

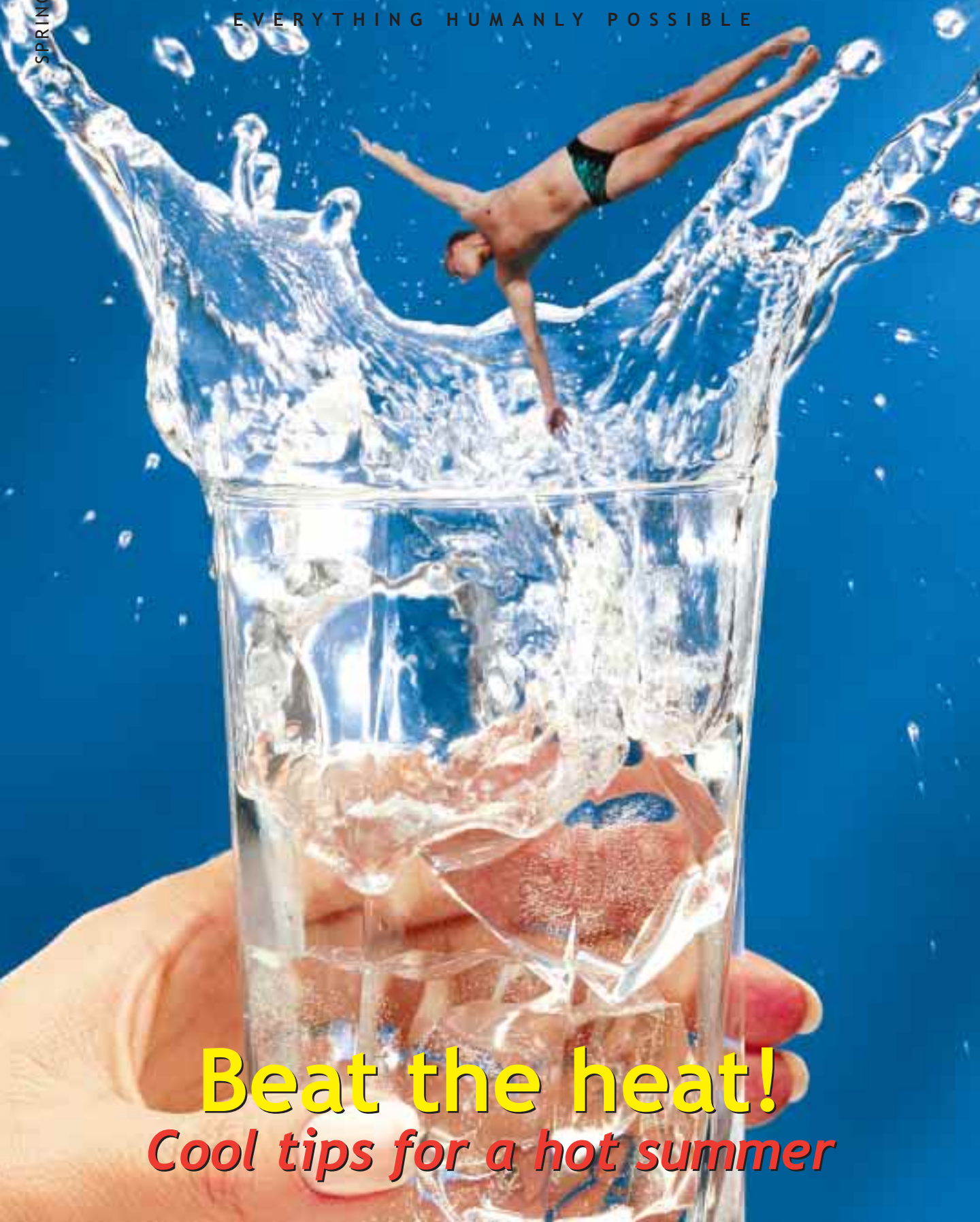
SPRING / SUMMER 2005

TORONTO



rehab

EVERYTHING HUMANLY POSSIBLE



Beat the heat!
Cool tips for a hot summer

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The Toronto Rehabilitation Institute is at the forefront of one of the most important and emerging frontiers in health care today—rehabilitation science. As the University of Toronto's fully affiliated and specialized teaching hospital in adult rehabilitation, complex continuing care and long-term care, our goal is to advance rehabilitation and enhance quality of life for the 3.6 million Canadians living with disabling injury and illness.

