



Final Integration Report:
Driving quality within an integrated health-care continuum
June 30, 2013

Table of Contents

<i>Message from Dr. Bob Bell</i>	4
<i>Benchmarking UHN staff engagement post-integration</i>	5
<i>Patient determined to beat odds after body surfing accident</i>	7
<i>Staff and patients create better patient care using Lean methodology</i>	9
<i>Michael Carlin: exceptional rehab nursing care</i>	11
<i>Toronto Rehab physician recruitment supports new clinical collaborations at UHN</i>	13
<i>Musculoskeletal Rehab patients in newly renovated University Centre</i>	15
<i>Geriatric psychiatry care strengthened</i>	17
<i>UHN launches Intrathecal Baclofen Therapy Program</i>	19
<i>Toronto Rehab moves laboratory medicine contract to UHN</i>	21
<i>Falls Prevention Clinic relocates to Toronto Rehab</i>	21

<i>Joint Department of Medical Imaging upgrades x-ray technology at Toronto Rehab</i>	22
<i>Toronto Rehab now supported by UHN's IT infrastructure and services</i>	23
<i>Closing remarks</i>	24

Message from Dr. Bob Bell, President and CEO, UHN



When Toronto Rehab and UHN integrated we knew that together we would build better health-care for Ontarians. After two years as one organization, UHN has made exceptional progress and continues to build on early successes.

Our first priority – as outlined in our first report – was integrating corporate services and reinvesting savings into post-acute care. Through this period of change, it was of great importance to ensure our staff were engaged and proud to be part of UHN. This high level of satisfaction is paramount to our ability to provide patients with excellent care. This past winter, we received positive feedback from staff through our first Employee Engagement Survey since integration. We are pleased that staff remained engaged across the organization through the integration activities. This is a strong indicator that our integration has been a success.

After two years as the new UHN, it is also encouraging to see the strides we've made clinically by having acute care, rehab, complex continuing care and long-term care within the same organization. We integrated because together we would enhance the quality of patient care and the patient care experiences across the entire health continuum. This is already coming to fruition in exciting ways and there are many more opportunities.

In spinal cord care, for example, Toronto Rehab and Toronto Western teams have worked together for the past year using Lean methods to improve patient flow between acute care and rehab. This has empowered staff and given them the support and resources to re-organize how they work in order to serve patients better. There has been a reduction in the total time spinal cord patients spend at UHN as they enter rehab earlier and can go home sooner. We also see evidence of improvements in spinal cord patient outcomes. This clinical collaboration is possible because of the integration and has already made a substantial difference in spinal cord patients' experience.

In our final report, the stories illustrate additional examples of clinical collaborations that are improving patient care. You will also find stories highlighting staff engagement, the Toronto Rehab University Centre redevelopment project and the successful integration of corporate services to support the work we do.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Bell". The signature is written in a cursive style and is positioned to the left of a vertical line.

Dr. Robert Bell, MD, CM, MSc, FRCSC, FACS
President and CEO
University Health Network

Benchmarking UHN staff engagement post-integration

In fall 2012, UHN conducted the first Employee Engagement Survey since Toronto Rehab and UHN integrated to provide an important baseline to measure success of future staff engagement.

Overall, 80 per cent of all staff rated UHN as a good, very good or excellent place to work. Moreover, the average engagement score for UHN staff was 58 per cent and Toronto Rehab's score was 65 per cent – both higher than the Canadian health care and Canadian public sector averages.

"The survey confirmed that our staff have an intrinsic motivation to do good work – to take care of our patients," said Emma Pavlov, Senior Vice President, Human Resources, UHN. "It also reflected a workplace where teamwork is strong and staff feel respected and supported by their colleagues."

