Toronto abi Network

January 13, 2026

Repatriation Webinar

Land Acknowledgment

Agenda

Item	Person(s)
Welcome and Land Acknowledgement • Objectives & Webinar logistics • Overview of Toronto ABI Network & Importance of ABI Rehab • Review responses to questions in registration form • Audience polls	Charissa Levy Executive Director Toronto ABI Network
Overview of: • Repatriation process • Potential ABI rehab candidate form • Toronto ABI Network's role as a central point of referral coordination and navigation	Julie Osbelt Referral Coordinator/ ABI System Navigator Toronto ABI Network
Key factors rehab hospitals look for in determining patient readiness for ABI rehab	Miranda Hong, Toronto Rehab/UHN Stephanie Speer, West Park/UHN Mary Jo Alcantara, Hennick Bridgepoint, Sinai Health
Question & Answer Period & Final Audience Poll	Charissa Levy / All

Objectives

1. Provide a brief overview of the repatriation process from neurosurgical/neurotrauma hospitals and the Toronto ABI Network's "Potential ABI Rehab Candidate" Form
2. Highlight the Toronto ABI Network's role as a central point of referral coordination and navigation
3. Share key factors rehab hospitals look for in determining patient readiness for ABI rehab
4. Provide time for Q & A

How to participate in this webinar

- All attendees will be muted during the presentations.
- To send a question for the presenters, use the **Q&A button**.
- If you see a question that is of interest to you, you can "up vote" the question by clicking on the icon beside the question to give it a higher priority in the list of questions.

Note: A recording of the webinar and slides will be available on the Toronto ABI Network website within one week of the presentation.

Established in 1995, The Toronto Acquired Brain Injury (ABI) Network is a recognized leader and collective voice in ABI.

We connect people to services by:

- Simplifying access, as a single point of entry to hospital and community-based services, for persons with ABI, their families, and service providers.
- Problem solving to help individuals with complex needs access the services they require.
- Serving as a central point of information and support to individuals with ABI and their families to help them navigate and access services.

Rehabilitation after a Brain Injury[1]

- **Every individual** with a moderate or severe brain injury who experiences brain injury-related functional changes (physical and/or psychological functioning) **should be referred** for specialized interprofessional rehabilitation services.
- Rehabilitation interventions **should be initiated** when the person with TBI is medically stable.
- To facilitate a person's transition from acute care to a rehabilitation setting, **integrated care pathways, referral criteria, and transition protocols should be in place**.

[1] Canadian Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe TBI. February, 2023. Brain Injury | Guidelines

Why Refer to Specialized ABI Rehab?

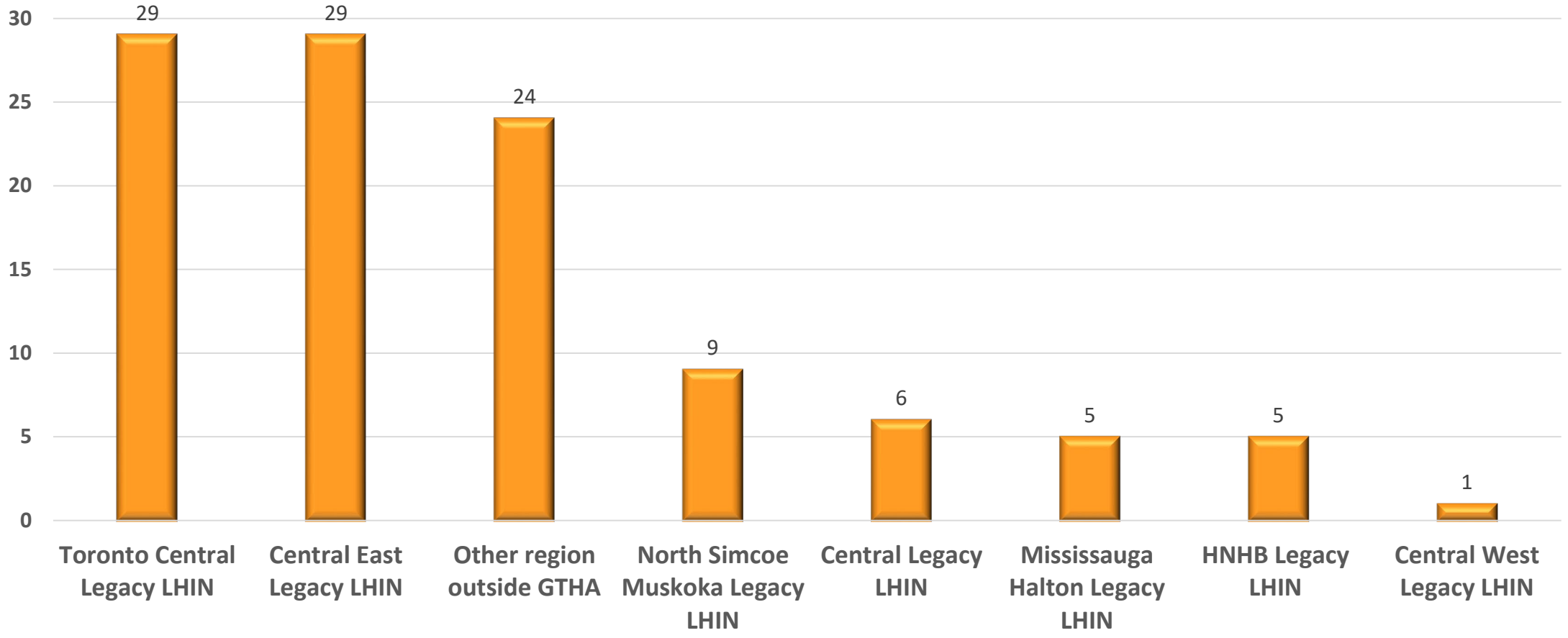
In comparison to other general/neuro programs, ABI Rehab programs offer:

