O64 Implementing SCI-QOL into Canadian spinal cord injury rehabilitation: Results and insights

Sara Ahmed[1,2], Ben Mortenson[3], Dalton Wolfe[4], David Tulsky[5], Rania Soleiman[1], Vanessa Noonan[6], Richard Riopelle[1], Diana Zidarov[7], Susan Bartlett[1,8]

[1]McGill University, Montreal, Canada. [2]Research Institute - McGill University Health Centre, Montreal, Canada. [3]GF Strong Rehabilitation Institute, Vancouver, Canada. [4]Lawson Health Research Institute, London, Canada. [5]University of Delaware, Newark, USA. [6]Praxis Spinal Cord Institute, Vancouver, Canada. [7]University of Montreal, Montreal, Canada. [8]Research Institute - McGill University Health Centre, Montreal, Canada

Objective: Integrating patient-reported outcome measures (PROMs) into spinal cord injury (SCI) rehabilitation can potentially enhance patient-centred care by capturing valued outcomes. We implemented a core set of SCI-QOL computerized adaptive tests (CATs) using *AboutMe™*, an electronic platform delivering real-time scoring and feedback tailored to patient and clinician needs. This study describes the co-creation of the implementation plan with clinicians and patients at three Canadian rehabilitation settings and evaluated the feasibility and acceptability of integrating PROM CATs into SCI care.

Methods: Using an iterative approach, we designed an implementation plan to integrate SCI-QOL CATs into clinical workflows at each site. A focus group with clinicians and interviews with patients provided insights on feasibility, acceptability, and impact. Thematic analysis was guided by the Consolidated Framework for Implementation Research.

Results: The final SCI *AboutMe* module included a screening form to assess clinical and sociodemographic characteristics and inform core PROMs and additional domains selected by clinicians. Implementation varied across sites, from one site opting out to full integration in a large outpatient SCI setting with PROM results directly linked to the EMR.

Four clinicians (focus group) and 15 patients (interviews) provided feedback about their experiences: 1) Feasibility—the consent process was burdensome, delayed administrations limited treatment planning, and some patients struggled with technology. Clinicians found the multi-step process frustrating due to technical challenges and redundant items; 2) Impact on care—ePROMs efficiently identified concerns, provided objective measures of patient experiences, and contrasted mental and physical health domains. Interim administration helped to flag symptom changes (e.g., depression) to support early intervention.

Conclusions: In rehabilitation settings, SCI-QOL CAT implementation using *AboutMe* has the potential to improve patient engagement and communication but presents integration and accessibility challenges. Future efforts will refine feedback processes, optimize domain/item selection, and enhance usability.