

From evolution to revolution in rehabilitation



Toronto
Rehab

2009/10 Annual Report



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From evolution to revolution in rehabilitation

A message from the Chair of the Board of Directors and President & CEO

It has been another exciting year at Toronto Rehab as we celebrated the achievement of major milestones in our evolution to become Canada's leading adult rehabilitation sciences centre – milestones that have taken us beyond our former strategic vision of advancing rehabilitation and enhancing quality of life to one that is more focused on leading a revolution in rehabilitation science to maximize life for those affected by the challenges of disability, illness, injury or the consequences of aging.

Thanks to the leadership, expertise, passion and enthusiasm of our staff, physicians and volunteers, this past year was significant in our 10-year history, one in which we developed new models of care and established key partnerships to improve patient outcomes and affect efficiency within the health system. We also:

- implemented various initiatives that are bringing an even greater level of accountability to our services and an increased level of satisfaction among those we serve;
- continued to build one of the world's largest and most productive rehabilitation research programs that will shape rehabilitation science in ways never before envisioned;
- played a lead role in advancing interprofessional education and expanded our patient and public education commitment;
- moved forward with ongoing strategies to make Toronto Rehab an employer of choice.

The 2009/10 fiscal year was the last in our five-year strategic plan entitled "Advancing Rehabilitation, Enhancing Quality of Life: Making a World of Difference, One Patient at a Time". Our many accomplishments last year weren't just about meeting our annual operating plan objectives but about achieving our strategic priorities that focused on excellence in research, patient care, education and people.

The Board, our staff, physicians and volunteers set our sights on the future and unveiled a new vision and mission, and a new set of strategic directions and core values. This work culminated in the development of a new Strategic Plan that will guide our work for the next five years.

Our focus now is on creating a revolution in rehabilitation, building on the significant advancements we've accumulated in patient care, education and research in the past decade to create conditions that will stimulate new solutions and maximize the lives of patients and families in our local communities, and beyond.



Setting the stage for a revolution in rehabilitation

Much of our work in our last fiscal year was about setting the course for our future as we faced – and continue to face – increased demand for services associated with a rapidly aging population and the reality that with age and advances in medicine that help prolong lives comes an increase in the number of people who live with illness, injury or age-related disability.

The fact is almost everyone will at some point in their lives be touched in some way by disability. The impetus for the redevelopment of our University Centre was to help respond to the growing demand for rehabilitation through the creation of a state-of-the-art environment for our research program and the development of an accessible, patient-centred facility better suited to meet the needs of people with disabilities. But more importantly, this initiative is about creating an incubator for new ideas that will create innovative, more effective approaches in rehabilitation, recognizing that the solutions of the past will not be sufficient to meet the needs of tomorrow.

Construction is now focused on the finishing work within the patient care and research areas of the new building and on preparing the wing for patient occupancy and the opening of our iDAPT research facilities in early 2011.

Enhancing our value in an integrated health system

As our population continues to age and as more and more people live with chronic disease or survive traumatic illness or injury, the need for rehabilitation will only increase. While we need to position ourselves for this ongoing growth in the demand for our services, we must also consider redefining how rehabilitation can be provided to help people return as active members of their communities quickly and help the health care system keep up with the evolving demands of a growing, aging and diverse community.

Together with our partners, we're helping improve the value of the health system for our patients and, in doing so, strengthening the role of rehabilitation in addressing system-level challenges. Last year, for example, cardiac rehabilitation specialists from Toronto Rehab teamed up with North York General Hospital to provide an even greater level of support, education and active rehabilitation for hospital patients recovering from a heart attack to help reduce their risk of future cardiac events.

We have also focused on helping improve a timelier return to the community for those who are participating in rehabilitation. An important example is the Neuro Rehabilitation Program's EPIC Project, which is aimed at getting people back home after their stroke. Last year, the program team partnered with our local Community Care Access Centre to implement early supported discharges for stroke patients, an important part of this innovative project.

These examples of earlier intervention and system integration, along with the many other patient care initiatives and research activities, help make the system more efficient and ensure that we're playing a leading role in how the greater health care system performs.

Earning a mark of excellence and quality

This past year, our staff, physicians and volunteers invested a tremendous amount of time and energy to prepare for an onsite visit by surveyors with Accreditation Canada. Toronto Rehab firmly believes that our participation in this program is an important part of our quality and accountability commitment to patients and our communities.

The visit, which took place in early May of 2010, focused on evaluating our programs and services against national quality standards. We are very pleased to report that Accreditation Canada has granted Toronto Rehab full accreditation.

But what made this year's accreditation review even more important is that the survey included a separate review of our Stroke Rehabilitation Service by Accreditation Canada and the Canadian Stroke Network to be considered a centre of excellence among Canadian rehabilitation centres. We are excited to report that our Stroke Service has been acknowledged as a leading stroke program in the country and is the first rehabilitation program in Canada to be granted a Stroke Services Distinction award.

The success of an unprecedented fundraising campaign

The past fiscal year saw the successful completion of Toronto Rehab's first capital campaign. *Everything Humanly Possible: The Campaign for Toronto Rehab* raised \$63.9 million, exceeding its goal by nearly \$4 million. The campaign's success has enabled us to move forward with major redevelopment efforts and the growth of our research program, both of which are examples of how the commitment and generosity of our donor community can affect innovation in rehabilitation.

The conclusion of this highly successful campaign has laid the foundation upon which we will now build an ambitious fundraising effort that will focus on major gifts and annual program activities to help each of our programs provide an unparalleled level of care and support research and clinical innovation.

Embracing a humanitarian spirit in Haiti

In January 2010, a devastating earthquake rocked the island nation of Haiti. In just under one minute, more than 250,000 people lost their lives and thousands more were left critically injured and disabled as a result of the quake's devastating effect on buildings and infrastructure.

Thanks to the support of Toronto Rehab Foundation and the spirit of our clinical experts, teams of Toronto Rehab physicians, nurses and therapists travelled to two small villages in Haiti – Cap Haitien and Deschapelles – between late March and early June to provide expert rehabilitation care and education to people who experienced spinal cord or other injuries during the quake.

Our teams, from those who helped provide initial support to those who later provided hands-on care and support for patients, found the experience rewarding but also humbling, as they were witness to the devastating physical impact this disaster had on human lives. They were also moved by the amazing spirit of hope and generosity demonstrated by Haitians and other relief workers.

Our efforts to educate and train local health professionals will help ensure that those with spinal cord injuries will face a brighter future filled with possibilities rather than impossibilities. We are very proud to have been a part of the efforts coordinated by Team Canada Healing Hands and we are confident that we have helped the lives we have touched.

We are now determining our next steps in our role in this initiative as there is more work to be done to help the population there rebuild and maximize their lives.

Other important highlights from 2009/10:

- We met our Hospital Service Accountability Agreement obligations as contracted with the Toronto Central Local Health Integration Network (LHIN) in a year of significant financial and volume pressures that we were able to manage while ensuring high-quality patient care.
- Staff engagement levels continue to soar, as the results from our most recent survey reveal that not only have we continued to improve our rates year over year, but that we are now a benchmark performer in several areas when compared to other hospitals in the province.
- The Ministry of Health and Long-Term Care renewed our research funding for an additional three years, ensuring annual operating funds of \$3 million through to 2012 based on our most recent outstanding assessment by the International Scientific Advisory Committee.
- We launched a new web-based performance report that includes information on publicly reported patient safety and quality indicators as well as other information that we feel strongly demonstrates our commitment to public accountability and transparency.

Looking Ahead

Last year was a time of renewal as we redefined our future and set our sights on the next five years. We're now building on our successes to redefine rehabilitation and its role in an integrated health system.

Thanks to the contributions of our staff, physicians and volunteers, and to important partnerships we're forging, Toronto Rehab is ready to lead a revolution in rehabilitation. A revolution that's bringing researchers and clinicians closer together to integrate care and discovery, building capacity within the health system to meet growing demands, and empowering patients to overcome the challenges of disability with confidence and dignity.

Respectfully submitted,

David Bragg
Chair, Board of Directors
Toronto Rehab

Mark Rochon
President and CEO
Toronto Rehab



Board of Directors

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First Vice Chair
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Kevin Young

At our last annual general meeting in June 2009, we welcomed two new Board members and acknowledged the contributions of those Board members who were retiring. New Board member John Shepherd is a former patient of Toronto Rehab's Spinal Cord Rehabilitation program and is a consultant and researcher in the health sciences industry. Also new to the Board (as an ex-officio) is Dr. Colleen McGillivray, who is a physiatrist with the Spinal Cord Rehabilitation Program and the President of the Medical Staff Association.

We thank outgoing Board members for their commitment to our organization during their time with us: Richard Boxer, Diana Burke, Dianne Smith-Sanderson, Dr. Nora Cullen, Dr. Raphael Chow and Andrea Waines.

Our Board of Directors now reflects a smaller, more streamlined membership following a governance renewal initiative that will help strengthen the Board's ability to guide the organization into an exciting future.

Senior Management

President & CEO
President, Toronto Rehab Foundation
Vice President, Marketing and Communications
Vice President, Research
Vice President, Human Resources and Support Services
Vice President, Finance and Planning
Vice President, Patient Care and Chief Nursing Executive
Acting Vice President, Patient Care *
Vice President, Patient Care & Chief Medical Officer
Director, Information Technology

Mark Rochon
Sheila Hicks
Jennifer Ferguson
Dr. Geoff Fernie

Donna Marafioti
Susan Mikulicic

Karima Velji
Kim Lenahan*
Dr. Gaetan Tardif
Adele Wentzel

* appointed Acting Vice President, Patient Care on April 5, 2010.



Toronto Rehab is a high performing, dynamic, engaged organization which is focused on providing exemplary quality care to meet the needs of the patients and families it serves.

