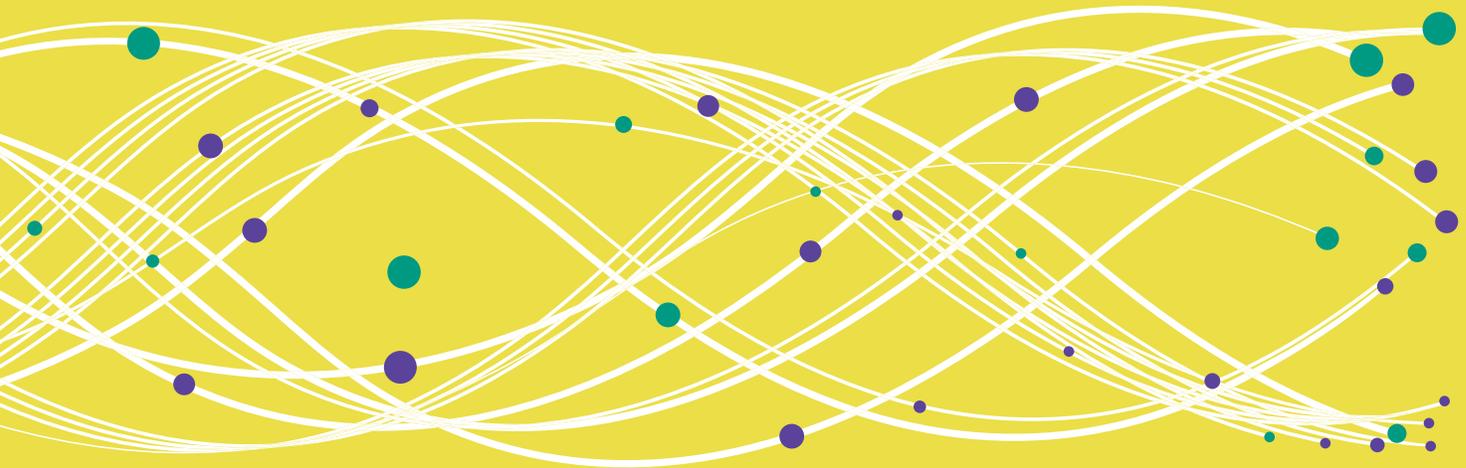


# Building Capacity for Acquired Brain Injury

Annual Report 2009 - 2010



Toronto

**Acquired  
Brain Injury**  
Network



## EDUCATING FAMILY PHYSICIANS

Family physicians are often the primary caregiver for individuals with acquired brain injury. But few physicians have training or experience in managing brain injury.

To address this, the Network brought together neuropsychiatrists from across Toronto to develop a half-day workshop for family physicians, community psychiatrists and family medicine residents.

The workshop was designed to enhance knowledge in the assessment and management of ABI and to introduce community-based physicians to issues associated with caring for people with ABI.

## MESSAGE FROM THE CHAIR AND EXECUTIVE DIRECTOR

A brain injury can be devastating—dramatically changing the lives of individuals and their families.

But, brain injuries are often not identified. Medical and support services are frequently difficult to access. Individuals and families struggle to cope.

At the Toronto Acquired Brain Injury Network, we believe building capacity will help.

### Building capacity among health care providers

We're working with health care professionals, physicians, community service providers and others to increase their ability to recognize, assess and support people with acquired brain injury (ABI).

This past year, we developed a workshop for family physicians, community psychiatrists and family medicine residents to expand the number of physicians able to care for people with ABI. We joined with long-term care partners to begin developing a new training program on ABI for personal support workers. And, we began working with mental health providers to address the needs of individuals with brain injury and mental health issues.

### Building capacity within the system

We're also addressing capacity issues at a system level.

The Toronto Acquired Brain Injury Network is a recognized leader in the field of ABI, providing support for system-level planning and advocating for individuals affected by ABI.

This past year, we leveraged the opportunity provided by new ABI funding from the Ministry of Health and Long-Term Care to raise the profile of ABI and influence planning decisions. We met with the five Local Health Integration Networks (LHINs) in the Greater Toronto Area—advancing the case for collaboration and inter-LHIN planning for this specialty population.

We also brought our membership together in a forum with senior planners from the Central and Toronto Central LHINs to discuss issues, gaps and needs and to assist the LHINs in identifying priorities for the new funding. This work had significant impact on the subsequent calls for proposals and funding priorities.

The Network also played a key role in an Ontario Neurotrauma Foundation project to analyze the scope and nature of ABI services across the province. The data will provide valuable information to guide planning and service.

### A strong collective voice for ABI

In the current environment of limited health care resources, it will take leadership, innovative strategies and successful partnerships to maintain and improve access to high quality, publicly-funded ABI services and support.

The Toronto Acquired Brain Injury Network excels at all three—providing a strong, collective voice for providers across the health care and social services continuum. With the support of our members, we will continue to raise that voice to support people living with the effects of ABI.

**Malcolm Moffat, Chair**

**Charissa Levy, Executive Director**

## BUILDING ABI CAPACITY IN LONG-TERM CARE

The Network continues to expand ABI knowledge across the care continuum with a new initiative for personal support workers (PSWs) in long-term care homes.

This past year, the Network began working with Toronto Rehab and long-term care partners to develop a four-day program to enhance the ability of long-term care homes to accommodate residents with ABI. The program will combine in-class learning with bedside training and provide PSWs with knowledge, tools and strategies to support individuals with ABI and their families.

The program, which is funded by the Central West LHIN, will be delivered in long-term care homes this coming fall.

