

The **ACTiveARM** Project:

Australian Constraint Therapy Implementation study of the ARM

A project funded by the NSW Health Translational Research Grant Scheme (TRGS)

**Implementation of sustainable publicly funded
constraint-induced movement therapy (CIMT)
in South Western Sydney Local Health District
(SWSLHD), Australia**

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Aim and Research Questions

Research Aim: To investigate the **impact** of an **implementation package** on **clinician behaviour** and **increase the number of CIMT programs delivered** over 2 years in SWSLHD

- Q1: Do rehabilitation teams deliver more CIMT programs after receiving a CIMT implementation package?
- Q2: Do stroke and brain injury survivors that complete a CIMT program achieve upper limb outcomes consistent with published outcomes?
- Q3: Can teams recruit sufficient patient participants to regularly provide CIMT?
- Q4: What is the cost of a 2-week CIMT program and district-wide implementation?



Methods

Design: Before-and-after design, with mixed methods

1. Audit & Feedback
(Target n= 20 files per team per timepoint)



2. Focus group Interviews
Barriers/Enablers to CIMT implementation with nine teams

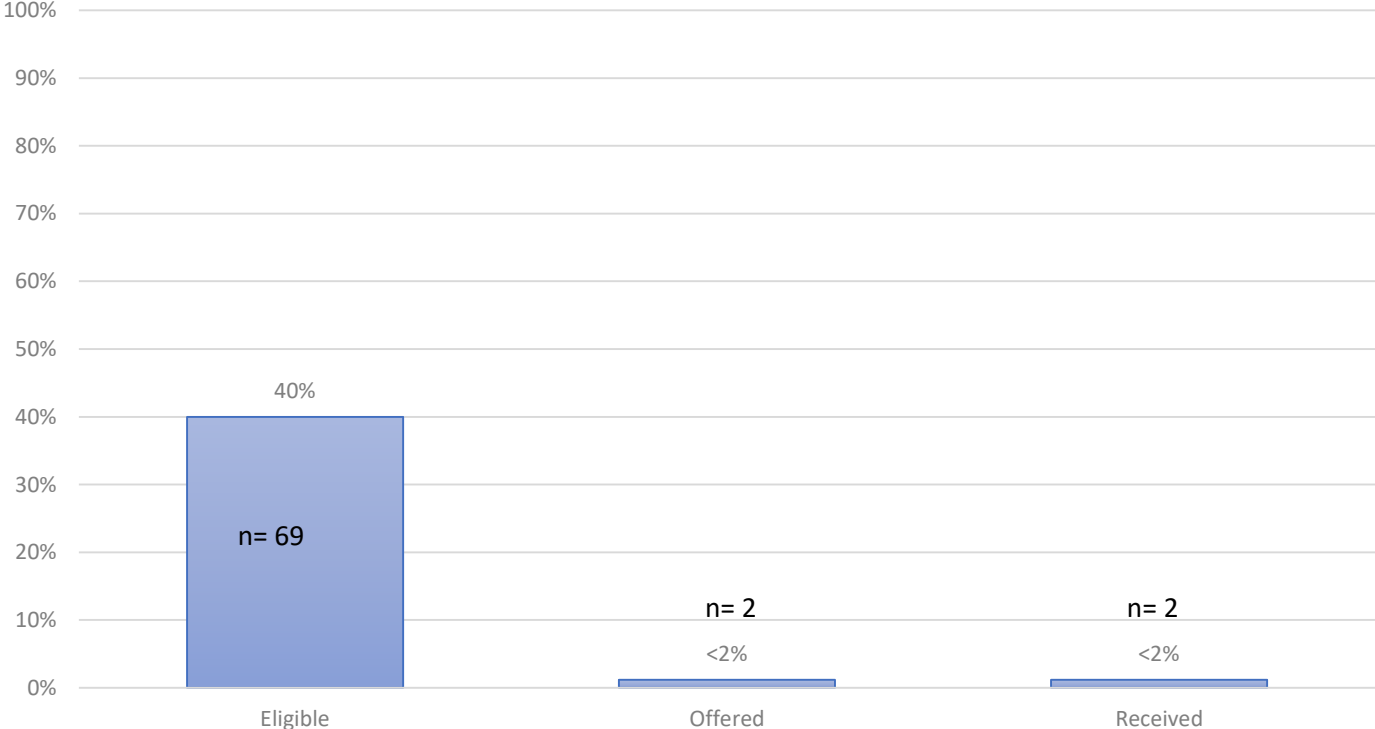


3. Delivery of CIMT Implementation Package
(including training)



Component 1: File audit outcomes: Baseline Timepoint 1 (October- December 2016)