Accreditation Canada

Quality and accountability: measures of our success

At Toronto Rehab we use a variety of indicators to evaluate different aspects of our performance to obtain a balanced perspective of the quality of our services. From the functional improvements our patients make and their perceptions about the care they receive, to the amount of external research funding we attract and whether students who train here would recommend Toronto Rehab to others, we track how we measure up in these and other key areas so we can identify where we are performing well and where we need to improve.

Earning accreditation a quality achievement

Toronto Rehab firmly believes in ensuring quality and value in everything we do and participation in Accreditation Canada's quality program is an important part of that philosophy. For the greater part of last year, our staff, physicians and volunteers prepared for a four-day survey visit from evaluators with Accreditation Canada, a non-government organization that measures health organization services against national quality standards.

Our visit was held the first week of May 2010 and included team interviews, onsite tours, documentation review and stakeholder discussions. Surveyors evaluated our programs and services by focusing on quality improvement, planning, risk management, medication management, infection prevention and control, emergency preparedness, client and staff safety, ethics, human capital, resource management, performance measurement and governance.

We are pleased to report that Toronto Rehab has earned *accreditation with no condition* through this program. The surveyors were highly complimentary of our services, teams and the organization-wide commitment to quality that every one of our staff, physicians and volunteers contributes to on a daily basis. They also recognized Toronto Rehab for seven leading practices that demonstrate innovation and creativity and that have a positive impact on services or outcomes for patients and families.

These leading practices include:

- the Stop Adverse Fall Events (SAFE) strategy;
- our Low Tolerance Long Duration rehabilitation service;
- our Balance, Falls and Mobility Clinic;
- the Fractured Hip Rapid Assessment and Treatment Program (FHRAT);
- LIFEspan, a partnership with Bloorview Kids Rehab;
- the SCI (Spinal Cord Injury) Resource Centre;
- and our efforts to foster wellness and organizational health.

Stroke service receives national distinction

What made this Accreditation Canada survey even more important is that it included a separate review of our Stroke Rehabilitation Service, which was evaluated against new national standards in order to be considered for an Award of Distinction in stroke rehabilitation – the first award of its kind.

The Stroke Services Distinction is awarded to health organizations that meet or exceed the best standards of stroke care. This award is the first disease-specific accreditation program in Canada and recognizes leadership, clinical excellence, and innovation in stroke care.

We are very pleased to report that Accreditation Canada, along with the Canadian Stroke Network, has awarded our Stroke Service with a Stroke Services Distinction designation, the first rehabilitation service to earn the award and the associated national acclaim as a leading stroke program in the country.

Hospital Service Accountability Agreement Targets

Like all hospitals in the province, Toronto Rehab is committed to meeting the clinical and operational performance targets in our Hospital Service Accountability Agreement with our Local Health Integration Network. Our annual operating plan is developed to support the achievement of these targets, which serve an important role in ensuring that government, taxpayers and, most important, our patients are assured that the services we provide meet expectations and add value to patients' lives in the health system.

| | TCLHIN Targets | TCLHIN Performance Corridor | Actuals |
|----------------------------------------------------|-------------------|-----------------------------------|------------------------------------------------|
| Total Margin | 0.00% | Cannot be below zero | 0.17% (-0.61% F/S) |
| Current Ratio | 1.06 | 0.8 - 2.00 | 1.05 |
| Percentage of FT Nurses | 70.00% | 69.00% | 73.46% |
| Inpatient Rehab Days | 72,420 | > 68,075 | 70,948 |
| CCC Weighted Days | 78,905 | > 72,593 | 76,000 (1.105 avg CMI, 89.4% avg occupancy) |
| Ambulatory Care Activity (Visits) | 80,000 | > 64,000 | 90,762 |
| % Patients with New Stage 2 or Greater Skin Ulcers | <6.6% | <9% | 3.55% |

Public reporting of patient safety and quality indicators

April 2009 marked an important milestone in the hospital sector, one that introduced, for the first time, legislation that requires hospitals to make available to the public the results of selected quality and safety performance indicators. These publicly reported indicators help demonstrate accountability for the hospital sector and help educate the public about individual hospital performance on matters such as infection prevention and control, hand hygiene compliance, surgical safety checklists and wait times, to name just a few.

Last year we developed a comprehensive section on our website to post this information and provide detailed information about quality indicators and our performance above and beyond what is required by legislation. We are particularly proud of the response to this opportunity to openly report our performance and we look forward to ongoing opportunities to further demonstrate our accountability and transparency to our communities.

Ongoing improvement in patient satisfaction

One of the most important indicators of the quality of our services is patient satisfaction. We measure patient satisfaction based on a number of factors, from the quality of the care our patients receive, to their perception of the interaction with caregivers, to the comfort of their environment. All of these are critically important elements that make up a patient's experience, one that ultimately can have an impact on patient outcomes.

Patient satisfaction in our Complex Continuing Care Program last year showed an overall significant increase over the previous year, a testament to the hard work of the staff at the E.W. Bickle Centre and the efforts underway way there to make it a more comfortable environment for patients and their families.

Our rehabilitation inpatient satisfaction rates also showed significant improvement last year. In fact, our overall satisfaction results of 96.9 per cent were well above the provincial average of 93.7 per cent. This, too, is reflective of the tireless and committed work of our people in helping patients and families maximize their lives to the fullest extent possible.

Accessibility is always top of mind

Last year marked the introduction of a new Customer Service Standard under the Accessibility for Ontarians with Disabilities Act (AODA). Toronto Rehab, an organization committed to helping people overcome the challenges of disabling injury or illness, developed new policies and procedures to comply with the standard. As well, nearly all of our employees and volunteers have completed customer service training and orientation on this new standard.

Looking Ahead

We believe in being accountable stewards of public funds and, therefore, we use our resources wisely and as efficiently as possible while ensuring the delivery of quality health services. The quality commitment we make in everything we do has positioned us well to further reinforce Toronto Rehab as a leader in rehabilitation science.

And because we take quality so seriously, the recently introduced Excellent Care for All Act, 2010, is something that we feel we're able to immediately incorporate into our operations as many of the provisions in the Act are activities we already have in place. We very much look forward to and welcome any opportunity that advances our commitment to quality and patient safety and will continue to work with our health system partners and the Toronto Central Local Health Integration Network to contribute to quality improvement throughout the entire health system.

Patient care: extending the reach and influence of rehabilitation

Our last strategic plan and associated operating priorities were about making a world of difference one patient at a time. It was an important statement, one that acknowledged that everything we do is about our patients and that each patient's care is individualized to their unique needs and circumstances. That's what makes rehabilitation so special – rehabilitation helps people reach their goals, whether to return to work or live independently.

New services and models of care


Last year, we developed, evaluated and introduced different models of care, often in collaboration with our research partners and other health care organizations. Some of these were upstream efforts – providing care and expertise in acute care situations – or downstream activities – helping people once they've made the transition to the community to avoid future hospitalizations.

Spasticity Management Clinic

The specialized, interprofessional and comprehensive Spasticity Management Clinic is an example of our commitment to implementing new models of care that improve patient access and service integration. Dedicated to education, research and patient care, the clinic, which is a partnership with West Park Healthcare Centre, integrates best practice into rehabilitation so that patients receive the most innovative treatment. The clinic offers a range of services including physiotherapy and occupational therapy, access to important pharmacological modalities to reduce pain and swelling and improve mobility, onsite fabrication of splints and casts, medications and specialty referrals.

Bringing dialysis closer to home

A partnership plan with St. Joseph's Health Centre to develop a new dialysis program at the E.W. Bickle Centre was submitted to the Ministry of Health and Long-Term Care for capital investment approval. This \$3.2 million project is an important initiative to help build a six-station dialysis unit at the Centre to help eliminate the need for costly and disruptive transfers to other sites to receive this care several times a week.



Our efforts this past year have been to begin to focus on starting the rehabilitation process much earlier in a patient's acute care stay, developing partnerships that help us better integrate with our acute care, community and broader health system partners and to continue to develop opportunities for collaborative practice between clinicians and researchers in the development of new models of care. For patients, it means timelier access to the right services, at the right time in the right place, and a quicker return to their lives.

Gaetan Tardif, MD
VP of Patient Care and Chief Medical Officer

A measured response to the H1N1 influenza pandemic

In 2009, Toronto Rehab responded to the H1N1 influenza crisis as did all other hospitals in the province. Our focus was on ensuring that our staff, physicians and volunteers were kept up to date on the latest information on the pandemic and ensured that hand hygiene and vaccination remained top of mind for our caregivers to help protect themselves, their families and their patients. This experience served as a strong reminder of the importance of hand hygiene, annual vaccination and being prepared for a community emergency among all our staff, physicians and volunteers.

Helping improve access to neurosurgical and rehabilitation services

Thanks to one-time funding from the Ministry of Health and Long-Term Care, Toronto Rehab and Toronto Western Hospital of University Health Network (UHN) were able to partner on an initiative to improve access to neurosurgery and rehabilitation for people who otherwise may have had to go out of country to access the services. As a result, an additional nine patients were treated at home in Ontario last year.

Filling a major gap for those with complex injuries

Last year, we opened a new Complex Injury Outpatient Rehab Service to help fill a gap for comprehensive, coordinated and cost effective outpatient rehabilitation services for people with complex trauma injuries. A team of rehabilitation professionals now work collaboratively to provide evidence-based services for people with multiple fractures, moderate to severe acquired brain injury or multiple system injuries sustained in a motor vehicle or workplace related accident. This service is typically funded by third-party insurers and is one of the ways in which we're meeting a previously unmet need in our health system while diversifying our revenue streams.

Extending the reach of cardiac rehab

The results of a research study released last year showed that participation in a cardiac rehabilitation program can cut the mortality risk associated with a secondary heart event in half. Knowing that heart disease continues to affect thousands of people each year, Toronto Rehab launched two new services in its Cardiac Rehabilitation Program and developed new partnerships.

