

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	BAYCREST 3560 Bathurst Street North York, Ontario M6A 2E1
Program or Service:	Memory-Link
Contact:	Ruby Nishioka, Department of Psychology (416) 785-2500 ext. 2445
Capacity:	30
Definition of ABI:	Aneurysm, stroke, encephalopathy, hypoxia, herpes encephalitis, Wernike-Korsakoff syndrome, non-progressive tumour, focal brain injury
Program Description:	Memory-Link taps into the preserved memory systems of amnesic individuals to teach them skill set necessary to utilize external compensatory memory-aids. Support and education groups are also provided as well as assistance in linking to community service providers.
Admission Criteria:	Memory-Link is intended for adults (age 25 plus) who are experiencing severe memory problems related to a neurological event or process that causes damage to memory structures of the brain.
Exclusion Criteria:	Alzheimer's disease, Lewy Body disease, Parkinson's disease, Fronto-temporal dementia, diffuse traumatic brain injury following acceleration/deceleration injuries.
Admission Process:	Intake interview to establish the appropriateness of program for the client.
Discharge Criteria:	a) competency in external memory aid use, b) appropriate community linkage.
Funding:	N/A

Program details subject to change. Last reviewed: April 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	BLOORVIEW KIDS REHAB 150 Kilgour Road Toronto, On Canada M4G 1R8
Program or Service:	Inpatient/Day Patient Brain Injury Rehabilitation (BIRT)
Contact:	Cindy Ruelens, Intake and Discharge Co-ordinator: (416) 753-6030 or Iris Hogan, Operations Manager, Brain Injury Rehab Team: (416) 424-3873
Capacity:	Number of spaces: 28 inpatient/day patient
Definition of ABI:	<ul style="list-style-type: none"> • any ABI injury of significant nature after the neonatal timeframe
Program Description:	<ul style="list-style-type: none"> • comprehensive inpatient/day patient pediatric rehabilitation program with a focus on school and community re-entry • family centred in service delivery • limited out-patient services including pediatric family support services, pre-school speech and language pathology initiative • medical consultation and follow-up clinic • day hospital program 5x/week with school as main focus • physiotherapy, occupational therapy, speech language pathology and neuropsychology services • need at least 3 services for day hospital
Admission Criteria:	<ul style="list-style-type: none"> • must be less than 19 years old • Rancho Los Amigos Level II or greater • medically stable
Exclusion Criteria:	<ul style="list-style-type: none"> • ongoing drug abuse, alcohol abuse, primary psychiatric disorder
Admission Process:	<p>Referral within Network:</p> <ul style="list-style-type: none"> • Complete Bloorview Kids referral • Copy of profile to Toronto ABI Network office • Bloorview Kids referral forwarded to intake co-ordinator (fax # 416-494-2736) • Review of referral by program staff <p>Other Referrals:</p> <ul style="list-style-type: none"> • Medical referral, team review, client orientation and then admission
Discharge Criteria:	<ul style="list-style-type: none"> • achievement of target goals • plateau in areas of concern • community services able to address ongoing needs of client and family
Funding:	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
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	BLOORVIEW KIDS REHAB 150 Kilgour Road Toronto, On Canada M4G 1R8
Program or Service:	Out Patient Services and Follow-up Clinic Services
Contact:	Bev Solomon, Ambulatory Care Nurse, Brain Injury Outpatient Team (416) 425-6220, ext 6072 or Iris Hogan, Operations Manager Brain Injury Rehab Team (416) 424-3873
Capacity:	Based on services required on intake and FTE attached to this service. Waitlist may be utilized.
Definition of ABI:	<ul style="list-style-type: none"> • Any ABI injury of significant nature after the neonatal timeframe
Program Description:	<ul style="list-style-type: none"> • Comprehensive out patient, community education/development services • Family centred service model • Interdisciplinary team approach • Medical/interdisciplinary team follow-up clinic • Physiotherapy, Occupational Therapy, Speech Language Pathology, Social Work/Community Developer, Psychology, Ambulatory Care Nurse, Medicine
Admission Criteria:	<ul style="list-style-type: none"> • Under 19 years old • Bloorview Kids Rehab is a paediatric treatment centre for Metro Toronto and a provincial resource for community consultation, education and development
Exclusion Criteria:	<ul style="list-style-type: none"> • ongoing drug abuse, alcohol abuse, primary psychiatric disorder
Admission Process:	<ul style="list-style-type: none"> • fax medical referral to Registration Services, Attention B. Solomon: at 416-422-7036.
Discharge Criteria:	<ul style="list-style-type: none"> • achievement of target goals • plateau in areas of concern • community services able to address ongoing needs of client and family
Funding:	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: May 2009

