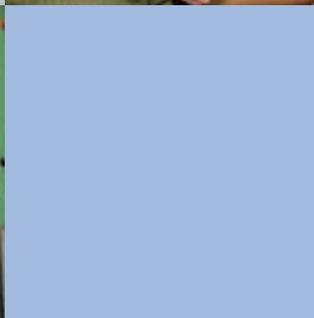




CHIRS

Community Head Injury Resource Services



Progress Report

■ A letter from the Chairman of the Board of CHIRS

The mission of CHIRS is to improve the quality of life for persons living with the effects of acquired brain injury. I am pleased to introduce our 2011 Progress Report, which reflects the efforts of everyone at CHIRS to achieve that mission.

CHIRS continues to grow and evolve to meet the increasing needs of its clients and the broader population of people living with ABI in our community. The Aging at Home and SUBI programs, featured here, offer just two examples of CHIRS initiatives launched in recent years to meet our clients' needs in innovative ways. At the same time, we have made the most of the funding available to CHIRS, as the number of clients served by CHIRS increased in the past decade at a rate that far outpaced growth in our revenues.

We are proud of the way that the commitment to excellence shared by Hedy and her staff has been recognized outside CHIRS, through awards that are a tribute to their daily efforts to provide leading-edge service to our clients and their families.

Despite those efforts, we recognize the challenges that remain. The demand for CHIRS' services continues to grow at a time when the funding available to meet those

needs faces further limits. Our Board is working hard to support Hedy and her staff as they continue to find new ways to reduce our waiting lists and ensure that CHIRS continues to meet the needs of our clients and the wider community.

I hope that you will enjoy taking a moment to learn more about CHIRS and its successes, as reflected in the coming pages.

Bob Brent



Strategic Plan

MISSION

To improve the quality of life for persons living with the effects of acquired brain injury

VISION

To be leading-edge in the provision of evidence-based community and client-centred services in the field of acquired brain injury

COMMUNITIES SERVED

Clients and families
Partners in the healthcare system
Staff and volunteers
The wider community

VALUES

People first—dignity and respect
Excellence and quality
Integrity, accountability, ethical conduct
Collaboration
Flexibility, innovativeness and entrepreneurialism
Accessibility and inclusiveness

STRATEGIC DIRECTIONS

Support more clients and families
Become a centre of excellence in community-based ABI services
Build capacity of external partners

ENABLING FOUNDATIONS

Inspired teamwork
Optimal environment to meet client needs
Safety and wellness culture
Enhanced information and management systems
Financial sustainability
Sound governance



Awards

The Toronto Board of Trade has awarded CHIRS a Business of the Year Award for Innovation and Leadership.

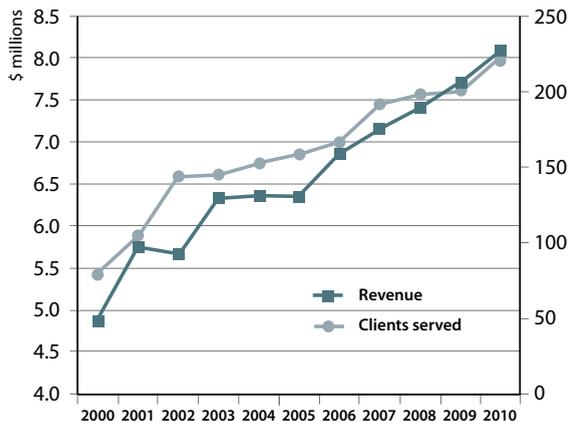


Accreditation Canada has recognized CHIRS for a Leading Practice in the development of an exemplary and effective Orientation Program for new staff.

The Ontario Brain Injury Association has awarded CHIRS' Executive Director, Hedy Chandler, (left) with the ABI Professional of the Year Award.

10 years of non-stop growth

With a revenue increase of 66%, we have increased clients served by 158% from 2000 to 2010.



Accountability and evidence-based practice

As a recognized provider of quality service to the ABI community, other agencies, as well as the families and clients we serve, CHIRS regularly undertakes initiatives to quantify and demonstrate the high quality of our service.