- A new alumni support service for those in the Cardiac Rehabilitation Program was launched to encourage graduates of the program to maintain a life-long commitment to heart health activities after they complete their formal rehab program with Toronto Rehab. The program, called Heart Health for Life was made possible by a sponsorship gift from Scotiabank and offers expanded education, online resources and peer support services dedicated to the needs of cardiac patients and their families.
- Last year, cardiac rehabilitation specialists from Toronto Rehab teamed up with health specialists at North York General Hospital to provide closer to home for an even greater level of support, education and active rehabilitation for patients recovering from a heart attack to help reduce the risk of a secondary cardiac event in the future.

- And finally, we're helping more women access important cardiac rehab care. Women have historically accounted for a 35 per cent drop-out rate in cardiac rehabilitation services. Last year, we launched a new program designed specifically to help woman continue their participation in the program. The Women with Heart cardiac rehabilitation best practice initiative includes a women-only exercise and education program, a quarterly seminar in collaboration with Women's College Hospital and a peer support program for women.

New collaborative clinic strikes the right balance for research and clinical care

A significant challenge faced by individuals after stroke is the ability to walk safely and independently. Only seven per cent of individuals who regain the ability to walk meet the criteria for independent mobility and an estimated 73 per cent of stroke survivors will fall at least once in a six-month period after discharge from rehabilitation. In January 2009, we established and implemented a novel Balance, Mobility and Falls Clinic designed to accelerate the integration of research and practice into patient care. Clinic assessment is now a matter of course for all patients admitted to Toronto Rehab's Stroke Rehabilitation Service.

Developing a model for earlier discharges

Toronto Rehab's Neuro Rehabilitation Program implemented the EPIC (Empowering Patients in the Community) Project, a three-part pilot initiative that involves new models for care related to comprehensive follow up, flexible/innovative outpatient therapy and early supported discharge. This past year, the early supported discharge pilot project was implemented and evaluated in collaboration with the Toronto Central CCAC on our stroke inpatient unit. The project, which focused on helping patients return to the community quicker with additional supports from community care by changing how care is provided in an inpatient setting, has helped inform and influence better stroke care practices and deliver better outcomes for patients.

Integration partnership means growth in our MSK program

This past year, the staff and physicians in our Musculoskeletal (MSK) Rehabilitation Program welcomed the transition and transfer of MSK patients and resources from St. Joseph's Health Centre Toronto. This complex initiative – an example of a collaborative and voluntary integration effort between Toronto Rehab and St. Joe's – not only added value to both our organizations, but to the greater health system and ultimately to the patients and families who participate in this program.

E-referral with local community partners

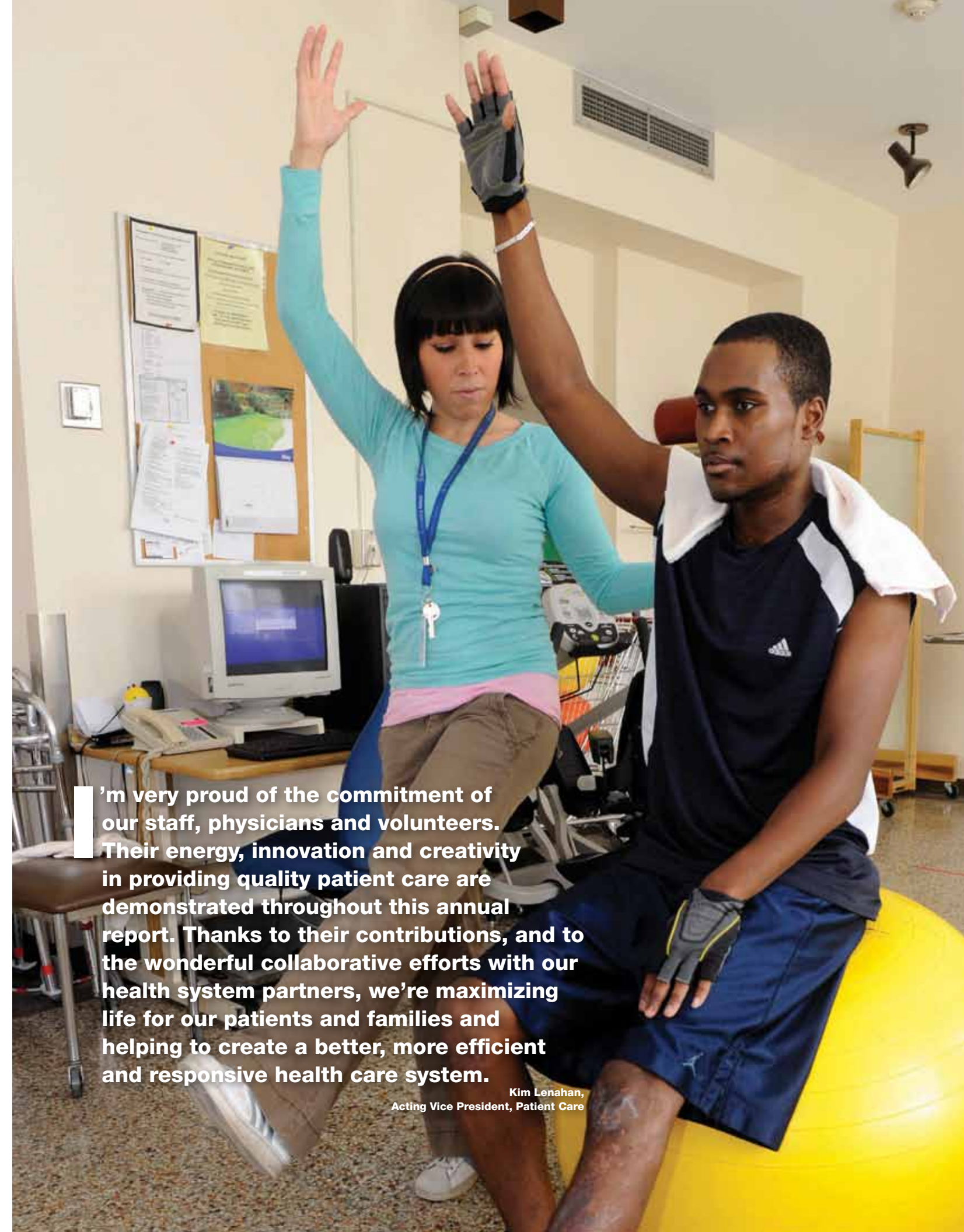
A new electronic referral system developed in association with the Toronto Central Local Health Integration Network (LHIN) is now providing more timely and efficient paperless referrals to our community partners and long-term care centres. The initiative was designed to smooth the transition between different health care settings for patients at Toronto Rehab by establishing better communication and referral channels between providers. The system ultimately improves the sharing and flow of information to the CCAC or long-term care home, making these transitions smoother, more timely and less stressful for patients and their families.

Other highlights from 2009/10

- We decreased our average length of stay while admitting more patients than the previous year
- We performed better than target on the percentage of nurses who were full time versus part time, casual and agency nurses
- We developed a comprehensive infection control and hand hygiene compliance system to help improve staff and patient safety

Looking Ahead

We know that it's exceptionally more important and valuable to one's quality of life to return individuals to their communities as quickly, yet as safely, as possible. As a result, instead of focusing and measuring our efforts and performance around the number of days our patients stay with us, we've begun to shift our attention to measuring and managing our services around patient cases and to creating innovative approaches to patient care that increase capacity to meet growing demand for rehabilitation services.



I'm very proud of the commitment of our staff, physicians and volunteers. Their energy, innovation and creativity in providing quality patient care are demonstrated throughout this annual report. Thanks to their contributions, and to the wonderful collaborative efforts with our health system partners, we're maximizing life for our patients and families and helping to create a better, more efficient and responsive health care system.

Kim Lenahan,
Acting Vice President, Patient Care



Whereas medicine is geared to actually helping save people's lives through the development of new drugs and interventions, rehabilitation is geared to saving and preserving the quality of lives, dignity of lives and productivity of lives. But just like in medicine, rehabilitation research will rely much more heavily in the future on the generosity of our community, including individual donors, corporate sponsorships and partnerships to ensure that the promise we've made and have begun to fulfill is one that we ultimately keep for the millions of people affected by disability in our own communities.

Geoff Fernie, PhD
Vice President, Research

Rehabilitation research: designing healthier futures through innovation

As our population grows and ages, and as medical advances save and prolong lives, demand for rehabilitation services is increasing and with it the need to develop new and more effective treatments, assistive devices and technologies to support people with disabilities and those encountering older age.

Revolutionizing rehabilitation through groundbreaking research

Rehabilitation research is fast becoming one of the most important sectors of research in health care. Toronto Rehab, home to one of the largest and fastest growing research programs in North America, if not the world, is helping to revolutionize not only how we think about rehabilitation, but how rehabilitation is changing how we think about disability and aging.

For 10 years, Toronto Rehab has held a research mandate to help discover new ways to help people overcome the challenges of disabling injury, illness and the consequences of aging. Thanks to the groundbreaking and often headline-grabbing research at Toronto Rehab, we've begun to take huge advances in knowledge and translate them into solutions, products and tools that help patients live more independently and safely in the community.

Annual funding tops \$10 million

When Toronto Rehab's research program was first started 10 years ago, it had a modest \$600,000 in annual operating funding from government and other sources. Our research program has grown so much over the past several years that last year we reached our strategic goal of obtaining \$10 million in annual operating dollars from government, donors and various funders. This funding has had a tremendous impact on our ability to build the infrastructure, capacity and critical mass required to establish rehabilitation science as a top-tier health research industry.