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	BLOORVIEW KIDS REHAB 150 Kilgour Road Toronto, On Canada M4G 1R8
Program or Service:	Family Support Service
Contact:	Iris Hogan, Operations Manager, Brain Injury Rehab Team (416) 424-3873
Capacity:	20 active clients; group access for community clients, their families; consultation with community clients, families and providers also available upon request
Definition of ABI:	Toronto ABI Network definition, plus stroke and anoxia.
Program Description:	<ul style="list-style-type: none"> • assisting youth and families through counselling, education, consultation and support groups; facilitating reintegration into the community by helping individuals and families select, address and use the appropriate community resources
Admission Criteria:	<ul style="list-style-type: none"> • 16 years of age to 25 years of age inclusive • live in the community within Metro Toronto • interested in improving family, work, school and social relationships • want to be involved in community activities • want to set and achieve short-term goals with support from the Family Support Service Team
Exclusion Criteria:	<ul style="list-style-type: none"> • substance use issues or psychiatric disorders that are the <u>primary</u> presenting problem and prohibit service delivery
Admission Process:	<ul style="list-style-type: none"> • self-referral and medical referral, information package, team review, client/family consultation, and then admission
Discharge Criteria:	<ul style="list-style-type: none"> • goals of client service plan met; then appropriate referral made to public or private service providers if indicated
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	BRIDGEPOINT HEALTH 14 St. Matthews Road Toronto, Ontario M4M 2B5
Program or Service:	Inpatient Neuro-Rehabilitation and Activation Program
Contact:	Utilization Specialist, Neuro Rehab and Activation (416) 461-8252 ext. 2305
Capacity:	Number of spaces: 32 beds for Active Neuro Rehab (9 for ABI; 9 for Stroke; 7 Slow-to-Recover; 7 for Other, dependent on system needs). We also accept ABI patients onto our LTLD Activation Unit on 7W
Definition of ABI:	CHI, CVA and other acquired brain injuries.
Program Description:	<ul style="list-style-type: none"> • program provides assessment, treatment, and coordination with community based services • involves family members, case managers, family physicians, and others who can contribute to promoting a successful outcome following an ABI • integrated approach to the rehabilitation process • expected outcome is that the client will have attained realistic short term goals mutually set with the team, and that the client is functioning at an optimal level required for their proposed discharge environment
Admission Criteria:	<ul style="list-style-type: none"> • age 18 and above • must have rehabilitation potential • need for intensive rehab following a neurological insult • disability may range from mild to severe • medically stable and able to participate in therapy for several hours per day • psychologically ready to participate in active rehabilitation • must be functioning at Rancho Los Amigos Scale of at least Level V • attainable goals should be outlined in the application • discharge destination must be included on the application
Exclusion Criteria:	<ul style="list-style-type: none"> • severe behavioural problems unless accompanied by privately funded behaviour specialist • medically unstable such that participation not possible • poor stroke rehabilitation candidates are those who transfer or stand with two assistants, are incontinent, have poor social support, have significant neglect or inattention, have bilateral strokes and/or severe cognitive problems, or the stroke is not recent • restraints/constant care provider in use
Admission Process:	<p>Referral within the Network:</p> <ul style="list-style-type: none"> • completion of application • application to ABI Network Office • application forwarded to program • review of application by program staff <p>Other Referrals:</p> <ul style="list-style-type: none"> • pre-admission assessment completed/compiled by referring agency • could suggest a pre-admission tour for family if time permits
Discharge Criteria:	<ul style="list-style-type: none"> • safe and appropriate discharge plans
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	<p>BRIDGEPOINT HEALTH 14 St. Matthews Road Toronto, Ontario M4M 2B5</p>
Program or Service:	Day Treatment Program
Contact:	Case Manager, Day Treatment (416) 461-8252 ext. 1278; Main Day Treatment Extension: ext. 2371
Capacity:	Approximately 30
Definition of ABI:	CHI, CVA and other acquired brain injuries.
Program Description:	<ul style="list-style-type: none"> • Neuro-rehab service offers assessment and treatment for clients with an acquired brain injury of traumatic, vascular, neoplastic, hypoxic or infectious origin. • Patients must have the potential to improve with an intensive rehabilitation program. • Program includes Physiotherapy (including Tai Chi, Acupuncture and assessment for Orthotics), Occupational Therapy (including Vocation Rehabilitation), Speech Language Pathology, Social Work, Nursing, and Physiatry. Neuropsychology by consultation only.
Admission Criteria:	<ul style="list-style-type: none"> • be 18 years of age or older • have regular transportation to/from the hospital, which has been arranged prior to the first visit • must have rehabilitation potential • be able to participate in an intensive, active rehabilitation program • be medically stable • be continent or able to manage incontinence • be followed by a physician (i.e., referring physician or family physician) • rehabilitation goals must be indicated on the application • be able to achieve clearly defined, functional rehabilitation goals within a short-term period (approximately 3 months) • be accompanied by a family member, friend or attendant, if there are significant cognitive and/or behaviour concerns
Exclusion Criteria:	<ul style="list-style-type: none"> • behaviour not accommodated by the program include directed aggression by the client, safety risk to self or others, physical or verbal aggression, substance abuse • clients unable to manage incontinence • clients with severe behaviour problems • clients that are medically unstable such that participation is not possible • clients that are easily fatigued and thus unable to attend and participate in at least one therapy appointment twice weekly • clients requiring a maintenance program
Admission Process:	<p>Referral within the Network:</p> <ul style="list-style-type: none"> • completion of ABI Client Community Profile • Profile to ABI Network Office • Profile forwarded to program • Review of Profile by program staff • Initial screening for suitability and prioritisation on the waiting list
Discharge Criteria:	<ul style="list-style-type: none"> • discharge is initially planned to occur approximately 3 months from intake for treatment, or as indicated • plans for discharge and possible follow-up therapy will be made in partnership with each client, along with family members or friends, as needed • discharge occurs when client has: achieved/near to completion of short-term goals (as per admission criteria); reached maximum potential able to be achieved in this program; been unable to make progress in the program; repeated absences from scheduled appointments; and/or been admitted to an inpatient/acute care program
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	CENTRAL COMMUNITY CARE ACCESS CENTRE, ABI PROGRAM 9050 Yonge Street, Ste. 400, Richmond Hill, Ontario. L4C 9S6
Program or Service:	ABI Program
Phone:	905-763-1083 or 416-221-3565
Contact:	Linda Millband, ABI Case Manager, extension 5121 Candy Exton, Case Manager, South Simcoe Cathy Doyle Senior Manager, Client Services extension 4253
Capacity:	Adult ABI Caseload, WH1 presently 80-100 clients on caseload Paediatric Caseload, WKH presently 25-35 clients on caseload
Definition of ABI:	Damage to the brain which occurs after birth and is not related to a congenital disorder or a degenerative disease. A traumatic brain injury is caused by a motor vehicle accident, a fall, an assault or a sports injury. A non-traumatic brain injury could be caused by medical conditions such as anoxia, aneurysm, infection, brain tumour or a stroke. (Ontario Brain Injury Association)
Program Description:	<ul style="list-style-type: none"> • Active rehabilitative program provided by an interdisciplinary team including Occupational Therapy, Physiotherapy, Speech and Language Therapy and Social Work. • Rehabilitation Therapists are speciality trained in ABI Cognitive Retraining. • Behavioural Therapy and Psychological Therapy are available. • ABI trained Personal Support Workers provide personal care in addition to facilitating client's independence in self care and activities of daily living. • Dedicated Case Management and Management for adult and paediatric ABI clients. • ABI Case Manager works in consultative model with external partners including schools, school boards and Children's Treatment Network for Paediatric clients. • ABI clients are eligible to receive all other non-ABI speciality services provided by Central CCAC including Nursing, Dietician, therapies and Personal Support Services • Partnering with ABI and non-ABI community agencies to re-integrate client into community and vocational services. Included but not limited to York Simcoe Brain Injury services, BISS, CHIRS, COTA, Day Programs, Vocational Counselling (Seneca) Ontario March of Dimes, Housing Programs, Hospital Partners (Bloorview McMillan, West Park Hospital, St. Michaels Hospital, TRI, Hospital for Sick Children, Hamilton Health Science ABI Program) • Management lead in ABI program participates with ABI partners including Toronto ABI Network Advisory Committee and sub-committees (Community Project Community, Service Task Group, Home to Wait and others), YSBIS • ABI Case Manager coordinates and chairs bimonthly meetings with interdisciplinary service provider team to conduct client case reviews, coordinate service planning and facilitate knowledge transfer. ABI Case Manager has membership on Head Injury Support Group and other community partners as required.
Admission Criteria:	<ul style="list-style-type: none"> • Resides in Central LHIN boundaries • Primary diagnosis of Acquired Brain Injury • Up to 5 years post diagnosis/injury. Over 5 years, assessed on an individual client basis. • Birth to 16 years of age assigned to Paediatric ABI Caseload and over 16 years of age, assigned to Adult ABI Caseload. Central CCAC ABI services are available to all ages, no age restrictions applied. • Functionally able to participate in an active rehabilitation program where severe behavioural issues are managed • Client/family participate and consent to goal directed care planning to maximize client independence and re-integrate into the community through cognitive and functional retraining • Clients with dual diagnosis and substance abuse are assessed for services on an individual case by case basis • Primary location of service provision is client's home residence. Service requests for locations other than client's home, such as Group Homes, Long-term Care Facilities, Day Programs, Schools, are assessed in consultation with ABI Case Manager •

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	CENTRAL COMMUNITY CARE ACCESS CENTRE, ABI PROGRAM 9050 Yonge Street, Ste. 400, Richmond Hill, Ontario. L4C 9S6 Phone: 905-763-1083 or 416-221-3565	
Exclusion Criteria:	<ul style="list-style-type: none"> • Client behaviours that prevent or compromise client's ability to attain rehabilitation goals (substance abuse, dual diagnosis) • Acquired brain injury caused by degenerative neurological diagnosis (Alzheimer's Disease, Parkinson's Disease, Multiple Sclerosis) or developmental delay (Cerebral Palsy) 	
Admission Process:	<p>Referral within the ABI Network:</p> <ul style="list-style-type: none"> • All hospital referrals require in-hospital Rehab Therapists Reports including ABI Profile, Neuropsychologist report if available • CCAC receives Profile from ABI Network • Chart opened in Central CCAC, identifying client as ABI • Client assigned to ABI caseload, adult or paediatric, and services ordered requesting ABI providers as appropriate • Clients identified as ABI are not waitlisted for ABI services • ABI Case Managers make a home visit to client within 14 days to assess status, realign service plan with treatment goals • ABI providers visit frequency established to meet clients needs, usually once weekly in consultation with ABI Case manager, client and family • Joint interdisciplinary case conference completed in-home within 3 months of admission includes ABI Case Manager, ABI Service Providers and client/family to assess client progress, adjust service plan/goals 	<p>Other Referrals (outside the ABI Network):</p> <p><u>Referrals from hospitals:</u></p> <ul style="list-style-type: none"> • an in-hospital Case Manager completes client eligibility assessment, establishes service plan and sets up CCAC services prior to client discharge home from hospital <p><u>Referrals from the community:</u></p> <ul style="list-style-type: none"> • Referral made by clients, family, and physicians to Central CCAC Contact Centre, via telephone or fax. Office Case Manager opens a client file requesting assessment by ABI Case Manager • ABI Case Manager completes a home visit to client, assessment of client eligibility, establish service plan and orders services • Clients identified as ABI are not waitlisted for ABI services • Service plans established with client/family/substitute decision makers in consultation with physician and referral source • Client referred and linked to community ABI programs (i.e. CHIRS, YSBIS, vocational rehabilitation) and non-ABI programs as appropriate
Discharge Criteria:	<ul style="list-style-type: none"> • When client has met therapeutic rehabilitation goals • Client may be transferred to regular Central CCAC caseload if ABI rehabilitation goals have been met but client has remaining goals that can be addressed on regular caseload 	
Funding:	Ministry of Health and Long-Term Care	