- **Higher intensity** of cognitive remediation rehab and work towards improving goals for higher level executive functioning
- **Increased resources** to address cognitive and communication impairments
- **Behaviour** Analyst / Behaviour Supports
- Access to **Neuropsychiatry**
- Access to **Neuropsychology** (more often with Outpatient ABI Rehab Services)
- Alignment with **ABI Best Practice** Standards

Overview of responses to questions in registration form

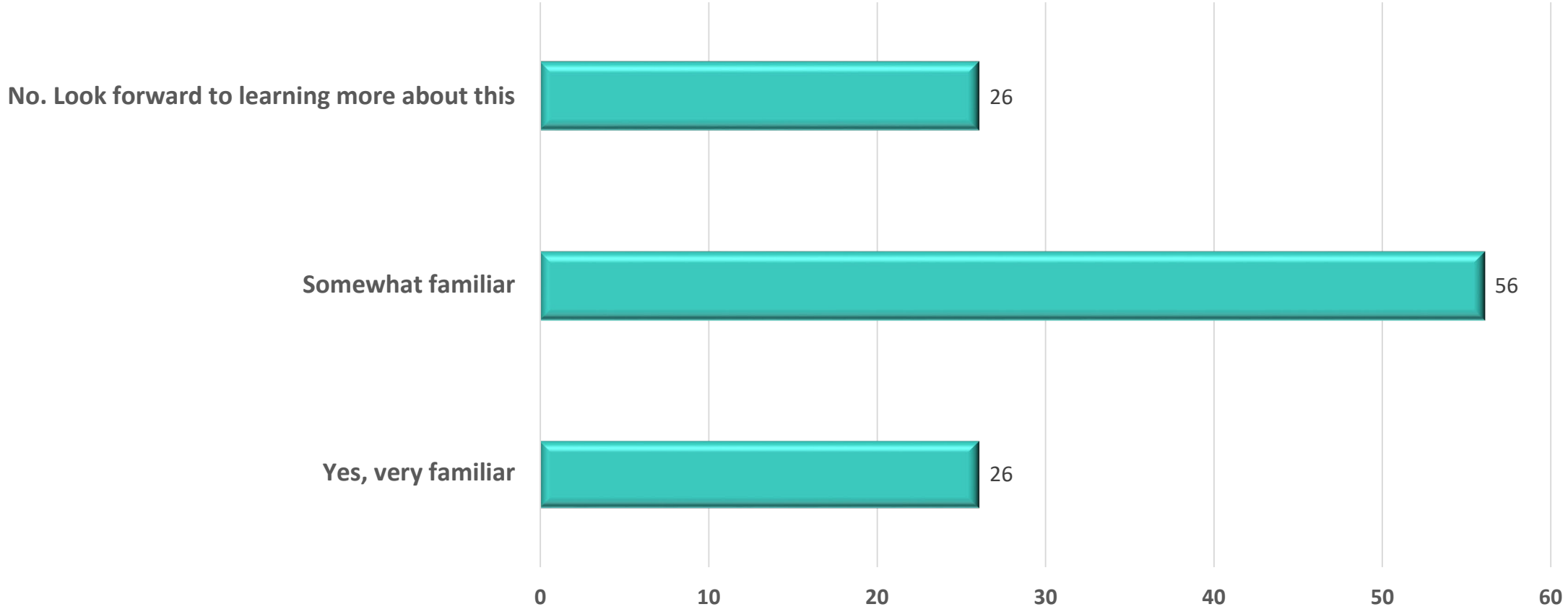
Registration Responses

What geography do you work in?



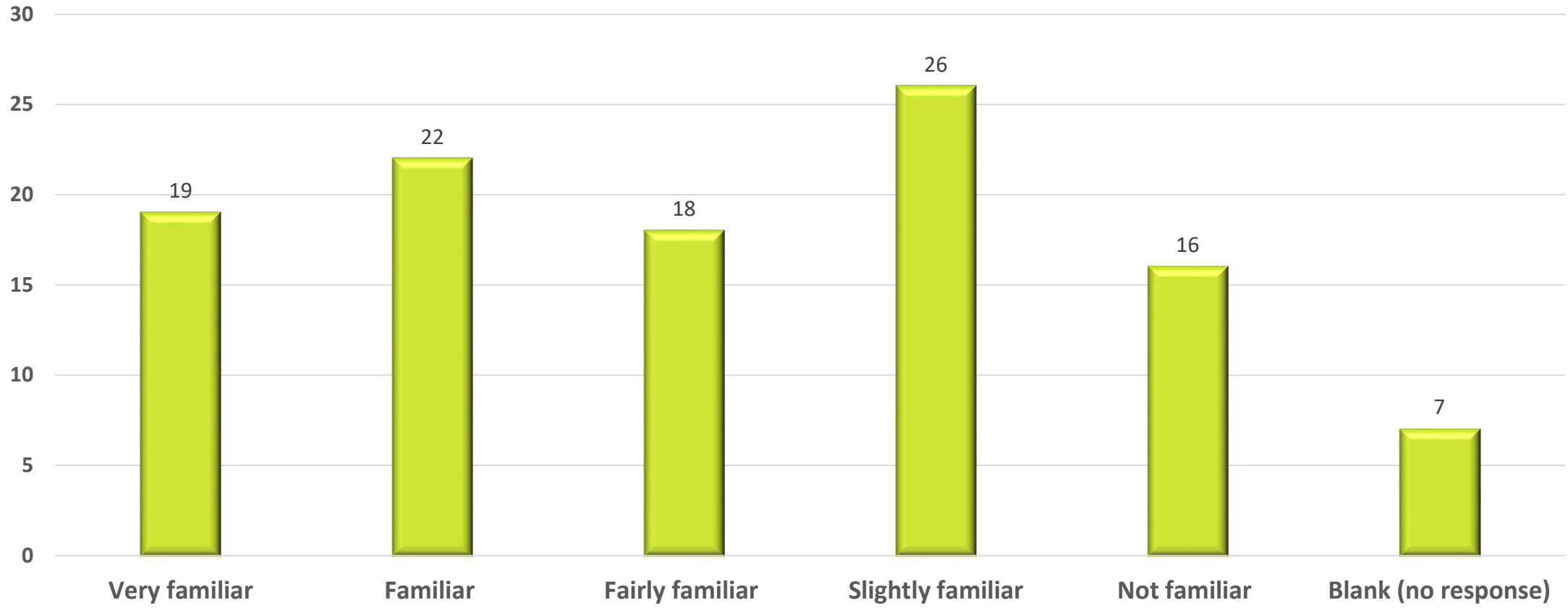
Registration Responses

Are you familiar with the eligibility criteria for referral to inpatient ABI rehab?



Registration Responses

How familiar are you with the ABI community-based resources in your area?