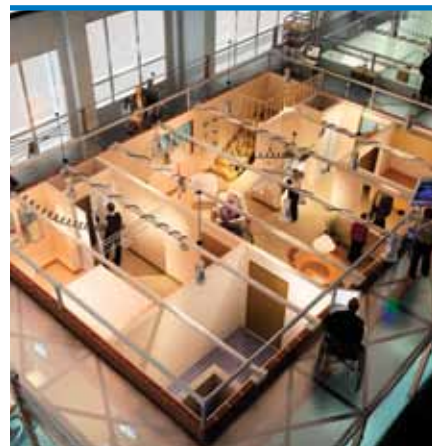
The Ministry of Health and Long-Term Care has now extended our annual research funding of \$3 million for another three years following our most recent and highly successful review by the International Scientific Advisory Committee (ISAC). The possibility of a further two years of annual operating funding is contingent on the completion of a third successful ISAC review before the end of 2011/12.

Research chairs developed, funded and filled

An important element of research is the establishment of research chairs that above all else add a sense of urgency to the unique research we're leading. Over the past year, we've worked with the Toronto Rehab Foundation to continue to fund existing chairs and establish new chairs as we grow and expand our research program. Our list of funded chairs now includes the:

- **Saunders Family Chair in Acquired Brain Injury Research** at Toronto Rehab, held by Dr. Angela Colantonio;
- **Toronto Rehabilitation Institute Chair** at the University of Toronto, held by Dr. Susan Jaglal;
- **Toronto Rehabilitation Institute Chair in Spinal Cord Injury Research**, held by Dr. Milos Popovic;
- **Barbara G. Stymiest Chair in Rehabilitation Technology Research**, held by Dr. Alex Mihailidis.

We continue to work with our foundation and other institutions to establish other research chairs, including new cardiac rehabilitation and sleep research chairs which we hope to announce some time in 2010.



iDAPT – innovative research in the heart of Toronto's discovery district

Our research program is poised to take a leap forward with the opening of what will be the largest and most advanced rehabilitation research centre of its kind in the world.

iDAPT (Intelligent Design for Adaptation, Participation and Technology), an integrated research program made up of a network of new, state-of-the-art research facilities at Toronto Rehab, will lead rehabilitation science in ways never before seen. Building on the breakthroughs already developed in our research program, innovations developed by teams of researchers and clinicians within iDAPT's 14 high-tech laboratories will lead to new mobility devices, home safety aids, infection control practices and solutions, new models of care and increased knowledge into the complex and disabling health conditions that many people manage on a daily basis.

While some of the labs associated with iDAPT have been in operation in temporary facilities for the past few years, the official opening of iDAPT labs and the unveiling of its centrepiece Challenging Environment Assessment Lab (CEAL) simulator will correspond with the completion of the University Centre redevelopment project, slated for spring 2011.

Plus 9 Research Report

This past year we published our ninth annual report on rehabilitation research at Toronto Rehab, +9 Report on Rehabilitation Research. These annual reports offer a thorough overview of the breakthroughs in rehabilitation science at Toronto Rehab that are often bold solutions to real problems encountered by those living with disability or the effects of aging.

In our most recent report, you can read about how intelligent technologies are helping improve safety in the home for the frail elderly, how new products are being developed, such as non-slip winter footwear, to help people get around more safely and independently, and how ongoing research into functional electrical stimulation is helping build promise for those living with spinal cord injuries.

Seeing an impact on patient care and outcomes

Last year, Toronto Rehab research continued to lead to practical solutions to everyday problems for those with a disability. For example, researchers are helping devise new mobility aids or tools to helping people stay out of hospital. They're also developing solutions for those in hospital to help maximize the extent of recovery from an illness or injury and to help them return to the community quicker with a stronger return to daily life. Their work is also having an impact on clinical care, such as the development and implementation of a Balance, Mobility and Falls Clinic for stroke patients.

Toronto Rehab research has also led to:

- the discovery of a significant link between sleep apnea and stroke;
- a fitness program for diabetics that helps reduce their risk of cardiovascular disease;
- new insights into how people move and stay upright that will improve diagnosis and treatment of balance problems;
- a novel language therapy for people with a form of early-onset dementia;
- a technique to help people with swallowing problems relearn how to swallow.

Research that answers or informs system-level issues

Many of the innovations, ideas and knowledge generated by researchers at Toronto Rehab are leading to better information to support decision making and new patient care treatment approaches. In fact, our researchers are influencing in a very significant way how rehabilitation can play a larger role in the health system.

For example, the issue of ALCs (alternative level of care) is a system-wide challenge that affects not just acute care hospitals but nearly every health care organization. Last year, the Ministry of Health and Long-Term Care turned to Toronto Rehab researchers to look at existing strategies and make recommendations to help address ALC issues.

Another example includes the development of a registry of information about Ontarians living with traumatic and non-traumatic brain injury, a dataset that gives service providers an accurate picture of brain injury in their respective geographic regions and generalized information on demographics of brain injury survivors. This information helps better inform system planning and service provision.



Granting an opportunity to make a difference

Last year, we announced that Toronto Rehab researchers will receive \$4.6 million from the Ontario Ministry of Research and Innovation (MRI) to develop innovative assistive devices and advanced technologies to help people care for someone at home. Toronto Rehab engineers, computer scientists, designers and clinicians will collaborate with industry leaders to design, develop, and bring new products to market quickly and at a reasonable price for consumers. The funding is effective in our 2010/11 fiscal year.

Products being developed include a lifting and moving device that reduces the stress required to insert a lift sling under a person who cannot walk and who needs to be carried to the washroom or positioned in a wheelchair, and an advanced artificial intelligence system that will monitor safety and increase independence by detecting when a person has fallen and then calling for help.

Sharing and expanding the message

Publication of our research is always important not only to help showcase our research, drive attention to this exciting and growing field and provide future funding opportunities, but ultimately to help share the knowledge and experience we glean from our work with others in the health care field. The number of research articles appearing in peer-reviewed publications reached an all-time high of 257 last year.

Also, Toronto Rehab's research has enjoyed a stronger presence online last year and we've had opportunities to showcase the exciting research we're leading in local, national and international media. Approximately 115 stories, with a reach of more than 22 million people, were published or broadcast last year, helping to further create awareness of and appreciation for rehabilitation research.

Integrating research scientists with clinicians

Areas of research include activity, cardiopulmonary fitness, cognition, communication, mobility, optimization of the rehabilitation system, sleep and technology. Last year, research teams comprised of 27 core scientists, 58 adjunct scientists, 97 research support staff, 21 fellows and 148 graduate students, who collaborate with each of Toronto Rehab's clinical programs.

Our investigators bring to their studies a rich and varied mix of academic experience and technical expertise. Many are also clinicians. They enjoy a collaborative and multidisciplinary environment where engineers trade ideas with industrial designers, and social scientists work alongside clinicians, including nurses, physicians and therapists, and patients.



Looking Ahead

This past year we've enjoyed some of our greatest successes of integrating research with clinical care. This approach is yielding great results and shows tremendous promise in bringing real value to the health system and to affecting positive outcomes for patients and their families.

It's a pivotal time for rehabilitation research at Toronto Rehab, as our research activities begin to shift from showing promise to having a real and sometimes dramatic effect on people's lives. As we open our iDAPT program to the world, ours is a future filled with excitement...and a lot of hard work.



Planning in health care today is about applying ‘systems thinking’ to how we look at, develop, plan, implement and evaluate health services. We’ve taken a very similar approach to how we develop our current and future health care professionals through interprofessional education and collaborative practice.

Lynne Sinclair
Director, Education

Education: advancing knowledge to empower and inspire

At Toronto Rehab, we foster a culture of knowledge among our staff, students, patients and families and other healthcare professionals to support quality and innovative patient care not only within our organization, but throughout the health care system.

Leading through education

As an academic health sciences centre fully affiliated with the University of Toronto, Toronto Rehab plays a significant role in teaching the next generation of clinical rehabilitation experts and in defining how these future experts learn to work with one another.

Interprofessional education, or IPE, involves teaching healthcare students in an integrated manner that mirrors how they will interact with each other in the real world, whether that be at the bedside, in the community or in a research environment. IPE is defined as being when two or more health professionals learn about, from and with each other to enable effective collaboration and improve health outcomes for patients. This approach to healthcare professional education has been fostered by Toronto Rehab, which now plays a lead role in supporting IPE at the University of Toronto and other institutions throughout the province.

The growing value of IPE in healthcare

Toronto Rehab’s IPE program allows learners to meet their clinical learning requirements while doing an IPE placement. Its goals are to help students develop an increased understanding of the expertise that each discipline brings to solving health problems, to learn and develop clinical expertise together, and to develop an understanding of dynamics, communication and conflict resolution skills within the context of a well-functioning team.

Last year, Toronto Rehab was part of a team that was presented with the Ted Freedman Award for leadership and innovation in education from the Ontario Hospital Association. The award was granted as a result of the ongoing development of and support for IPE in health care. It is an acknowledgement that Toronto Rehab’s leadership in IPE is helping to shape health care delivery towards a more systems-oriented and team-based approach than ever before.

A founding partner of the new Centre for IPE

Last year, Toronto Rehab became one of three founding partners in the creation of a new Centre for IPE that will help lead the ongoing growth and development of interprofessional practice, research and education throughout the health system.

The Centre for IPE at the University of Toronto (U of T) was formed in October 2009 as a multi-disciplinary, multi-department academic centre focused on developing and implementing IPE curricula for all health professional students, researching the effectiveness of IPE and interprofessional care, and fostering interprofessional practice in clinical settings. Toronto Rehab and University Health Network (UHN) were invited to take on the co-leadership of the Centre in partnership with the university.

The Centre will deploy a 'hub and spoke' model with Toronto Rehab as the lead for rehabilitation/complex continuing care and UHN as the lead for acute care. A shared governance model has been created and partnerships will be formed with all Toronto Academic Health Sciences Network (TAHSN) sites, U of T facilities and departments and other U of T centres.

