

# ERIE ST. CLAIR LHIN

■ Ranked 1 or 2 of 14 LHINs  
■ Ranked 13 or 14 of 14 LHINs

No	Indicator	LHIN 2018/19- 2019/20	Ontario 2018/19- 2019/20	Rank
1	Annual age- and sex-adjusted incidence rate per 1,000 population for: a) moderate to severe TBI b) concussion/mild TBI	2.2 8.4	2.5 9.1	4 4
2	Risk-adjusted TBI mortality rate within 30 days of admission to hospital per 100 patients	14.5	13.7	11
3	Proportion of ALC days to total LOS in acute care (%)	13.5	25.2	2
4	Proportion of acute patients with TBI (%) discharged from acute care and admitted to: a) general inpatient rehabilitation b) specialized ABI inpatient rehabilitation	8.12 14.2	6 7.5	3 1
5	Median number of days from TBI onset and admission to: a) general inpatient rehabilitation b) specialized ABI inpatient rehabilitation	12 (8-26) 17.5 (12-37)	13 (8-23) 25 (12-44)	4 2
6	Median FIM change of: a) general inpatient rehabilitation b) specialized ABI inpatient rehabilitation	24 22	25 25	9 9
	Median FIM efficiency of: c) general inpatient rehabilitation d) specialized ABI inpatient rehabilitation	1.3 1.1	1.1 0.8	2 2
7	Median time from discharge from acute care/inpatient rehabilitation to first HCC visit for: a) physiotherapy b) occupational therapy c) speech language pathology d) social work	6 (2-35) 6 (3-27) 35.5 (17-140) 50 (18-153)	15 (5-59) 11 (4-46) 55 (13-144) 52 (18-127.5)	1 1 2 5
8	Median number of HCC visits within 60 days of discharge from acute care/inpatient rehabilitation for: a) physiotherapy b) occupational therapy c) speech language pathology d) social work	3 (2-4) 2 (1-2) 1.5 (1-2) 2 (1-2.5)	4 (2-5) 2 (1-3) 2 (1-2) 2 (1-3)	12 7 8 5
9	Proportion of patients with TBI (%) discharged from inpatient rehabilitation with a follow-up assessment within 30 days, 180 days, 365 days by a: a) GP/FP (any reason) b) GP/FP (mental health-related reason) c) Specialist (physical medicine, neurosurgeon, neurology) d) Specialist (psychiatry) e) No GP/FP or specialist follow-up assessment within 30 days	74.8, 88.4, 91.5 6.8, 16.5, 24.5 44.7, 67, 66 -, -, 9.6 17.5, NA, NA	75.1, 93.1, 95.5 7.2, 21.2, 28.5 36.8, 66.3, 70.9 4, 12.8, 17 16.5, NA, NA	9* 11† 6† 11‡ 9
10	Proportion of patients with a TBI (%) discharged from acute care to: a) complex continuing care (CCC) b) long-term care (LTC)	3.1 0.6	3.6 1.6	8 4
11	Age- and sex-adjusted all-cause readmission rate at 30 days for patients with TBI per 100 patients	4.9	4.1	13
12	Total number of patients with TBI discharged from inpatient rehabilitation: a) complex continuing care (CCC) b) long-term care (LTC)	NA NA	23 16	- -

\*Ranking determined at 30 days  
 †Ranking determined at 180 days  
 ‡Ranking determined at 365 days

NR denotes No Ranking

# Regional Context: ESC

Population: 636,000 (4.6% of Ontario population)

## Health Services:

### Acute Care

<b>Level 1 Trauma Centre</b>	N/A
<b>Acute Hospitals with Neuro-Capacity</b>	Windsor Regional Hospital (WRH Ouellette Campus)
<b>Other Acute Hospitals</b>	Chatham-Kent Health Alliance Erie Shores Healthcare Windsor Regional Metropolitan Campus Bluewater Health

### Inpatient Rehabilitation

<b>Specialized ABI</b>	N/A
<b>General</b>	Hotel-Dien Grace Healthcare

### Outpatient Rehabilitation

<b>Specialized ABI</b>	Hotel-Dien Grace Healthcare
<b>General</b>	N/A

### Community-based Services

<b>Rehabilitation by registered professionals</b>	N/A
<b>Brain Injury Organizations</b>	Brain Injury Association of Windsor-Essex

### What works well in ESC LHIN

- Good accessibility to physiatrists.
- Good access for severe trauma to post acute in-patient rehabilitation.
- WRH Ouellette Campus is the psychiatry centre for the region with an acute psychiatry intensive care unit and a step down and inpatient unit, supported by a full psychiatry team. All trauma patients in need of consults, receive one.
- Willingness of partners to be open to collaboration.
- Willingness to look at supporting people in creative ways.

