

stimulating
system change
to improve
outcomes
annual report 2012-2013

Toronto **abi** Network



a message from the chair and executive director

The demand for inpatient, outpatient and community-based services for people with brain injuries continues to grow. And with it, the mounting pressure to further improve access to services.

Over the past four years, the total number of referrals received by the Toronto Acquired Brain Injury (ABI) Network has increased by a resounding 49 per cent. The greatest demand for services has been in inpatient rehabilitation where we have seen a 63 per cent increase in referrals since 2009. It is here where many of those who have sustained a brain injury start their road to 'recovery'. While the average wait time for accessing inpatient rehabilitation decreased in 2012, there is still much work to be done.

Building on the system-wide analysis of ABI services launched last year, the Network is working with partners to identify the changes that are needed at a system level to improve access to inpatient ABI rehabilitation programs. An ABI referral pilot launched last fall demonstrated process improvements which resulted in reduced wait times and response times. Implemented as accepted practice, the enhanced referral process is saving bed days and improving the flow of patients between acute care and rehabilitation hospitals.

Among the most vulnerable of the ABI populations are those with complex service needs who may require support for the brain injury as well as other co-existing issues such as mental health, addictions, and justice issues. To better identify and support their needs, the Network is building on its previous work in this area by co-chairing a sub-committee together with the Centre for Addiction and Mental Health that is exploring opportunities to enhance service capacity.

Knowledge exchange and ongoing education continue to remain a significant focus of the Toronto ABI Network as catalysts for system change. This year we reached out to the primary care community, health care professionals and researchers, and individuals living with the effects of ABI through our bi-annual conference and a dedicated forum for family physicians.

In this year's report we take a closer look at some of these initiatives and how the Network is engaging with members and partners to help improve the lives of those living with the effects of ABI. Thank you to all our members for your continued support and involvement in the Network. It is only as a collective voice for ABI that we are able to advocate effectively for system changes that have a measurable positive impact.

Malcolm Moffat, Chair
Charissa Levy, Executive Director

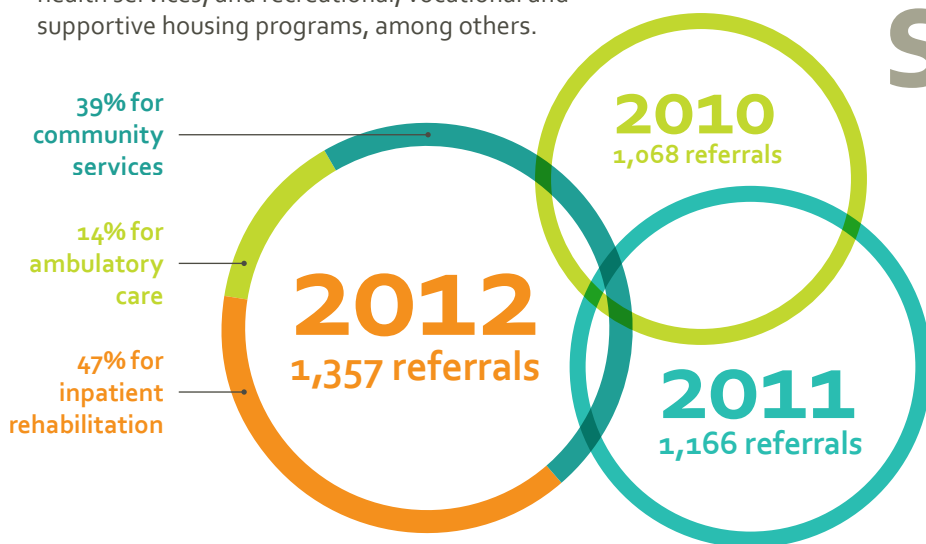


connecting people to services

As a recognized voice for ABI, the Toronto ABI Network provides an important forum for individuals, families, service providers and government to maintain an ongoing dialogue about the services and supports needed for those living with the effects of acquired and traumatic brain injuries.

The Toronto ABI Network manages a centralized wait list for inpatient ABI rehabilitation programs across Toronto and coordinates referrals to a variety of other community based services including outpatient rehabilitation, community based supports, mental health services, and recreational, vocational and supportive housing programs, among others.

One of the Network's most important roles is connecting people with the services they need within a system that is working to catch up to meet the growing demand. Ensuring timely and equitable access to services is critical.



since 2009

there has been a **63%** increase in referrals to inpatient rehabilitation

the total number of referrals has increased by **49%**

there has been a **38%** increase in referrals for community/outpatient services

Data reflects referrals received by the Toronto ABI Network only and is not an indication of incidence or prevalence data. Referrals received for more than one service are counted for each service type.

improving access



Advocating for improved access

An enhanced model for improving referrals to inpatient rehabilitation programs has proven so successful that the model has now been implemented as accepted practice.

Piloted with the inpatient rehabilitation programs at Toronto Rehab/University Health Network, West Park Healthcare Centre and Bridgepoint Active Healthcare in the fall of 2012, the ABI referral process involved a change that meant rehab ready patients in acute care hospitals were referred to all three inpatient rehabilitation programs rather than

only one, as was current practice. This increased a patient's odds of being accepted to a program sooner rather than later.