Together with its IPE partners, Toronto Rehab is now also driving IPE beyond academic health sciences centres and into community hospitals to help extend this approach across the broader hospital sector.

Students recommend Toronto Rehab

Last year, Toronto Rehab hosted full clinical placements for more than 650 students in the areas of nursing, physiotherapy, occupational therapy, speech-language pathology, medicine and 13 other professions. In fact, we hosted more students last year than any other year in our history.

While our growing reputation and awareness within the general public and academic fields are in large part due to our affiliation with the University of Toronto and our work in advancing rehabilitation science through discovery and patient care, we also know that there are no better ambassadors of our organization as a placement destination than former students.

So when last year's student satisfaction survey revealed that 98 per cent of students who were educated at Toronto Rehab would recommend our organization for placement, it was not only a significant reward for the investment we place in education but a testimonial of just how much of an impact Toronto Rehab is having on the future of health care in Ontario.

While we believe that we've likely now reached our organization's annual student placement capacity, we will continue to focus on ensuring a quality and highly rewarding placement experience for those who do come to Toronto Rehab so that students will continue to recommend us for placement and, hopefully, will choose to join our team as staff in the future.

Public and patient education builds capacity for independence

Toronto Rehab has made tremendous strides in reaching out to patients and families and the community to help ensure that people are equipped with the important information they need to safely transition to the community or live independently once they have returned.

Last year, Toronto Rehab hosted seven public education events that were attended by nearly 600 people. Called Living With/Living Well, the series includes access to free sessions that feature medical experts and patients sharing their knowledge and experiences about a variety of rehabilitation and preventative health topics. Recorded presentations and resource material from each Living With/Living Well event are archived so that people can access this important information online at their convenience.

We also launched a new online resource for patients, families and the general public as well as staff. The Patient and Family Education team together with Library Services launched a new health information section on Toronto Rehab's website to provide up-to-date and reliable health information. The A-Z rehab topics list has links to reputable health resources on topics relevant to our patients, families and the general public.

Investments have also been made at the staff level to further support patient and family education. Last year, we introduced a navigator role in our Musculoskeletal Rehabilitation Program to help patients transition through the health care system. And we launched a new peer support group at the E.W. Bickle Centre for Complex Continuing Care to provide a forum to help patients manage their chronic conditions.

Tapping into better resources for spinal cord patients and families

This past year, Toronto Rehab and the Canadian Paraplegic Association (CPA) Ontario partnered to develop and operate the SCI (spinal cord injury) Resource Centre at our Lyndhurst Centre for current and past patients and families. This partnership will link information and resources so that visitors can access the centre to conduct independent research, use social networking sites, attend educational workshops and connect with peers.

Plans are now in place to launch a web-based version of the resource centre – Spinal Cord Connections (www.spinalcordconnections.ca) – in September 2010 to extend the reach of this important tool for people living with spinal cord injuries throughout the province and beyond.

Conferences and seminars for professionals

For the past several years, Toronto Rehab has worked with academic and community organizations to deliver conferences for health care professionals on topics ranging from the latest in spinal cord injury to cardiac rehabilitation.

Last year, Toronto Rehab hosted or coordinated 18 professional symposia, attracting about 2,150 health care professionals to these often multi-day sessions. We are also pleased to report that satisfaction of our continuing professional development programs has never been higher, with 90 per cent of attendees feeling satisfied with their learning experience from the program and an equal willingness to attend a future session.

Looking Ahead

Quality will drive innovation and will help continue to position Toronto Rehab as a leader in education in the province. While we continue to focus on meeting our placement and education targets for the coming year, we will be placing an even greater emphasis on improving the quality of these experiences for students, patients, families, health professionals and the general public.



Thanks to the ongoing commitment and passion of our staff, physicians and volunteers, Toronto Rehab has been firmly established as a leader in rehabilitation science in Canada. We're a human services organization. Everything we do for our patients, families or the community is directly connected to what the people in our institution do. This is an organization where everyone's contribution matters.

Donna Marafioti, Vice President,
Human Resources and Support Services

Investing in and leveraging the talents of our people

The people at Toronto Rehab represent some of the brightest and most talented our industry has to offer. From clinical staff who work directly with patients and families, to the people behind the scenes who help ensure the ongoing efficient operation of our hospital – our staff, physicians and volunteers help our patients achieve their goals every day.

People drive innovation

How we support our own people is vitally important to our organization's ability to achieve its goals and ultimately meet patient care needs. From engaging our staff in our planning and decision-making processes, to focusing on developing the skills of our current and future leaders, to developing a culture of transparency and accountability at all levels, we make our people a top priority.

Employee engagement sets the benchmark among hospitals

We understand how important it is for our success and the quality of our services that our staff, physicians and volunteers feel that Toronto Rehab is a great place to work. We evaluate employee engagement through regular surveys with NRC Picker Group, which facilitates similar surveys for many other hospitals in Ontario. We measure employee engagement to help us gather the opinions and attitudes of our people, assess whether we're meeting our objectives as an organization that wishes to be an employer of choice and identify both our strengths and areas for improvement.

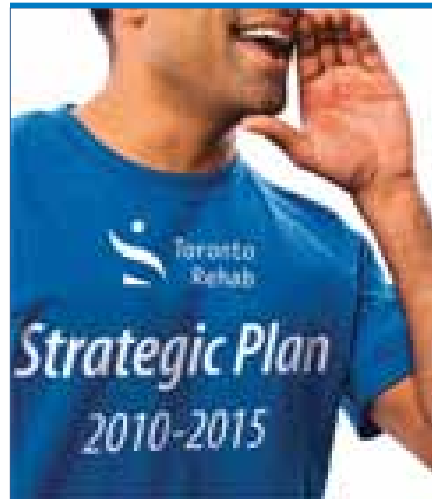
The results of these surveys have shown ongoing improvement. Our 2010 survey results reveal that Toronto Rehab has set benchmarks in several key areas when compared with other participating hospitals.

We feel strongly that these positive rates are reflective of the culture of engagement, openness, transparency, and leadership that our people not only expect but can contribute to directly. We are particularly proud of our health and safety and employee wellness efforts, human resources practices and our commitment to open and transparent communication with our employees.

Physician engagement rates mirror positive staff responses

Also this past year we measured the satisfaction and engagement of our physicians. Like the staff survey, we participate in these regular snapshots to help us understand where our strengths and opportunities for improvement are in how our physicians feel about their association with Toronto Rehab. And, like our staff survey results, the physician engagement rates are better than the average rates of those experienced at other participating hospitals in the province.

We are very pleased with the ongoing engagement and involvement of our physicians and hope to build on these rates to further improve how our physicians feel about working at Toronto Rehab as a leading environment in which to practice and provide leading patient care.



Contributing to the future

Our employees, physicians and volunteers not only help provide or support patient care, but contribute to our annual planning exercises. This past year they played an important role in developing our new strategic plan, directions, vision, mission and core values.

Our new vision – revolutionizing rehabilitation, maximizing life – is essentially about the work of our people – clinicians, researchers, physicians, volunteers, support employees – to advance the quality of our patients’ lives. We’re excited about this new vision and about our new strategic plan for 2010-2015 which outlines what we hope to achieve in the next five years and how we will rely on the talents, passion and commitment of each and every member of our team to achieve our goals.

The strategic plan also includes an evolved set of organizational values that further defines our belief in the value of respect and dignity, and diversity and inclusion in our workplace and in the delivery of quality care and support to patients and their families.

Recognition for innovation in developing a healthy workplace

Last year, Toronto Rehab received a Healthy Innovators Award from the Ontario Hospital Association (OHA) and National Quality Institute. The award recognizes organizations for a commitment to a long-term approach to developing and sustaining a healthy workplace. In announcing the award, the OHA made specific reference to our focus on people in our strategic plan, connecting employees to health and wellness programs with a focus on prevention and safety, and our efforts in developing a healthy workplace culture.

Other highlights from 2009/10:

- Ongoing efforts in recruitment and retention strategies to help make Toronto Rehab an employer of choice.
- Heightened awareness of employee safety and the efforts of program leadership in championing safety and wellness with their employees helped significantly reduce the severity of reported employee incidents.
- Providing staff even more opportunities to advance best practice and implement and evaluate initiatives that successfully integrate education and research with patient care.
- Helping support our employees’ commitment to lifelong learning by providing professional development and continuing education opportunities through tuition assistance and other educational bursaries. Last year, more than \$200,000 was granted in tuition assistance to support the professional development of our staff.
- The ongoing implementation of a leadership development program for current and future leaders. Over a three-year period ending March 31, 2010, 12 of 63 participants in our Future Leaders Program have now transitioned into leadership positions in the organization.
- The launch of an e-learning system to help facilitate ongoing training, orientation and education for all staff within the organization on topics ranging from new policies and procedures, to health and safety education modules to emergency preparedness quizzes.

Looking Ahead

Over the next year, we will be focused on transitioning programs to our new University Centre, the ongoing development of new models of care delivery and the work to advance our vision, mission and values at every opportunity. These are no small feats.

We will continue to empower our staff to become leaders in their own right, developing a shared leadership culture that encourages innovation in practice and advocacy for quality patient care. And, as stated in our new strategic plan: “Our new vision will command the collective energy and talent of everyone within our organization to redefine and reinvent rehabilitation care, research and education. It is a challenge Toronto Rehab staff are uniquely qualified for and one they are eager to take on.”

Renewing our facilities: setting our sites on the future

To support our leadership role in revolutionizing rehabilitation and in anticipation of the future rehabilitation needs of Ontarians, we're redeveloping and expanding our patient care, research and education facilities. This past year, we've made great strides to transform our sites to support better patient experiences and host leading-edge research that will help define the future of rehabilitation.