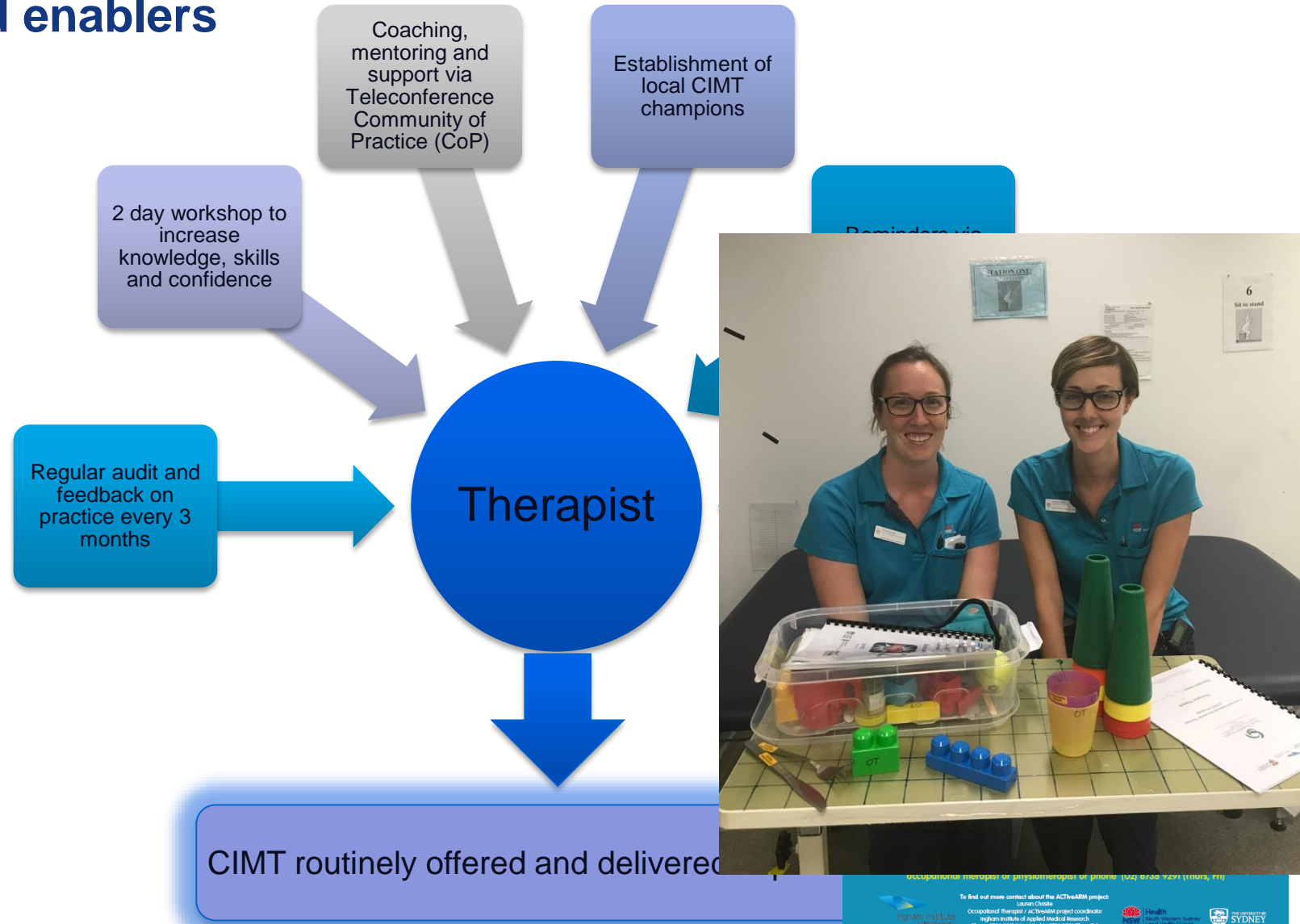
Proportion of baseline sample eligible for, offered and delivered a CIMT program (n= 172)



Component 2: Barriers and Enablers to CIMT Implementation



Intervention: Developing and delivering a behaviour change implementation package that targets barriers and enablers