Program details subject to change. Last reviewed: May 2009

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	COMMUNITY HEAD INJURY RESOURCE SERVICES OF TORONTO (CHIRS) 62 Finch Avenue West Toronto, Ontario M2N 7G1	
Program or Service:	Community Support Services, Residential Services, Adult Day Service	
Contact:	Intake Team: (416) 240-8000 Fax: (416) 240-1149 E-mail: intake@chirs.com	
Definition of ABI:	Brain injury is non-degenerative and non-congenital in nature.	
Program Description:	<p>Community Support Services:</p> <p>► Ashby Community Support Services:</p> <ul style="list-style-type: none"> • comprehensive functional assessment in the home and the community • individualized community support services geared to the expressed needs & goals of the individual: <ul style="list-style-type: none"> • support with Community Living Skills • vocational services including employment preparation workshop, job development, and job coaching (Approved provider of ODSP Employment Supports) • education support in partnership with special needs department of schools • neuropsychiatric assessment and consultation • neuropsychological assessment and consultation • behavioural consultation • social work services • substance abuse and brain injury counselling • individual and family counselling • groups for individuals and families <p>► Aging at Home Program: Specialized division of Community Support Services. Program description as above. <u>Specific Program Eligibility:</u> Client must be 18 years or older and living at home(*) with an aging caregiver(s) in the Central LHIN. * Exceptions to this criterion may be considered if the client is living at home on their own, but is receiving considerable support from an aging caregiver and/or in circumstances where there are extreme caregiver burden issues.</p>	<p>Adult Day Services:</p> <p>Hours of operation: 8:30 – 5:00 with some evening and weekend programs and many special events – call for details</p> <ul style="list-style-type: none"> • offers lunch daily at a minimum cost • various interest groups and clubs • workshops • social/recreation activities at CHIRS Head Office and in the community • mentorship program • drop-in <p><u>Specific Program Eligibility:</u> Client must be able to be independent for personal care and travel or arrange their own 1:1 support as needed.</p>
		<p>Residential Services:</p> <ul style="list-style-type: none"> • based on variable support model - provide variable levels of support ranging from 24-hour on site support to 24 hour access to support • 3 sites - a fully accessible bungalow in Etobicoke (St. George's) with 24-hour supervision (7 participants); and supported living apartments in Scarborough (Aldebrain Towers) with 20 participants in 1-, 2- and 4-bedroom units; and Finch program with 5 apartments.
Admission Criteria:	<ul style="list-style-type: none"> • between the ages of 18 and 60 on the date that services commence • reside in Toronto, or are willing to move to Toronto prior to services commencing (may waive this criterion if individual is able to travel to CHIRS programs and comparable services are not offered in their area.) • individual is expected to benefit from services • Please see specific eligibility criteria for Adult Day Services and Aging at Home Program 	
Exclusion Criteria:	None where admission criteria are met.	
Admission Process:	<ul style="list-style-type: none"> • referral by self or other • completion of ABI Client Community Profile if a referral made through the Network • completion of Application for Service (common application for a number of Ministry of Health and Long-Term Care funded Community Based ABI Programs in Ontario) • review of documentation, Screening Interview, then review by Intake Committee 	
Discharge Criteria:	CHIRS provides long term support and rarely discharges. CHIRS may discharge if the individual no longer meets the eligibility requirements, if needs change to the extent that available resources are no longer adequate, or if the individual requests discontinuation of services	
Funding:	Subsidized services: Ministry of Health and Long-Term Care through the Local Health Integration Network Fee-for-Service: Funding arranged through third party payer	

Program details subject to change. Last reviewed: April 2009

Toronto Acquired Brain Injury Network
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	<p>COTA HEALTH 2901 Dufferin Street Toronto, Ontario M6B 3S7</p>
Program or Service:	ABI Case Management Services; ABI Adult Day Services; ABI Supportive Housing Collegeview site; Stroke Recovery Group
Contact:	Junie Facie (416) 785-9230 ext. 1191
Definition of ABI:	<ul style="list-style-type: none"> • major interruption of brain function occurring after birth, not related to a congenital disorder or degenerative disease. • most typically resulting from an external trauma or an internal occurrence — i.e., tumour, stroke or aneurysm
Program Description:	<p>ABI Case Management Services: The Acquired Brain Injury (ABI) Case Management program provides individual support services to clients with acquired brain injuries in the city of Toronto. Our ABI Case Managers work collaboratively with their clients to provide client-centred support and to assist them to live fulfilling lives within the community.</p> <p>Stroke Recovery Group: COTA Health's ABI Case Management Team facilitates a group for individuals who have an acquired brain injury due to stroke. The stroke group offers a supportive and creative group environment for people to engage in meaningful activities, explore strengths, and develop new/diverse skills. The stroke groups are designed to act as a stepping stone to personal recovery and community inclusion. As such, we encourage members to define their goals and help share activities to meet those goals. Time limited involvement is encouraged so as to allow new members the opportunity to participate.</p> <p>ABI Supportive Housing Collegeview site: COTA Health's Acquire Brain Injury services include a supportive housing program located at the Collegeview Apartments site in the Yonge St./College St. area of downtown Toronto. This program provides rent-geared-to-income accommodation and supports. The program can accommodate up to 16 residents. Each resident lives in a bachelor apartment and shares a communal kitchen with other residents. The goal of the program is to assist residents with activities of daily living and other individual goals so that they can maintain their housing and lead productive lives within a community. Many of our residents have jobs, do volunteer work and/or attend day programs.</p> <p>ABI Adult Day Services: The ABI Adult Day Services program offers supportive and creative group environments for people aged 16 to 64, to engage in meaningful activities, explore strengths, and develop new/diverse skills. ABI Adult Day Services is designed to act as a stepping stone to personal recovery and community inclusion. As such, we encourage members to define their goals and help shape activities to meet those goals.</p>
Admission Criteria:	<ul style="list-style-type: none"> • must have an acquired brain injury • 16 years of age and older
Exclusion Criteria:	<ul style="list-style-type: none"> • Must able to be able to direct own care
Admission Process:	<p>Referral within the Network:</p> <ul style="list-style-type: none"> • completion of ABI Client Community Profile • send Profile to ABI Network Office • Profile forwarded to program • Review of Profile by program staff • screening assessment to determine eligibility and client's interest in our services <p>Other Referrals directly to COTA (Stroke Recovery Group only):</p> <ul style="list-style-type: none"> • contact COTA Health's Client Service Centre at 416-785-9230 ext. 1311 • referral by professional, family or self • screening assessment to determine eligibility and client's interest in our services
Discharge Criteria:	<ul style="list-style-type: none"> • dependent upon client's goals
Funding:	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: November 2009