We measure performance in the following ways:

Using standardized tools to record advances made by clients. CHIRS currently utilizes outcome measures recommended by the Toronto ABI Best Practices project and is committed to following its recommendations.

We utilize Goal Attainment Scaling which measures client success by promoting and documenting achievements on the road to long-term growth.

*Dr. Carolyn Lemsky,
Neuropsychologist
and CHIRS
Clinical Director*



Five Crazy Guys



Question: What's the best thing about having a brain injury?

Answer: You can hide your own Easter eggs.

Although a brain injury is no laughing matter, five long-term CHIRS clients turned it into a national and often hilarious CBC radio series last year.

The series, which was given the title *Five Crazy Guys* by the “guys” themselves, was based on a weekly problem-solving group they have had with Dr. Carolyn Lemsky for over 10 years. “The group meets to talk about what’s happening in their lives, to problem-solve and to ask questions,” Dr. Lemsky explains. “When we heard the CBC was looking for story ideas, we got in touch with them”.

Five Crazy Guys first became six shows for *CBC Upfront* and later a one-hour documentary for *Living Out Loud*. The show was also picked up by BrainLine, a popular American website.

The group was then asked to provide a moderator for the *Rendezvous with Madness* film festival—to give their perspective on living with brain injury. They were also asked to make a presentation on the importance of community connections to program supervisors at the Ministry of Health and Long-Term Care.

“Two of the group’s goals were public education and self-advocacy,” Dr. Lemsky said. They met both those goals and were also given the privilege of being the voice of brain injury and mental health. “We got a great deal of mail from around the world”, she adds. “That gave us great external validation.”

You can hear the show by going to the CHIRS website; www.chirs.com

CHIRS Aging at Home program

People with long-term ABI often live at home with aging caregivers. To improve the quality of life for both the ABI population and the caregivers, CHIRS runs a successful Aging at Home program that has been in operation since 2008.

The program works with 36 different families for four hours a week offering assistance in the areas of transportation, medical referrals and education.

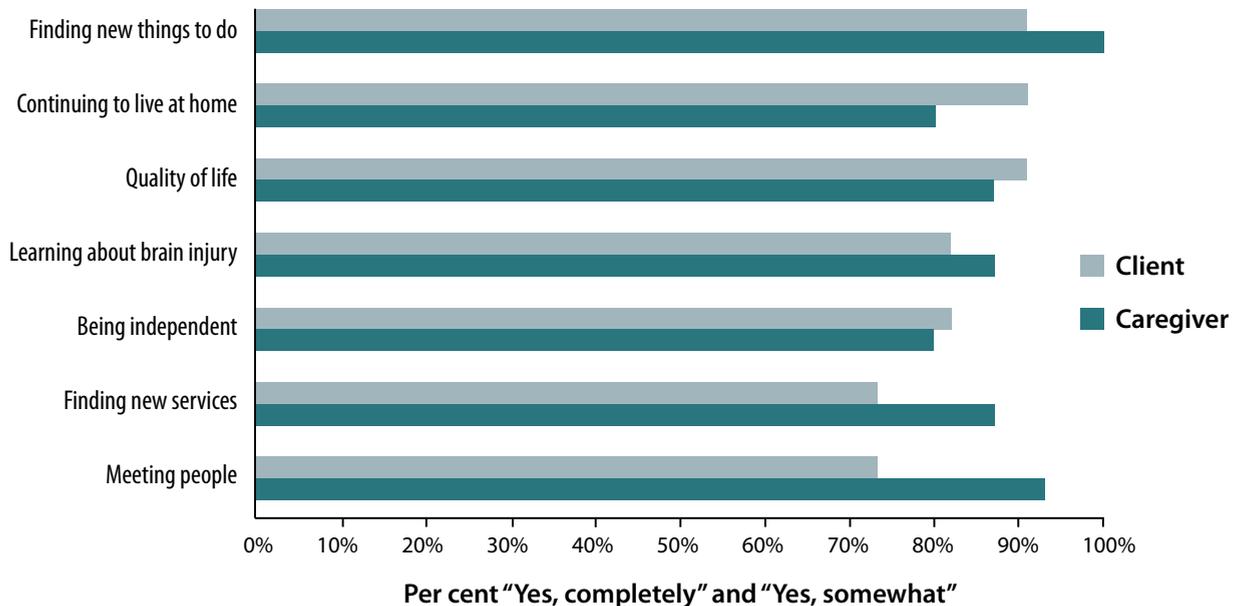
Measuring outcomes

Measuring outcomes in community-based programs for ABI is a notoriously difficult task. CHIRS is exploring methods for assessing program outcomes to guide the way toward quality improvement.

