

TORONTO ACQUIRED BRAIN INJURY NETWORK
ANNUAL REPORT 2010-2011

IMPROVING SYSTEM NAVIGATION AND ACCESS

Meeting the Needs of Individuals
with Acquired Brain Injury

Toronto
**Acquired
Brain Injury**
Network



Message from the Chair and Executive Director

Providing services to individuals with acquired brain injury (ABI) is often complex. Each person may have multiple needs and unique challenges. There isn't a simple road map.



The Toronto ABI Network plays a critical navigation role for these individuals—and for their health care and social service providers. We help people with complex needs move through a complex system.

Through our centralized rehabilitation wait list and extensive knowledge of health and community services, we help providers link their ABI clients with the right programs and services when they need them. And the demand for our service continues to grow.

At the same time, we work at a system level to improve flow and maximize system capacity. For example, this past year we introduced more frequent performance reporting to acute care and rehabilitation providers using data from our centralized wait list—and saw referral response times improve significantly. We also launched a pilot project to determine if introducing earlier referrals could reduce ALC days in acute care.

Our commitment to ensuring access to appropriate services also led us to take on the issue of ABI and mental health. Individuals with brain injury often have mental health issues, but care is fragmented. The Network is leading efforts to change that—bringing together the ABI and mental health communities to find ways to better address client need.

And finally, we continue to enhance the ability of family physicians, health professionals and long-term care staff to provide appropriate care for individuals with ABI through specialized workshops and training sessions.

The ABI journey is a complex one. At the Toronto ABI Network, we're helping individuals to reach their destination.

Malcolm Moffat, Chair
Charissa Levy, Executive Director



Simplifying system navigation

The rehabilitation needs of individuals with ABI are complex and specialized services are limited. To ensure equitable and timely access, the Toronto ABI Network manages a single wait list for all inpatient ABI rehabilitation programs in the Greater Toronto Area.

However, many individuals also require outpatient rehabilitation, mental health services and community services such as recreational, vocational and supportive housing programs. The Network provides a single point of entry to all these services. Physicians, health care professionals and social service providers can make one referral and the Network will facilitate multiple connections on the patient's behalf.

A growing demand

Demand for this service continues to grow. Referral requests have increased by 63 per cent in the past decade to more than 1000 last year.

The referrals have also grown in complexity. As a result, the Network is often required to problem-solve with providers when a specific need does not match available services, or when services are difficult to access.

Monitoring and improving system performance

The Network's central role in facilitating referrals allows it to actively monitor system performance. Wait times and referral response times are tracked and organizations are held accountable for decisions that affect access.

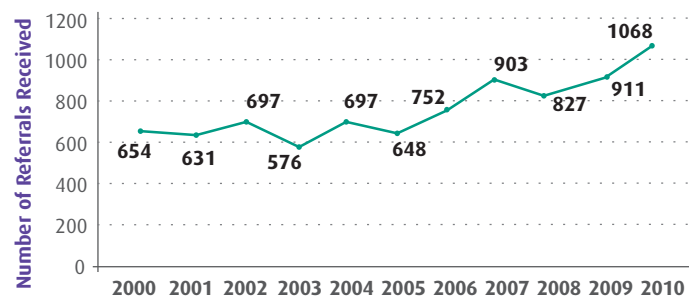
For example, this past year, Network data indicated that inpatient rehabilitation programs were not meeting the two-day target for response to referrals. To help programs better monitor and benchmark their own performance against that of their peers, the Network began sharing organization-specific data on a monthly basis. This focused attention produced better-than-expected results: within the year, average response times dropped from four days to a same day response.

The Network is really good at keeping you up to date—you always know the status of the patient. And you've got one Network handling the applications for all of the GTA. It can really improve flow for these patients as they go through the continuum.

Zia Poonji

Case Manager, Trauma/ ACS/
Neurosurgery Program
St. Michael's

Growth in Incoming Referrals (2000-2010)



Note: Referrals received for more than one service are counted for each service type.



Increasing access to mental health services

Many individuals with brain injury struggle with mental health issues. However, there is little coordination between ABI and mental health services and client needs often go unmet. The Toronto ABI Network is building bridges between the two communities and leading efforts to find solutions.

Identifying the issues

To better understand the scope and nature of the problem, the Network conducted two surveys across Ontario this past year.