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Rehab:

By Mike Harcourt



On November 30, 2002, I slipped off the deck of our island cottage in British Columbia, tumbled down the rocky slope of a six-metre cliff and landed face down in the ocean—deep in shock and barely alive. The heroics of my wife Beckie, the coast guard, the land and air ambulance service, the fire department, our local doctor and the team at Vancouver General Hospital saved my life. My diagnosis

was incomplete quadriplegia from a fracture of the neck. I was paralyzed from a damaged, but not severed, spinal cord and underwent spinal surgery. The words of Winston Churchill from the Second World War kept playing in my head: "When you're going through hell, just keep on going." Within weeks, I was transferred to G.F. Strong Rehabilitation Centre in Vancouver. I scrapped Plan A, life as I had known it, and began Plan B, moving forward with the rest of my life.

As former Premier of BC and Mayor of Vancouver, there was tremendous media interest in my story. I decided to:

- motivate myself toward a quick recovery by telling reporters at a press conference that I would walk out of rehab by the end of February (much to the concern of my rehab team as the timeframe was tight and we were unsure how much mobility I would recover);
- shed some much-needed light on the rehabilitation process by committing to a seven-part series in the *Vancouver Sun* that would chronicle my progress.

In my public life, I have always been engaged in disability issues. My rehab experience deepened that commitment. I was surrounded by patients who showed tremendous courage and exemplified the power of the human spirit. When I entered rehab, I couldn't walk, feed myself, shave, write or transfer from my wheelchair into bed. But tests gave us hope that I could make significant progress.

I jokingly referred to rehab as boot camp—a tough love approach that was different from the tender,

it's fundamental!

loving care at Vancouver General. From the time I woke up in the morning, every minute was a challenge. I did a double regimen of physiotherapy—about four hours each day—and another hour of occupational therapy. I had a team of incredibly talented and committed rehab professionals who worked day in and day out to help me achieve my goals. I came away with a tremendous respect for the skill and dedication of the people I met in the rehab system. At the end of February, I did walk out of G.F. Strong using crutches. Over time, crutches became a cane and eventually I began to walk unassisted.

This experience taught me many lessons about myself, about life and our health care system. I learned first-hand that despite its problems, medicare works! I learned that rehabilitation is about hope and that it is fundamentally

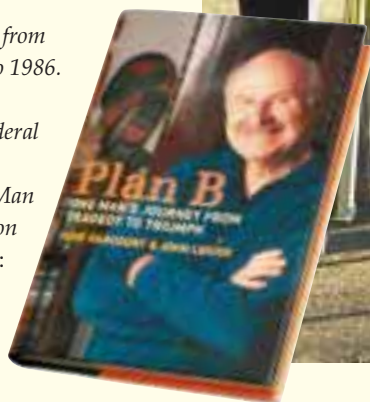
“I received the best rehabilitation services to help me get on with my Plan B. I would want nothing less for all Canadians.”

important to an effective health care system. You can have the best acute care system in the world, but if you don't have the rehabilitation facilities and professional teams to back it up—to provide rehab services to people with disabilities from injuries or illnesses such

as stroke, cardiac problems or diseases including Parkinson's or multiple sclerosis—this would be a tragedy for hundreds of thousands of Canadians. And society would lose their contributions.

One of my favourite quotes by Tommy Douglas, our founder of medicare, is “What we want for ourselves, we want for others.” Following my injury, I wanted to regain as much ability and independence as possible, and I received the best rehabilitation services to help me get on with my Plan B. I would want nothing less for all Canadians.

Michael Harcourt was Premier of British Columbia from 1991 to 1996 and Mayor of Vancouver from 1980 to 1986. He chairs the Prime Minister's External Advisory Committee on Cities and Communities, and is a Federal Commissioner on the British Columbia Treaty Commission. He also works with the Rick Hansen Man in Motion Foundation on International Collaboration On Repair Discoveries (I-CORD). The book Plan B: One Man's Journey from Tragedy to Triumph is an account of Michael Harcourt's recovery from a near-fatal spinal cord injury.



Mike and physiotherapist Maura Whittaker at G.F. Strong Rehabilitation Centre

Ron Bailey (right) oversees after-school homework with Amy and Dennis Ko.



STROKE STRATEGY

The right care at the right time

Ron Bailey of Toronto leads a busy social life, volunteers at the local school, and provides after-school care and supervises homework for two children who live in his apartment building. Not bad for a man of 80, who had a stroke in 2003 that paralyzed the left side of his body. Ron credits his recovery and independence to the “excellent care” he received in acute care hospital, and as a stroke rehabilitation inpatient and outpatient at Toronto Rehab. A member of the hospital’s stroke service community advisory group, Ron is on a mission: to ensure that everyone in Ontario who has a stroke receives the high quality, specialized care he received. “I think that anyone who has a stroke should have the level of care and service I experienced,” he says, “and they should have access to it in their own region of the province.”