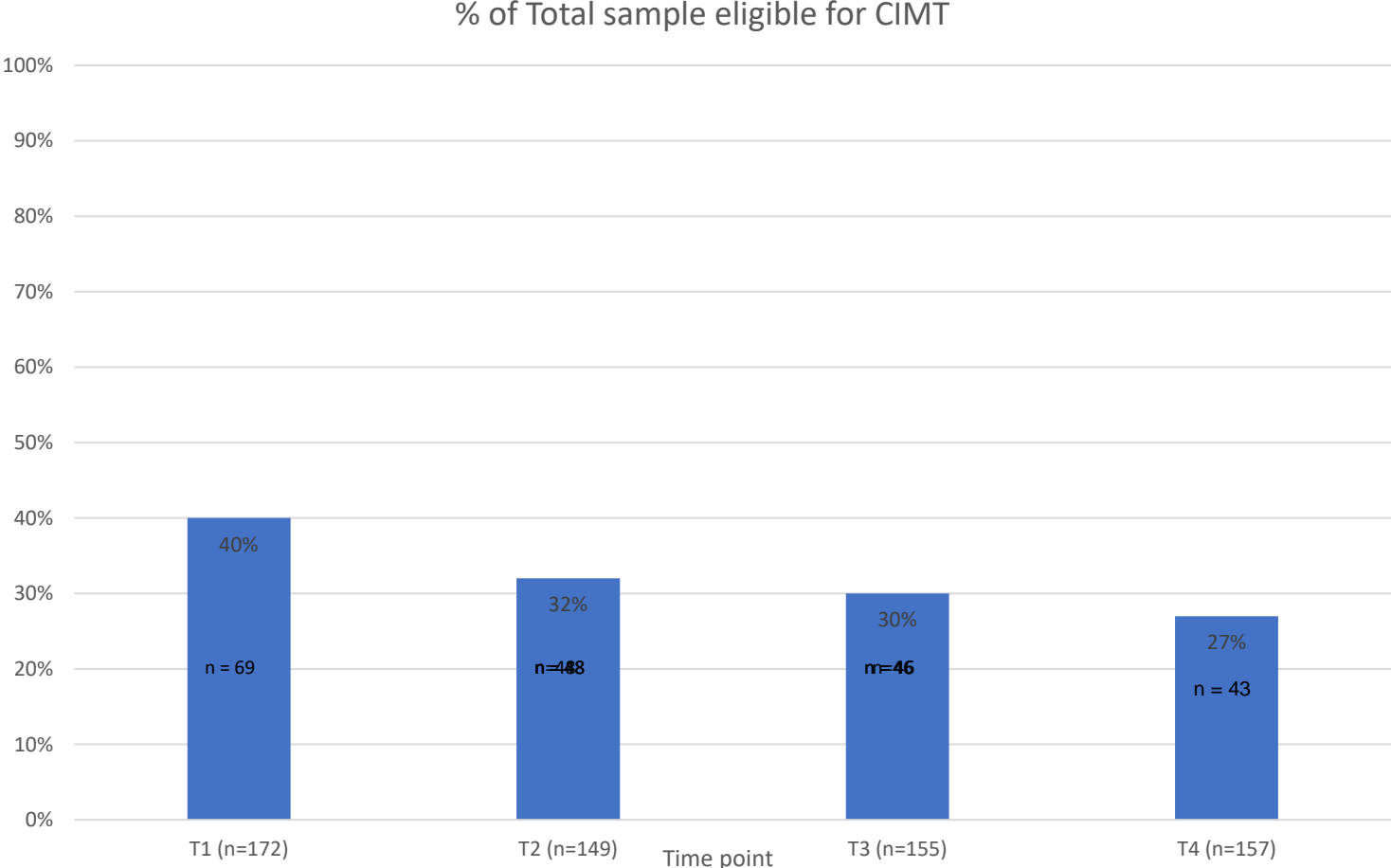


Component 3: Delivery of package and measurement of outcomes

Preliminary File Audit Outcomes: Demographics

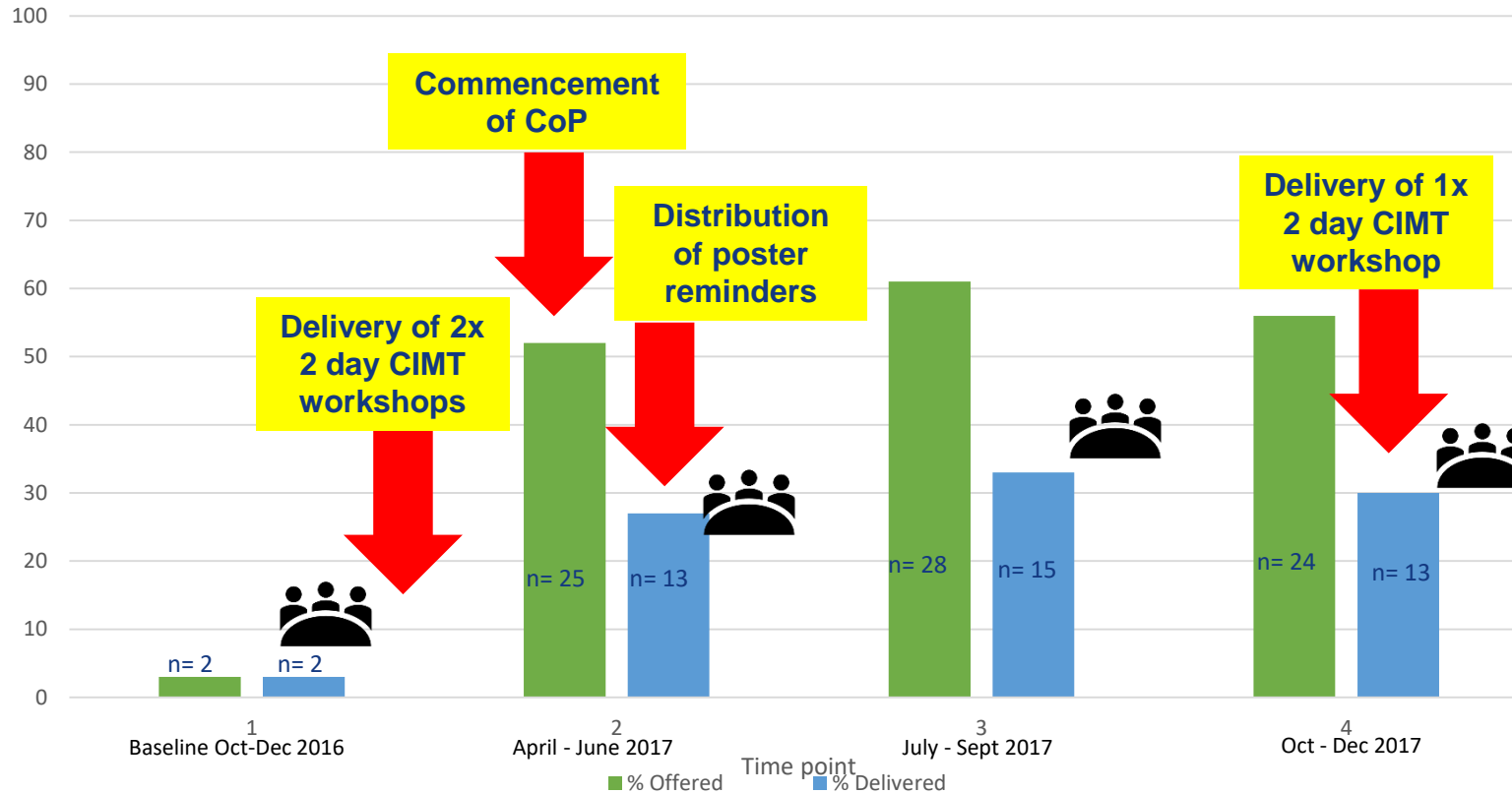
Characteristic			All teams (n=628) % (n)
Sex, % (n)	Male	Stroke	46.8% (294)
		TBI	15.6% (98)
	Female	Stroke	34.4%(216)
		TBI	3.2% (20)
Mean age (years)	Stroke		68 years (SD 15)
	TBI		37 years (SD 14)
Diagnosis, % (n)	Stroke		81.2% (510)
	TBI		18.8% (118)
Mean duration from neurological event to admission (days)	Inpatients	Stroke	12 days (27 SD) (range 0 - 255 days)
		TBI	120 days (421 SD) (range 0 - 3136 days)
	Outpatients	Stroke	599 days (1588 SD) (range 9 - 8911 days)
		TBI	2542 days (SD 3199) (range 47 – 16315 days)
Mean Modified Rankin Score (mRs) at admission (range 0- 5)	Inpatients	Stroke	4.2 (SD 0.7)
		TBI	4.3 (SD 0.7)
	Outpatients	Stroke	2.8 (SD 0.7)
		TBI	3.4 (SD 0.8)