Career opportunities and work processes were among the top priorities identified by the survey. Organizational goals have been set to:

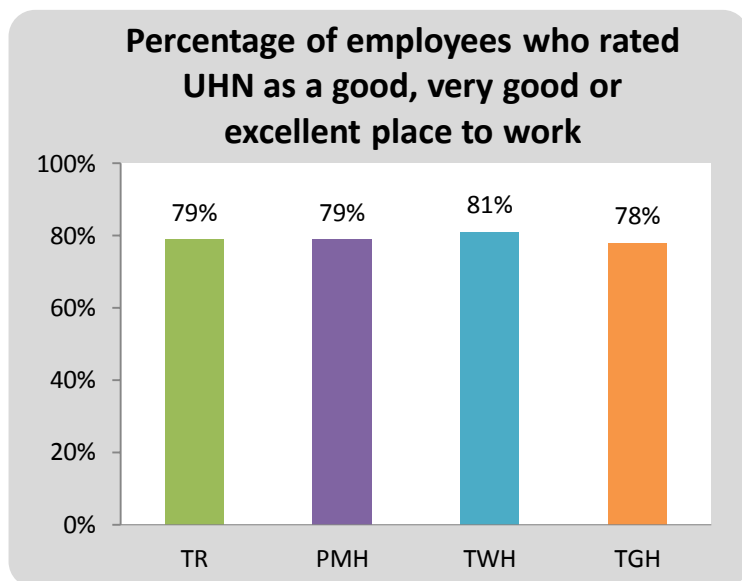
- enhance career development resources and opportunities
- simplify work processes

The survey also provided the first official insight into the satisfaction of Toronto Rehab staff post-integration. On average, the Toronto Rehab scores were equivalent to the rest of UHN.



Nursing staff in the Toronto General Emergency Department.

“The results for Toronto Rehab, specifically, showed that this group of staff are connected to the UHN mission and are proud to be part of the new organization,” said Pavlov. “It tells us that the integration is working well. There is still work to be done, but we’re headed in the right direction.”



“The survey confirmed that our staff have an intrinsic motivation to do good work – to take care of our patients.” – Emma Pavlov

Susan Jewell, Senior Vice President and Executive Site Lead, Toronto Rehab, added: “The survey gives us a valuable snapshot of staff engagement post-integration. Our goal is to improve and sustain outstanding levels of engagement among our staff. This is essential for the delivery of excellent patient care. “

Patient determined to beat odds after body surfing accident

“For better or for worse,” were the first words Toni, Jake Hamoen’s wife of 24 years, said to him when he awoke from emergency spinal surgery in a Miami hospital.

It was May 2012, and the couple from the Hamilton, ON area had been on a beach in Barbados, where Hamoen and his friend were body surfing.



Jake Hamoen and his wife Toni Hamoen at Bickle Centre

As Hamoen, a 66-year-old mechanical engineer, approached a wave, it picked him up and drove him head first into the ocean floor.

Immediately, Hamoen was

airlifted to the hospital in Miami. He had fractured his spinal column in his neck, which was compressing his spine.

He was put on a ventilator and told he would never breathe independently again –and that he was paralyzed from the neck down.

But Hamoen was determined to prove the diagnosis wrong.

“I made it my mission to breathe again,” he said.

And he did.

After meeting with Dr. Cathy Craven, a physiatrist at Toronto Rehab’s Spinal Cord Rehabilitation Program, it was determined Hamoen needed to stabilize medically before enrolling in the rehab program.

In October 2012, he was admitted to Toronto Rehab’s E.W. Bickle Centre for Complex Continuing Care.

“My wound is right down to the bone and could have killed me. The specialized care at Bickle has helped heal my wound,” Hamoen said, noting his care team has also focused on stabilizing his blood pressure – no easy task given his condition.

Thanks to Toronto Rehab's integration with UHN, Hamoen also sees a registered respiratory therapist (RRT), who is based out of Toronto Western Hospital. The on-site expertise means he doesn't have to travel elsewhere for respiratory therapy.

"Our RRT has worked with Jake on breathing exercises and has trained the nursing staff how to setup his ventilator before he goes to sleep," says Jon Dela Cruz, RN, 4 South, Bickle Centre.

The time and effort put forth by his care team is paying off.