Delivering the right care at the right time, as close to home as possible, is an important trend in Ontario health care. There has been significant progress toward that goal in the areas of cardiac and cancer care. Now through the Ontario Stroke

Strategy, this coordinated approach is being applied to stroke care—from prevention, early detection, emergency and acute care through to rehabilitation and community care.

Why is stroke attracting such attention? Because it is a major health problem in Ontario. Consider the following:

- More than 16,000 Ontarians experience a stroke each year.
- At least 90,000 people are living with the effects of stroke including mobility, sensory, cognitive and communication problems.
- Stroke is the third leading cause of death and the leading cause of disability. It is also the leading cause of admission of the elderly into long-term care facilities.
- Stroke costs the province’s economy almost \$1-billion each year.

The Institute for Clinical and Evaluative Sciences estimates that when fully implemented, the Ontario Stroke Strategy will save almost 10,000 lives and \$588-million over five years. With an aging population, advances in stroke prevention, and evidence to show that specialized care by stroke teams in acute and rehabilitation hospitals saves lives and reduces disability, there is more reason than ever for a coordinated stroke strategy.

Over the past four years, the Ontario government has invested \$70-million to develop and implement the strategy, with continued funding levels at \$30-million annually. Much of the public profile to date has been on prevention, emergency and acute care initiatives. Public education programs show how lifestyle changes can help to prevent stroke. An ad campaign explains the warning signs of stroke. For some patients, a new clot-busting drug called t-PA (tissue plasminogen activator) has the potential to stop a stroke in progress or reverse damage done by a stroke.

Now public focus is shifting to rehabilitation and community care—areas where Toronto Rehab has made significant contributions. “Toronto Rehab has been a great partner in the Ontario Stroke Strategy, both provincially and regionally,” says Mary Lewis of the Heart and Stroke Foundation of Ontario. “The stroke strategy is all about each organization contributing to the collaborative effort to make a real difference for stroke survivors and their families.”

“Our stroke team was set up in 1977 and for a long time, Toronto Rehab was the only facility in the area with a specialized stroke rehab program,” says Ramona Mileris, Manager of the hospital’s stroke service, part of the neuro rehabilitation program. “I think we’ve been the gold standard for years. What the strategy will facilitate is a systems approach to stroke care so that throughout the continuum, patient care is coordinated.”

The focus of stroke rehabilitation initiatives has been to determine best practices and to develop rehabilitation networks. Six pilot projects were conducted across the province to test practices and models that may become the standard in Ontario. Toronto Rehab’s Dr. Mark Bayley, Medical Director of the neuro rehabilitation program, chairs the Stroke Coordinated Referral Initiative Pilot Toronto (SCRIPT) Project. “The notion is that we want to integrate care by establishing a standardized electronic referral

system for all rehab centres in Toronto, so that patients can move quickly through the system,” he explains. Dr. Bayley also leads a Canada-wide project—partially funded through the Ontario Stroke Strategy—called SCORE (Stroke Canada Optimization

of Rehabilitation through Evidence). This project “aims to create the gold standard for post-stroke therapy by bridging the gap between the care that is currently delivered to stroke patients and what the latest research proves works best.”

Toronto Rehab is the lead rehabilitation facility in the Toronto West Stroke Network, one of three networks established across the city. “A lot of our staff are involved in different working groups,” adds Ramona, who co-chairs the network’s rehab and community reintegration work group.

In fact, one of the reasons Ramona accepted the position

of Manager of Toronto Rehab’s stroke service in May 2000 “was because I wanted to be part of an organization that was going to play a major role in the evolution of the provincial stroke strategy.”



Dennis, Ron and Amy run errands in their Toronto neighbourhood.

Stroke warning signs



Weakness Sudden weakness, numbness or tingling in the face, arm or leg



Trouble speaking Sudden temporary loss of speech or trouble understanding speech



Vision problems Sudden loss of vision, particularly in one eye, or double vision



Headache Sudden severe and unusual headache



Dizziness Sudden loss of balance, especially with any of the above signs

Call 911 or your medical emergency number immediately.

© Heart and Stroke Foundation of Canada.
For further information visit www.heartandstroke.ca



When Dr. Susan Jaglal discovered that older people with bone fractures from minor falls were not being followed up for increased risk of osteoporosis, she identified an important gap in our health care system. The research she put in place to address this gap significantly influenced the Ontario Osteoporosis Strategy, which was launched in February by the provincial government.