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	<p>PEEL HALTON ACQUIRED BRAIN INJURY SERVICES (PHABIS) 176 Robert Speck Parkway Mississauga ON, L4Z 3G1 www.phabis.com</p>
Program or Service:	Rehabilitation and support services for adults with ABI
Contact:	April Arundine, Clinical Services Manager (Intake Coordinator): (905) 949-4411 ext. 225 Fax: (905) 949-4019 Marnie Murdoch, Clinical Services Administrator: (905) 949-4411 ext. 250: Rob Sargalis, Human Resources Manager (905) 949-4411 ext. 232
Capacity:	Transitional Residence for Specialised Learning - 6 clients Life Long Living Services - 27 clients Day/Community Programming - 200 clients PHABIS West - 9 clients ABI Seniors Services (LTC Pilot Initiative currently in service)
Definition of ABI:	Brain injury is non-degenerative and non-congenital in nature.
Program Description:	<p>I. PHABIS Clinical Services include neuro-psychiatric and psychological assessment and support.</p> <p>II. The PHABIS programme currently comprises 5 service streams:</p> <ol style="list-style-type: none"> 1) Transitional Residence for Specialised Learning (TRSL) - behaviour management programming and rehabilitative functional skills training in a highly structured environment 2) Life Long Living Services - supportive housing in: <ul style="list-style-type: none"> • staffed (24 hours) aggregate apartments (Conover, Britannia Place) • aggregate apartments with staff support provided based on assessed need (Windsor Hill, Westminster) • 7 single unit apartments with support based on assessed need 3) Day/Community Programme Services – open concept environments, individuuated programmes and group/ modular activities addressing therapeutic recreation, life skills, vocational and psychosocial issues 4) Outreach Services - case co-ordination and community crisis support 5) PHABIS West - a secure, highly structured environment for the hardest-to-serve of the repatriated population 6) Seniors Services - behavioural/cognitive consultation and augmented community support
Admission Criteria:	To receive service an individual must: <ul style="list-style-type: none"> • live with the effects of an acquired brain injury • be between the ages of 16 and 56 (unless designated a Seniors Services applicant) • live, or choose to live in the Region of Peel or the Region of Halton • be an active participant in achieving mutually agreed upon goals • be medically stable
Exclusion Criteria:	
Admission Process:	Download an application at www.phabis.com
Discharge Criteria:	
Funding:	Services are offered on a subsidised or fee for service basis: If no rehabilitation funding exists, the client is entitled to <i>subsidised</i> (Ministry of Health and Long Term Care base funding) service. Clients with access to rehabilitation funding (third party payers) will be expected to defray the cost of their involvement in the programme.

Program details subject to change. Last reviewed: April 2009

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	ST. MICHAEL'S HOSPITAL 30 Bond Street Toronto, Ontario M5B 1W8
Program or Service:	Neurosurgery Program Trauma Service – Regional Trauma Centre
Contact:	Mary Copeland, Clinical Leader Manager: (416) 864-6060 x. 5113
Definition of ABI:	TBI, non-traumatic ABI (aneurysms, tumours, AVM's).
Program Description:	<ul style="list-style-type: none"> • Includes an Intensive Care Unit and an inpatient unit • Client falls within two services – trauma or neurosurgery – depending on injury classification • Full complement of health disciplines staff (incl. PT, OT, SLP, SW, chaplaincy, RD, Pharmacy, Recreation Therapy), including Case Managers and APNs – access to other internal specialized care teams as indicated • Daily rounds to discuss care plan • Affiliated internal Head Injury Clinic
Admission Criteria:	<ul style="list-style-type: none"> • Most trauma patients are admitted through Emergency Department • Large number of trauma patients being referred from across the province (provincially designated trauma centre) • Neurosurgical admissions through Emergency Department, direct from neurosurgeons, and from other agencies; direct admission to ICU also possible
Exclusion Criteria:	None
Admission Process:	<ul style="list-style-type: none"> • Usually through emergency department, or through elective surgical admission • Head injury diagnosis is made together by team, to facilitate referral to appropriate services
Discharge Criteria:	<ul style="list-style-type: none"> • Ultimate goal to is to ensure patient is receiving most appropriate treatment in most appropriate setting; once medically stable, and no longer requiring acute care, alternate level of care (or repatriation when indicated) will be pursued based on patient's needs • Potential discharge destinations include: other tertiary centre if indicated (i.e. for neuro-oncology), home hospital or referring hospital, home (with or without home care supports), outpatient rehabilitation, inpatient rehabilitation, complex continuing care, long term care and respite care. • Please note that these discharge destinations will be determined through discussion between the health care team and the patient and their family, and will be based on the patient's goals and care needs. • All patients with ABI are followed in the Head Injury Clinic, up to two years post-injury. This clinic offers the following services based on need: neurosurgery, physiatry, neuropsychiatry, case management. Referral to other health disciplines can be facilitated. This clinic mostly sees patients who have been referred from the inpatient unit or from the Emergency Department. Please note that patients who are admitted to an inpatient ABI rehabilitation setting will receive ABI follow up through that particular program, as opposed to returning to St. Michael's Hospital.
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: May 2009