In February 2013, Hamoen did what doctors never believed he would be able to do: he began moving his thumb, fingers, triceps and biceps. Incredibly, with great effort and concentration, Hamoen can also now move both legs.

"The fact that many months post-injury Jake has flickers of movement suggests he could potentially improve his functional abilities," said Dr. Craven.

"When it's time, Lyndhurst can help Jake improve his upper body function where possible," she continued.

At Lyndhurst, Hamoen will learn to use assistive technology to enhance his mobility and independence. He'll learn to use the phone and computer, and get help to move back home.

"My wound is right down to the bone and could have killed me. The specialized care at Bickle has helped heal my wound." – Jake Hamoen

Dr. Craven, Bickle and Lyndhurst teams remain in contact about Hamoen's progress and timelines for transfer.

For now, he continues to make strides.

"Bickle is a God send," Hamoen said, noting that the Bickle care team worked hard to evolve his care, ensuring it matched his goals and challenged his abilities.

"Not every facility would do this," he said.

Staff members aren't the only one making an impression.

"I've never cared for a patient with such optimism," said Dela Cruz. "I feel like his goals are my goals."

And those goals are exactly where Hamoen will stay focused.

"I've surpassed all expectations," he said. And I plan to keep doing so."

Staff and patients create better patient care using Lean methodology

Inez Martincevic was at a jukari class—a trapeze-like exercise program – when her back hyper-extended leaving her unable to move her legs.

“My legs felt like lava and they were dead weight,” said Martincevic. “I began screaming: ‘I’m paralyzed.’”

Martincevic was rushed to the Toronto Western Emergency Department where she was told she had a spinal cord injury—a bruise on her spinal column. The neurosurgeon decided that surgery wasn’t necessary and after nine days in acute care, Martincevic was transferred to Spinal Cord Rehab at Toronto Rehab’s Lyndhurst Centre where she was an inpatient for almost three months.

**“Part of the Lean experience is learning how we can work together, especially during important transition points.” –
Joanne Zee**

“When I went to rehab, I couldn’t stand and had been suffering severe bowel and bladder issues,” said Martincevic. “I was provided a great understanding of my injury and the team was proactive in discussing my rehab goals.”

As an outpatient, Martincevic was approached in spring 2012 to participate in the UHN Spinal Cord Lean initiative that helps create new processes for more efficient and effective patient care.



Inez Martincevic (L) and Tess Devji (R) at the new check-out station that was implemented through Lean.

“I participated in Lean because it was an opportunity to speak on behalf of patients and families who have had much more devastating injuries and may have more barriers to the health-care system than me,” said Martincevic, who is a clinical dietitian at The Hospital for Sick Children. “I hope my participation can help make the care better for others at UHN.”

The first step for the UHN spinal cord programs in their Lean initiative was to bring together acute care staff, rehab staff and community partners to map out the entire patient experience from the emergency department, to inpatient acute care, to rehab to returning to the community. This gave the teams a clear picture of where improvements needed to be made.

“One of the benefits of the process is having the teams from both sites spend more time together,” said Janet Newton, Senior Clinical Director, Toronto Western Hospital. “By developing a better understanding of each other’s programs and processes, we are optimizing the care we provide patients.”

So far, Toronto Western and Toronto Rehab have implemented 192 improvements and held 11 rapid improvement events, which are used by the team to make the changes. One of the events, for example, standardized the timing and process of how a patient’s discharge date from rehab is communicated to him or her.

“Bringing the Toronto Western and Toronto Rehab teams together has been eye opening on both sides,” said Tess Devji, Spinal Cord Rehab Lean Lead, Toronto Rehab. “It has allowed us to address language inconsistencies, for example, how we both define ‘medically manageable’ or ‘rehab ready.’”

Lean has also facilitated important transition conversations that are crucial to improving the patient journey.

“Part of the Lean experience is learning how we can work together, especially during important transition points,” said Joanne Zee, Senior Clinical Director, Brain and Spinal Cord Rehab Program, Toronto Rehab. “One of our early successes was the creation of a standard process that allows us, in minutes to identify which patient is appropriate to transition from acute to rehab. Before, this took days!”