As the newly named inaugural Toronto Rehabilitation Institute Chair at the University of Toronto, Dr. Jaglal will apply what she has learned “to help identify gaps in the delivery of rehabilitation services so that we can improve outcomes for patients.” Her skills as a senior osteoporosis and health services researcher will be put to good use during her five-year term as research chair.

Dr. Jaglal’s focus is on musculoskeletal conditions such as osteoporosis and arthritis. But her expertise in identifying gaps in service—and structuring research projects to find the best ways to bridge those gaps—is already being sought after by those who plan and deliver other services, such as stroke and spinal cord rehabilitation.

For the next five years, Dr. Jaglal will divide her time between health services research to improve delivery of rehab services and continuing her work in osteoporosis. This is how she outlined her vision to the selection committee for the joint Toronto Rehab/U of T research chair, which was established through a \$3-million endowment fund—half from the university and half from the Toronto Rehab Foundation.

The new face of r

Dr. Susan Jaglal named Toronto Rehabilitation Institute Chair

"I'm really excited to be chosen," says Dr. Jaglal. At age 44, she believes her appointment comes at the right point in her career. "To me, the chair is acknowledgment that the type of research I'm doing is important to people."

Over the past five years, Dr. Jaglal and her research team have conducted a series of studies, including one on the educational needs of family physicians and another to develop a model for post-fracture care. The team focused on "low-trauma fractures," which can be a warning sign of osteoporosis—a bone-thinning disease that affects many people, especially women, as they age.

The studies revealed that often people are unaware that fractures may indicate osteoporosis. Family physicians seldom make the connection between a wrist fracture, for example, and osteoporosis. Doctors told the researchers that they needed information about how best to manage the disease.

Dr. Jaglal and her team developed, and are now piloting in five Ontario communities, a model for a more integrated system of post-fracture care. A central feature is a step-by-step tool kit to guide health care providers in managing fractures and osteoporosis. Educational materials also have been designed for patients.

Prevention of osteoporosis and bone fractures is important because people with fractures of the wrist, hip,

"To me, the chair is acknowledgment that the type of research I'm doing is important to people."



More about Susan

Dr. Susan Jaglal is a Senior Scientist at Toronto Rehab and an Associate Professor in U of T's Department of Physical Therapy—with cross-

appointments to the Graduate Department of Rehabilitation Science and Departments of Health Policy, Management & Evaluation and Public Health Sciences. She is also a Senior Scientist at the Institute for Clinical and Evaluative Sciences

and a Senior Researcher at the Centre for Research in Women's Health at Sunnybrook and Women's College Health Sciences Centre. The holder of a PhD in epidemiology, Dr. Jaglal has published and lectured widely.

Research

at the University of Toronto

shoulder and spine are twice as likely to break their hip at a later date. "Hip fractures are the most costly to patients, families and the health care system," says Dr. Jaglal. In fact, a startling 20% of people who break a hip die within a year and 50% end up with a disability that affects their daily lives.

During her term as chair, Dr. Jaglal also will continue her work as co-principal investigator of the annual *Hospital Report: Rehabilitation*, part of a series of report cards on Ontario hospitals. "One of the things I'll be doing is a project to determine how rehab professionals use the data in these reports to make decisions," she says. Dr. Jaglal has assumed leadership of a Toronto Rehab research team that will explore ways to optimize the rehabilitation system. One day a week for the next six months, she will advise the Ministry of Health and Long-Term Care on implementation of the osteoporosis strategy.

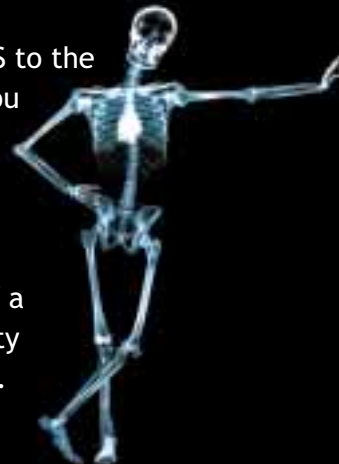
For the foreseeable future, the new Toronto Rehabilitation Institute Chair at the University of Toronto is going to be a busy lady. "There's so much to do," says Susan Jaglal. "I'd better get going!"

Behind the break

Have you broken your wrist, hip, spine or shoulder? Was this fracture after the age of 40? Was this fracture the result of one of the following?