The enhanced process appears to be more efficient, enhancing the flow of patients from acute care to inpatient rehabilitation and saving bed days. The average wait time was much lower in 2012 than in the previous year overall and the process was well received by all participating hospitals. The Network continues to monitor the impact of the improved referral process including tracking bed capacity across programs, response and decision times, wait times, and alternate level of care (ALC) days.

to care



Making the move towards standardized inpatient care

In 2011/12, the Toronto ABI Network formed an ABI System Analysis Task Group to initiate a focused and comprehensive Toronto planning strategy for ABI services. The group includes representatives from across hospitals that admit ABI patients for rehabilitation.

The mandate of the task group is to identify the system changes required to enhance access to inpatient ABI rehabilitation programs and align programs with standards of care. According to an analysis of provincial-wide data, Toronto programs admit almost twice as many traumatic brain injury patients across most rehabilitation patient groups (RPGs) than other Ontario regional centres.

With the needs of individuals outweighing existing services and support, this initiative will provide an important framework for future system planning and inform our enhanced advocacy efforts. Our analysis to date clearly demonstrates that services and systems are not coordinated to provide the appropriate mix of support needed to address ABI patients with complex needs. The task group's goal is to move towards a best practice model where each rehabilitation program has the capacity to address a mix of patient needs, including the most complex. Next steps include the development of a system-wide proposal for clinical services realignment across inpatient ABI rehabilitation programs that is informed by evidence-based practices and builds a case for change.



Addressing the needs of people living with complex ABI

The recovery period following a brain injury is often a long and difficult journey, but for those living with both an ABI and co-existing mental health, addictions and/or justice issues, the road to recovery can be exceptionally challenging.

As a member of the Human Services and Justice Coordinating Committee (HSJCC), the Toronto ABI Network has partnered with representatives from the ABI, dual diagnosis, developmental disabilities, and mental health and addiction sectors to explore ways to better support individuals with complex ABI and mental health or other issues.

First steps for the ABI Complex Committee included developing a common definition for individuals with complex ABI. Working with members of the HSJCC, court diversion programs and community service providers, the committee is exploring how it can begin to track individuals with ABI and mental health or addiction issues who are homeless or at risk for becoming homeless.

This will be further explored in 2013 at an ABI mental health forum that will bring service providers together to share information across sectors and profile learnings and opportunities from collaborations to date. Over the long-term, the group will assess how services between the ABI, mental health, justice and addictions sectors can be better coordinated and aligned to more adequately address the needs of this population.



Evaluating access to concussion care in Ontario

According to an evaluation on the current status of concussion care in Ontario, almost one million Ontario residents were diagnosed with a concussion between 2008-2011.

This is just one of the many findings highlighted in a study conducted by the Network in collaboration with Toronto Rehab/UHN. This work was initiated by the Concussion/mTBI Strategy and the Ontario Neurotrauma Foundation (ONF).

This has been a hot topic in recent years given the increasing number of concussions being reported across the province. Other key findings:

- » Children had the highest incidence of concussion and the greatest wait time to see a specialist for post-concussion treatment.
- » Patients are more likely to be referred to a specialist by their family physician versus an emergency room physician.
- » Most LHINs don't have a sufficient number of concussion clinics to serve their population.
- » The greatest number of concussions was sustained in the summer, likely due to increased sports participation and seasonal recreational activities.
- » The project built on earlier work done by ONF in 2011 and evaluated OHIP data made available through Institute for Clinical Evaluative Sciences (ICES) to identify family physician and paediatric visits due to concussion.

building capacity in the community

Fostering system change through education

One of the most effective means the Toronto ABI Network has at its disposal for fostering change is through education. Sharing the expertise and insights of the Network, along with that of others within the ABI community, charts a course for enhancing broader system awareness and understanding, improving the identification, treatment and management of ABI, and opening doors to new opportunities to collaborate and stimulate change. Over the past year, the Network hosted two highly successful education events:

Bi-Annual ABI Network Conference

Attracting more than 470 attendees from across the province and beyond, the bi-annual conference featured two days of stimulating and inspiring workshops and presentations by leading ABI researchers, providers, advocates and individuals living with the effects of ABI. The Network is grateful to the many sponsors whose support helps make this event possible.

Family Medicine Forum

Family physicians play a critical role in supporting patients with brain injuries and are often the first point of contact within the health system for those presenting with concussions. With over 200 delegates in attendance, this half day workshop featured three Toronto experts in the field of brain injury: Dr. Nora Cullen (West Park Healthcare Centre), Dr. Chanth Seyone (Toronto Western Hospital/UHN) and Dr. Vanita Gopal (family physician). The speakers explored the challenges faced by family physicians in identifying and managing the difficult physical, cognitive and emotional issues that patients often face following a brain injury and provided in-depth insight into diagnosing and treating concussions.

improving outcomes through collaboration

Members of the Toronto ABI Network

Acute Care

Mackenzie Health
St. Michael's
Sunnybrook Health Sciences Centre
Trillium Health Partners
University Health Network

Inpatient & Day Hospital Rehabilitation

Baycrest
Bridgepoint Active Healthcare
Holland Bloorview Kids
Rehabilitation Hospital
St. John's Rehab Hospital/
Sunnybrook Health Sciences Centre
Toronto Rehab/University Health
Network
West Park Healthcare Centre

Community Service & Support

Central Community Care Access
Centre
Community Head Injury Resource
Services
COTA Health
Peel Halton Dufferin Acquired Brain
Injury Services
Toronto Central Community Care
Access Centre

Advocacy/Other (ex officio)

Brain Injury Association of Durham
Region
Brain Injury Society of Toronto
Ontario Neurotrauma Foundation
University of Toronto

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