Component 3: Preliminary File Audit Outcomes



Component 3: Preliminary File Audit Outcomes

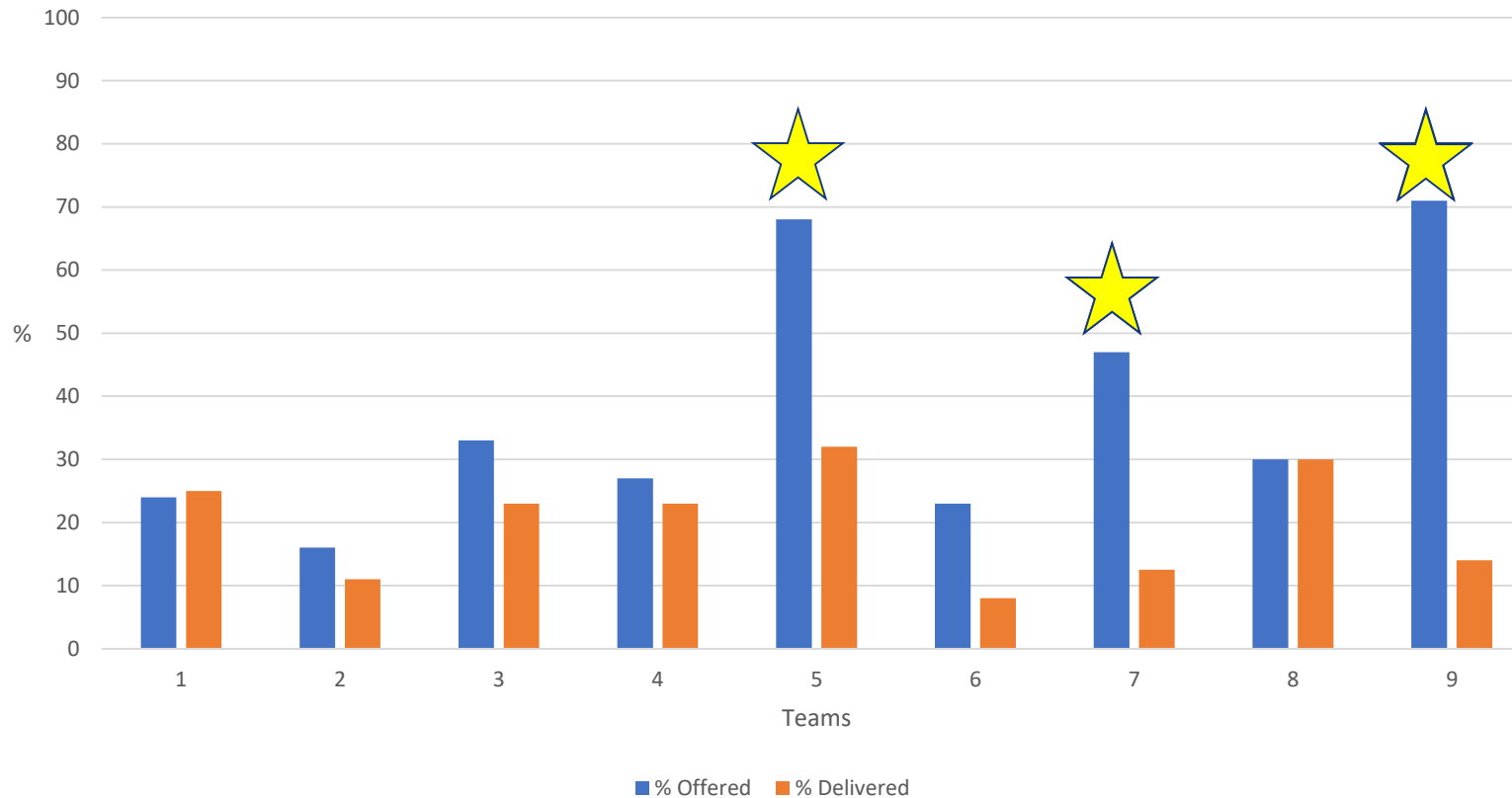
% of Eligible CIMT participants offered & delivered a CIMT program



= verbal and written feedback on audit results given

Component 3: Preliminary File Audit Outcomes

% of eligible people for CIMT that were offered and delivered a program over 12 months by team



Conclusions and future directions



- Due to commence timepoint 4 file audits this week (Jan-March 2018)
- Recently provided 4th CIMT workshop at request of teams
- Successful implementation of CIMT in public health practice is **multifaceted**
- Importance of a **multidisciplinary team approach** highlighted and **leadership/organisational support**
- Finding used to **inform the development and delivery** of an **implementation package** for CIMT translation in South Western Sydney, The ACTiveARM project



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Key references

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