- ! Slipping on ice
- ! Tripping and falling
- ! A "hard" fall
- ! Losing your balance
- ! Lifting something
- ! Coughing or sneezing
- ! Doing household or yard chores

If you answered YES to the above questions, you may be at risk for osteoporosis and future fractures. See your family physician and ask if a bone mineral density test is right for you.



Keep your COOL

Next to cold, extreme summer heat is the most lethal natural hazard faced by people across North America. Hot spells claim more lives than lightning, rain, floods, hurricanes and tornadoes combined.

Around the world, heat has taken a tremendous toll on human lives. During a five-day period in July 1995, a Chicago heat wave killed over 700 people. In August 2003, more than 14,800 people died in France when temperatures soared as high as 40° C and remained unusually high for two weeks.

Fortunately by taking precautions, the dangers of summer heat waves can be reduced—even in cities, where it is usually hotter and more humid than in rural areas.

“Even healthy people should take it easy during extremely high temperatures or high pollution days to avoid medical emergencies, but those with respiratory illnesses, such as asthma, emphysema and bronchitis or people with heart disease and the elderly must be especially careful,” says Dr. Gaetan Tardif, Vice President of Medicine at Toronto Rehab.

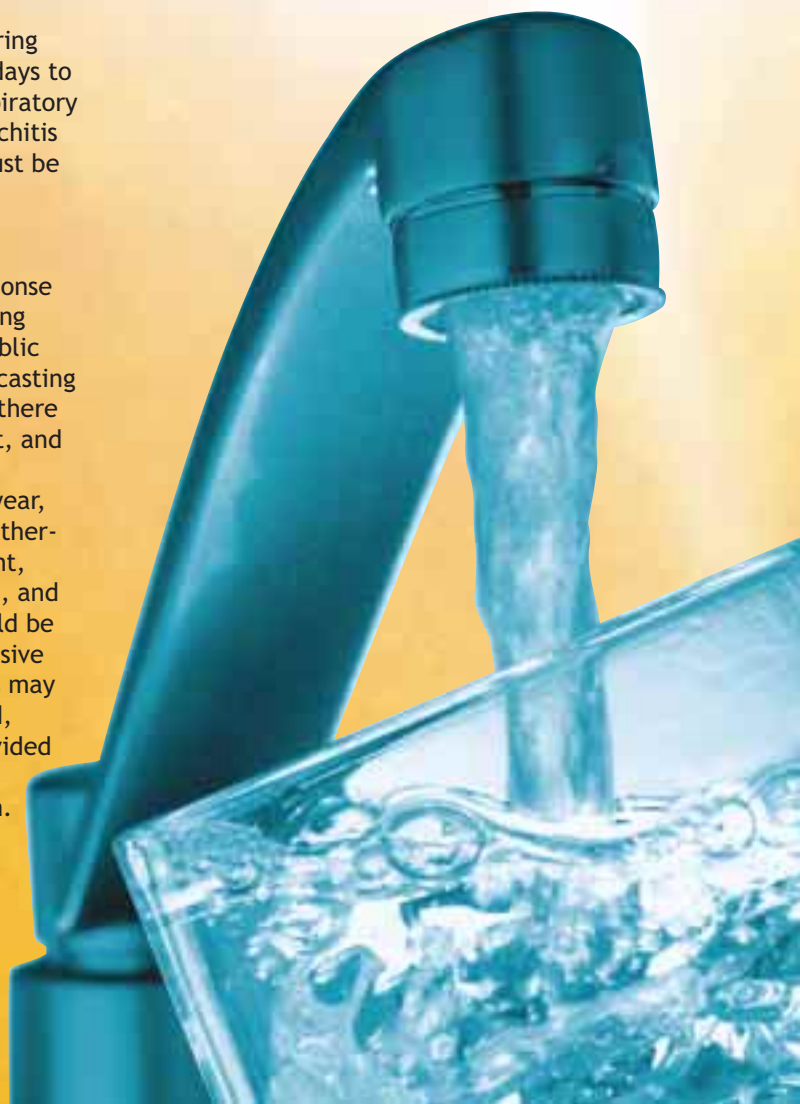
Toronto is the only Canadian city that has implemented a comprehensive heat-health response system, according to Marco Vittiglio, Coordinating Manager, emergency services unit of Toronto Public Health. “The aim is to reduce mortality by forecasting conditions and making sure the public is aware there is going to be a heat alert or extreme heat alert, and to take precautionary measures.”