Spinal cord care improvements since Lean:

- Total length of stay for acute and rehab decreased by 13 per cent
- Higher patient satisfaction
- ALC days reduced by an average of 4 days

Michael Carlin: exceptional rehab nursing care



Michael Carlin on the Toronto Rehab ABI Unit.

Michael Carlin didn't get his calling to be a nurse until he was 39.

Carlin had been working at St. Michael's Hospital for five years in a non-clinical role, but switching to a frontline health-care role had been in the back of his mind.

"I knew through my time in the hospital that I wanted to make a more

direct impact on patients," Carlin said.

But, it wasn't until his close friend was diagnosed with terminal cancer that he knew his calling.

His friend, a proud person, allowed Carlin to be his informal caregiver in his home up until his death. He needed Carlin's care.

"This experience inspired me. It gave me the strength I needed to pursue a career in nursing," said Carlin.

He took the leap and returned to school to study nursing.

After graduation, Carlin enrolled in a formal program to be mentored on Toronto Rehab's Acquired Brain Injury (ABI) unit.

Eventually, he hired on as a casual nurse, giving him the opportunity to work at all the Toronto Rehab sites with different types of patients.

He has now been a full-time nurse on the ABI unit for five years.

"I love working with the ABI patients," said Carlin. "You see results in the patient's recovery and that's very rewarding."

An important part of Carlin's job is his colleagues.

"I love that I work with an amazing team. They are good at what they do and have made me a better nurse."

**"His commitment to patient care and interprofessional approach is very evident."
– Richard Khoo**

This year's Toronto Star Nightingale Awards has formally recognized Carlin with an honourable mention.

“The ABI Service is very proud that Michael has received an honourable mention in the Nightingale Awards,” said Richard Khoo, Manager, ABI Service, Toronto Rehab. “We have seen tremendous growth in Michael since he joined the brain injury team.

“His commitment to patient care and interprofessional approach is very evident. Michael has continued to explore new ways to support patient care, including service as a practice lead for the service. This award is well deserved.”

Toronto Rehab physician recruitment supports new clinical collaborations at UHN

Toronto Rehab has recruited 18 physicians since integrating with UHN. Dr. Eugene Chang, physiatrist, is one of the recent recruits who will start here this summer.

When Dr. Chang was a medical resident training to be a physiatrist in Vancouver, British Columbia, he began feeling extreme fatigue.

“I passed it off as being run down – part of the territory of being a resident,” explained Dr. Chang.

“The integration was serendipitous—the partnership between Princess Margaret and Toronto Rehab was the perfect opportunity to address rehab for cancer patients and survivors.” – Dr. Eugene Chang

Soon it developed into dizziness and vomiting, which prompted a visit to the doctor. At 25-years-old, he was diagnosed with myelodysplastic syndrome, a pre-leukemic disease.



Newly recruited physicians Dr. Baieruss Trinos and Dr. Julia Alleyne with Dr. Gaetan Tardif

He put his residency on hold and returned home to the Greater Toronto Area to be close to his family while he underwent treatment. At Princess Margaret Cancer Centre, he was told he would need a bone marrow transplant and began chemotherapy immediately to put him into remission in preparation for the transplant.

His experience as a cancer patient and in particular the recovery period, gave Dr. Chang insight into the rehab needs of many cancer patients.

“I had an understanding of some of the struggles for cancer patients and my experience sparked a passion to use my rehab expertise to help cancer patients with their function and improve their quality of life.”

Dr. Chang returned to Vancouver to complete his residency program. He later reached out to Toronto Rehab in the interest of practicing cancer rehab.

“The integration was serendipitous—the partnership between Princess Margaret and Toronto Rehab was the perfect opportunity to address rehab for cancer patients and survivors.”