Registration Responses

Comments on experience in submitting ABI inpatient referrals, including gaps, challenges and what is working well with repatriation and/or access to rehab

- Beginners & those with long history of experience
- Work as an inpatient (acute care) and a trauma clinic OT - regularly refer patient to ABI inpatient rehab.
- **Overall positive experience. Response times can vary across sites.**
- Worked with ABI inpatient referrals, **challenges often associated with pts level of progression for rehab candidacy**.
- Difficulty finding supports.
- I work with interdisciplinary team to support patients and complete ABI referrals as well as community supports.
- **Patients are often denied due to low MMSE scores** which is a small part of their Ax, despite functional progressions made.
- I am outside of this area, at times we repatriate to Toronto or submit ABI referrals for pts in this catchment.
- People have another dx that makes them ineligible, or being repatriated without being set up for success.
- **Barriers:** under-housed pts, mental health/addictions hx, postal code, poor insight.
- **Long wait times** seem to be the largest barrier for my clients
- 8 years experience dealing w/ABI pts **coming from hospitals/RCC w/o getting rehab as clinicians felt LTC and home care was solution.**
- Often I am not sure if the referral as been received or the status of the referral.
- Having **a point contact person** at the ABI program is key to care planning once home; clear prognostics is helpful upon return.
- **Julie is wonderful at helping us navigate** the referral and guide us on patient readiness.
- Definitely are gaps in the system, **resources don't meet demand**, barriers for access b/c folks do not meet the criteria.
- I have submitted several ABI referrals, mainly when I used to work at NHH in Cobourg and have always had a **great experience**.
- **Gap:** knowing what different programs offer and criteria for acceptance.
- Inconsistent process and acceptance. **Need more knowledge of why and when to refer.**

Live Poll

On average, how many ABI patients are repatriated to your hospital per month?

- ❑ Under 5
- ❑ 6-10
- ❑ 11-20
- ❑ More than 20

Live Poll

How often do you submit inpatient ABI rehab referrals?

- ❑ I send ABI rehab referrals very often, i.e., every week
- ❑ I send ABI rehab referrals often, i.e., every other week
- ❑ I send ABI rehab referrals occasionally, i.e., monthly
- ❑ I send ABI rehab referrals infrequently, i.e., a few times per year

Live Poll

On average, how often are ABI patients being discharged home without specialized inpatient ABI rehab?

- ❑ Almost always
- ❑ Often
- ❑ Sometimes
- ❑ Seldom
- ❑ Never

Live Poll

How familiar are you with the ABI community-based resources in your area?

- ❑ Very familiar
- ❑ Familiar
- ❑ Fairly familiar
- ❑ Slightly familiar
- ❑ Not familiar

Overview of Repatriation Process and Network's Role

Repatriation Process

- Neurosurgical Education and Outreach Network (NEON) clinicians at Sunnybrook Health Sciences Centre, Toronto Western Hospital - UHN, and St. Michael's Hospital- UHT work with their teams to:
- Identify patients being repatriated to their home hospital that are not yet rehab ready but are expected to benefit from specialized ABI Inpatient rehab.
- Send "Potential ABI Rehab Candidate Form"
- Follow up with the receiving team to assess the patient's progress and current rehabilitation eligibility. As appropriate, encourage the receiving team to proceed with submitting a referral.

Provincial ABI System Navigators

The ABI System Navigators promote and improve system access and capacity, while also improving the supports and outcomes of those living with ABI, caregivers, family members and professionals.

There are 14 ABI System Navigators across the province. The four common responsibilities within this role include:

- Education
- Resource Navigation
- Complex Case Coordination
- Identification of System Gaps and Barriers

Contact List for all Provincial ABI System Navigators

https://abinetwork.ca/for-professionals/abi-navigators/

Key factors rehab hospitals look for in determining patient readiness for ABI rehab

High Intensity

- Hennick Bridgepoint Hospital
- Toronto Rehab / UHN (University Centre)
- West Park Healthcare Centre / UHN

Low Intensity

- Hennick Bridgepoint Hospital
- Toronto Rehab / UHN (Bickle Centre – not ABI specific)

ABI Inpatient Behaviour Program

- West Park Healthcare Centre / UHN

Inpatient ABI Rehab Criteria

- Participation must be active and engaged
- Medically and psychiatrically stable
- Demonstrate new learning/carry-over
- Orientated consistently x2 (person and place) including use of aids and strategies
- Consistent yes/no responses, with communication supports
- Able to tolerate therapy (see chart slide 13)
- Have clearly defined rehabilitation goals and the potential to achieve them
- No restraints, no need for a 1:1 or exit seeking (Sitter free 48 hours before considering rehab)
- Referrals received up to one a year post injury