Between May 15 and September 30 of each year, Toronto Public Health monitors a variety of weather-related factors including temperature, dew point, cloud cover, humidity, wind speed and direction, and other conditions to determine when alerts should be called. Both forms of alert mean that an oppressive air mass is forecast and the likelihood of deaths may increase due to weather. When alerts are issued, media and community service agencies are provided with tips and information for the public. A Heat Hotline is operated by the Red Cross from 9 a.m. to 9 p.m. at 416-480-2615 during heat alerts. During an extreme heat alert, cooling stations open in civic centres across the city and public swimming pools extend their hours.

Who is at risk?

In the summer, the combination of high heat and humidity can be very dangerous. Those especially at risk during these weather conditions include:

- The elderly
- People with chronic illnesses, such as heart conditions, or people unable to move or change position by themselves
- Infants and pre-schoolers
- People who exercise vigorously or are involved in strenuous work outdoors for prolonged periods
- People taking certain medications, for example, for mental health conditions (Please consult your doctor or pharmacist.)



when summer sizzles

How to beat the heat

- Drink lots of water and natural juices even if you don't feel very thirsty. Avoid alcoholic beverages, coffee and cola.
- Avoid going out in the blazing sun or heat when possible. If you must go outside, stay in the shade as much as possible and plan to go out early in the morning or evening when it is cooler and smog levels may not be as high as in the afternoon. Wear a hat.
- Take advantage of air conditioned or cool places such as shopping malls, libraries, community centres or a friend's place.
- If you don't have air conditioning, keep shades or drapes drawn and blinds closed on the sunny side of your home, but keep windows slightly open.
- Keep electric lights off or turned down low.
- Take a cool bath or shower periodically or cool down with cool, wet towels.
- Wear loose-fitting, light clothing.
- Avoid heavy meals and using your oven.
- Avoid intense or moderately intense physical activity.
- Never leave a child in a parked care or sleeping outside in direct sunlight.
- Never leave your pet in a parked car.
- Fans alone may not provide enough cooling when the temperature is high.
- Consult your doctor or pharmacist regarding side effects of medications.

Heat illness: what to do

Get help from a friend, relative or a doctor if you have the following symptoms of heat illness:


- Rapid breathing
- Weakness or fainting
- More tiredness than usual
- Headache
- Confusion

Friends and relatives can help someone with heat illness by doing the following:

- Call for help.
- Remove excess clothing from the person.
- Cool the person with lukewarm water, by sponging or bathing.
- Move the person to a cooler location.
- Give the person sips of cool water, not ice-cold water.

If you become ill, faint, have difficulty breathing or feel confused and disoriented, call your doctor. In an emergency, call 911.

Smog alert

Toronto also issues smog alerts on high-smog days. Much of the health advice is the same as for heat alerts. People are encouraged to modify their plans to avoid any unnecessary health risks and to minimize activities that increase smog, including idling of vehicles. Suggestions include car pooling, taking public transit and working from home. Toronto Public Health soon will be releasing results of a major study into the connection between heat and smog. 

Source: Toronto Public Health. For more information on heat-related illness, Public Health operates a Toronto Health Connection phone line throughout the year at 416-338-7600.

Kudos for *Toronto Rehab* magazine!

Toronto Rehab magazine was selected this spring for two prestigious prizes:



- the Hygeia Award for best external publication in a Canada-wide competition by the Health Care Public Relations Association, and

- the Award of Merit in the publications category of the OVATION Awards from the International Association of Business Communicators (IABC) Toronto. This is another significant prize as competition includes major organizations and companies from across the Greater Toronto Area.



Toronto Rehab staff receive awards



After a demanding two years of juggling a full-time job, her studies and family life, **Lynn Guerriero** has emerged victorious with her Masters of Health Administration from the University of Toronto, two awards and her Certified Health Executive designation to boot. The Program Manager of Toronto Rehab's acquired

brain injury-neuro cognitive service recently received the prestigious Robert Wood Johnson Award, which is presented to a student from each of the six Canadian universities that offers graduate programs in health administration. The award is especially meaningful to Lynn because the winner is selected by university faculty who identify the graduating student they believe is most likely to make a valuable contribution to health services management. Lynn was also the recipient of the 2003 Harold Livergant Scholarship.

Dr. Keith Walker, psychologist and Professional Practice Leader in the spinal cord rehabilitation program, and a group of health professionals from the Centre for Addiction and Mental Health recently won the Highest Distinguished Book Award from the Society for Technical Communication. The book, entitled *Alcohol & Drug Programs: A practical guide for counsellors*, is used by health professionals who work with people suffering from alcohol and/or drug problems. Dr. Walker's chapter is titled: *Clients with physical disabilities*. The book enters the international phase of the competition in late 2005.



