

an

annual report

improving

access 2011/12

improving

care

a message from the chair and executive director



More than 18,000 Ontarians will suffer a brain injury this year.

For many, the injury will be life changing. And access to high quality services and support will be critical as they rebuild their health and their lives.

The Toronto Acquired Brain Injury (ABI) Network works to ensure those services are available—now and into the future.

In this report, you'll read about our growing referral service, our contribution to reducing long waits in Alternate Level of Care (ALC) beds and our work to improve access to mental health services for individuals with ABI.

We're also embarking on a system-wide analysis of ABI services, an initiative that will provide an important framework for future system planning and inform our enhanced advocacy efforts on behalf of the community we serve.

In all of these efforts, we rely on our members and partners and the expertise and commitment they bring to the table. Together, we can improve the lives of those living with the effects of ABI.

Malcolm Moffat, Chair
Charissa Levy, Executive Director

NEW LOOK, NEW WEBSITE

The Toronto ABI Network recently updated its logo and enhanced its website to better meet the needs of the ABI community.

The redesigned site includes new and refreshed content, organized for easy access by patients, families and professionals.

Visit us at www.abinetwork.ca



connecting people to services

Specialized services for individuals with ABI are limited—so ensuring equitable and timely access is critical.

The Toronto ABI Network manages a single wait list for inpatient ABI rehabilitation programs in the Greater Toronto Area and coordinates referrals to outpatient rehabilitation, mental health services, and recreational, vocational and supportive housing programs, among others.

It's a vital service for individuals with ABI and the professionals who provide them with care and support. And the demand continues to grow.

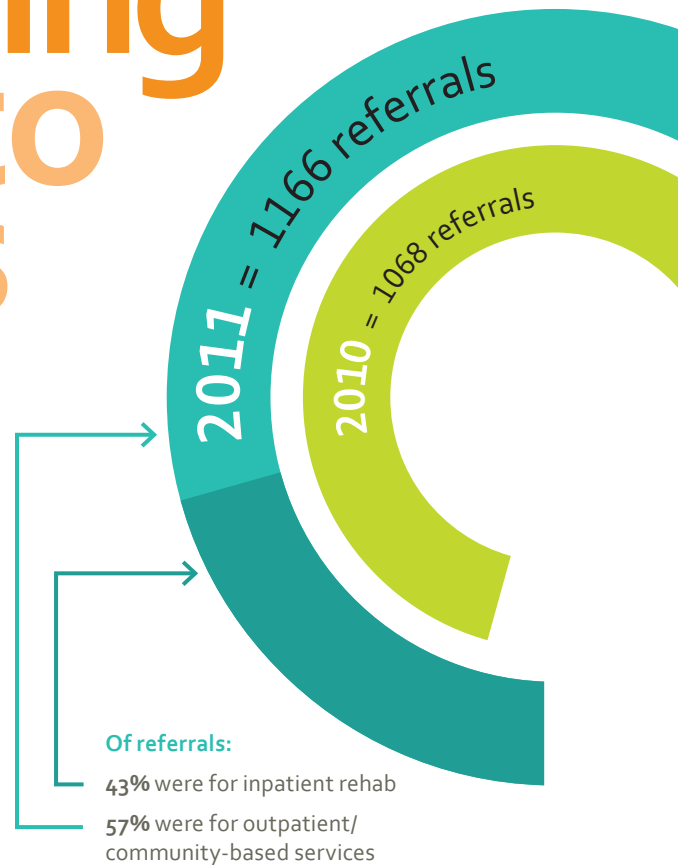
Since 2008, there has been a:

53%

increase in referrals for outpatient/community-based services

27%

increase in referrals to inpatient rehab



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.

a recognized voice for abi

Planning for improved services

The needs of individuals with acquired brain injury significantly outweigh existing services and support. Individuals spend months and years on waiting lists for services such as community-based supports and supportive housing. But there is currently no coordinated provincial or GTA strategy to plan for improved ABI services.

This past year, the Toronto ABI Network formed an ABI System Analysis Task Group to initiate a focused and comprehensive planning strategy. The group, which includes representatives from across the ABI community, is currently focused on establishing shared concerns and a unified message. Next steps include identifying opportunities that are aligned with the priorities and planning cycle of the LHINs in order to strengthen planning efforts and build a sustained profile for ABI among policy-makers.

Raising the alarm on auto insurance changes

The Network continues its advocacy on revisions to Ontario's auto insurance legislation. This past year, the Network joined others in the ABI community to argue against proposed revisions to the definition of catastrophic injury that will reduce the benefits individuals can access after a car crash.

The Network participated in the government's consultation process, expressing concern that individuals with ABI will no longer have access to the services they need, resulting in increased demand on an already overburdened public system.

The Network also hosted a consultation with acute care, rehabilitation and CCAC providers and representatives from the Alliance of Community Medical and Rehabilitation Providers to discuss the proposed changes and their impact.

