



COMMUNITY NEUROREHAB SERVICES

NEWSLETTER AND PERFORMANCE REVIEW

(October 2010 - September 2011)

WHO WOULD BENEFIT FROM SERVICES AT CNS?

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BRAIN INJURY PROGRAM VISION

*Responsiveness to
diverse community
environments through
flexible onsite
intervention serves as a cata-
lyst for recovery over the long-
term for the person served.*

Jake's Story

Jake didn't remember a thing about the accident he was told had landed him in the hospital. He didn't even remember going to work that morning. He had woken up in the hospital and was told that he'd suffered a serious brain injury. He'd had a hard time accepting that he'd been in the hospital for over a month already and didn't remember any of it. His doctors had told him he was lucky to be alive. They had also told him that he would be dealing with the physical and cognitive deficits of this injury for the rest of his life, and that he would not be returning to work.

Jake was devastated. How was he supposed to provide for his family? His kids were about to hit university, and he hadn't finished saving for his retirement. His wife only worked part time and the compensation he received from his accident would not provide the same quality of life they were used to.

When the hospital let him go months later, he was referred to a program called CNS that was going to help with his rehabilitation. Jake was skeptical. What was left for him if he couldn't return to work?

STROKE SPECIALTY PROGRAM VISION

*Providing client and caregiver education, including the provision of re-
sources and adherence with best practice standards will produce optimal
functional and health outcomes following stroke. This is achieved by:*

- Stroke education including, its causes, prevention, and possible impact on physical, cognitive and psychosocial function;*
- Providing care and support for caregivers;*
- Reintegration into life roles within community environments;*
- Rehabilitation to diminish functional deficits will optimize performance in major life settings.*

Carla's Story

Carla wasn't sure what had happened; she remembered a sudden pain in her head, overwhelming nausea, and then waking up in the hospital. When they told her that she'd had a stroke, she couldn't believe it. At 32, she had thought that she was too young for that to happen to her.

What she anticipated would be a short stay in the hospital had dragged into one that was over two months. Months of feeling like she had no control over her life, of sometimes wishing that she hadn't woken up at all. Her left hand didn't work as well anymore, she couldn't do any of the activities she used to enjoy, she struggled to remember the most simple tasks, and she felt like her emotions were out of control all of the time.

Slowly, the days started getting better. She was released from the hospital and attended a day program for a few months that was helpful in helping her regain her balance. One thought still dominated her mind: she wanted to go back to work. Then one day the phone rang and her doctor's office told her about a program called CNS that could help.

OUR MISSION

*To improve and maintain
quality of life for individuals and
their families recovering from
brain injury or stroke by
achieving the best possible
individual level of indepen-
dence and reintegration at
home, at school, at work, and
throughout the community.*

OUR CORE VALUES

*At CNS, we believe, with timely
rehabilitation, each person can
improve his or her functional
abilities. Individually designed
cognitive and psychosocial
therapy programs,
supplemented by therapeutic
groups and community
reintegration, will achieve the
best outcome.*

What We Do

CNS is dedicated to providing accurate assessment and appropriate therapeutic interventions to individuals and families recovering from brain injury, stroke, or cognitive dysfunction secondary to another medical condition. Single or comprehensive rehabilitation services are provided to persons with needs ranging from a mild level of brain injury or stroke and no physical difficulties to those with multiple injuries including severe brain injury or significant stroke. Vocational Services are focused on assisting individuals in their pursuit of return to employment or school. Quality of life, or avocational Level IV programs, focus on the resumption and/or discovery of socially valued activities rather than paid employment.

CNS Provides Individualized Programs Based on the Needs of the Stakeholder

The diverse needs of our population are met through assessment/education and program levels of care I, II, III, and IV, with severity of injury and complexity of barriers increasing as level increases. However, regardless of the level of care or program stream, the frequency, duration, and intensity of programming are modified to meet individual needs over the duration of rehabilitation. Program phases include assessment, active rehabilitation, and follow-up prior to discharge. Vocational programs (Levels I, II, and III) successfully address barriers to returning to the workplace and other social roles. Participants in a mild program (level I) stream begin with a 3-month package and persons assigned moderate (level II-III) start with a 6-8 month program. Severe (level IV) programs start with 8 to 12 month packages. Program extensions are available at all levels of care. Clients attending CNS vary in day-to-day scheduled therapies linked to individualized stamina and endurance. At the beginning of the program, participants attend CNS from 1 to 4 hours per day, with increases up to 8 hours. Most attend for 4 to 5 days weekly in one-on-one sessions with a therapist. Some clients also attend one to two group sessions each week. The assessment phase can begin at the same time as active treatment for clients in any program. CNS also offers independent assessment services measuring impairment, disability, along with assessments to optimize health.

