicators and their related best practices, and building capacity for collection of reliable data, have been critical in narrowing care gaps and enhancing healthcare quality
- Use of data visualization has been an important tool for characterizing the effectiveness of indicators





# Consortium Highlights

## 61st Annual International Spinal Cord Society Meeting



### Screening of Emotional Wellbeing in Individuals with SCI Participating in Inpatient Rehabilitation: A Canadian Perspective

#### Toronto, Canada Presentation

Ducharme S., Monden K., Diemen T. V., Noonan V., Savoie J., Mc

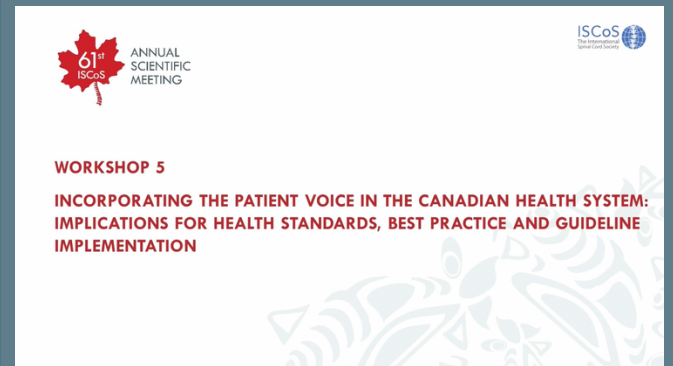
- Objective is to develop and implement an EWB screening process, describe the experience and outcome discuss challenges and clinical considerations
- Psychologists assess patients on their mood, pain and life satisfaction during weekly sessions
- Patients with poorer SCIM and LiSAT more likely to endorse mood problems and can aid in identifying those at risk of mood problems
- PHQ-9 and DASS-21 are the EWB screening tools
- Need to consider other measures to identify risk as PHQ-9 is not sensitive to suicidality

### Incorporating the patient voice in the Canadian Health System: Implications for Health Standards, Best Practice and Guideline Implementation

#### Toronto, Canada Workshop

Craven C., Bayley M., Athanasopoulos P., Clément L., Noonan V.

- Objective learn how voice of individuals with lived experience have been incorporated to diverse health systems
- Access and navigation of care is a challenge with individuals transition out of rehab
- Standards are developed through 6 stages: identify, committee, study, consensus, public review, approve and publish
- Standard is to improve the quality and integration of SCI rehab programs across care continuum with intended use from acute care to community participation
- future directions include: strengthening patient voice, further define SCI models of care, evaluate impact of strategic framework and resources



# Consortium Highlights

## 61st Annual International Spinal Cord Society Meeting

### Evaluating the sexual rehabilitation framework and the PLISSIT model as part of a continuous education workshop for staff in SCI rehabilitation

Mehdi Shiman, Calogero Giurleo, Stacy Elliott, Drew Cotterill, Mariacristina Chirayath, Dalton L. Wolfe, 1,2

Parkwood Institute Research-St. Joseph Healthcare London, ON, Canada  
Western University, London, ON, Canada

#### Background

- Sexual health is a priority for SCI rehabilitation, and a key component of the SCI EQCC.
- Sexual health is a top priority for individuals with SCI.
- There has been a recent emphasis on the importance of addressing sexual health by clinicians in SCI rehabilitation settings.

#### Introduction

- The sexual health needs of individuals with SCI are often not addressed and left unmet during rehabilitation.
- Low confidence and a need for sexual health education for staff have been identified across many sites.
- The PLISSIT model introduces four levels of intervention to help clinicians determine their role in providing sexual health care based on their specific practice profile.
- The acronym PLISSIT stands for: Permission (P), Limited Information (LI), Specific Suggestions (SS), and Intensive Therapy (IT).
- The Sexual Rehabilitation Framework (SRF) addresses the following components of sexual health: sexual functioning, fertility and contraception, factors associated with SCI, bowel and bladder issues, motor and sensory influences, sexual self-view, and partnership issues.