University Centre – a research and clinical care hub

A major component of this multi-million dollar redevelopment is the transformation of our University Centre. A new 13-storey wing and renovations to the existing north and east wings will provide more appropriate environments for our specialized patient care and dedicated space to accommodate our role in education.

But what makes the redevelopment of University Centre so unique is not only what can be seen above ground in the welcoming and accessible patient care areas, but below ground – six storeys below street level – where state-of-the-art research facilities, including a one-of-a-kind simulator lab, will change how rehabilitation research is conducted throughout the world.

iDAPT (Intelligent Design for Adaptation, Participation and Technology), one of the most advanced rehabilitation research facilities in the world, will be a driving force in rehabilitation science. In fact, research labs will be located throughout the site – top to bottom – where scientists will work in collaboration with our clinicians and experts to discover innovative solutions to the everyday challenges experienced by those with disabling injury, illness or the effects of aging.

This ambitious project represents a major milestone in our progress towards establishing an internationally recognized rehabilitation, research and teaching facility – a facility that will enable us to push the frontiers of rehabilitation science even further.

The redevelopment of our University Centre is now in its final stages.

Great progress has been made this past year with the construction phase of the new patient care wing, which commenced in December 2008. In fact, earlier this spring we celebrated the 'topping off' of the wing, a major project milestone that marks the completion of the vertical construction of the building. The ceremony, which was attended by the Honourable Deb Matthews, Minister of Health and Long-Term Care, featured a ceremonial roof top concrete pour and the signing of the last construction beam that will be placed within the building in recognition of this important construction milestone.

When complete, the total investment in these rehabilitation and research facilities at University Centre is expected to exceed \$200 million. We are delighted that the many thousands of patients who will pass through the doors of University Centre, and the staff who work here every day, will soon have outstanding facilities to support their work, their recovery and return to their communities.

Lyndhurst Centre renewal

This past year, our Lyndhurst Centre, home to our Spinal Cord Rehabilitation Program, was the beneficiary of enormous generosity that has helped to transform the centre into a more friendly and functional environment for those living with spinal cord injuries.

Renovations commenced last year to completely redesign the therapy space to improve the overall patient experience. The renovations, as well as the purchase of new exercise and therapy equipment, was made possible by several generous donations, including a \$1 million gift from George and Ann Ploder.

E.W. Bickle Centre renovations adding a home-like feel

We've also invested in renewal projects at the E.W. Bickle Centre for Complex Continuing Care thanks in large part to an Everything Humanly Possible campaign gift to Toronto Rehab from Judith R. (Billie) Wilder. Renovations at the centre are helping create a more comfortable environment for our complex continuing care patients.

Recent upgrades to common areas of the centre have created a town-square like environment, providing patients, families, staff and visitors with an opportunity to interact and engage with each other in a friendly, open and non-hospital like environment. These renovations are part of a larger project that includes renovations to patient-care areas to help create more welcoming and functional areas for those who need complex continuing care services.

A New Vision

As part of our many activities this past year, we made the transition from wrapping up our previous strategic plan to developing and launching a new five-year plan that will set our course to not only providing care to our communities, but by redefining it. We used the opportunity in our strategic planning exercises to define a new vision and mission for the organization, along with a set of core values that will guide the way we operate and four new strategic directions that keep us grounded to our priorities.

The result: a new five-year strategic plan and a new vision that is equally as inspirational as it is aspirational – revolutionizing rehabilitation, maximizing life.

We believe our new strategic plan and vision will reinforce the increasingly important role rehabilitation plays in the health system, the health and well being of an aging population, and the growth rehabilitation care and science will play in maximizing life for those affected by disabling injury or illness.

Our New Vision

Revolutionizing Rehabilitation. Maximizing Life.

Our New Mission

We develop solutions for people living with the consequences of illness, injury and aging through excellence, innovation and the integration of discovery and care.

Our Core Values

- **Caring and client centred** – we are compassionate caregivers committed to excellence as we deliver care. We respect and care responsive to our patients and their families, providing them with the best possible care and advocacy.
- **Discovery and innovation** – we foster an environment of inquiry and learning, welcoming debate and discussion, continue to be leaders in innovative research and practice.
- **Teamwork and collaboration** – we work in flexible teams, actively engaging with and learning from and about each other to continuously improve patient care.
- **Respect and dignity** – we work together to foster a culture of trust, respect and dignity.
- **Diversity and inclusion** – we create a culture that is inclusive and respects and values diversity.
- **Accountability and integrity** – we individually and collectively embrace accountability for our actions and for our effective use of resources. We honour our commitments, deliver on our promises and acknowledge our mistakes.

Our Strategic Directions

1. **Individualized experiences, superior outcomes** – Toronto Rehab will create exceptional, individualized health care experiences and deliver superior outcomes to our patients and families.
2. **Innovative interventions, improved lives** – Toronto Rehab will investigate, develop, implement and disseminate innovative interventions, clinical practices and technologies to improve the lives of the people we serve.
3. **Leadership in collaborative learning** – Toronto Rehab will lead innovation in collaborative learning that foster exceptional healthcare experiences and superior patient outcomes
4. **Remarkable people, exceptional teams** – Toronto Rehab will create an environment and opportunities that build exceptional teams and support our staff to realize their full potential

Enablers Of Success

- **Value and sustainability**
- **Organizational alignment**
- **Partnerships**
- **Information management and technology**
- **Community and philanthropic support**

Growth in demand for rehabilitation

The demand for rehabilitation services is expected to increase in those living with disability*, chronic disease or the consequences of illness, injury or aging will mean that more and more people will rely on rehabilitation to help them return to a fuller, more independent and healthier life.



The growing prevalence of disability

- 4.4 million Canadians live with a disability
- The number of Canadians living with a disability grew 22% from 2001 to 2006 and is expected to continue to grow as our population ages and as more people are diagnosed with chronic diseases

Disability and age

- The disability rate increases steadily as our population ages
- 11.5% of adults between 15 and 64 years of age live with a disability
- 43.4% of those 65 and older live with a disability, with more than half (56.3%) of those over the age of 75 reporting living with some form of disability

Leading causes of disability

- Arthritis and rheumatism (including back and spine problems)
- Diabetes
- Cancer
- Alzheimer's disease and other dementias
- Cardiovascular disease
- Mental health issues and brain injury
- Chronic lung disease
- Accidents and falls

Chronic disease on the rise**

- About 16 million Canadians live with a chronic disease
- Chronic disease is the leading cause of disability worldwide
- The prevalence of chronic disease in Canada increases as population ages
- It is estimated that deaths from chronic disease in Canada will increase 15% over the next ten years

The realities of an aging population

- The average age of seniors is increasing. Canada has never had so many seniors, potentially having a dramatic impact on health care services
- A record one in seven Canadians is 65 years of age and older
- The percentage of seniors in the Canadian population is expected to reach 40% by 2036
- One out of every three Canadians is considered a baby boomer (45 years and older), many of whom are closing in on retirement age

About Toronto Rehab

Just as medical advancements are helping to save lives in hospital emergency departments and operating rooms throughout the world, rehabilitation helps people regain the ability and confidence they need to get their lives back.

For many people, a health crisis such as stroke, brain injury, heart attack, spinal cord injury, cancer or Alzheimer's disease often leaves them with a long-lasting or permanent disability that profoundly alters their way of life. Once simple tasks such as walking, speaking, getting dressed, cooking a meal, holding a book, using a computer or just getting around can be challenging, if not seemingly impossible.

The reality is most families will be affected by disability at some point in their lives. An aging and growing population, medical advances that save and prolong lives, and a rise in the prevalence of chronic disease all mean that the demand for rehabilitation services will only increase.

At the Toronto Rehabilitation Institute (Toronto Rehab)—one of Canada's leading academic rehabilitation science centres—we're responding to some of the most pressing health needs in our society today, and anticipating the health concerns of tomorrow. We do this by:

- providing the very best in rehabilitation, complex continuing care and long-term care;
- engaging in a robust and leading-edge rehabilitation research program – the fastest growing in Canada;
- delivering innovative education to healthcare professionals, patients, families and the public.

Many communities. One hospital.

Toronto Rehab is a publicly funded hospital that consists of six different sites located throughout the city of Toronto. Each of these locations and the services offered therein brings with it a history and culture that is now woven into the fabric of a single organization dedicated to advancing rehabilitation science and enhancing quality of life.

Hillcrest Centre
Musculoskeletal Rehabilitation

E.W. Bickle Centre
Complex Continuing Care

Lakeside Centre
Long-Term Care

Rumsey Centre
Cardiac Rehabilitation and Secondary Prevention & Neuro Rehabilitation

Lyndhurst Centre
Spinal Cord Rehabilitation

University Centre
Geriatric and Neuro Rehabilitation

* Defined by Statistics Canada as any limitation in ability
Source: Statistics Canada reports on disability and census data, 2006;

** Source is the Chronic Disease Prevention Association 2010

Rehabilitation Programs

Cardiac Rehabilitation and Secondary Prevention helps people who have had, or are at risk of, heart disease, diabetes or stroke lead healthier lives because cardiovascular disease is the leading cause of death among Canadian men and women. This program is the largest of its kind in Canada.

Geriatric Rehabilitation supports older people to live safely and as independently as possible because nearly half a million people over the age of 65 in Canada live with Alzheimer's disease or related dementias. Millions more are affected by age-related conditions – from frailty to kidney failure – that prevent them from safely living on their own.

Musculoskeletal Rehabilitation helps people overcome the physical challenges of trauma and disease because more patients than ever are being discharged from hospitals with medically complex conditions following treatment for bone and soft-tissue injury. And as our population ages, thousands more will undergo complex knee and hip replacements or need support to help them live with chronic illness such as osteoarthritis and cancer.