### What are some gaps, opportunities or drivers in ESC LHIN

- Limitations in pediatric services offered.
- Issues with wait times for specialized brain injury treatment; because the practical every day supports required are underfunded waiting lists are long. Demand is greater than available service spaces for lifelong support.
- More funding in the ABI personal support independence training functional center is required
- There is an extreme need for funding in ABI Supportive Housing. In Windsor there are 7 units. There are none in Chatham Kent or Sarnia Lambton.
- There are many individuals who need structure, routine and supervision to be successful living outside of a hospital. Supportive Housing can be portable, nimble and innovative but it needs to be customizable and funded. Lack of stable housing and community supports increases vulnerability to physical, financial and emotional abuse and clients can easily end up in jail or hospital.
- Services are cobbled together on a case-by-case basis; "slow to recover" and persons with very high personal care needs need options outside of hospitals.
- Home and Community Care has no specific to ABI and there is no funding an ABI Navigator.



### Access to Specialist:

<b>Physiatrist</b>	✓
<b>Psychiatrist</b>	✓
<b>Neuropsychiatrist</b>	✓
<b>Behavioural psychologist</b>	✓
<b>Speech-language pathologist</b>	✓
<b>Paediatric specialist</b>	✓ (limited)



# Regional Context: ESC

## Client Vignette

- DOSW is a 32-year-old male injured in a MVA at 19 years of age.
- Went to Chatham Kent Health Alliance ICU following the accident and was transferred to London Health Sciences for neurosurgery. Post-acute rehab took place at Parkwood Hospital.
- Upon discharge he bought his own home in Chatham. His father was his primary caregiver from his own residence. Problems emerged and exacerbated: incontinence, severe lack of hygiene, home maintenance impossible, no sense of time, severe memory loss, no insight into dangerous scenarios
- DOSW lost his house and returned to rehab at Parkwood. Was discharged to a Retirement Home where there were no peers his age and it was extremely expensive and insurance dollars severely depleted. Eventually had to leave the Retirement Home. Returned to rehab at Parkwood. Discharge plan developed with a brain injury community provider: apartment with visitation service for 2 hours in the morning and 2 hours in early evening; ABI clubhouse day program
- The plan did not work even with father's support as he attended the day program sporadically. He continued to drink water and soft drinks excessively. He was regularly incontinent. Hygiene was very poor. He would take in strangers who stole his money or used him to purchase drugs etc. for them. He could be easily coaxed into using drugs himself.
- With COVID the day program was no longer an option. He was evicted from his apartment. He returned to Parkwood. A new discharge plan was developed with the brain injury community provider. It was clear that without the institutional controls for medication, nutrition and social structure he would not be successful.
- He was discharged to a new Collaborative Supportive Housing Project in downtown. It is a one room furnished unit with a private bathroom. Meals are served in a congregate dining area. Each room has a microwave and small refrigerator. There are staff on site 24 hours per day from the collaborating partners which are Family Services, CMHA, ACT Team and the brain injury community provider. Structure and some supervision is provided.
- It became apparent very quickly that DOSW cannot be left unsupervised for even short periods of time. Within days he lost his access card. His money and his cell phone were stolen. The cell phone was what was being used as a GPS tracker by staff. He became lost several times. Police had to be dispatched to find him.
- The plan was adjusted so DOSW attends a supportive housing site run by the brain injury community provider each afternoon for dinner and socialization.
- Parkwood Hospital outreach continues to be a support around problem solving and staff training. The plan continues to evolve. DOSW will move to a Collaborative Supportive Housing project that will be opening in the fall closer to his father.