## Summary of Inpatient Rehab Data from various Stakeholder Submissions

## See 2006 Ministry of Health and Long Term Care Report of the Trauma Expert Panel (http://www.health.gov.on.ca/english/providers/program/critical\_care/trauma/ccs\_trauma\_mn.html)

- Ontario has a lack of hospital based and ambulatory and community rehabilitation services (p.iii of Report—see page 18 of Alliance submissions)
- Across the province wait times are on average 114.9 days from date of onset to date of admission to inpatient rehabilitation for TBI patients (p.31 of Report-see page 18 of Alliance submissions)
- Between 03 and 08, on average 261 patients were admitted annually to public rehab hospitals with traumatic SCI (see page 6 of Ontario SCI Solutions Alliance submissions)
- Mean wait time for traumatic spinal cord injury admission was 4.3 days but 5.7% waited 15 to 30 days and 2.7% waited more than 31 days (through 03 to 08) (see page 6 of Ontario SCI Solutions Alliance submissions)
- ABI Dataset, using data from existing Canadian Institute of Health Information (CIHI) data sources, a total of 76,993 episodes of care for TBI were reporting in Ontario from fiscal year 2003 to 2007 (57,592 cases in Emergency and 19,401 cases in acute care across the 4 year period of the study).
- According to the ABI network, there are only 109 ABI inpatient rehab beds across the province (pg. 4 of Toronto ABI Network submissions):

Kingston 8
Ottawa 12
Thunder Bay 5
London 10
Subdury 10
Toronto 38

Hamilton 26 (13 regional and 13 provincial)

TOTAL 109

(see page 17 of Alliance submissions)

- Current wait times in regions with largest ABI beds (i.e. Toronto and Hamilton) range from 23.5 to 77 days. (see page 5 of Toronto ABI network submissions)
- Even though 80 to 85% of people in North America live within a one hour drive or flight of a trauma center, 30 to 60 per cent of severely injured patients are still taken to the nearest hospital (Research study by Dr. Avery Nathans, at St. Michael's Hospital—see page 6 of OSLA submissions)
- Proposed changes would immediately eliminate 55% of the SCI patient population who
  are not admitted into in-patient rehab from accessing funds they are justly entitled to. An
  additional percentage of the SCI patient population would also lose access to funding
  they are justly entitled to due to the erroneous recommendation that clinical tools (or
  simply one measure within a tool) should be utilized for purposes for which they were
  never intended (see page 3 of Ontario SCI Solutions Alliance submissions)
- Close to 600 new traumatic spinal cord injuries each year with the leading cause being MVAs (see page 4 of Ontario SCI Solutions Alliance-referring to studies)