Dr. Chang, now 33-years old and married with his third child on the way, has completed a fellowship in cancer rehab at MD Anderson Cancer Center in Texas. He will begin at UHN in summer 2013, splitting his time between the Musculoskeletal Rehab Program, Toronto Rehab and ELLICSR: Health, Wellness and Cancer Survivorship Centre, Princess Margaret Cancer Centre. ELLICSR focuses on improving the physical and emotional health of people living with cancer.

“Dr. Chang is an example of joint recruitment between two UHN programs,” said Dr. Gaetan Tardif, Psychiatrist-in-Chief, Toronto Rehab. Toronto Rehab continues to be a leader in psychiatry by

recruiting jointly with other UHN programs where there is a proven patient care and academic need. This has been a benefit for the specialty and above all for our patients.”

Physician recruitment at Toronto Rehab has also addressed newly identified patient care needs.

“Since becoming part of UHN, Toronto Rehab is having more frequent and formal discussions with other UHN programs about different patient populations’ rehabilitation needs,” said Dr. Tardif. “Physician recruitment is supporting these exciting new opportunities and collaborations.”

The new Toronto Rehab physician recruits since integration:

Dr. Julia Alleyne

Dr. Hossein Amani

Dr. Laurel Bates

Dr. Andrew Braude

Dr. Eugene Chang

Dr. Lesley Carr

Dr. Lori Feigelson

Dr. Michael Ko

Dr. Cheryl Leung

Dr. Alexander Lo

Dr. Rui Martins

Dr. Gaurav Puri

Dr. Martin Sommerfeld

Dr. Emily Tam

Dr. Baieruss Trinos

Dr. Julia Warden

Dr. Zeeshan Waseem

Dr. Jody Widman

Musculoskeletal Rehab patients in newly renovated University Centre



MSK Rehab staff member Mandy McGlynn participates in the mock move.

Trevor Woodside was admitted to Hillcrest Centre in January 2013, two days before inpatients moved to their newly renovated unit in the downtown University Centre.

“The transfer was perfectly organized,” said Woodside, who came to musculoskeletal rehab to regain function in his leg after a fall on his way to work. “We went from having four people to a room to only two. It was also

nice having a more private and convenient washroom. Overall, it was a much better facility for patients.”

Behind the scenes, the interprofessional University Centre Redevelopment team planned and executed a comprehensive plan to move the staff and patients from Hillcrest Centre to University Centre as seamlessly as possible.

“On the day of the move everything went smoothly—we even finished ahead of schedule for the patient moves.” – Jayne Grills

Integral to the transition was the training and education around the new space, technologies and processes. For example, orientation sessions, including a scavenger hunt, were held to familiarize Hillcrest Centre staff with their new work environment and the new technologies they would be using, such as the nurse call system.

“Our University Centre Redevelopment educators added significant value to ensure staff were confidently prepared to deliver the best care as soon as they arrived at University Centre,” said Leanna Graham, Director, Health Disciplines, Toronto Rehab, who lead the training and education strategy for the Hillcrest Centre moves. “For

larger changes in systems, like the nurse call, the educators conducted a series of mini education sessions and set up a mock lab of the new systems at Hillcrest for staff to familiarise themselves with the technologies prior to the moves.”

The University Centre Redevelopment team also held mock move exercises to prepare Hillcrest Centre staff, the moving company and the transportation company. The team created potential issues during the mock exercises to see how staff would adapt. For example, how to problem solve if a patient had to go to washroom in the midst of being transported downtown.

“We made the mock moves as real as possible,” said Jayne Grills, Senior Project Manager, UC Redevelopment, Toronto Rehab, “so

our staff and external support could make the actual moves as pleasant and comfortable as possible for our patients.”

The University Centre Redevelopment team led the move of 100 Hillcrest Centre staff members and 36 inpatients. The Musculoskeletal Rehab team minimized the number of inpatients that would need to be transported on the move day through discharge planning and granting weekend passes to certain patients.

“On the day of the move,” said Grills, “everything went smoothly – we even finished ahead of schedule for the patient moves.”