CNS Uses Tools to Measure Progress, Satisfaction, and Success

Treatment effectiveness, program efficiency, accessibility, and satisfaction indicators are collected at different points during the program and then analyzed yearly to improve our levels of care.

Our client's difficulties are compared to other clients attending comprehensive brain injury programs on participation, and adjustment. Impairments are recorded as well as participation in social roles, such as increases in client placements in leisure, volunteer, and employment roles. Length of program, waiting periods for program entry, and satisfaction with our outcomes from all stakeholders perspectives are surveyed at several intervals during rehabilitation.

CNS Has the Tools to Assist People Facing a Variety of Challenges

A total of 111 clients attended CNS programming this year. The average age of clients who were referred for comprehensive services was 42 years old (ranging from ages 20 to 82) with males comprising 76% and females 24%. Services were provided to a diverse group of individuals, with 20% of our clients coming from East Indian, Asian and other ethnic backgrounds.

Services are carried out in the person's home and community by a mobile team serving rural communities in Southern Alberta together with Calgary and the Red Deer area. Alberta Health Services, WCB and private insurance are among the funders served at CNS. Other individuals self-refer to receive programming at CNS.

CAUSE

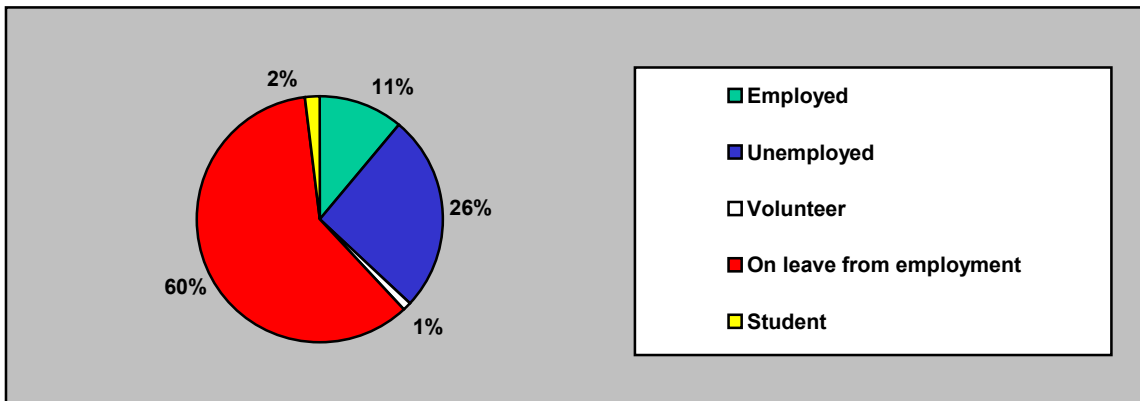
Traumatic Brain Injury 76%
Stroke 14%
Brain Tumour 3%
Epilepsy 3%
Other 4%

SEVERITY

Mild injury 36%
Mild to Moderate 2%
Moderate Injury 28%
Moderate to Severe injury 2%
Severe Injury 32 %

