

Best Practice Implementation of Electrical Stimulation Therapy for people with SCI and pressure ulcers living in the community: A Knowledge Mobilization Project

E-Stim Collaboration: November 2017 Workshop Report Overview

On Sunday, November 12, 2017 31 enthusiastic members of the National Implementation Committee participated in an interactive workshop designed to chart the future course of the E-Stim Collaboration project. The E-Stim Collaboration is a knowledge mobilization project funded by the Rick Hansen Institute (RHI). The high-level objectives of this project are to:

- Promote the uptake of evidence-informed best practice (E-Stim therapy for pressure ulcers/injuries) in community settings
- Provide better pressure ulcer/injury care for people with spinal cord injury (SCI)
- Leverage the Southwest Ontario Local Health Integration Network (SW-LHIN) experience and findings to inform national E-Stim implementations.

People with SCI are commonly affected by pressure injuries. A Canada-wide survey of individuals with SCI showed in 86% of people indicated the presence of a pressure significantly impacted their ability to participate in meaningful activities. Pressure injuries affect many people with limited mobility due to illness, chronic disease, injury and disability. A Canadian survey estimated that 25% of people receiving health care had an open wound or pressure injury. The total cost of open wounds to the Canadian Health Care system is estimated to be \$3.9 million/year or 3% of total health care expenditures. In Ontario, 34-37% of patients receiving home care and 25-75% of nursing time is related to wound care.

Research from around the world has shown that E-Stim can help speed the healing of pressure ulcers in all types of skin wounds. E-Stim has also resulted in reduced health care spending on pressure ulcer treatment and a faster return to optimal skin health and improved function for patients. Not surprising, best practice guidelines produced by provincial, national, and international groups all recommend the addition of E-Stim to pressure ulcer treatment programs.

E-STIM COLLABORATION: SUSTAINABILITY PLANNING

The current funding cycle is coming to an end and the group came together to focus on future sustainability and priority activities. The objectives of this workshop were to:

- Learn about experiences from E-Stim Collaboration sites across Canada that will inform continued implementation and knowledge dissemination
- Exchange knowledge about strategies, resources and tools to implement and sustain E-Stim therapy at local and regional levels.

The InVizzen Knowledge Brokers Inc. facilitation team carefully planned the agenda to maximize interactions between participants from Québec, Ontario, Manitoba, Alberta and British Columbia representing numerous sectors and gather insights to inform:

- Knowledge dissemination for the Southwest Ontario initiative;
- Implementation in other regions across Canada;
- A plan for continued scale-up of E-Stim therapy (expand locations); and
- A plan to seek funding/ resources.

WORKSHOP OUTCOMES

Insights from Current Project Implementation in South West Ontario:

1) Context – the participants identified the following important contextual factors that must be considered when continuing the implementation efforts.

a) Technology/resources/tools

- Need organizational and team readiness to use technology and adapt clinical best practices

b) Policy

- Significant transitions for the home and community care sectors are underway
- Need better ways to communicate research and best practice guidelines to policy makers

c) Best Practice Care

- Require sustainable funding and sustainable practices to support patient transitions from hospital to community care
- Bolster awareness and advocacy for E-Stim; and involve patients as partners in their care

d) Continuum of Care

- E-Stim is currently used across the full continuum of care but not yet as standard care
- There is inconsistent knowledge and practice in wound care and application of best practices
- Community care is a complex environment (e.g. in Ontario – Community Care Access Centre [CCAC] Care Coordinators, multiple contracted provider agencies, private agencies and multiple care providers)



2) Potential funding opportunities to support the E-Stim Collaboration

- Within the next few months, the Rick Hansen Institute (RHI) and the Ontario NeuroTrauma Foundation (ONF) will have funding announcements that could support both the E-Stim Collaboration itself, and related research initiatives.

3) Observations and Recommendations from the SW Ontario Implementation Project

Project lead, Pamela Houghton presented her perspective on the RHI funded “Best Practice Implementation of Electrical Stimulation Therapy for people with SCI and pressure ulcers living in the community: A Knowledge Mobilization Project.”

KEY LEARNINGS

- Technology platforms to link providers and patients from different parts of a complex health care system is not a simple solution.
- Communication channels must cross system boundaries
- Delayed healing has serious health and quality of life consequences. E-Stim should be one of the first therapies considered rather than a last resort attempt.
- A self-care approach for clients with the capacity to do their own E-Stim therapy may be a viable option. Which care provider(s) are in the best position to provide the initial training and on-going coaching and monitoring needs to be determined.
- Advanced therapy like E-Stim will only work if it is applied in conjunction with best practice wound care that includes an interprofessional team approach and identifying and treating underlying causes of delayed healing (e.g. Pressure redistribution strategies).

3) Observations and Recommendations from the SW Ontario Implementation Project

Collaboration and Communication: Best practice wound care depends on an interprofessional wound care team model of care. This model requires collaboration, and collaboration requires communication at many levels between all involved individuals – patient, hospital (consultation team), care coordinators, provider agencies, health care providers, and primary care providers.