Geriatric psychiatry care strengthened

Dr. Andrea laboni, geriatric psychiatrist, knew UHN was the right place for her to do her clinical work and research after her residency and fellowship.

“The Toronto Rehab environment matches very well with my clinical and research interests in geriatric psychiatry,” explained Dr. laboni.

The Toronto Rehab integration with UHN also played a role in Dr. laboni’s recruitment.

“The integration made it possible for me to become part of the UHN Department of Psychiatry, which provides me with access to research grants and other financial support to sustain my research,” Dr. laboni said. “My affiliation with the UHN Department of Psychiatry allows me to offer a unique training opportunity for psychiatry residents in a geriatric psychiatry rehab setting.”

Now that Toronto Rehab’s Geriatric Psychiatry is formally a part of the UHN Department of Psychiatry, it has strengthened recruitment at Toronto Rehab.

“There are wonderful opportunities for synergy in recruitment and our work in geriatric psychiatry now that Toronto Rehab is a member of the UHN Department of Psychiatry,” said Dr. Ron Keren, Medical Director, Geriatric Rehab, Toronto Rehab.



Clinical staff on the Geriatric Psychiatry Unit at Toronto Rehab.

The integration with the Department of Psychiatry led Toronto Rehab to appoint Dr. Keren as the official psychiatry lead for the whole rehabilitation program. Now, frontline staff across Toronto Rehab, not just in the Geriatric Psychiatry Service, can consult with a psychiatrist for any of their rehab patients’ mental health needs.

“The evolution of psychiatry at Toronto Rehab opens opportunities for psychiatrists to have a more consultative role for all our rehab patients,” said Dr. Keren. “Before it was an underappreciated need,

but now that our health-care teams are experiencing the role psychiatry can play, they see the benefits to their patients' rehabilitation."

Likewise, the partnership of rehabilitation and post-acute care with UHN acute geriatric psychiatry at Toronto Western and Toronto General provides an essential component to the continuum of care of patients with dementia and patients with both psychiatric and medical problems.

"Rehabilitation is an important component in optimizing the outcome of older patients who have both medical illness and psychiatric symptoms, since psychiatric illness in these individuals can impair recovery," said Dr. Alastair Flint, Head of Geriatric Psychiatry, UHN. "Toronto Rehab's Geriatric Psychiatry Service provides expertise in the management of patients with dementia and behavioural problems, giving these patients the chance to be discharged home, rather than to long-term care."

Psychogeriatric Outreach Teams merge

When Toronto Rehab integrated with UHN, both Toronto Rehab and Toronto Western had a Psychogeriatric Outreach Teams that provided services to a number of long-term care homes in Toronto.

In April 2012, the two programs integrated to streamline logistics and create more cohesion. Now the process is easier for long-term care homes as they only need to make one point of contact for a referral.

"Now UHN provides the community with one contact for leading expertise in geriatric psychiatry," said Dr. Keren. "The collaboration between our experts will strengthen the care we provide seniors."

Memory Clinic launches a second location

Dr. Keren is also the co-lead of the UHN Memory Clinic, predating the integration. The Clinic focuses on early detection of dementia and helps plan for future treatment.

Dr. Keren's leadership role at Toronto Rehab sets the stage to

"The Toronto Rehab environment matches very well with my clinical and research interests in geriatric psychiatry." – *Dr. Andrea Iaboni*

establish a second Memory Clinic at Toronto Rehab's University Centre to improve the access and extend the reach to more rehab outpatients.

"This meets the increasing demand for memory assessments that we have in our Toronto Rehab clinical services," said Dr. Keren. It's a fine example of how the integration has enhanced access to geriatric psychiatry care for all patients at UHN."

UHN launches Intrathecal Baclofen Therapy Program

Margaret Reaney was diagnosed with multiple sclerosis (MS) at 29 years old. As her disease progressed she began experiencing severe spasticity – impaired muscle coordination – in her legs.