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	ST. MICHAEL'S HOSPITAL 30 Bond Street Toronto, Ontario M5B 1W8
Program or Service:	Follow- up Head Injury Clinic (at Acute Care Hospital; Level I Trauma Centre)
Contact:	Alicja Michalak – Case Manager: (416) 864-5520 Kristina Kennedy – Admin/Research: (416) 864-6060 ext. 6359
Capacity:	The Head Injury Clinic is the largest of its kind in Ontario, over 1400 patient visits per year.
Definition of ABI:	Acquired traumatic brain injury
Program Description:	<ul style="list-style-type: none"> • To manage and treat patients who have sustained mild and moderate traumatic brain injury over the long term in order that they may return to their pre-morbid level of functioning (employment, school, social activities) • To identify patients most in need of follow-up services • To ensure patients receive appropriate information and access to services • To collaborate with other providers across the system to best meet patient's needs • On the first clinic visit, patients are provided with medical, cognitive and psycho-social assessments. In some cases, the goal of the assessment is to diagnose if the patient has indeed suffered a mild traumatic brain injury • Current treatment plans (when applicable) are also assessed and if necessary further treatment plans, tests and medical appointments are arranged at this time • Referrals are made to both public and private services • Patients also have access to outpatient psychiatry services as required and appropriate.
Admission Criteria:	<ul style="list-style-type: none"> • The mandate of the clinic is to provide follow-up treatment and care to all St. Michael's Hospital's patients who have been treated for Traumatic Brain Injury • The clinic also accepts referrals from family physicians across the province, from CCAC, COTA, private providers, and other different institutions. These referrals are all coordinated through the ABI Network
Exclusion Criteria:	<ul style="list-style-type: none"> • Non traumatic brain injuries • Injuries greater than 6 years old • To avoid duplication of services, inpatients of Toronto Rehab's, Bridgepoint Health's and West Park Healthcare Centre's ABI rehab programs are not being followed up. However if they continue to have issues once they have been discharged from their program the patient may be referred to our service
Admission Process:	<ul style="list-style-type: none"> • Usually through the Trauma & Neurosurgery Program or through the emergency department • Through the ABI Network • Diagnosis of Traumatic Brain Injury
Discharge Criteria:	<ul style="list-style-type: none"> • There are no constraints on the length of time that patients are followed • The Head Injury Clinic offers the flexibility to enter and exit the program as needed
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	SUNNYBROOK HEALTH SCIENCES CENTRE 2075 Bayview Avenue North York, Ontario M4N 3M5
Program or Service:	Trauma Program/Regional Trauma Centre
Contact:	Noreen Kay, Social Work (416) 480-6100 ext. 5816
Definition of ABI:	AV malformation, tumours, aneurysms, TBI.
Program Description:	As an integral part of Sunnybrook Trauma, Emergency and Critical Care Program, the Trauma unit cares for acutely ill patients with multisystem, traumatic injuries. These injuries can result from falls, motor vehicle crashes, assaults, work related and sports injuries. Many teams of physicians may care for a single patient depending on the complexity of their injuries. Patients requiring neurosurgical intervention such as those with traumatic brain injury are also cared for on C5. Patients are admitted to C5 via the Emergency Department, Post Anaesthesia Care Unit, or one of the Critical Care Units. The primary focus of care on C5 includes assessment, intervention, and communication within a patient-centered environment. The Interprofessional Team on C5 supports the philosophy and principles of Patient-Centered Care, and the Mission and Values of Sunnybrook Health Sciences Centre – excellence, collaboration, accountability, respect, and empowerment. Patients on C5 are prepared for rehabilitation, care in the community or for discharge home.
Admission Criteria:	<ul style="list-style-type: none"> • clients with ISS score of 16 or greater • any referrals by other agencies • any admissions “from the street”
Exclusion Criteria:	none
Admission Process:	<ul style="list-style-type: none"> • usually through emergency department, or by referral
Discharge Criteria:	<ul style="list-style-type: none"> • goal is to discharge when client is medically stable, Rancho Los Amigos Level III–V, depending on admission criteria of receiving facility
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	SUNNYBROOK HEALTH SCIENCES CENTRE 2075 Bayview Avenue North York, Ontario M4N 3M5
Program or Service:	Mild to Moderate TBI Clinic ~ Outpatient, Follow-up Clinic
Contact:	Alison Jardine, TBI Clinic Coordinator Phone: (416) 480-4095 Fax: (416) 480-4613 E-mail: alison.jardine@sunnybrook.ca
Capacity:	n/a
Definition of ABI:	Traumatic injury to brain sustained through trauma – MVC, fall, sports, assault, etc. Severity determined by loss of consciousness/change in level of consciousness, GCS, retrograde & post-traumatic amnesia, CT findings
Program Description:	Evidenced-based approach for the early assessment and treatment of mild to moderate TBI patients. Patients are seen within the first three months after injury. Appointment consists of: <ul style="list-style-type: none"> • completion of release of information forms & self-report forms; • interview with clinic co-ordinator (O.T.) which includes demographics, history of injury, relevant past medical history, living situation life style and employment, presenting complaints; • interview with neuropsychiatrist to screen for cognitive, emotional and/or behavioural difficulties; • examination by a physiatrist (currently no physiatrist on staff of TBI Clinic) to assess for any physical complaints related to TBI. Medication may be prescribed by physicians. Education regarding injury, potential sequelae and usual course of recovery is provided. Team determines treatment needs – i.e. referrals to community service providers and timing of next appointment, if needed. Each appointment follows the same format.
Admission Criteria:	Mild to moderate TBI, sustained within 3 months prior to referral. Age range 16 – 60. Physician to physician referral. Referrals accepted from inpatient programs at SHSC, emergency physicians, and community physicians.
Exclusion Criteria:	Injury sustained more than three months prior to the time of referral. Patient referred to an inpatient ABI rehab program, or seen at other TBI/ABI Clinic.
Admission Process:	Referral sent to TBI Clinic. Appropriateness of referral determined, and inclusion of all necessary information confirmed by TBI Clinic staff. Appointment date and TBI Clinic information folder mailed to patient.
Discharge Criteria:	Patients are generally followed for up to one year, at which point reasonable and necessary community services should be well established, and care is then transferred to community physician.
Funding:	OHIP funded.
Other:	TBI Clinic also has a mandate to conduct on-going research in the assessment and treatment of TBI.

Program details subject to change. Last reviewed: May 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	TORONTO CENTRAL COMMUNITY CARE ACCESS CENTRE, ABI PROGRAM 250 Dundas St. W., Suite 305 Toronto, ON M5T 2Z5 Tel: 416-217-3817	
Program or Service:	ABI Program	
Contact:	Akin Falode, Client Service Manager (416) 506-9888	
Capacity:	Approximately 100 clients	
Definition of ABI:	Damage to the brain which occurs after birth and is not related to a congenital disorder or a degenerative disease (such as Alzheimer's or Multiple Sclerosis). The brain damage may be due to a traumatic injury to the head, incurred through a motor vehicle crash, a fall, an assault, a sports injury, etc. It may also be caused by conditions such as anoxia, aneurysm, infection (e.g., encephalitis).	
Program Description:	<ul style="list-style-type: none"> • broad range of health and support services for the individual and the caregiver(s) living with the effects of an acquired brain injury with goals of optimizing function in their roles with family and in the community • care coordination and resource management of ABI services • comprehensive range of rehab-focused services in with community agency partners: physiotherapists, speech-language pathologists, social workers, occupational therapists, rehab support workers, psychology services, and behaviour therapists. • rehab goals reflect maximizing independence, community reintegration and quality of life 	
Admission Criteria:	<ul style="list-style-type: none"> • Primary diagnosis of acquired brain injury. The referral source is asked to provide as much information as possible (e.g., client's cognitive status; site of injury; impact of injury; all neurological reports) • Verification that client is medically stable and able to participate in a rehabilitation program. • people who live at home or are capable of doing so (not residing in an acute care institution or long term care facility) • 18 to 65 years old (other referrals will be considered on a case-by-case basis) • Individuals who require rehabilitative assistance from the ABI team to improve/sustain the ability to remain at home in their community • client/family/caregiver consent to collaborate with ABI team to develop and implement an individualized rehabilitation program • reside within the Toronto Central LHIN boundaries 	
Exclusion Criteria:	<ul style="list-style-type: none"> • severe behaviour and/or active substance abuse • individuals requiring 24-hour nursing care • individuals with progressively degenerative, developmentally delayed, or geriatric, neurological conditions 	
Admission Process:	Referral within the ABI Network: <ul style="list-style-type: none"> • completion of ABI Client Profile • Fax Profile to ABI Network Office • Profile is forwarded to TC-CCAC ABI Program • Review of Profile by TC-CCAC ABI Program • once referral is made, an assessment is completed to determine eligibility for ABI Program via telephone discussions and hospital/home visits 	Other Referrals (outside the ABI Network): <ul style="list-style-type: none"> • accepted from health care professionals, community service providers, family members, clients, or any other person who identifies a need for service • in-hospital clients: contact CCAC Intake Care Coordinator at hospital • community clients: contact ABI Care Coordinator or Manager of ABI Program • once referral is made, an assessment is completed to determine eligibility for ABI Program via telephone discussions and hospital or home visits
Discharge Criteria:	<ul style="list-style-type: none"> • client's rehabilitation goals have been met. Client may be transferred to regular TCCCAC caseload 	
Funding:	Ministry of Health and Long-Term Care	