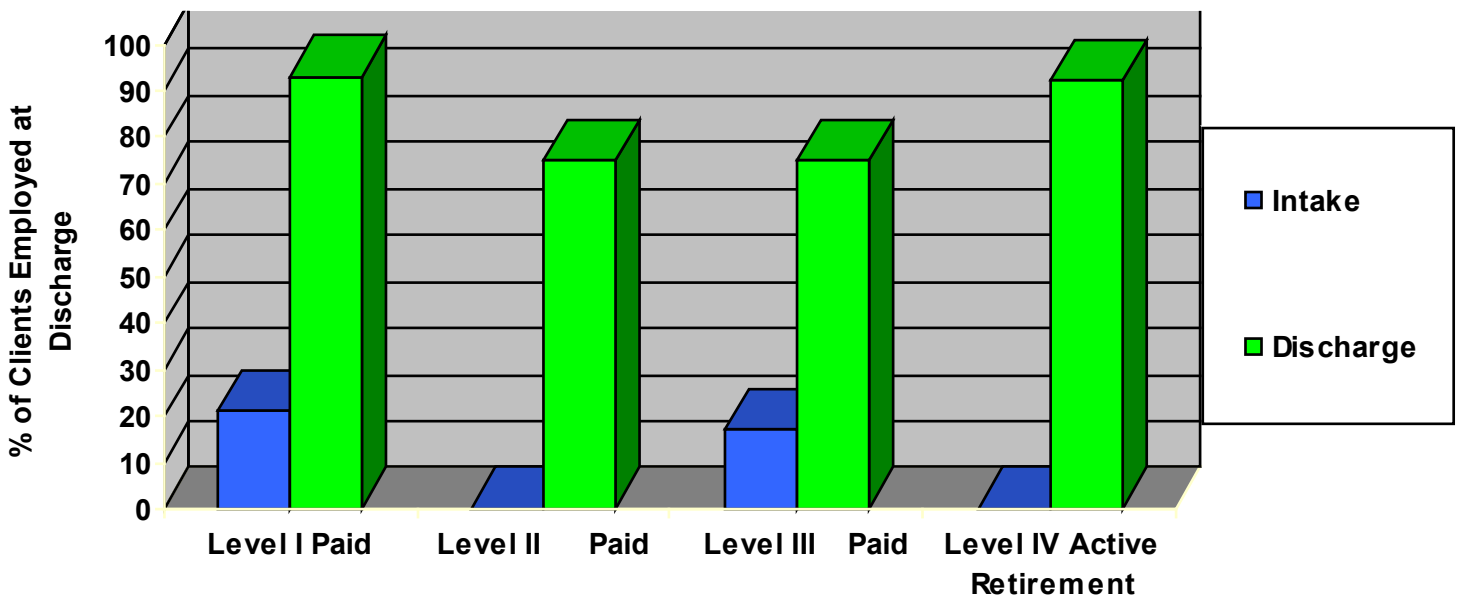
CNS Helps Clients, Families, and Funders Achieve Realistic Goals

At Intake, restricted engagement in home and community activities were a major concern for the clients who attended programming at CNS this year.



Individuals in a vocational program (level I-III) may have a range of vocational placements prior to paid employment, depending on their unique circumstances. Return to work or school was successful for 90% of individuals who completed the program, the remainder of those clients were engaged in volunteer work experience. Of the 10% who were involved in volunteer work experience, one of those individuals transitioned to paid employment post-discharge. Clients benefit from both active and follow up phases of rehabilitation to attain and keep employment placements. For those individuals who required a follow up phase prior to discharge, 100% were participating in paid employment in a pre-vocational position greater than 12 hours a week.

For clients who are not focusing on returning to work, severely restricted opportunities to participate in the community are a concern. After completing the program, 92% of those completing an active retirement program (Level IV) had initiated or resumed life roles and were involved in volunteer or leisure activities. The graph below represents the percentage of clients who were employed at intake versus the percentage of clients employed at discharge who completed the program. The Level IV Active retirement encompasses productive community involvement at intake versus discharge for individuals.



Of program completers, one client in Level I was not employed at discharge, as this person had chosen to resume their education. Two clients in level two were not employed, one of these clients had resumed their education in order to change careers, and the other had encountered medical complications unrelated to their injury. Three clients were not working at discharge in Level III, these clients were engaged in volunteer activities, one of which transitioned to paid employment post-discharge. One person in level IV declined a placement due to barriers not related to recovery.