A fall 2004 readership survey showed that *Toronto Rehab* magazine is well received by readers:

- ✓ 100% of survey respondents agree or somewhat agree that the magazine is a reliable source of practical consumer information on rehabilitation issues.
- ✓ 97% agree or somewhat agree that from reading the magazine, they think of Toronto Rehab as an innovator in rehabilitation science.
- ✓ 93% say that from reading the magazine, their knowledge of rehabilitation is somewhat better or much better than it was before.
- ✓ 87% say they know more about Toronto Rehab from reading the magazine and 71% say they have a better understanding of the hospital's role to develop new rehabilitation knowledge and practice.
- ✓ Readers' top three areas of interest in the magazine are: advances in rehab practice and research, Toronto Rehab's programs and plans, and the experiences of patients.
- ✓ Based on reading the magazine, people felt better informed or changed their opinions or attitudes about issues related to rehabilitation or disability.
- ✓ Readers were very enthusiastic about the magazine photography and illustrations, writing level and quality, and overall design and layout.
- ✓ Readers suggested the magazine receive broader distribution; they also identified some additional communication needs of health professionals that could be addressed either through an annual insert or a separate product. Several other ideas, including an electronic version of the magazine, are also being explored.

\$2.9-million for new equipment



Health Minister George Smitherman (left) talks with Slavku Petrovic, a patient of the spinal cord rehab program at Toronto Rehab's Lyndhurst Centre.

Toronto Rehab recently received \$2.9-million in funding from the Ontario government for the purchase of new equipment that will improve patient and staff safety. The funds were part of a \$340-million equipment announcement for hospitals and long-term care facilities across Ontario. George Smitherman, Minister of Health and Long-Term Care, chose Toronto Rehab's Lyndhurst Centre as the venue for the announcement.

Toronto Rehab has purchased 400 patient ceiling lifts that will increase patient comfort and care when being transferred, and 64 specialized therapeutic mattresses for patients in the spinal cord rehab and complex continuing care programs. Funds will also go toward improving the drug distribution system to enhance patient safety, video conferencing to facilitate follow-up with patients, and 200 new medical devices/pieces of equipment.

Barb Secker takes on bioethics role at U of T



Dr. Barbara Secker, Bioethicist at Toronto Rehab and the University of Toronto Joint Centre for Bioethics, has

been named Director of the Collaborative Graduate Program in Bioethics at the University of Toronto. Dr. Secker was chosen based on her extensive teaching experience and her commitment to graduate education.

The Collaborative Program in Bioethics is a research-stream graduate program offering masters and doctoral degrees. Graduates of the program specialize in bioethics with an emphasis on innovative interdisciplinary research and scholarship in bioethics.

16th Gala sets fundraising record!

Over 1,600 guests attending Gala XVI on May 19 at the Hangar at Parc Downsview Park were treated to a truly entertaining evening with Juno Award winner Jann Arden. This year's Country Fair theme featured a cocktail reception, dinner and entertainment. Through table sales, a raffle, silent auction and prize table, the event set a new record by exceeding the goal of \$400,000 net for the Toronto Rehabilitation Institute. Thanks to all sponsors and especially Loblaw Companies Limited for their support over the past 16 years. More than \$3-million has been raised to date through the annual Gala.



Excellence in education event recognizes staff contributions



From left: Award recipients Frances Eller, Debbie Hebert, Jo-Anne Howe, Dr. Robin Green and Angie Andreoli

Toronto Rehab staff were recognized at the recent Celebrating Education Excellence event, which rewarded excellence in student and professional education in all 12 health care disciplines across the hospital. Award recipients included:

Frances Eller, occupational therapist, geriatric rehab program: *Contribution to a University/ College Program (Clinician);*

Debbie Hebert, Clinical Practice Leader, occupational therapy: *Contribution to a University/College Program (Leader);*

Jo-Anne Howe, Clinical Educator, physiotherapy: *Unique/Innovative Contribution Award;*

Dr. Robin Green, Research Scientist: *Distinguished Contribution to Toronto Rehab Education;*

Angie Andreoli, physiotherapist, acquired brain injury service: *Contribution to Student and Professional Education;*

Geriatric day hospital team (Cecilia Casuccio, Tracey Dion, Samantha Irvine, Virginia Legaspi, Bindhu Sadasivan, Audra Sher): *Contribution to Interprofessional Education.*



From left: Cecilia Casuccio, Bindhu Sadasivan, Audra Sher, Tracey Dion, Virginia Legaspi. Absent: Samantha Irvine

DESIGNING HOSPITALS FOR HEALTH AND HEALING

Cynthia Leibrock looks forward to replacing existing University Centre three- and four-bed wards with modern, accessible patient accommodations.