Filomena Mazzella, RN, Intrathecal Baclofen Therapy Program, assesses spasticity in Vincent Joseph Farand's leg.

"My spasticity was unpredictable," Reaney explained. "It got to the point I didn't feel it was safe for people to be close to me because my leg could spontaneously hit them. At the time, I was still able to walk and my spasticity could also cause my left leg to lock in a straight position putting me at risk of falling."

Reaney needed a solution for her spasticity.

Reaney went to a London, Ontario hospital in 1999 to have her first intrathecal baclofen device surgically implanted. The permanent device is programmed to release the right amount of baclofen – a muscle relaxant medication that treats spasticity - into her spinal fluid.

"I am very happy I can get this care in Toronto because now if there are any concerns with the device, I am a reasonable distance from the hospital." – Margaret Reaney

By 2012, her intrathecal baclofen device needed to be replaced a second time – this is standard because of the device's finite battery life. Reaney, who is now 70 years old and lives in Pickering, Ontario, was pleased when her neurologist at St. Michael's Hospital referred her to UHN to the new Intrathecal Baclofen Therapy (ITB) Program jointly operated at Toronto Western's Krembil Neurosciences Centre and Toronto Rehab's Spinal Cord Rehab Program.

Dr. Mojgan Hodaie, neurosurgeon, Toronto Western Hospital and surgical co-director of the ITB Program, successfully replaced

Reaney's device in October 2012. As part of her ITB care, Reaney visits Dr. Anthony Burns, spinal physician, at Toronto Rehab and medical co-director of the ITB Program, every six months to check her device and have it filled with more baclofen.

"I've had an excellent experience at UHN," said Reaney. "I am very happy I can get this care in Toronto because now if there are any concerns with the device, I am a reasonable distance from the hospital."

Reaney is a patient of the new Intrathecal Baclofen Therapy Program that opened in February 2012. The majority of the day-to-day clinical care, including tests, consultations and education, occurs at Toronto Rehab under the leadership of Dr. Burns. The baclofen medication testing, pre-operation screening and surgery takes place at Toronto Western under the leadership of Dr. Hodaie.

"Intrathecal baclofen therapy is the gold standard for spasticity management," said Dr. Burns. "There are other treatment options, like oral medication, but these are band-aid solutions. That's why our UHN program is an important addition to the Toronto and GTA clinical environment."

Potential candidates for the surgery first go through a series of assessments with an interprofessional team – including a registered nurse, anaesthesia, physiotherapy— and trials of the medication to ensure it's safe to proceed.

"Spasticity has an immense impact on patients' quality of life: it interrupts their sleep, makes it difficult to dress oneself and can cause chronic pain," said Dr. Burns. "We are pleased UHN can offer these patients an improved day-to-day life."

University Health Network was well positioned to be the home for the ITB Program because of its expertise across the continuum of care for spinal cord patients: from acute care to rehab to the return to the community and home.

"We began discussing the creation of a joint program prior to the formal integration," explained Dr. Hodaie. "Becoming one organization helped us establish a joint ITB program with smoother transitions for patients between the two hospitals."

Integration highlights:

Toronto Rehab moves laboratory medicine contract to UHN

In May 2012, Toronto Rehab's laboratory medicine contract was moved to UHN's Laboratory Medicine Program. The planning for this transition began shortly after integration in 2011.

The goals for the switchover were to make it seamless for Toronto Rehab staff, emulate the existing service and provide additional services where necessary.

"We reviewed Toronto Rehab's lab activity with an emphasis on ordering the right test at the right time for each patient," said Tom Clancy, Director of Laboratory Operations, Laboratory Medicine. UHN. "Dr. Paul Yip, one of our biochemists, consulted with the

Toronto Rehab clinical teams to better understand their clinical needs. The result was improved test utilization and the turnaround time of results."

A challenge Toronto Rehab had was there was no back-up system for ordering lab tests if the electronic patient record (EPR) system went down. Sometimes, this meant that a patient would need to be transferred to acute care as a precaution.