#### Methods

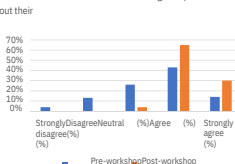
- 136 clinicians of various rehabilitation disciplines attended a virtual one-hour workshop as part of the SCI EQCC.
- This workshop aimed to demonstrate the user-friendly application of the SRF and the PLISSIT model in clinical settings for healthcare professionals in SCI rehabilitation.
- Important topics such as common concerns after SCI were discussed.
- Clinicians completed a survey consisting of various questions regarding the ease of application of the PLISSIT model and SRF and its different domains in clinical settings before and after the workshop.

#### Results

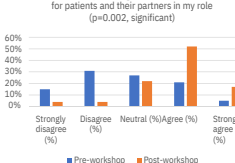
- 84 clinicians responded to the pre-survey (61.7%) and 23 responded to the post-survey (16.9%).
- Confidence in giving permission to discuss sexual health increased from 72% to 94% post-workshop compared to pre-workshop. Chi square analysis was conducted ( $\chi^2 = 8.85$ ,  $df = 4$ ,  $p = 0.065$ ).
- The ability to apply the SRF to address the sexual health concerns of patients with SCI increased from 21% to 91% ( $\chi^2 = 30.029$ ,  $df = 4$ ,  $p < 0.001$ ).
- The ability to provide specific suggestions using the PLISSIT model increased from 24% to 78% ( $\chi^2 = 27.273$ ,  $df = 4$ ,  $p < 0.001$ ).
- 74% of clinicians reported readiness to integrate knowledge from the workshop into their clinical practice.
- 100% of clinicians agreed that the workshop was a valuable learning opportunity.



#### Confidence in communicating with patients who may bring up questions/ concerns about their



#### Confidence in providing sexual health education for patients and their partners in my role (p=0.002, significant)



#### Conclusion

- Education of the SRF and the PLISSIT model show promise as effective tools in clinician confidence and willingness to address and provide suggestions on the topic of sexual health in their rehabilitative practice with SCI.
- The findings shed light on the importance of providing continuous education opportunities for clinicians to ensure that sexual health concerns of individuals with SCI are adequately addressed in rehabilitation.

#### References

- Elliott, S., Holosaki, S., & Carlson, M. (2017). A Multidisciplinary Approach to Sexual and Fertility Rehabilitation: The Sexual Rehabilitation Framework. *Topics in Spinal Cord Injury Rehabilitation*, 23(1), 49-56.
- Armon, J. S. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. *Journal of sex education and therapy*, 2(1), 1-15.

### Evaluating the sexual rehabilitation framework and the PLISSIT model as part of a continuous education workshop for staff in SCI rehabilitation

#### London, Canada, Poster

Seliman M., Giurleo C., Elliot S., Cotterill D., Chirayath M., Wolfe W.

- Sexual health needs of individuals with SCI are often unmet during rehabilitation leading to recent emphasis on the importance of addressing sexual health by clinicians
- Education of the SRF (Sexual Rehabilitation Framework) and the PLISSIT (permission, limited information, specific suggestions, and intensive therapy) model show promise as effective tools and provide suggestions on the topic of sexual health in their rehabilitative practice with SCI.
- The findings shed light on the importance of providing continuous education opportunities to ensure that sexual health concerns are adequately addressed

### Collaborations between research, frontline staff and persons with lived experience in improving emotional wellbeing practice for SCI inpatients

#### London, Canada Poster

Evbuomwan I., Kras-Dupuis A., Giurleo C., Nageswaran L., Wolfe D., & EWB Implementation Team

- The emotional wellbeing (EWB) team consists of researchers, frontline clinicians, persons with lived experience and family caregivers to implement best practices and interventions
- This aimed at making improvements in EWB care for people living with spinal cord injury or disease based on identified gaps in practice.
- Routine screening, enhanced programming and personalized treatment plans for high risk individuals were developed and embedded into practice.