## IMPROVING ACCESS TO MENTAL HEALTH SERVICES

For people with both ABI and mental health issues, care is often fragmented.

The Network is working with partners in the mental health sector and the community to change that.

The Network is active with members of the Human Services Justice Coordinating Committee, a regional collaboration focused on the intersection of mental health issues with the justice system.

This past year, the Committee established a task group on mental health issues within the ABI community. The group is currently identifying issues and complementary initiatives.

The Network also continued to disseminate educational materials on ABI and substance abuse with funding from the Toronto Central and Central LHINs.

## SUPPORTING FAMILY CAREGIVERS

Brain injuries affect the lives of individuals, but they can also dramatically impact families. Family members may suddenly find themselves in the role of caregiver. Relationships are altered. Lives are changed.

This past year, the Network held two workshops for family caregivers to assist in this transition. The workshops provided education and facilitated discussions on issues such as coping with physical and cognitive changes caused by brain injury, managing stress, post-injury relationship changes and self-care for the caregiver.

The workshops were funded by the Toronto Central and Central LHINs. Two more are planned for the coming year.

### Helping health professionals to support families

Families were also the focus of a two-day workshop held this past year for social workers, psychologists and rehabilitation counsellors.

Co-sponsored with Holland Bloorview Kids Rehabilitation Hospital and Virginia Commonwealth University Medical Center, the workshop provided health professionals with a model of education and psychosocial support to help families of adolescents who have sustained a brain injury.

## BUILDING EXPERTISE IN THE ABI COMMUNITY

Knowledge exchange is critical to ensure high quality care and services for people with ABI. The Network facilitates the sharing of new research and best practices through its bi-annual conference—a national event for ABI researchers and service providers from the medical, rehabilitation, social services, vocational and legal sectors. More than 400 participants from across the country are expected to attend the 2010 conference.

## ENSURING EQUITABLE ACCESS

While the Network works to build ABI capacity, it also continues to ensure equitable and timely access to services by:

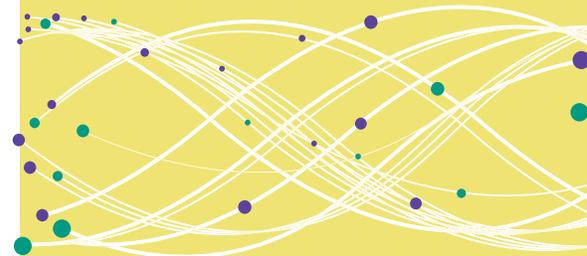
- **Managing a centralized wait list** for specialized inpatient ABI programs in Toronto.
- **Facilitating referrals to outpatient rehabilitation and community services.** Physicians and health care professionals can make one referral for a client and the Network will facilitate multiple referrals on the individual's behalf.
- **Providing a central information source** for individuals with ABI and their families—helping them to find and access health care and social services.

The Network is a critical and highly utilized resource for the ABI and healthcare community. This past year, it handled over 900 referrals, and facilitated many more requests for information from health professionals, individuals with ABI and their families.

## IDENTIFYING AND ADDRESSING BARRIERS

The Network's system-level perspective allows it to identify and address issues that limit access and impede smooth transitions. One such issue is the use of observers by acute care hospitals to reduce falls and injuries among ABI patients. The practice causes delays because rehabilitation hospitals cannot accept patients who require observers.

This past year, the Network initiated a pilot project in which rehabilitation hospitals accept these patients and share the cost of observers with acute care. The pilot will determine whether this approach improves patient flow and reduces overall costs.



## MEMBER ORGANIZATIONS OF THE TORONTO ACQUIRED BRAIN INJURY NETWORK

### Acute Care

St. Michael's  
Sunnybrook Health Sciences Centre  
Trillium Health Centre  
University Health Network  
York Central Hospital

### Inpatient & Day Hospital Rehabilitation

Baycrest  
Bridgepoint Health  
Holland Bloorview Kids Rehabilitation Hospital  
St. John's Rehab Hospital  
Toronto Rehab  
West Park Healthcare Centre

### Community Service and Support

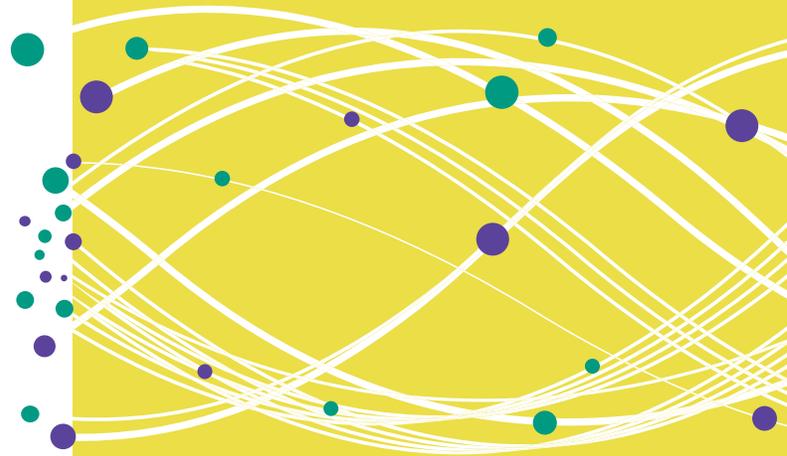
Central Community Care Access Centre  
Community Head Injury Resource Services (CHIRS)  
COTA Health  
Peel Halton Acquired Brain Injury Services  
Toronto Central Community Care Access Centre

### Advocacy/Other (ex officio)

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

Toronto

Acquired  
Brain Injury  
Network



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