At CNS, Program Length is Tailored to the Needs of the Individual

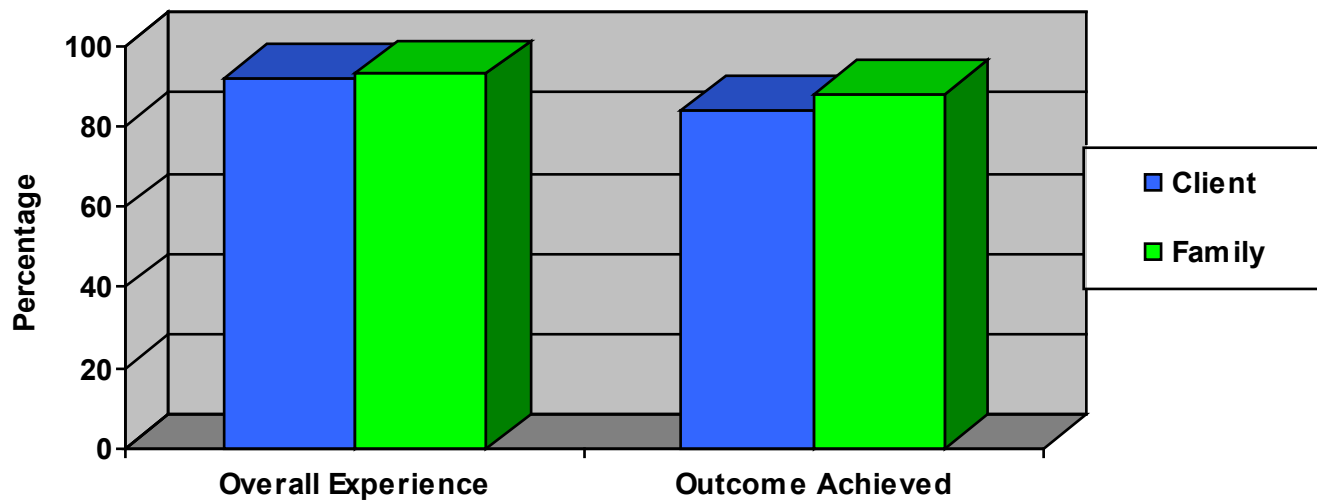
Program Durations

Phase	Level	Expected	Actual
Active	Level I (Mild)	3 months	3.9 months
	Level II (Moderate)	6 months	4.2 months
	Level III (Severe)	12-15 months	10.4 months
	Level IV(Active Retirement)	12-15 months	13.6 months
Follow-up	Level I	3 months	n/a
	Level II	8 months	n/a
	Level III	12 months	5.8 months
	Level IV	24 months plus	12 months

At CNS, We Care About Satisfaction With Our Services

Satisfaction of stakeholders (CNS staff and contractors, health care providers, client, family, employers, physicians, and third party funders) is evaluated to assist in the improvement of services provided by CNS.

Of the host businesses that responded, 93% were satisfied with the outcome of the employment phase of the programs. Funders and referral sources who responded to our questionnaire reported a 96% satisfaction with the overall program. This is consistent with the average funder ratings over the past 7 years, which indicates a high degree of satisfaction.



Clients Maintain Gains After Completing the Program

CNS continues to follow up with individuals who are discharged from the program. Of clients surveyed at 6 months after the program, 83% felt they had maintained or improved their gains since discharge.

Carla's Story – Following up

Recovery hadn't been easy for Carla. When she first started CNS it had felt like the therapists were poking their noses into every corner of her life. However, as she began to understand how the program worked and the reason for the questions, she started to relax. Eight months later, she knew she would miss the support of the CNS staff when she was discharged, but she felt like she had the tools to continue her life. She was organized at home, and she had strategies to help her with her memory and attention. The staff in the gym had helped her get into far better shape than she had been previous to the stroke. She no longer felt lost and alone. She had even started back to work! At first when the Vocational Specialist had suggested volunteering for her employer she was skeptical, but as she went through the process she saw how she was able to try her skills without the pressure that she had been worried about. As her confidence increased, more time had been negotiated, and finally the long awaited transition to being paid was happening. It was an adjustment as she accepted her work duties had changed and she was not full time, but overall she enjoyed her job, making the adjustment worthwhile. Her life no longer seemed over as a result of the stroke, and she knew she would have many more productive years.

"Success is a journey, not a Destination"

Jake's Story – Following Up

Jake's recovery was difficult, but he now had the tools that he needed to manage his daily life. Looking back, he knew that he had been negative and depressed when he arrived at CNS. At CNS he had learned to live in the present, and now understood that life didn't stop when you were attending rehabilitation; that it was important to focus on the future and the positive possibilities. Jake had accepted that his physical injuries, as well as some of his cognitive challenges, meant that he wouldn't go back to work. However, he now understood that these challenges did not mean he would not be productive. He volunteered for a local organization three times a week, and maintained exercise therapy in the community to make sure that he could manage the pain from his injuries. He saw a community counsellor once a month, and knew that he would need that ongoing support to manage and monitor his frustration. More importantly, he noticed his wife was smiling again. She was working more hours at her job, so he had taken over some of the household duties, but they were managing. Life had not stopped with his injury; the adjustment had been hard, but he had redefined his life and felt successful again.

"A bend in the road is not the end of the road, unless you fail to make the turn."

We Welcome Your Questions

Your input is welcomed in relation to the information presented in this newsletter or ongoing throughout your involvement with CNS. Please direct any requests for further information or questions to the Director at 403-215-1500, or email at cns1@telus.net. CNS would like to thank all clients, health care providers, referral sources, families, employers and funders for their ongoing contribution into the evaluation of our program and outcomes to assist us in improving the quality of service and outcomes.

The scenarios in this newsletter are fictional; no reference to prior or existing clients was used. Any resemblance is unintentional.

Look us up at: www.alliance-cns.com