Program details subject to change. Last reviewed: April 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	TORONTO REHABILITATION INSTITUTE University Centre 550 University Avenue Toronto, Ontario M5G 2A2
Program or Service:	Inpatient ABI Rehabilitation
Contact:	Richard Khoo, Program Services Manager, Neuro Cognitive Stream: (416) 597-3422 ext. 3950 Elaine Widgett, Program Service Manager, Neuro Physical Stream: (416) 597-3422 ext. 3804
Capacity:	Number of spaces: 30 inpatient beds: 5 “slow stream” & 25 regular rehab
Definition of ABI:	<ul style="list-style-type: none"> • brain injury not progressive in nature, having occurred within ‘recent’ time period
Program Description:	<ul style="list-style-type: none"> • program enables client who has had a serious brain injury to attain his/her rehabilitation goals and ultimately maximize his/her functional abilities • slow stream services slow-to-recover clients who are capable of benefiting from a rehab program by making improvements in functional capacity but over a longer period of time, and who can ultimately be discharged from the unit, perhaps to a LTC facility • Note: the program also provides services to patients with MS who have cerebral involvement
Admission Criteria:	<ul style="list-style-type: none"> • primary diagnosis is traumatic and non-traumatic brain injuries; this may include traumatic/non-traumatic brain injuries, benign tumors, infections, aneurysms. • accepts referrals regionally but the majority of referrals come from the Greater Toronto Area • patient must show potential for participating in the rehabilitation process and is expected to participate in all components of the program • age range is generally 16 years of age and older • patient must be medically stable in order to participate in a vigorous rehabilitation program • if a patient has multiple diagnostic issues, a trial assessment might be required to determine if continuation in the program is recommended • acquired brain injury has occurred within two years of application for admission • patients applying to slow stream should exhibit purposeful responses to the environment and be able to participate in a rehab session for a minimum of 20-30 minutes, twice a day, 5 times a week • admissions are determined on an individual basis
Exclusion Criteria:	<ul style="list-style-type: none"> • patients who do not participate in the rehabilitation process • patients with a progressive neurological condition (other than MS), e.g., dementia, malignant tumours • patients with severe behavioural disturbances such as aggression or severe anti-social behaviour which precludes their participation in the program and their integration into the unit • other behaviours which limit rehabilitation potential, e.g. alcohol and/or drug misuse • patients not able to perform due to medical or psychiatric conditions requiring medical care, e.g. patients needing dialysis
Admission Process:	<ul style="list-style-type: none"> • completion of <i>Inpatient Rehab/CCC Referral Form</i>, plus the 2-page <i>Functional Information Form</i> • completed application faxed to the Toronto ABI Network office, or submitted via Strata eReferral system • Toronto ABI Network forwards application to ABI program service coordinator when there is bed availability • ABI program staff review application
Discharge Criteria:	<ul style="list-style-type: none"> • upon completion or near completion of rehab goals • patient no longer benefiting from active inpatient service. Those who are inconsistently participating may be discharged if no progress is being made. • patient encounters any of the exclusionary criteria (see above) • patient does not want to participate in active inpatient rehabilitation • if patient does not have a discharge location, he/she might be returned to the referring facility or to the care of his/her family
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: January 2010

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	TORONTO REHABILITATION INSTITUTE University Centre 550 University Avenue Toronto, Ontario M5G 2A2
Program or Service:	Day Hospital/Outpatient Rehabilitation Assessment
Contact	Carmen Volpe, Service Coordinator Tel: (416) 597-3422 ext. 3493
Capacity:	45 spaces
Definition of ABI:	<ul style="list-style-type: none"> • brain injury not progressive in nature, having occurred within 'recent' time period
Program Description:	<ul style="list-style-type: none"> • assists clients with brain injuries and their caregivers to make the transition from inpatient care to their community • provides supportive role as clients and their families adapt to changing situations during their recovery • focuses on assessment, treatment and health education
Admission Criteria:	<ul style="list-style-type: none"> • clients must have sustained a brain injury • clients must require two or more services • clients must be mentally, physically and medically stable to enable regular attendance and full participation in therapies • clients must have the capacity to benefit from a goal oriented, therapeutic program • clients must be able to arrange transportation • clients must be 18 years of age or older (where appropriate, clients under the age of 18 may be admitted)
Exclusion Criteria:	<ul style="list-style-type: none"> • uncontrolled alcohol/substance abuse • may be discharged if significant behavioural or psychiatric disturbance occurs
Admission Process:	<ul style="list-style-type: none"> • completion of <i>Outpatient/Ambulatory Referral Form</i> • completed application to the Toronto ABI Network office • Toronto ABI Network forwards application to program's Service Coordinator • review of application by Service Coordinator who will then contact the referral source and confirm whether or not a pre-admission intake assessment is warranted <p>After Referral:</p> <ul style="list-style-type: none"> • pre-admission intake assessment with two members of Day Hospital team • establishment of individual therapeutic goals • an attempt is made by the team to recommend other services if client is not appropriate for admission to day hospital
Discharge Criteria:	<ul style="list-style-type: none"> • upon completion or near completion of rehab goals • patient no longer benefiting from active rehab • patient encounters any of the exclusionary criteria (see above). • patient does not demonstrate motivation to participate in active inpatient rehabilitation • patient repeatedly absent from scheduled appointments • arrangement of community-based supports and therapies
Funding:	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: January 2010

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	TORONTO REHABILITATION INSTITUTE Rumsey Centre 345 Rumsey Road Toronto, Ontario M4G 1R7
Program or Service:	ABI Rehabilitation, Outpatient
Contact:	Richard Khoo, Program Services Manager, Neuro Cognitive Stream: (416) 597-3422 ext. 3950 Elaine Widgett, Program Service Manager, Neuro Physical Stream: (416) 597-3422 ext. 3804
Capacity:	30 outpatients
Definition of ABI:	<ul style="list-style-type: none"> • brain injury not progressive in nature, having occurred within 'recent' time period
Program Description:	<ul style="list-style-type: none"> • active outpatient rehabilitation for individuals requiring an interdisciplinary, goal-oriented approach • physical, perceptual, cognitive, communicative, and social issues are addressed
Admission Criteria:	<ul style="list-style-type: none"> • diagnosis of an acquired brain injury • clients 18+ years of age • less than 18-24 months post-insult/onset • must be medically stable • demonstrates potential to improve through program participation • priority to those who have received minimal therapy • patients must require the intervention of at least 2 different therapy services (i.e., PT and OT) • patients must have reliable transportation
Exclusion Criteria:	<ul style="list-style-type: none"> • wandering • aggressive behaviour • require assistance with toileting
Admission Process:	<ul style="list-style-type: none"> • completion of <i>Outpatient/Ambulatory Referral Form</i> • completed application to the Toronto ABI Network office • Toronto ABI Network forwards application to program • review of application by program staff <p>After Referral:</p> <ul style="list-style-type: none"> • pre-admission intake assessment • establishment of individual therapeutic goals • an attempt is made by the team to recommend other services if client is not appropriate for admission to day hospital
Discharge Criteria:	<ul style="list-style-type: none"> • upon completion or near completion of rehab goals • patient no longer benefitting from active rehab • patient encounters any of the exclusionary criteria (see above) • patient not willing to participate in active rehabilitation • patient repeatedly absent from scheduled appointments
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: January 2010

