



## Consciousness Prognostication & Recovery Consortium Identity Document

### Mission:

To advance consciousness prognostication and recovery (CPR) care for patients with disorders of consciousness (DoC) globally, through coordinated efforts locally.

### Who is the consortium intended for?

The consortium is intended for providers dedicated to improving CPR care at their local institution. Improvement efforts may include developing, or contributing to, a specialized CPR program at their local institution. Providers may include, but are not limited to, physicians, nurses, advanced practice providers, physical therapists, occupational therapists, speech language pathologists, social workers/discharge planning professionals, and neuropsychologists.

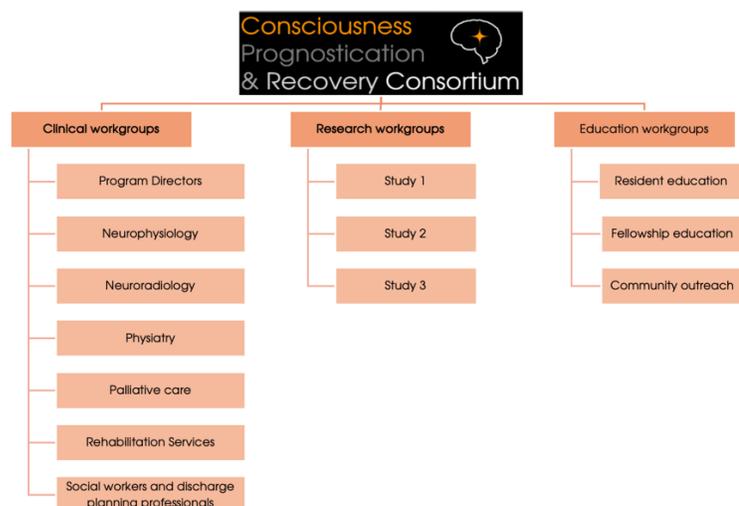
### What constitutes a specialized CPR program?

A specialized CPR program (A) is led by one or more directors, and (B) provides resources specifically designed to support patients with DoC, typically including one or more of the following:

- Specialized inpatient consultation
- Standardized, evidence-based practices
- Multidisciplinary collaboration
- Longitudinal care
- Clinical translation of emerging techniques
- Research
- Trainee education

### How is the consortium organized?

The consortium is a multidisciplinary network of providers that meets collectively to address CPR topics of broad, practical relevance. The consortium is additionally subdivided into clinical, research, and education workgroups, which allow providers to meet in smaller teams to discuss specific topics and execute targeted initiatives related to CPR. Clinical workgroups are divided based on specialty, research workgroups by project, and education workgroups by target audience. The number, focus and composition of workgroups will vary depending on interest, relevance and membership.





### **What are the consortium's goals?**

- To establish CPR as a specialized, multidisciplinary field of care
- To promote the delivery of excellent CPR care
- To advance the future of CPR care through education and research

### **What are the consortium's strategies?**

- Build a community of CPR providers united by shared interests and goals
- Collectively exchange CPR-related experiences, knowledge, and resources
- Coordinate local CPR care to facilitate standardized, evidence-based practices and multi-center research

### **What are the consortium's tactics?**

- Ongoing
  - Quarterly virtual meetings with associated speaker series
  - In-person meetings at the Neurocritical Care Society Conference
  - Partnerships with established organizations
  - Advertising through conferences, publications, and surveys
  - Establish workgroups
- Short-term (1-5 years)
  - Research project to study existing neuroprognostication practices
  - Research project to study expertise among consortium members
  - Apply for PCORI funding to study implementation of specialized CPR programs
  - Establish a CPR fellowship program
  - Receive guidance from patient and family survivors of DoC
  - Launch multi-center registry
- Medium-term (~5 years)
  - Organize CPR conference
  - Establish network of CPR fellowship programs
  - Multi-center diagnostic and prognostic studies
- Long-term (~10 years)
  - Multi-center therapeutic trials
  - Seek ACGME accreditation for CPR fellowships

### **How do the consortium's efforts relate to other organizational efforts?**

Organizations such as the Neurocritical Care Society's Curing Coma Campaign and the International Brain Injury Association share similar objectives to improve care for patients with DoC. The consortium's efforts are distinguished by a focus on grassroots strategies – to advance clinical care, research and education through an inclusive network of local, specialized programs. The consortium's efforts are intended to synergize with those of other organizations, and to serve as a conduit through which initiatives can be disseminated and data can be collected. In service of optimizing reach and inclusivity, the consortium seeks to partner with aligned organizations whenever feasible.