



MAIN MESSAGES AND EXECUTIVE SUMMARY

For a Process Implementation Evaluation of the
Vista Centre Brain Injury Services (VCBIS) Personal
Support/ Independence Training (PSIT) Program

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Main Messages



Vista Centre Brain Injury Services (VCBIS) provides a variety of community-based services to adults with acquired brain injury (ABI) in the Ottawa and Cornwall areas. This page highlights the main messages that emerged from an implementation evaluation of the Personal Support/Independence Training (PSIT) program that was conducted from September 2018 – April 2019.

PSIT workers prioritize client goals when developing Individual Support Plans. They also address the clinical assessment protocols (CAPs) identified from the implementation of the InterRAI – Community Health Assessment (CHA) with clients. However, some challenges the PSIT workers face when using the CHA with clientele have been noted.

Clients feel that they have a say in determining their goals and service delivery. Clients who are able to formulate personal goals are provided with the opportunity to state their goals; however, some ABI clients face challenges with self-awareness making it difficult to identify their needs.

The primary assessment tool has weaknesses for use with ABI clients. PSIT workers have described several aspects of the CHA that make it challenging to use when they develop client ISPs. For example, the CHA was not created to be implemented specifically with individuals suffering with ABI and it may not be sensitive enough to measure changes relevant to the implementation of the PSIT program.

Rubrics developed to assess on-going client progress have potential. The on-going progress in specific areas of independent living and functioning of clients in the PSIT program is assessed by their PSIT workers using rubrics. The PSIT workers have identified areas where these rubrics are most helpful, as well as suggestions of how to improve their design.

Client progress is reviewed on a regular basis. However, progress can take time with ABI clients which can be a source of frustration.

Executive Summary

Background

ABI currently affects about 1.5 million Canadians, and each year an additional 165,000 people sustain an ABI (Brain Injury Canada, 2014). Survival rates of persons experiencing ABI have increased with advanced trauma services and improved treatment options. However, support programs for those with ABI have not kept pace with those rates. Over the 30 years of Vista Centre Brain Injury Services' (VCBIS) existence, there has been a growing demand for access to the VCBIS services from new clients seeking services and existing clients who often need long-term services and rely on these same resources.

In 2014, the Ontario Ministry of Health and Long-Term Care mandated VCBIS to administer the International Resident Assessment Instrument (InterRAI) – Community Health Assessment (CHA) with its PSIT clients annually and after significant change in health. In 2016, PSIT workers initiated the use of a variety of rubrics developed in-house to assess clients' on-going progress with their goals. Rubric levels were meant to be updated each visit with the client and reviewed along with the client ISP every 3 months. These assessment procedures were implemented to collect information on changes in client status and progress.

Management from VCBIS sought the assistance of graduate students from the University of Ottawa Program Evaluation

diploma program to conduct an evaluation of the Personal Support/Independence Program (PSIT) from Sept. 2018 to April 2019. The purpose of this evaluation is to examine specific PSIT program service delivery methods, and to identify strengths and/or weaknesses in how the program is currently being implemented. The PSIT program is a core service for the VCBIS.

The evaluation approach was a process evaluation, wherein the focus was the activities and output portions of the PSIT program. There was a participatory approach in the evaluation where stakeholders were involved in the evaluation design, data collection, and an opportunity to comment on the interpretation of the evaluation analysis.

Evaluation Questions

The following evaluation questions were developed to assess the implementation of the PSIT program:

- 1) To what extent is information from the assessment tool (interRAI-CHA) being appropriately used to develop client Individual Support Plans (ISP) and assess on-going needs?
- 2) In what ways is there good alignment between the expectations outlined in the client's ISP and the reality of the PSIT service delivery method?

Methods

A mixed-methods approach was used, synthesizing both quantitative and qualitative data collected from multiple data sources of information to answer the evaluation questions. The following sources of data were used:

- Historical agency documents stored on the Sharepoint™ database were used to collect quantitative information on client demographics, results from client CHA and rubric scores, and client ISPs.
- An 18-item PSIT client feedback survey was developed and administered to collect quantitative and qualitative information regarding clients' experiences with the PSIT program.
- A brief multiple-choice PSIT worker survey was developed and conducted to gather quantitative and qualitative information regarding workers' experiences with using the CHA and rubrics in developing client ISPs.
- A focus group interview with 10 PSIT workers was conducted to gather qualitative information regarding workers' experiences with the PSIT program.

Conclusions

After collecting and analyzing the data, and verifying the findings with VCBIS management, the evaluators formulated the following conclusions.

When developing client ISPs, the PSIT workers incorporate both client goals and specific clinical assessment protocols (CAPS)

that are identified from implementing the CHA with clients, however the PSIT workers prioritize client goals. The majority of clients feel that their goals are incorporated into their ISP. The PSIT workers feel that rubrics are useful for measuring on-going progress in client's functional levels in well-defined tasks, but they identified problems with the number of different rubrics in use and the lack of standardization of rubric design and scoring among PSIT workers.

The PSIT workers have identified that the CHA has several weaknesses when implemented with this ABI population that limit how useful it is to assist in developing client ISP and measure outcomes. They feel that the CHA does not seem to be sensitive enough to measure changes in areas such as cognitive loss, which is key to ABI rehabilitation. The PSIT workers also expressed confusion regarding how certain CAPs "triggered" from the CHA, such as communication and cognitive loss, are to be addressed in clients' ISPs.

During the past two years, PSIT workers had been directed by management to review ISPs with clients every 3 months. The workers find that this is too short a time period to sufficiently measure progress with rubrics, especially when some clients receive visits once a month. The clients themselves do not feel the need to review their ISP this frequently either. This seems to be in part due to minimal progress apparent in this short time period. It would be more motivating for the client to see progress when reviewing their ISP, however

this tends to take more time in this population.

The intensity of service delivery (i.e., number of hours per week or month) allocation does not seem to have a consistent and goal-orientated method. Factors such as client's severity of injury or time since injury could be considered when determining service delivery.

Suggestions for Improvement

The following suggestions for areas that could be useful to examine further are based on the results of the evaluation and the evaluators' interactions with management and staff of VCBIS:

- 1) Consider additional training of PSIT workers on using the interRAI-CHA in more effective ways for their clients. There may be additional measures from the interRAI-CHA that would be useful in determining service delivery intensity and reassessment frequency, such as MAPLe and CHESS scores.
- 2) Review the CAPs commonly triggered by clients and provide more clarification and training among all PSIT workers on how they can most effectively address the CAPs in the client ISPs.
- 3) Form a small working group of PSIT workers to reduce the number of rubrics, standardize the level descriptions, and standardize scoring between workers to increase consistency and reliability.
- 4) Consider offering support groups for certain areas that show a frequent need for the PSIT clients and may be better addressed in a group setting, such as cooking.
- 5) Review ISP with client every 6 months. Report rubrics levels using most frequent and most recent observations.
- 6) Allocate hours of service in a consistent and goal oriented way. Clients on a path of independence maintenance meet less frequently with PSIT workers, while clients motivated to improve functional skills receive more hours more frequently.
- 7) Pilot test an alternative outcome measurement tool that has been developed for ABI population and is more sensitive to measuring critical areas such as cognitive loss. Ontario Neurotrauma Foundation has a list of recommendations in their document: *Clinical Practical Guideline for the Rehabilitation of Adults with Moderate to Severe TBI* (Ontario Neurotrauma Foundation, 2017)