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	TRILLIUM HEALTH CENTRE 100 Queensway West Mississauga, Ontario L5B 1B8
Program or Service:	Outpatient Neuro Rehab Services
Contact/Phone:	(905) 848- 7580 x 2474
Capacity:	Based on services required. Waitlist may be used.
Definition of ABI:	Brain injury sustained through trauma, as well as non-traumatic events, including anoxia, tumour, stroke, aneurysm, infection, etc.
Program Description:	<ul style="list-style-type: none"> • Program offers comprehensive assessment and treatment for clients with recent stroke, ABI, and neurological conditions • Clients may require single or multi-discipline involvement • Program includes Physiotherapy, Occupational Therapy, Speech Language Pathology, Nursing, and Social Work.
Admission Criteria:	<ul style="list-style-type: none"> • ABI within the past 12 months, Stroke within the past 9 months • 18 years or older • Live in Trillium Health Centre catchment area • Medically stable • Have shown recent progress in recovery and have clear rehab goals • Commit to attend regular sessions and complete home exercises and/or activities • Be under the care of a family physician
Exclusion Criteria:	Significant behavioural issues (e.g. aggression, substance abuse, wandering, etc.)
Admission Process:	<ul style="list-style-type: none"> • Referral by physician using GTA Rehab Network outpatient referral form • Program staff screen referral and may complete intake assessment with clients by telephone
Discharge Criteria:	<ul style="list-style-type: none"> • Achievement or near achievement of rehab goals • Client no longer benefits from active rehab • Client repeatedly absent from therapy or does not participate in therapy • Client demonstrates behavioural issues which interfere with ability of client and/or others to participate in therapy
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: November 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	UNIVERSITY HEALTH NETWORK Toronto Western Hospital 399 Bathurst Street Toronto, Ontario M5T 2S8
Program or Service:	Acute Care Institution
Contact:	Neuroscience Social Workers: Pam McFarlane: (416) 603-5800 ext. 5261 Sheila Katz: (416) 603-5800 ext. 6490
Definition of ABI:	Damage to the brain and its functions secondary to injury or illness.
Program Description:	Interdisciplinary team approach for establishing and implementing a comprehensive treatment program.
Admission Criteria:	<ul style="list-style-type: none"> • clients who require medical assessment and/or intervention • not a trauma unit... neurovascular specialization (AVM, aneurysm, stroke, tumour, SAH due to falls)
Exclusion Criteria:	None
Admission Process:	<ul style="list-style-type: none"> • either elective (planned) or emergency-based • patients come from all over Ontario through Criti-Call.
Discharge Criteria:	<ul style="list-style-type: none"> • once medically stable, team decides on appropriate discharge plan • when possible, medical prognosis is discussed with client/family and preparation initiated for post-rehab care.
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: April 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	UNIVERSITY HEALTH NETWORK Toronto Western Hospital 399 Bathurst Street Toronto, Ontario M5T 2S8
Program or Service:	Acquired Brain Injury Clinic University Health Network
Contact:	Dr. Chanth Seyone (Director): (416) 603-5009 or Dr. Minella de Souza: (416) 603-5009
Capacity	n/a
Definition of ABI:	<p>Head Injury and Acquired Brain Injury (ABI) are terms becoming almost synonymous with traumatic brain injuries. However, for the purpose of the ABI Clinic, the terms are used more broadly to denote injuries sustained through trauma as well as other means such as lesions due to strokes, abscesses, infections etc.</p> <p>An ABI for the purposes of the ABI Clinic is any injury to the brain following birth. Congenital and developmental brain injuries are excluded.</p>
Program Description:	<ul style="list-style-type: none"> • Provide clinical management of patients with acquired brain injuries, be it by trauma or by other means as long as it took place after birth. • Provide initial assessment and long-term follow up of adults as well as children / adolescent. • Provide support and psychiatric care as needed to family. • Liaise with caregivers of the patient such that a comprehensive management / rehabilitation plan is determined. • Liaise with community agencies to ensure that these management plans are carried through. • Address community needs by providing consultations and ongoing care to patients living in group homes AT the group homes. • Provide a forum for clinical and didactic teaching in this field. <ul style="list-style-type: none"> – In ABI. – In Sleep Medicine. – In Community Medicine. • Carry out research to enhance the meagre knowledge found within the psychiatric literature in ABI and neuropsychiatric complications. • Aid in the medico-legal clarification (both private / insurance and WSIB) of difficult problems including minimal brain injuries.
Admission Criteria:	Any acquired brain injury, be it by trauma or by other means as long as it took place after birth and lead to neuropsychiatric and behavioural sequelae.
Exclusion Criteria:	Congenital ABI, Developmental Disorders.
Admission Process:	Medical referral to either Dr. Seyone or Dr. de Souza.
Discharge Criteria:	When patients are stable and can be managed effectively within the community setting by the patients family physician and care givers.
Funding:	n/a

Program details subject to change. Last reviewed: May 15, 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5
Program or Service:	Service: Inpatient Neurological Rehabilitation Contact: Renate Ilse, Manager, Neuro-Rehabilitation Services (416) 243-3600 ext. 4135, fax (416) 243-3654 Renate.ilse@westpark.org OR Helen Raheja, Care Co-ordinator, (416) 243-3600 ext. 4106 OR Mary Haddock, Care Co-ordinator, (416) 243-3600 ext. 4125
Capacity:	Number of spaces: 7 inpatient beds
Definition of ABI:	<ul style="list-style-type: none"> • Individual who has sustained (acquired) brain dysfunction secondary to a traumatic event, or illness/event requiring neurosurgery and deficits include cognitive and or behavioural issues
Program Description:	<ul style="list-style-type: none"> • rehabilitation services to patients with an ABI • patient focused, interdisciplinary approach to assist patients in working toward their goals • focus is on education of the patient and the families to allow patients to maximize their abilities for discharge into their community • medical follow up clinic
Admission Criteria:	<ul style="list-style-type: none"> • clients (individual) who has sustained a recent ABI, who can show improvement in functional independence through a comprehensive rehabilitation program • medically stable • Rancho Los Amigos Level V or above • 18 years old or older • where appropriate, clients (patients) under the age of 18 can be admitted • motivated to improve and willing to participate in program
Exclusion Criteria:	<ul style="list-style-type: none"> • This program cannot accommodate patients with psychiatric disorders that could interfere with the rehabilitation program • This program cannot accommodate patients who may wander
Admission Process:	<ul style="list-style-type: none"> • completion of Inpatient Rehab/CCC Referral Form, plus the 2 page ABI-Neuro Functional Information Form. • completed application faxed to the Toronto ABI Network office, or submitted via the Toronto Central LHIN electronic Resource Matching and Referral (RM&R) system • Toronto ABI Network forwards application to ABI program service coordinator when there is bed availability anticipated • ABI program staff review application for completeness and will assist with triaging to most appropriate program.
Discharge Criteria:	<ul style="list-style-type: none"> • Client is able to safely cope within his/her home environment and to access services, if needed, in the community • Patient no longer requires an in-patient setting for his/her rehabilitation • Patient is able to continue therapy in the community, either through out-patient therapy, home care or private services. • (Patient and family have been educated regarding the patient's needs and is able to carry them out safely • The client is demonstrating no further benefit from the in-patient therapy program and/or there are no further goals
Funding:	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: April 2010

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5
Program or Service:	Service: Outpatient Rehabilitation, Neuro Rehab Assessment and Follow Up Clinic Contact: Angela Simmons, Unit Clerk, Outpatient Rehabilitation (416) 243-3600 ext. 3630 OR Margaret Mahon, Unit Clerk, Ambulatory Clinics (416) 243-3600 ext. 3640 fax (416) 243-3716
Capacity:	Waiting period for Outpatient Rehabilitation, depending on demand for service.
Definition of ABI:	<ul style="list-style-type: none"> • individual who has sustained (acquired) brain dysfunction secondary to a traumatic event, either from injury or illness (excluding ischemic stroke)
Program Description:	<ul style="list-style-type: none"> • rehabilitation services to clients with an ABI • client focused, interdisciplinary approach to assist clients in reaching their goals • focus is on education of the client and the families to allow clients to maximize their abilities for discharge into their community <p>Outpatient rehabilitation: a client living in the community can further refine their skills Pre-assessment Clinic: assess for appropriateness of admission to the program Follow Up Clinic: to determine how well clients/families are coping post-discharge and allows for further interventions, where necessary</p>
Admission Criteria:	<ul style="list-style-type: none"> • clients with an ABI, who show potential for improvement in functional independence • medically stable • Rancho Los Amigos Level VI or greater • 18 years old or greater (where appropriate, clients under the age of 18 will be admitted) • have a family physician in the community • motivated and capable of participation in program • prepared to provide transportation
Exclusion Criteria:	<ul style="list-style-type: none"> • psychiatric problems which interferes with therapy • wandering
Admission Process:	<p>Referral within the Network:</p> <ul style="list-style-type: none"> • completion of ABI Client Community Profile • Profile to ABI Network Office • Profile forwarded to program • Review of Profile by program staff
Discharge Criteria:	<ul style="list-style-type: none"> • client reached a functional level that would not benefit from further active rehab therapy • client has reached a plateau which further therapy will not improve • discharge may be necessary where client unable or unwilling to co-operate with the goals of therapy as determined by the interdisciplinary team or due to repeated client absence
Funding:	<ul style="list-style-type: none"> • Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: November 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5	
Program or Service:	ABI Behaviour Service: Inpatient Services	
Contact:	Dr. Gary Gerber, Clinical Director (416) 243-3600 ext. 2615	
Capacity:	Number of spaces: 5 inpatient beds	
Definition of ABI:	Broadly defined with focus on challenging behaviours.	
Program Description:	<ul style="list-style-type: none"> • service focus on individual client's goals and needs • staff use a blend of skills emphasizing a behavioural approach to treatment • goal is to enable clients with ABI and associated behavioural difficulties to lead purposeful and fulfilling lives • assist clients to learn skills and behaviours necessary to live in community settings. 	Service Principles: <ul style="list-style-type: none"> • provide services based on principles of applied behaviour analysis • help families adapt to the needs of the person with brain injury • work closely with other service providers to coordinate a full spectrum of client services.
Admission Criteria:	<ul style="list-style-type: none"> • adults, age 18 to 65 years, who have an ABI and associated behavioural challenges that prevent them from accessing other needed services, or from returning to their communities 	
Exclusion Criteria:	<ul style="list-style-type: none"> • medically unstable • requiring immediate hospitalization for medical or psychiatric reasons • facing criminal charges 	
Admission Process:	<ul style="list-style-type: none"> • via Toronto ABI Network 	
Discharge Criteria:	<ul style="list-style-type: none"> • successful achievement of client goals 	
Funding:	Ministry of Health and Long-Term Care, Institutional Health Branch	

