



**CONNECT
COLLABORATE
COORDINATE**

2018/2019
ANNUAL REPORT

Toronto **abi** Network

THE TORONTO ABI NETWORK

CONNECTS. COORDINATES. COLLABORATES.



We're improving the connection between hospitals and community services so that people with acquired brain injury (ABI) experience smoother transitions as they leave hospital and return to the community.



We're enhancing coordination of services for people with complex needs by identifying the gaps so we can advocate for needed resources.



We're strengthening collaboration among members so they can support each other in meeting client needs.



And through our referral service, we help our members connect people with ABI to the rehabilitation and community services they need.

OUR STRATEGIC PRIORITIES

1

Optimize transitions
from hospital
to community

Enhance service
coordination and
integration for people
with complex needs

2

3

Strengthen
partnerships
and collaboration
among members



1



CONNECT.

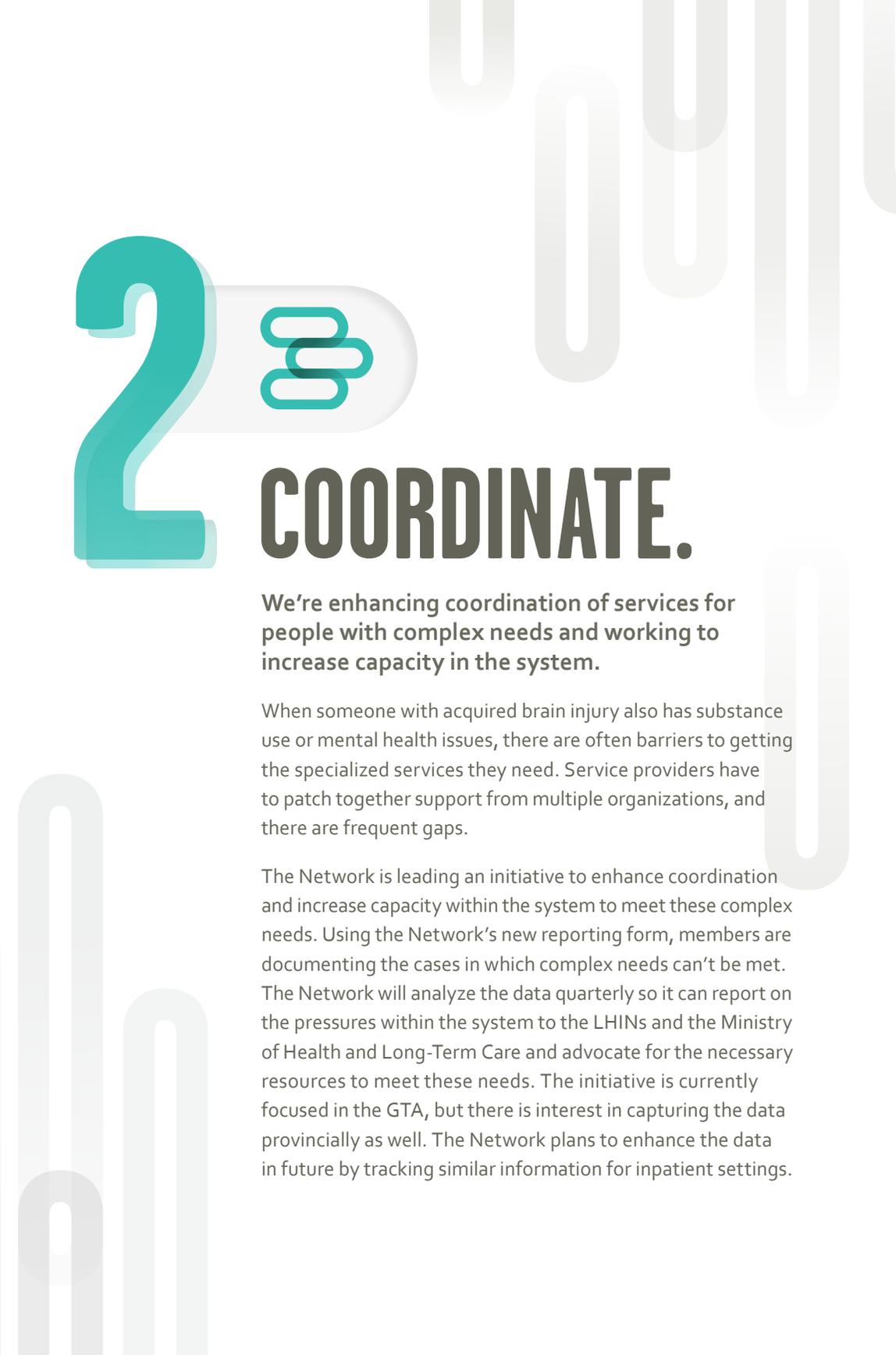
We're improving connections across the system to help people with ABI transition from hospital back to the community.