Inpatient ABI – LOS & Streams

	High Intensity Rehab	Low Intensity Rehab/ Reconditioning
Rancho level	• Minimum Rancho 5	• Minimum Rancho 4
Tolerance	• 45-60 minutes therapy sessions • 2-3x/day • 5-6 days/week *(5 days/week for West Park/UHN)*	• 30-40 minutes active therapy sessions • 1-2x/day • 4-5 days/week
Length of Stay	Average 4 weeks	Average 7-9 weeks
Participation	Active	Active and Passive
Program Locations	• Hennick Bridgepoint-Sinai Health • Toronto Rehab/UHN- University Centre • West Park/UHN	• Hennick Bridgepoint-Sinai Health • Toronto Rehab/UHN – Bickle Centre (not an ABI-specific program)

Inpatient ABI Exclusion Criteria

- Severe behavioural disturbances (aggression or severe anti-social behaviour) unless accompanied by privately funded behaviour specialist
- Other behaviours which limit rehabilitation potential and participation e.g., concurrent alcohol and/or drug misuse
- Restraints/ constant care provider in use
- Medically unstable such that participation not possible
- Psychiatric disorders that could interfere with rehab program
- Presence of severe cognitive deficits, significant neglect, inattention or judgement that impedes progress with rehab
- Not orientated consistently x2 (person and place)
- ABI sustained more than 1 year ago

Key ABI Network Resources

1. Potential ABI Rehab Candidate Form
2. Inpatient Referral Forms – *includes fax cover sheet and referral form*
3. Clinical considerations for Referrals to ABI Rehab
4. High Intensity Admission Guidelines
5. ABI Inpatient Eligibility Criteria

https://abinetwork.ca/referral-forms/inpatient-forms/

6. Inpatient ABI Referral Guide – *"What To Include In The Referral Form"*
7. Transitioning from Acute Care to Inpatient Rehab Presentation
8. Glasgow Coma Scale and Rancho Los Amigos Scale

https://abinetwork.ca/referral-forms/inpatient-referral-criteria/helpful-resources/

Suggestions on how teams can help document client progression, what to include on referral form, etc.

Typical reasons why applications require revision or are declined, or common challenges to rehab readiness

Inpatient ABI rehab referrals

Suggestions for how teams can help document client progression:

- Use/weaning of observers – how long off, behaviour management strategies implemented, context of patient environment
- Sharing initial OT/PT/SLP notes with most recent notes for comparison
- Outline cognitive carry-over, e.g., learning to use a calendar/white board, way-finding on the unit

Inpatient ABI rehab referrals

What admitting sites look for:

- Motivation, interest to participate in rehab. Need to see patient engagement and consistency in participation with therapy team.
- Understanding the purpose of the rehab admission relative to other treatments, e.g., cancer treatment.
- Current functional status, transfers, mobility, any new behaviours
  - If there are behaviours – need behaviour care plan and/or relevant psych/nursing notes to see how behaviours are being managed

Inpatient ABI rehab referrals

Common challenges to rehab readiness:

- May be declined due to limited/slow progress or limited cognitive functioning. Goals may not be achievable within 3-4 week LOS and patient is not consistently oriented
- May be applying too early relative to demonstration of consistent carry-over/participation.
- Can re-apply, seek consult from ABI teams to discuss strategies and timing for reapplication.
- Behaviours need to be at a level where patients can be verbally redirected. Cannot accommodate patients who need restraints or who are exit-seeking.

Inpatient ABI rehab referrals

Common challenges to rehab readiness (Cont'd):

- Can only accommodate intermittent enteral feeds or overnight feeds so it doesn't interfere with rehab
- May not be able to accommodate some IV medications. Not able to manage IM injections for behaviour management
- Rehab has reduced staffing evenings, nights and weekends. Physicians are not consistently in the building; only available on-call.

Q & A

Final Poll

This webinar provided helpful information about the repatriation process, how to document client progression and what to include in the ABI rehab referral form:

- ❑ Strongly Agree
- ❑ Agree
- ❑ Neither agree, nor disagree
- ❑ Disagree
- ❑ Strongly Disagree

Let us know what other webinar topics would be of interest!

Please share your thoughts in the chat box.

Toronto abi Network

January 13, 2026

Thank you for attending!

Telephone: 416-597-3057

Email: ABI.Network@uhn.ca

Website: www.abinetwork.ca

Subscribe: abinetwork.ca/subscribe