The field of ABI is thirsty for advocacy—and the Network has real strength in the service delivery arena. They see what's going on in the system. They network with all of the organizations providing services. And they provide an important forum for issues to be discussed and their impact articulated.

Corinne Kagan | Senior Program Director, ABI | Ontario Neurotrauma Foundation

improving access improving care

Reducing
ALC days
through
earlier
referrals

Addressing
access
across the
continuum

Improving
flow between
hospitals and
community

Addressing
barriers to
access

Building
bridges
between ABI
and mental
health

building ABI capacity in the community

The Toronto ABI Network facilitates the education of health professionals to help them to identify, treat and manage ABI.

This past fall, the Network delivered another of its popular three-day training workshops on psychosocial support for families of individuals with ABI. The event drew social workers, psychologists, case managers and occupational therapists from as far away as Alberta, Saskatchewan and Sweden.

The workshop, which was delivered in collaboration with Holland Bloorview Kids Rehabilitation Hospital and Virginia Commonwealth University Medical Center, included a focus on complex family situations and an advanced stream for previously trained individuals.

“ Early referral has really achieved the goal of getting the patient the right level of care at the right time—and it allows us to free up acute care beds in a more timely fashion. I think it could be a model for other rehab populations. ”

Debra Carew | Operations Director, Trauma, Emergency, Critical Care and Patient Flow
Sunnybrook Health Sciences Centre

Reducing ALC days through earlier referrals

A successful Network initiative to reduce ALC days is changing practice across the GTA and improving access to rehabilitation for individuals with ABI.

Previously, acute care hospitals sent referrals for inpatient rehabilitation when, or after, a patient was considered rehab ready. A Network demonstration project with the trauma and neurosurgery units at St. Michael's, Sunnybrook Health Sciences Centre and Toronto Western Hospital tested the feasibility and impact of a streamlined referral at 14 days post injury.

The results were impressive: the mean number of days from date of injury to date of transfer was reduced by five days; and the number of ALC days in acute care was five days lower than patients referred through the standard referral process. The Network worked with hospitals across the GTA to implement early referral as a standard practice this past year.

Addressing access across the continuum

Individuals with acquired brain injury face longer wait times for inpatient rehabilitation than almost all other rehabilitation populations. And individuals with complex needs have significant challenges accessing ABI services across the continuum. This year, the Toronto ABI Network began a system-wide analysis to identify opportunities to improve patient flow, enhance access to ABI rehabilitation, and decrease the variability of resources across the system.

The Network will conduct surveys of providers and review data from the Canadian Institute for Health Information's Discharge Abstract Database (DAD), the National Rehabilitation Reporting System (NRS), and the Network's own database. The analysis, to be completed in the coming year, will assess: resources available across inpatient and outpatient ABI rehabilitation; access to rehabilitation relative to the complexity of the patient's profile; and rehabilitation outcomes (e.g., FIM score, average length of stay and discharge destination.)

Improving flow between hospitals & community

Confusion about services for patients with ABI has resulted in underutilization of some community services and concern that ABI clients are not always placed in the right programs.

This past year, the Network brought together acute care, rehabilitation and community-based partners to identify ways to improve flow between hospital and community. Working with hospitals and CCACs, the Network helped to clarify the referral and intake process for ABI CCAC referrals. Efforts continue to ensure all ABI clients are clearly identified in the referral process and linked to appropriate community resources.

Addressing barriers to access

Acute care hospitals use observers to reduce falls and injuries among ABI patients. But the practice can delay or prevent access to rehabilitation; rehabilitation hospitals can't accept patients who require observers.

The Toronto ABI Network is working with its members on a pilot project to analyze the potential system-wide benefits of earlier transfer for rehab ready patients with observers. The project, which launches later this year, will include a cost benefit analysis and evaluate whether the initiative results in earlier access to rehabilitation, decreased ALC days in acute care and improved patient outcomes.

We need to understand what the system barriers are to access to rehabilitation and community supports. The Network's members represent the whole continuum of care. No other organization in Toronto has this kind of overview of the ABI system and can provide this type of analysis.

Dr. Mark Bayley | Medical Director
Brain and Spinal Cord Rehabilitation
Program & Deputy Psychiatrist-in-Chief
Toronto Rehab / UHN

Building bridges between ABI & mental health

The Network continues to build relationships between the ABI and mental health sectors. Many individuals with brain injury struggle with mental health issues and vice versa. But ABI and mental health services are not coordinated and clients often don't receive the support they need.

Working with providers in both communities, the Network is identifying opportunities to improve services for complex patients with ABI and mental health issues.

The Network also participates in regular discussions on how to address the challenges individuals with ABI and mental health issues face when encountering the justice system. As a member of the Toronto Human Services and Justice Coordinating Committee, the Network is raising the profile of ABI in the mental health and justice communities at the regional and the provincial levels.

improving outcomes through collaboration

Members of the Toronto ABI 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/UHN
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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