Patients with acquired brain injury often struggle when they leave the hospital to return to life in the community.

The Network is working with its members to standardize the transition process across all acute and rehabilitation hospitals by creating a clear guideline on how to support patients as they return to the community.

The guideline builds on established best practices for transition planning while addressing the specific needs of individuals with ABI and their families. It includes guidance on issues such as involving patients and families in transition planning, providing family and caregivers with education on how to manage at home, and following up once a patient has left hospital.

To ensure the guideline is grounded in the experiences of patients and families, the Network is collaborating with the University of Toronto on a research project to conduct interviews with individuals with ABI and their families and incorporating their feedback. The Network is also developing a self-assessment tool so members can assess their current practice against the guideline and focus their quality improvement efforts.

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2

COORDINATE.

We're enhancing coordination of services for people with complex needs and working to increase capacity in the system.

When someone with acquired brain injury also has substance use or mental health issues, there are often barriers to getting the specialized services they need. Service providers have to patch together support from multiple organizations, and there are frequent gaps.

The Network is leading an initiative to enhance coordination and increase capacity within the system to meet these complex needs. Using the Network's new reporting form, members are documenting the cases in which complex needs can't be met. The Network will analyze the data quarterly so it can report on the pressures within the system to the LHINs and the Ministry of Health and Long-Term Care and advocate for the necessary resources to meet these needs. The initiative is currently focused in the GTA, but there is interest in capturing the data provincially as well. The Network plans to enhance the data in future by tracking similar information for inpatient settings.

3



COLLABORATE.

We're strengthening collaboration among organizations that serve people with ABI.

The Network is building stronger relationships across its member organizations so they know what services each offers and can work together to meet client needs. These connections are strengthened through educational sessions, site visits by Network staff and strong member engagement in the work of the Network. More than 45 individuals serve on the Network's advisory committee and the committees leading the work on the Network's strategic priorities.

The Network's 2018 national ABI Conference provided health care professionals and community providers with an important opportunity to connect with each other and share the latest knowledge and best practices in ABI. Close to 450 people attended the conference, which received high marks from those attending.

The Network also makes and sustains connections with the broader health and social services community by serving on committees for organizations such as the Ontario Neurotrauma Foundation and CONNECT Ontario and through leadership in the work of the Toronto Regional Human Service and Justice Coordinating Committee.



CONNECTING PEOPLE WITH SERVICES

We're connecting people with ABI to the rehabilitation and community services they need.

The Network provides a single point of entry for referrals to all community-based services. We also facilitate referrals to inpatient ABI rehabilitation for providers who don't have access to the Resource Matching and Referral (RM&R) system and help our members find appropriate health care and community resources for individuals with complex needs.

Individuals with ABI and their families turn to us as well. We help them navigate the health care and social service system to find and access the support they need through the various stages of recovery.

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1
8

153

Referrals to Inpatient Rehabilitation

For hospitals that do not have access to the Resource Matching and Referral (RM&R) system only.



1126

Referrals to Community/ Outpatient Services

Community support services, including clinical groups, recreational and supportive housing programs; outpatient ABI rehabilitation; ambulatory clinics.



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 STRONG VOICE FOR ABI

CHAIR: HEDY CHANDLER

Community Head Injury Resource Services

ACUTE CARE

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

INPATIENT & DAY HOSPITAL REHABILITATION

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

COMMUNITY SERVICE AND SUPPORT

Central LHIN Home and Community Care
Community Head Injury Resource Services
Cota
March of Dimes Canada
PACE Independent Living
Peel Halton Dufferin Acquired Brain Injury Services
Toronto Central LHIN Home and Community Care

EX OFFICIO

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

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