An outcome study of our Aging at Home program was presented at the International Brain Injury Association in April, 2010. Families and clients indicated high levels of satisfaction with the services that they were provided and there was a trend toward improved quality of life and decreased depression after six to eight months of intervention.

Of the services provided, respite, emotional support and education were most appreciated. CHIRS will continue to expand its evidence-based practice through ongoing program outcome evaluation.

Does the help you were provided with contribute to...



Overview and overhaul

In July of 2009, Amee Le joined CHIRS as our first on-staff Occupational Therapist and has made some visible and satisfying changes.

Her overall goal was to make everything at CHIRS safe and more accessible for clients who have wide and differing levels of physical and cognitive ability. Amee's proactive approach enabled her to implement changes to prevent future issues from occurring. She looked at everything from the arms of chairs to the height of counters to the shape of toilets. Her success was greeted with cheers from CHIRS' clients.

"Sometimes the changes were total redesign and sometimes they were just small things like changing round toilets to elongated ones," says Amee. "When you have a residence for men who are at different levels of ability and aging, every detail needs to be considered," Amee explains.



Clients initiate and run programs



Having clients mentor other clients is not new to CHIRS, Mentor Co-ordinator David Slonim says. The mentorship program has grown from its original three to over 30 mentors.

But what *is* new is that clients are now coming up with their own programs and running them. "It was as simple as asking them what they wanted to do," David says. "They told us."

"Our very first client-run program was the Tuesday afternoon card playing group. It has been running since 2004 with a committed group of card enthusiasts" notes David.

In addition to the card-playing group, CHIRS now has a client running a comedy program where he plays YouTube shows; another client shows wrestling videos and a third runs a dance exercise program. "Our clients love being at CHIRS and want to give back," he says.

CHIRS clients are now doing more than ever to run the Club House kitchen, David adds. They are making sure that the pantry is full and that there are enough gloves and hand soap; they are getting involved in planning the lunch menus and in making the food and serving it.

As well as all the practical benefits that everyone gains, the clients realize a greater sense of ownership of their environment and a concrete example of what they are capable of. Sometimes their participation forms the foundation for more independent living and work and sometimes the ultimate goal is for a more satisfying life right now.

Integrated treatment options increase

When the Substance Use and Brain Injury Bridging Project (SUBI) was first instituted five years ago, there were only two substance abuse and brain injury partnerships providing services in Ontario.

Today, as CHIRS reported to the Eighth World Congress on Brain Injuries in Washington in July of 2010, there are identified providers in 12 of Ontario's 14 Local Health Integration Networks (LHIN). The SUBI project has:

- Conducted seven full-day workshops training 350 frontline workers
- Held two two-day training sessions for 30 supervisors and clinicians
- Hosted three webinars
- Completed three invited conference presentations, and presented at one international conference
- Registered over 200 service providers at the SUBI website

"We want to see SUBI continue to grow," says Project Lead Dr. Carolyn Lemsky. "We're dedicated to the notion



that we have to prepare mainstream service providers to work more effectively with people living with neurocognitive impairment."

CHIRS and the Centre for Addiction and Mental Health (CAMH) received funding from the Ontario Neurotrauma Foundation for 2011 to 2013. The goals of this phase of the SUBI project are to support CAMH to screen for acquired brain injury and track outcomes in this subpopulation. The second year of funding will be used to pilot a new psychoeducational program and intensive case management model.

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CHIRS

Community Head Injury Resource Services

62 Finch Avenue West, Toronto, Ontario M2N 7G1

Tel. (416) 240-8000 | Fax (416) 240-1149 | Email chirs@chirs.com | www.chirs.com



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Force motrice de la qualité des services de santé*