The majority of people living with acquired brain injury wrestle with some kind of mental health issue—whether it's depression or the development of major psychiatric disorders. It is a big issue.

Dr. Carolyn Lemsky
Clinical Director
Community Head Injury
Resource Services (CHIRS)

One survey gathered data from ABI service providers on the challenges they experience in supporting ABI clients who have mental illness.

The second survey asked mental health service providers about the issues they face in addressing the needs of clients with ABI. This survey, which was conducted in collaboration with the Toronto Human Services Justice Coordinating Committee, also gathered information on the challenges complex mental health clients (including those with ABI) face when encountering the justice system.

Interest and participation in the surveys was high: each survey received approximately 200 responses from a broad group of stakeholders—almost 400 responses in total. Close to 92 per cent of respondents from the mental health sector reported working with clients with both ABI and mental illness. Among ABI providers, the percentage was even higher—almost 94 per cent.

Implementing solutions

The Network followed the surveys with an ABI and Mental Health Forum attended by close to 50 ABI and mental health providers. The event allowed participants to discuss and problem-solve the challenges of serving individuals with ABI and mental health issues to identify opportunities for further collaboration.

Based on this input, the Network will move forward with several initiatives in the coming year.

Mental health and ABI still remain truly fragmented as systems. The ABI Network is acting as a facilitator—enabling partnerships between mental health and ABI service providers and providing resources to help us bridge that gap.

Mohamed Badsha
Director, Operations
Reconnect Mental Health Services

In the meantime, new partnerships are already emerging. The Network successfully connected two organizations—Reconnect Mental Health Services and Community Head Injury Resource Services of Toronto (CHIRS)—and supported their successful funding application for a pilot project to improve services for individuals with ABI and a mental health diagnosis using Assertive Community Treatment (ACT) teams.



Reducing ALC days

The Toronto ABI Network identifies system-level issues that affect wait times and access—and works with providers across the care continuum to find solutions.

A Network review of wait time and Alternate Level of Care (ALC) data suggested that process issues may be contributing to ALC days. ABI patients spend approximately three weeks in acute care before being designated rehab ready. They then wait an average of three weeks for transfer to inpatient rehab.

In an effort to reduce ALC days, the Network initiated a demonstration project this past year with three Toronto-area acute care teaching hospitals. The project will assess the impact of initiating rehab referrals earlier—at 14 days post injury. Preliminary data is promising: patients with earlier referrals have an average of only nine ALC days, compared to 13 days for those who are referred when they are designated ALC. The Network will confirm these findings across a larger sample size prior to changing referral practices across all partners.



Building ABI capacity in the community

Identifying, treating and managing ABI is challenging. The Network continues to build expertise in the community through a variety of education initiatives.

- + **Family Physicians** – Family physicians are often the primary caregiver for individuals with ABI, but few have training or experience in managing brain injury. This past year, the Network delivered a workshop for 40 family physicians and residents to enhance their knowledge in the assessment and management of ABI.
- + **Health Professionals** – The Network also delivered a training workshop to social workers, psychologists and rehabilitation counsellors on a model of psychosocial support for families of individuals with ABI. The workshop, delivered in collaboration with Holland Bloorview Kids Rehabilitation Hospital and Virginia Commonwealth University Medical Center, included an advanced stream for previously trained individuals to address their experiences in implementing the model in the field.
- + **Long-Term Care Personal Support Workers** – To expand ABI knowledge across the care continuum, the Network secured funding from the Central West LHIN for development and implementation of an on-site training program for nursing and personal support workers at two long-term care facilities in Central West LHIN. The project was developed with Toronto Rehab and the Ontario Brain Injury Association.



Supporting knowledge exchange

The Network's bi-annual conference this past fall was the largest in its history. More than 500 ABI researchers and service providers from across the country and as far away as Stockholm, Sweden attended to share new knowledge, best practice and program insights. Participants represented the medical, rehabilitation, social services, vocational and legal sectors, providing a unique opportunity for knowledge exchange across sectors and professions.

The Network's strength is pulling together the whole ABI community. They identify trends or issues that are going on at a system level, take charge and figure out ways to solve them.

Kathryn Wise
Manager, Client Services
Adult Supportive Care Program
Toronto Central CCAC



Member Organizations

Acute Care

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

Inpatient and 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 Dufferin Acquired
Brain Injury Services
Toronto Central Community
Care Access Centre

Advocacy/Other (ex officio)

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

Toronto

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