Program details subject to change. Last reviewed: April 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5	
Program or Service:	ABI Behaviour Service: Outreach Program	
Contact:	Dr. Gary Gerber, Clinical Director (416) 243-3600 ext. 2615	
Capacity:	Caseload of 15 clients	
Definition of ABI:	Broadly defined with focus on challenging behaviours.	
Program Description:	<ul style="list-style-type: none"> • service focus is on individual client's goals and needs • staff use a behavioural approach to assessment and treatment • goal is to enable clients with ABI and associated behavioural difficulties lead purposeful and fulfilling lives • assist clients to learn skills and behaviours necessary to be successful in community settings. 	Service Principles: <ul style="list-style-type: none"> • provide services based on principles of applied behaviour analysis • help families adapt to the needs of the person with brain injury • work closely with other service providers to coordinate a full spectrum of client services
Admission Criteria:	<ul style="list-style-type: none"> • adults who have an ABI and associated behavioural challenges, who are living in their own home, in a residential facility, or are in a hospital • age 18 to 65 years 	
Exclusion Criteria:	<ul style="list-style-type: none"> • medically unstable • pre-injury history of serious mental illness or significant substance abuse • requiring immediate hospitalization for medical or psychiatric reasons • facing criminal charges 	
Admission Process:	via Toronto ABI Network	
Discharge Criteria:	Achievement of client goals within the constraints of a 6-month intervention.	
Funding:	Ministry of Health and Long-Term Care, Institutional Health Branch	

Program details subject to change. Last reviewed: April 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	<p>YORK-SIMCOE BRAIN INJURY SERVICES (YSBIS) <i>- A partnership between York Central Hospital and March of Dimes</i></p> <p><u>RICHMOND HILL OFFICE</u> 13311 Yonge Street, Suite 202 Richmond Hill, ON L4C 3L6 Tel: 905-773-3038 Toll free: 1-800-362-7793 Fax: 905-773-5176</p> <p><u>BARRIE OFFICE</u> 570 Bryne Drive, Unit H Barrie, ON L4N 9P6 Tel: 705-721-7793 Fax: 705-728-7456</p>
Contact Person:	Client Services Associate: Make referral by calling 905-773-3038 ext. 6193
Hours of Operation:	Monday to Friday, 8:00 am to 4:00 pm
Service Area:	York Region & Simcoe County
Ages Served:	<ul style="list-style-type: none"> • 16 and over
Languages:	<ul style="list-style-type: none"> • English, French • Interpreters are provided where possible for other languages.
Wheelchair Access:	Yes
Method of Referral:	<ul style="list-style-type: none"> • Self, professional, or other (consent required for referral)
Method of Payment:	No fee
Services Provided:	<ul style="list-style-type: none"> • Behavioural Assessment, Treatment & Consultation • Neuropsychological/Neuropsychiatric Assessment • Problem Solving Groups • Case Management • Rehabilitation Community Support • Caregiver Workshops • Brain Injury Education
Service Description:	<p>York-Simcoe Brain Injury Services is a partnership between the March of Dimes and York Central Hospital. We provide case coordination and comprehensive functional assessment to evaluation the effects of the brain injury on the individual and those who support them.</p> <p>An individualized rehab plan is developed with recommendations and community support to promote the acquisition of skills and strategies for community reintegration.</p> <p>The team includes: Behaviour Consultants; Case Managers; and Community Rehabilitation Workers.</p> <p>Services are offered in the home and in the community.</p>

Program details subject to change. Last reviewed: November 2009

Toronto Acquired Brain Injury Network
Descriptions of Programs/Services of Member Organizations

	<p style="text-align: center;">YORK REGION ADULT DAY SERVICES FOR PEOPLE WITH ACQUIRED BRAIN INJURIES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><u>YORK CENTRAL HOSPITAL SITE</u></p> <p>Jean Vanier Catholic High School 10475 Bayview Avenue (back entrance) Room 153 Richmond Hill, ON L4C 3P2</p> <p>Monday: 9:00 am – 4:00 pm Tel: 905-883-1212 ext. 3819</p> </td> <td style="width: 50%; border: none;"> <p><u>MAPLE HEALTH CENTRE SITE</u></p> <p>Adult Day Centre 10424 Keele Street Maple, ON L6A 2L1</p> <p>Tuesday & Friday: 9:00 am – 4:00 pm Tel. 905-303-0133 ext. 3625</p> </td> </tr> </table>	<p><u>YORK CENTRAL HOSPITAL SITE</u></p> <p>Jean Vanier Catholic High School 10475 Bayview Avenue (back entrance) Room 153 Richmond Hill, ON L4C 3P2</p> <p>Monday: 9:00 am – 4:00 pm Tel: 905-883-1212 ext. 3819</p>	<p><u>MAPLE HEALTH CENTRE SITE</u></p> <p>Adult Day Centre 10424 Keele Street Maple, ON L6A 2L1</p> <p>Tuesday & Friday: 9:00 am – 4:00 pm Tel. 905-303-0133 ext. 3625</p>
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Contact Person:	Client Services Associate: Make referral by calling 905-773-3038 ext. 6193		
Service Area:	York Region		
Ages Serviced:	<ul style="list-style-type: none"> • 18 and over 		
Languages:	<ul style="list-style-type: none"> • English, French • Interpreters are provided where possible for other languages. 		
Wheelchair Access:	Yes		
Method of Referral:	<ul style="list-style-type: none"> • Self, professional (consent required for referral) 		
Method of Payment	A daily minimal fee will be charged.		
Services Provided:	<ul style="list-style-type: none"> • Computer Activities • Socialize with Peers • Leisure Activities (Bocce, bowling, Mini-putt, shuffleboard) • Arts & Crafts • Cooking Program • Theme Days • Fitness & Exercise • Woodworking • Discussion Group • Brain Injury Education 		
Service Description:	<p>York Central Hospital, Behaviour Management Services through York-Simcoe Brain Injury Services offers adult day services to individuals with a brain injury resulting from trauma or non-progressive disease. Participants must be medically stable.</p> <p>This program provides a supportive environment to assist individuals in achieving and maintaining a maximum level of functioning. It offers a wide variety of opportunities for social and recreation activities while providing caregiver relief. Caregiver Stress Management Workshops are offered annually. A calendar of events is available on a monthly basis.</p>		

Program details subject to change. Last reviewed: November 2009