

## **Dissemination of Effective Rehabilitation Strategies for Traumatic Brain Injury, J Bogner, PI.**

**Background:** The Comparative Effectiveness of Rehabilitation Interventions for Traumatic Brain Injury study revealed the importance of the therapeutic approach used: increasing the proportion of treatment provided in the context of real-life activities (contextualized treatment) is associated with better outcomes. However, only 37% of treatment is contextualized. During early dissemination activities, dialogs with therapists from across the country indicated that the relatively low rate of use is due to multiple barriers: limited understanding of the differences between contextualized and decontextualized treatment, insufficient treatment planning time and inefficient documentation of contextualized treatments. Despite these barriers, stakeholders were eager to find ways to increase the use of contextualized treatment, and suggested specific tools to remedy the barriers. The proposed remedies need widespread dissemination to increase patient access to the most effective rehabilitation approaches.

**Proposed solution:** We will disseminate a package of informational messages and tools developed by clinical stakeholders. Some elements were previously generated by stakeholders on the study team. The package will be disseminated to stakeholders in 3 settings: academic medical center, rural medical center, and VA polytrauma rehabilitation center. These stakeholders will expand the package, design and participate in dissemination via channels that will reach colleagues nationally. The intensive stakeholder involvement ensures that messages and tools are clear, acceptable, relevant, and accessible to end users. Our confidence is supported by previous success with presentations of early findings to stakeholder organizations and by highly attended webinars (over 1500 connections made, with multiple attendees using a single connection).

**Objective and aims:** The objective is to educate rehabilitation team leaders and therapists to the evidence regarding an effective rehabilitation approach (i.e. contextualized treatment) and methods that can be used to facilitate uptake of the findings within their settings. We propose the following aims:

1. Engage and motivate clinical stakeholders by communicating the evidence and its nuances (e.g. who is most likely to benefit, strength of the evidence) via messages developed and conveyed by stakeholder "champions", presented in a manner that is understandable, acceptable, relevant and accessible.
2. Increase clinical stakeholder's ability to use the findings through the development and refinement of tools that can be used in three settings: VA polytrauma rehabilitation centers, academic/urban medical centers, and rural medical centers.
3. Reach clinical stakeholders distributed nationally through channels suggested by stakeholders, such as workshops, webinars, newsletters, and social media.

**Methods/activities:** Comparative Effectiveness of Rehabilitation Interventions for Traumatic Brain injury (PI: Jennifer Bogner, PhD) suggested that contextualized treatment can have a beneficial impact on outcome up to 1 year after discharge. Dissemination will proceed through stages: 1) the findings and a preliminary toolkit will be disseminated to rehabilitation teams in 3 settings; 2) stakeholders in these settings will assist with refining the messages and expanding the toolkit (e.g. adding documentation templates); 3) stakeholders will guide and participate in national dissemination of the package of messages and tools. The targeted stakeholders will include frontline rehabilitation therapists and their leaders. Therapists will be able to use the information to modify their treatment to maximize patient outcomes. The team leaders will learn what supports can be provided to encourage uptake. While not directly targeted, patients will benefit from the receipt of evidence-based practices.

**Projected outcomes:** The short-term outcome will be at the site level: increased knowledge and enthusiasm to use contextualized treatment among stakeholders at the participating sites. This outcome will be evaluated using pre/post surveys and interactive group sessions (50 stakeholders impacted). The medium-term outcome will be at the team leadership level: dissemination will enhance the knowledge and enthusiasm of team leaders distributed nationally to increase contextualized treatment at their facilities. This outcome will be measured by surveys (200 leaders directly impacted, with each leader indirectly impacting at least one team of therapists). The long-term outcome will be at the frontline therapist level: increasing the knowledge and enthusiasm of at least 1500 stakeholders, as measured by downloads of the materials, attendance, and surveys. Ultimately (post- project), we anticipate that the dissemination efforts will stimulate an increase in the amount of contextualized treatment being provided.

**Stakeholder involvement:** Stakeholders include occupational, physical, and speech therapists; therapy

managers; rehabilitation administrators; psychologists; and physicians/clinical team leads. Representative stakeholders from the original project team and conference attendees provided the input that shaped the contents of this LOI. Stakeholder involvement will continue to be instrumental to the proposed dissemination initiative. Meeting monthly with some work between calls, stakeholders from the participating sites (civilian and VA hospitals) will be asked to expand, test, and refine the messages and tools. They will help identify the best channels for disseminating to stakeholders nationally. Identified "champions" of the treatment approach will participate in dissemination efforts (e.g., presenting workshops/webinars). Stakeholders will also be asked to post their experiences with contextualized treatment on social media channels that they deem appropriate.