The move to UHN's Laboratory Medicine Program has addressed this with a back-up paper system that can be used by Toronto Rehab staff during EPR downtimes.

Falls Prevention Clinic relocates to Toronto Rehab

The UHN Falls Prevention Clinic moved from Toronto Western to Toronto Rehab's University Centre in April 2013 to align with the existing Geriatric Rehab Program.

The Falls Prevention Clinic is for individuals who have had multiple falls and are at the risk of a future fall. The Clinic targets 1,200 patient visits this year.

Each patient goes through an initial assessment with a geriatrician and other health professionals. If the program is the right fit, they attend the Clinic once a week for 12 weeks – one hour is dedicated to education and one hour is a group exercise class.

"The relocation of the Toronto Western clinic allows our team to partner and coordinate with the existing Toronto Rehab Geriatric

Rehab Service,” said Natalie Cournoyea, Senior Clinical Director, Geriatric Rehab Program, Toronto Rehab. “A more complex patient, for example, may need one-on-one care, which we can easily offer them through the Geriatric Day Hospital at Toronto Rehab.”

Referrals to the Geriatric Day Hospital have increased since the relocation of the Clinic.

“The move of the Falls Clinic to Toronto Rehab has given patients and staff a dedicated rehab environment– it’s the right fit,” said Dr. Barry Goldlist, lead geriatrician, Falls Prevention Clinic. “We also have a strengthened connection to the Geriatric Day Hospital and can easily refer patients who need a greater level of rehab.”

Joint Department of Medical Imaging upgrades x-ray technology at Toronto Rehab

Toronto Rehab has received its medical imaging services from the Joint Department of Medical Imaging (comprised of UHN, Women’s College Hospital and Mount Sinai Hospital) since before integration.

Since integration, Toronto Rehab has had upgrades to its imaging infrastructure. The Toronto Rehab University Centre redevelopment included an upgrade of the on-site medical imaging technology to a digital x-ray suite.

“Through Toronto Rehab’s redevelopment project we were able to identify key enhancements, including new x-ray equipment and improvements to the quality of service we provide to patients,” said Paul Cornacchione, Clinical Director, Joint Department of Medical Imaging.

Toronto Rehab is in the process of adopting UHN’s scheduling system that will ease the management of x-ray bookings from various units.

Toronto Rehab now supported by UHN's IT infrastructure and services

Toronto Rehab's information technology (IT) services successfully migrated to UHN's infrastructure and service delivery model in April 2013 as part of the integration of Toronto Rehab and UHN.

The Shared Information Management team completed three major milestones:

- **Network stabilization:** the network equipment that connects Toronto Rehab to the outside world moved to the centralized UHN location
- **Data Centre migration:** Majority of the Toronto Rehab servers moved to the UHN Data Centre and the UHN IT vendor, CompuCom, now supports these servers.
- **Service Desk transition:** Toronto Rehab staff's IT needs are now supported by the UHN Service Desk.

"One of the main reasons we integrated our IT systems was to ensure that Toronto Rehab sites benefit from the significant investments that UHN has made in its IT infrastructure over the years," said Adele Wentzel, Director, Information Management, UHN and lead on this project. "Our IT systems, applications, security and reliability are now consistent across the UHN."

Closing remarks

We dared to dream with a promise that the integration would improve patient outcomes, advance interprofessional models of care and expand leadership in academic and research excellence in acute, rehab, complex continuing care and long-term care.

As I reflect on this promise, it is apparent that our staff, managers, senior leaders and Board of Director's courage to change has made this integration a success.

Through our integration, we have achieved:

- ✓ Better health care outcomes
- ✓ Staff engagement
- ✓ World leading research
- ✓ Financial responsibility
- ✓ Innovative teaching and learning

We will continue to build on this promise through the courage of our staff, physicians, patients, volunteers, students and researchers.

I am eager to see where the new UHN will take Ontario health-care system as we move forward.

Sincerely,



Dr. Robert Bell, MD, CM, MSc, FRCSC, FACS
President and CEO
University Health Network