Lessons learned:

- Both patients and providers indicated their care was “fractionated” within a complicated system.
- Lack of collaboration between different care providers makes interprofessional wound care difficult and best practice implementation very challenging.
- Communication channels that cross system boundaries currently do not exist and are essential. Because of high staff turnover, multiple providers, different work schedules, and lack of existing relationships communication and collaboration between care providers in different sectors was compromised.
- To help address gaps, an electronic communication and collaboration platform (CHAYA) was piloted but despite lots of training, uptake was slow (due to privacy/security) and low. Not all organizations approved its use. In this project, its potential was recognized yet not realized.

Specialized Team – Pressure Injury Consultation Team “PICS”: The role of the interdisciplinary team, with SCI expertise, was to conduct comprehensive team assessments and create an integrated care plan; build capacity with community care providers and link hospital and community providers. This team assessed 16 patients who were very satisfied with the team who were described as friendly and providing valuable education. As a result of improvement cycles, the team modified the assessment schedule to better meet patient’s needs and collaborated with the Community Care Access Centre on developing care plans.

Lessons learned:

- Building capacity in the community care providers is challenged by “communication” and “cultural” barriers that exist between hospital and community sectors. It is important to provide opportunities to learn about the two environments and the.
- A high team turnover rate made it challenging for the team to develop a “new consultation role” and to invest time needed to learn about existing resources and infrastructure.
- Uncertainty about the sustainability of this specialized team, the lack of a physician lead, and difficulty protecting the time of interprofessional team members may have affected the team’s potential

E-Stim Education: During the course of this initiative, 87 interdisciplinary clinicians received advanced training needed to used E-Stim. An “E-Stim provider pool of 23 clinicians was created within SW-LHIN services. Education mechanisms included creating on-line, interactive modules, hands-on skills workshops (7 in 5 cities, of 3 provinces), and a library of resources and decision support tools.

Lessons learned:

- Many providers completed the modules outside paid work time.
- Some clinicians who invested in the training had not received referrals for E-Stim from SW-LHIN. A minimum frequency of use of newly acquired advanced skills needed for E-Stim is required to maintain competency.
- It is valuable to do the training when the implementation site(s) are ready and E-Stim equipment is in place so that the learning can be applied right away.

Engagement of Local Wound Care Champions: A number of strategies - monthly community of practice webinars, representation on project committees, on-line and in-person education, bedside coaching, awareness and communication campaigns - were implemented to build the capacity of this champion group.

Lessons learned:

- Due to competing demands and high turnover rates, it was difficult to keep this group engaged in the capacity building activities.
- We also experienced some resistance to changing current practice. Stated barriers included: lack of time, scheduling difficulties, lack of awareness of E-Stim as an evidence-based therapy, skepticism about effectiveness of treatment and preference for negative pressure therapy.

Identifying Appropriate Clients in a Complex Community Care Environment: A multi-faceted education and communication strategy was employed to recruit patients/clients. However, the number of referrals was much lower than anticipated. We recognize that we implemented this project during a time of extensive change within the community care sector.

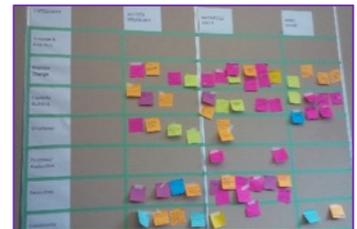
Lessons learned:

- The CCAC coding system and data base was an unreliable source to identify clients who could benefit from E-Stim. There was misinformation among community care providers about E-Stim’s availability and effectiveness. In addition, there was Wound Champion burnout and a high turnover of professionals in wound care lead roles.
- Many of the patients assessed had complex, serious health conditions that required specialists care and sometimes hospitalization. Although research shows that pressure injuries are more likely to respond to E-Stim if it is provided within 6 months of onset, the average wound duration in this project was over 2 years (range 1-8years). It seemed that E-Stim was viewed by providers as a therapy of last resort.
- Complicated process and cumbersome communication channels that involve care coordinators who seem overloaded with information, and several different contracted provider agencies made it challenging to implement a best practice therapy.

Information to inform the sustainability plan for the E-Stim Collaboration

The facilitators applied a 4-phase partnership model and principles from the Partnership Brokers Association, as well as success strategies for collaborations/communities of practice to guide discussions regarding “What is next for the E-Stim Collaboration?”.

Members of the national implementation committee whole-heartedly agreed that it was essential to sustain the E-Stim Collaboration beyond the current funding cycle and to maintain momentum. All participants identified resources and tools that they could contribute to towards on-going capacity building and national implementation efforts; and many participants signed-up to actively support a community of practice, strategic collaborations, research group, as well as the national implementation committee.



During the workshop, participants completed an on-line survey to set the priorities for future priority initiatives. There was strong consensus to: apply for future funding to support the E-Stim Collaboration and related research; continue to meet face-to-face as well as virtually; maintain the web site and access to educational resources; initiate an advocacy and awareness campaign for E-Stim therapy; develop partnerships with industry that ensures continuous supply of user-friendly E-Stim equipment; expand E-Stim availability beyond pressure ulcers and the SCI population; and continue to promote sustained practice change using valid knowledge implementation strategies.

Next Steps

Immediate actions include: sending the detailed workshop report to all participants; communicating with project partners in the Southwest LHIN and with other key audiences; completing the end-of-grant report to RHI; submitting a paper for publication in a scientific journal; and securing bridge funding to keep the momentum going and planning the Collaboration’s priority actions for 2018.