### Collaborations between research, frontline staff and persons with lived experience in improving emotional wellbeing practice for SCI inpatients

Ivie K., Evbuomwan, Anna Kras-Dupuis, Charlie Giurleo, Luchmi Nageswaran, Dalton L. Wolfe and EWB Implementation Team

1 St. Joseph Health Care London - Parkwood Institute, London ON, Canada  
2 Western University, London, ON, Canada

### SCI IEQCC

www.sciieqcc.ca

Research 2 Practice  
Ignite and lead the rehab revolution

#### Background

The emotional wellbeing (EWB) team consists of researchers, frontline clinicians, persons with lived experience and family caregivers. The team was established as part of Spinal Cord Injury Implementation & Evaluation Quality Care Consortium (SCI IEQCC) to implement best practice indicators and interventions.

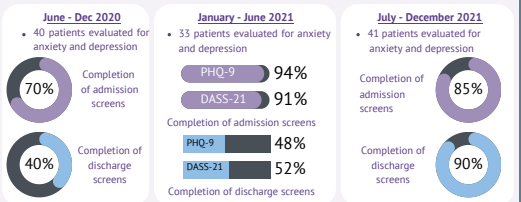
#### Objective

This is a quality care initiative aimed at making improvements in EWB care for people living with spinal cord injury or disease (SCI/D) based on identified gaps in practice.

#### Key Aspects of Methods

Key stakeholders made up an implementation team. The team followed the Active Implementation Frameworks developed by National Implementation Research Network (<https://nirn.fpa.usc.edu/>). The current practice on the unit was outlined, audit and gap analysis was conducted and feedback was gathered for improvement. A practice profile was developed to guide desired practice on the unit. Specific screening measures for anxiety and depression using DASS-21 and PHQ-9 were implemented within 2 weeks of rehab admission and discharge as a standard of care. The screens are completed to identify patients that score moderate to high risk for depression and anxiety.

#### Results



In addition to depression and anxiety screening, enhanced programming consisting of Weekend Fitness Group and Emotional Well-being Coping Group was developed and implemented.

#### Conclusion

Routine screening, enhanced programming and personalized treatment plans for high risk individuals were developed and embedded into practice.

This was all made possible with the meaningful participation of members of the research team, clinical team and persons with lived experience.



#### Acknowledgements

Thanks to all stakeholders involved in the implementation efforts and to Julianne Hong for assistance in the poster creation.

# Introducing New Members

Saina is a Ph. D. student at the University of Toronto. She is working on how to define equity questions for SCI patients.



Saina Aliabadi



Maryam Omidvar

Maryam is a research associate at Toronto Rehab. She is part of the central team and contributes to the operational activities.

Sagaar is the coordinator for the ABI and SCI Programs at Parkwood Institute. He will provide operational leadership for the consortium activities within the SCI program at Parkwood.



Saagar Walia



Julianne Hong

Julianne is a research coordinator at Parkwood Institute. She will be an Implementation Manager of the Consortium.

Sonia is a clinical manager of the neurospinal and amputee program at the Ottawa Hospital. She will provide operational support for the implementation and evaluation activities at the Ottawa site.



Sonia Joannis

# Introducing New Members



## Stacy-Ann Walker

Health Care Partnership Lead



Stacy-Ann is in the spotlight for this quarterly newsletter. She has recently joined Spinal Cord Injury Ontario as the new Health Care Partnership Lead. A passionate and experienced leader, Stacy-Ann has over 10 years of experience managing healthcare service providers, developing client focused programs and services, leading business transformation, managing projects, building strategic partnerships, and promoting health equity. Most recently, Stacy-Ann served as the Executive Director of a Family Health Team where she led the organization through the Covid-19 pandemic response and recovery, collaborated with local community partners in the development and implementation of an Ontario Health Team and led special projects to ensure continued access to primary healthcare services.

In her role as the Health Care Partnership Lead, Stacy-Ann will work with consortium members and other health system and community partners to develop, implement, and evaluate strategic projects that demonstrates SCIO's collaboration with partners across the health continuum. These demonstration projects will highlight the needs of people with an SCI in the healthcare system and illustrate SCIO's role in supporting system partners as we work together to deliver coordinated, patient-centered services at every step in the patient/client journey. To explore potential partnership opportunities, please contact Stacy-Ann at [stacy-ann.walker@sciontario.org](mailto:stacy-ann.walker@sciontario.org).

## Welcome to SCI Consortium Stacy-Ann!