Neuro Rehabilitation helps people regain ability and independence following a stroke or brain injury because each year in Canada, about 50,000 people have a stroke, while another 20,000 live with chronic pain or disability due to brain injury, concussion or multiple sclerosis.

Spinal Cord Rehabilitation empowers people who live with a spinal cord injury or illness to get on with their lives because an estimated 1,000 people experience permanent disability resulting from a spinal cord injury or illness each year. This program is the largest of its kind in Canada.

Complex Continuing Care & Long-Term Care Programs

Complex Continuing Care improves the quality of life for those affected by chronic injury or illness because rising rates of chronic or degenerative illnesses will mean more and more people will require ongoing or long duration complex medical and therapeutic care to live a full life. Long-Term Care provides a supportive home away from home for the frail as well as younger and older adults no longer able to live on their own because Canada's rapidly aging population means that more people than ever require the expert support and care provided in long-term care homes.

People

| | |
|-------------------------------------|------------|
| Medical/Dental | 100 |
| Nursing | 627 |
| Clinicians | 468 |
| Administrative and Support Services | 659 |
| Contract Staff | 208 |
| Volunteers/Total Hours | 547/28,942 |

Lakeside Long-Term Care Centre

| | |
|---------------------|-----|
| Nursing | 129 |
| Service and Support | 52 |
| Volunteers | 42 |

2009/10 Hospital Revenue & Expenses

| | | |
|------------------------------------------------------------------------------------|-----------------|---------------|
| Total Revenue | \$151.0M | 100.0% |
| Ministry of Health and Long-Term Care/ Central Local Health Integration Network | \$112.6M | 74.6% |
| Research grants | \$11.0M | 7.3% |
| WSIB and non-resident fees | \$7.8M | 5.1% |
| Co-payment fees | \$3.5M | 2.3% |
| Preferred accommodation fees | \$2.6M | 1.7% |
| Investment income | \$0.5M | 0.4% |
| Other income | \$10.0M | 6.6% |
| Amortization of deferred contributions related to capital assets | \$3.0M | 2.0% |
| Expenses | \$152.3M | 100.0% |
| Patient care services | \$91.0M | 59.7% |
| Environmental and nutrition services | \$21.4M | 14.0% |
| Corporate services | \$22.4M | 14.7% |
| Research | \$11.4M | 7.5% |
| Education | \$6.1M | 4.0% |

Patient Care

| | | |
|-----------------------------------------|----------------|-------------|
| Patient Care Expenses by Program | \$91.0M | 100% |
| Cardiac Rehabilitation | \$3.5M | 3.8% |
| Clinical Services | \$6.1M | 6.7% |
| Patient Care Support | \$4.7M | 5.2% |
| Musculoskeletal Rehabilitation | \$8.7M | 9.5% |
| Lakeside Long Term Care | \$8.0M | 8.8% |
| Geriatric Rehabilitation | \$9.1M | 10.0% |
| Spinal Cord Rehabilitation | \$12.7M | 13.9% |
| Neuro Rehabilitation | \$17.6M | 19.4% |
| Complex Continuing Care | \$20.6M | 22.7% |

| Patient Care | Complex | | | | Rehabilitation | |
|-------------------------------|-----------------|---------|----------------|---------|----------------|---------|
| | Continuing Care | | Long-Term Care | | 2008/09 | 2009/10 |
| Inpatients | 2008/09 | 2009/10 | 2008/09 | 2009/10 | 2008/09 | 2009/10 |
| Admissions | 402 | 387 | 76 | 55 | 2,035 | 2,101 |
| Patient/Resident Days | 71,583 | 68,778 | 45,746 | 46,042 | 70,451 | 70,948 |
| Average Length of Stay (days) | 191 | 171 | N/A | N/A | 35 | 34 |
| Total Ambulatory Visits | 7,973 | 7,904 | N/A | N/A | 140,482 | 131,849 |

Financial Performance

Management Discussion and Analysis

The intent of this analysis is to assist readers of our financial statements in assessing the hospital's financial position and operating results for the past year, and their relationship to the organization's strategic priorities of patient care, research, education and a focus on people.

Since its incorporation in 1998, Toronto Rehab's fiscal management has adhered to the principle of always living within the hospital's means. This entails preparing an annual operating plan with an associated breakeven budget and maintaining a positive working capital position. The hospital's working capital position has been consistently positive since 1998 and, at March 31, 2010, was approximately \$4.7 million. Toronto Rehab views working capital as a contingency fund that allows the organization to respond to emerging capital priorities and special projects that will further Toronto Rehab's objectives and/or cover extraordinary operating pressures. The reader of the financial statements will note the audited financial statements for the past year reflect a deficit of \$1,330,000. The reader of the financial statements should note that this deficit incorporates:

- \$1,156,000 in special project expenditures expensed through the Statement of Operations and approved by the Board to be funded by long-term investments reserved for strategic and capital investments as described below and is therefore not considered for the purposes of preparing a balanced budget;
- Net building amortization of \$422,000 that similarly is a non-cash item with no working capital impact and is not considered for the purposes of preparing a balanced budget.

The combination of these 2 items leaves a surplus of \$248,000, resulting in a Total Margin of 0.17%. Consequently, Toronto Rehab has exceeded the TCLHIN Target of achieving at least a break even position.

Toronto Rehab's cash position remains strong with approximately \$18.4 million invested in short-term investments for operating requirements. Long-term investments include the funds being held for Board approved high priority capital and special projects that are identified each year as part of the operating plan process. The Board has placed an internal restriction on the net assets of the organization in anticipation of these future expenditures. As of March 31, 2010, the Board has restricted \$17.6 million of the hospital's net assets against high priority capital and strategic needs including:

- one-time capital costs associated with capital improvements relating to staff and patient safety and quality enhancements;

- a major information systems upgrade which will result in an electronic patient record by the year 2011;
- high priority equipment;
- maintenance projects, including accessibility improvements across all sites; and
- exterior and infrastructure upgrades to the E.W. Bickle and University Centres.

The remaining portion of Toronto Rehab's long-term investments represents: a \$7.8 million advance from the Province of Ontario to cover the planning and other related costs of the redevelopment of the University and E.W. Bickle Centres, \$1.3 million in construction and equipment advances for the hospital's major research project, iDAPT, including related support facilities; and the long-term portion of accumulated unused employee sick-time of \$2.2 million.

Programs and Services Activity

This year marked the completion of the fifth and final year of Toronto Rehab's 2005-2010 Strategic Plan, and the hospital has completed the development of its 2011-2015 Strategic Plan. The following is an outline of the hospital's key accomplishments during the past fiscal year:

- Implemented new models of patient care
- Explored and established innovative best practices
- Advanced its broad research agenda
- Effectively shared its growing body of rehabilitation knowledge with others
- Substantially completed the exterior facade of the new south tower of the redevelopment of University Centre, which will be completed in late 2011 or early 2012
- Continued a series of extensive interior renovations to improve the patient experience at the E.W. Bickle Centre for Complex Continuing Care

As of March 31, 2010, Toronto Rehab operated 559 beds. Of these, 208 are dedicated to complex continuing care, 223 beds are for rehabilitation and 128 are for long-term care. The beds, occupancy rates and number of discharges by program in 2009/10 (fiscal 2010) are highlighted in Figure 1.

Figure 1: Beds and Discharges by Program

| | Cardiac Rehab Care | Complex Continuing Care | Geriatric Rehab | Musculo-skeletal Rehab | Neuro Rehab | Spinal Cord Rehab | Long-Term Care | Total |
|-------------------------------------------------|--------------------|-------------------------|-----------------|------------------------|-------------|-------------------|----------------|-------|
| Number of beds as of March 31, 2010 | Outpatients only | 208 | 48 | 60 | 55 | 60 | 128 | 559 |
| Occupancy rate for the 2010 fiscal year (%) | N/A | 89.4 | 86.2 | 86.3 | 86.8 | 89.1 | 98.6 | 91.1 |
| Patients Discharged during the 2010 fiscal year | N/A | 392 | 325 | 1145 | 381 | 260 | 30 | 2533 |

Figure 2: Patient Place of Residence (Apr 2009 – Mar 2010)

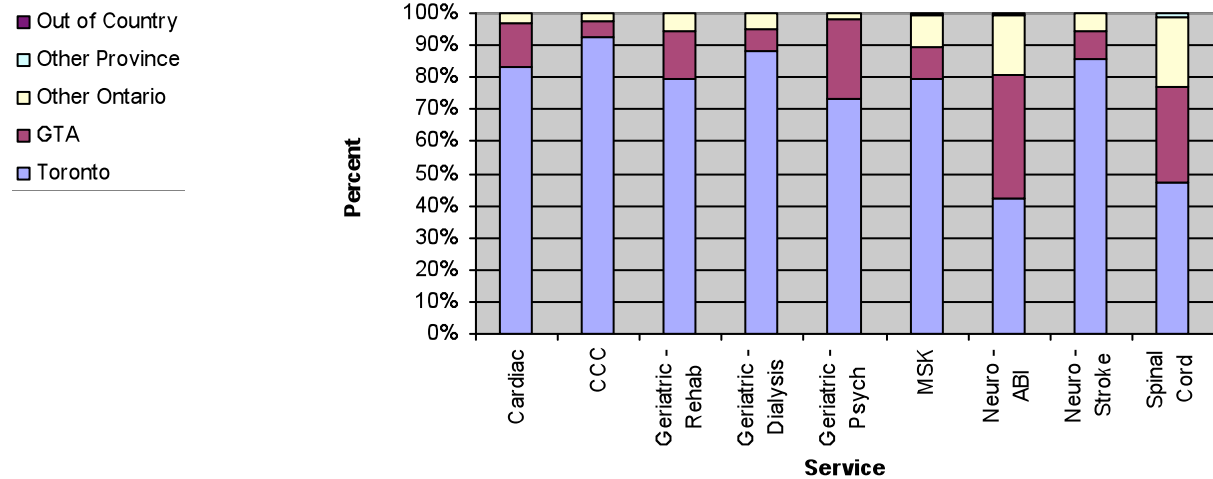


Figure 2 illustrates the geographic distribution of our Complex Continuing Care and rehabilitation patients by service, and shows the regional nature of the Neuro, Geriatric, Spinal Cord and Musculoskeletal Rehabilitation Programs. In the future, we anticipate an increase in patients from the GTA and beyond as our programs become more specialized and intensive in nature.

Figure 3: Referral Source (Apr 2009 – Mar 2010)

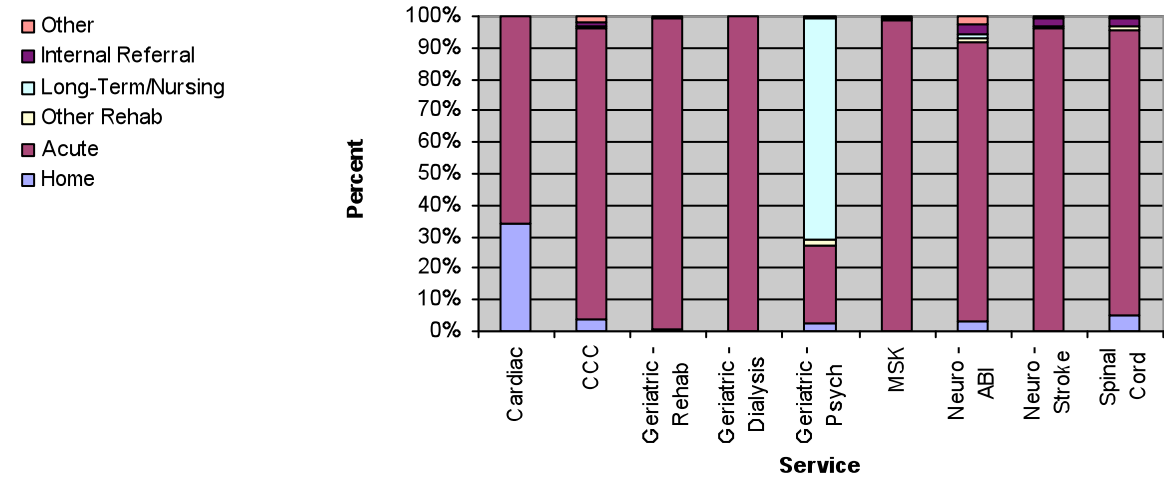
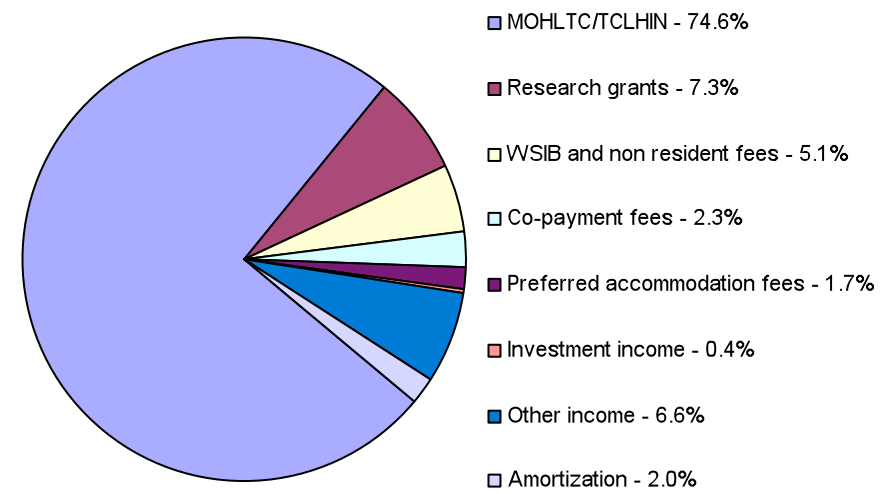


Figure 3 indicates the referral sources for our Complex Continuing Care and rehabilitation patients. For all services other than Geriatric Psychiatry and the Cardiac Program, the majority of referrals (approximately 91.6% of all admissions) are from acute care hospitals.

Toronto Rehab's funding by revenue source is illustrated in Figure 4.

Figure 4: Analysis of Financial Operations



Approximately 74.6% (74.7% in fiscal 2009) of Toronto Rehab's revenue comes from the Toronto Central Local Health Integration Network ("TCLHIN") and the Ministry of Health and Long Term Care ("MOHLTC"). On a year over year basis, base funding from the MOHLTC/TCLHIN increased by approximately 2.3%.

The hospital also benefits from a close relationship with the Toronto Rehabilitation Institute Foundation (Foundation). The Foundation's ongoing support of Toronto Rehab is focused on support for research programs and capital expenditures. During the reporting year, the Foundation contributed approximately \$9,347,000 in support of research chairs, research operations, the hospital's share of major renovation and redevelopment projects, and other education and operating priorities.

In March 2008, the Hospital signed the Hospital Services Accountability Agreement (H-SAA) covering the fiscal years 2008/09 and 2009/10 with the TCLHIN. The H-SAA was previously signed with the MOHLTC and was assigned to the TCLHIN in the prior fiscal year. The TCLHIN, is one of the Province of Ontario's 14 not-for-profit crown agencies reporting to the Ministry of Health and Long-Term Care and responsible for planning and funding provision of certain health care services in their respective regions. This contract with the TCLHIN, approved by the Board of Directors, formalizes agreed to performance indicators. The agreement also sets out the obligations of the hospital and the TCLHIN, as well as the processes to be followed and the consequences for the hospital should it be unable to fulfill its HSAA obligations. The following table clearly shows that the hospital has met all but three of its performance targets set out in the HSAA and met the minimum threshold for all performance targets. Complex continuing care weighted days and rehabilitation patient days were below target because of occupancy declines; however, the hospital has exceeded the minimum threshold. The total margin reflected in the chart on page 44 refers to the "operating" performance results as explained earlier in this document. Toronto Rehab strongly supports this enhanced level of accountability between the TCLHIN, MOHLTC and Ontario hospitals.

Total Margin

| | TCLHIN Targets | TCLHIN Performance Corridor | March 31/10 Actual Results |
|----------------------------------------------------|----------------|-----------------------------|---------------------------------------------|
| Total Margin | 0.00% | Cannot be below zero | 0.17% (-0.61%)* |
| Current Ratio | 1.06 | 0.8 - 2.00 | 1.05 |
| Percentage of FT Nurses | 70.00% | 69.00% | 73.46% |
| Inpatient Rehab Days | 72,420 | > 68,075 | 70,948 |
| CCC Weighted Days | 78,905 | > 72,593 | 76,000 (1.105 avg CMI, 89.4% avg occupancy) |
| Ambulatory Care Activity (Visits) | 80,000 | > 64,000 | 90,762 |
| % Patients with New Stage 2 or Greater Skin Ulcers | <6.6% | <9% | 3.55% |

*Note: 0.17% represents the Total Margin after removing working capital funded expenditures, while -0.61% represents the Total Margin prior to removing working capital funded expenditures. The TCLHIN utilizes the former figure when assessing Toronto Rehab's compliance with this indicator.

Capital Renewal

The University Centre Redevelopment project is a significant capital project that includes the construction of a new 13-storey patient care and further renovations to the existing 12-storey east wing and four-storey north wing, at an overall cost of \$182 million. The Redevelopment will provide facilities designed specifically for adults undergoing rehabilitation for serious injury and illness, and research. During 2009/10, significant progress was made on this project, such as substantially completing the exterior facade of the new south tower, and commencing elements of the internal framing.

Significant progress was also made on the completion of iDAPT (Intelligent Design for Adaptation, Participation and Technology) research facility – one of the world's most advanced rehabilitation facilities. When complete, iDAPT will consist of 14 different research labs focused on sharing new knowledge, and creating treatments and new assistive technologies that will improve the lives of people affected by disability and age. The iDAPT facilities are integrated into the redevelopment of the University Centre and when complete, will represent a \$36 million investment in research facilities and equipment at Toronto Rehab.

In addition, other capital projects occurred at the Bickle and Lyndhurst sites. At the Bickle site, various renovations to the North 3 unit took place, marking the start of a multi-phased project to renovate the building to improve patient safety and accessibility. The Lyndhurst site is undergoing upgrades to therapy space and exercise facilities, including the Ploder Family Spinal Cord Program Therapy Project.

In summary, Toronto Rehab has been able to maintain a solid working capital position during the past year while achieving solid operating results and significantly advancing the University and Bickle Centre redevelopment projects. In addition, the hospital continues to provide for priority capital equipment needs related to patient and staff safety and the implementation of an electronic patient record.

Looking forward to 2010/11, Toronto Rehab will focus on the following key operating themes:

1. Optimizing patient flow
2. Improving quality
3. Growing our research enterprise
4. Pushing the frontiers of IPE/IPC
5. Developing and implementing strategies to attract and retain people that advance our organization's goals and academic mandate
6. Fulfilling our Hospital Service Accountability Agreement (HSAA) commitments
7. Achieving capital redevelopment milestones
8. Reviewing our clinical organizational structure and decision-making processes
9. Building the Electronic Patient Record to reduce the organization's use of paper patient charts and centralizing the ability to access and store patient information
10. Developing and implementing an integrated marketing and communications campaign to raise awareness and fundraising capacity

The hospital has approved a balanced 2010-11 Operating Plan which incorporates organization wide efficiency initiatives and focuses on cases rather than days in the Geriatric, Neuro, and Spinal Cord programs to achieve patient goals in a shorter length of stay while maintaining patient volumes.

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