The design of a hospital can either disable patients or empower them toward recovery and health, according to Cynthia Leibrock, an internationally renowned interior designer dedicated to improving the lives of older adults and people with disabilities through design.

“Research shows that design interventions can change people’s lives. If the hospital environment encourages you to be in charge of your own health, you are going to make better decisions and follow-up on them when you are discharged,” Cynthia says. “The power of a healing environment comes from the little things, the design details that empower patients

to take responsibility for their own health.”

Those design details include everything from the best use of natural and artificial light, colours, textures, carpeting, acoustics and outdoor gardens, to fragrance, signage for way finding, washroom design and rooms with a view. And that’s only a start—there are literally thousands of items to consider when designing a hospital environment that encourages patients to be healthy and independent, and meets the needs of their families and health care providers.

While it’s a far cry from the traditional approach to hospital design, Cynthia’s philosophy has gathered momentum over the past two decades—making her a much sought-after consultant, researcher and lecturer. The author of several books on design, including the best-seller *Design Details for Health*, for the past 15 years she has taught courses in the architecture department at Harvard University’s Graduate School of Design, and has conducted health care design research in the U.S., Scandinavia, Northern Europe and Japan. Prominent projects include the Betty Ford Center, the UCLA Medical Center, automotive interior design for Toyota and a joint kitchen design project with Julia Child at the Smithsonian National Design Museum. In 2002, Cynthia was presented with the Change Maker Award by the National Symposium on Health Design, and the Design for Humanity Award, a lifetime achievement honour from the American Society of Interior Designers. She



Virginia Lepp (left), Toronto Rehab’s Director of Planning, and Cynthia Leibrock review designs in one of Cynthia’s books.

recently completed the universal design of the Laguna Honda Replacement Project in California, a \$400-million (U.S.\$), 1,200-bed rehabilitation facility.

Now her wealth of experience will be applied to the redevelopment of Toronto Rehab's University Centre. Cynthia is working with Murphy Hilgers Architects Inc. as design consultant on the project. "The richness of what she brings is that her research is worldwide," says Virginia Lepp, Toronto Rehab's Director of Planning. "Cynthia is looking at issues of accessibility and good design for health care. She's one of the leading experts in the world and it's very exciting to have her as part of this project."

The \$134.1-million redevelopment, which is scheduled to open in 2010, will transform University Centre into a state-of-the-art rehabilitation and research facility. A new 12-storey tower and renovations to the existing structure will increase the size of the building by 51%. Approximately 59,000 square feet of research space will house the iDAPT initiative, an Innovations Gallery, a range of laboratories, office and meeting space for researchers and support staff; facilities will be upgraded to meet patient, staff and public education needs. Patient therapy space will increase by 87%, including 4,200 square feet of new outdoor therapy space in the form of rooftop gardens, and a therapy pool will be constructed.



Private and semi-private inpatient rooms will be built to modern rehabilitation standards, allowing patients to focus on achieving their rehab goals.

How does a designer create an environment that will enable such a diversity of patients—both young and older adults, and people with disabilities affecting their mobility, agility, hearing, vision and cognition? How does she accommodate the needs of patients with brain injuries, stroke, trauma, cancer, arthritis, osteoporosis, Parkinson's, multiple sclerosis, dementia and other conditions and diseases?

"The simple answer is good design," Cynthia replies, "because good design does not design for the average user, it designs for diversity. It's flexible and adaptable, which is extremely important in a health care environment where things are changing constantly."

This concept is known as universal design. "Universal design is silent and invisible," Cynthia explains in her book *Beautiful Universal Design*.

"Although it must be accessible and barrier-free, it must go further to quietly meet the needs of all users. A silent and invisible design isn't labeled by complicated signage or advertised as 'for the elderly and disabled.' It is not a design prescription for a specific disease but a panacea that 'heals' many diseases and accommodates many users without singling out anyone."

"Research shows that design interventions can change people's lives."

The hospital's commitment to barrier-free universal design means that University Centre will exceed the requirements outlined in the new Accessibility for Ontarians with Disabilities Act and the Americans with Disabilities Act. "You have to go beyond legislation to meet human need," says Cynthia. "That's the hard part about codifying this area because it encourages people to think that if you meet code, you've done enough."



Relaxing waterfall: The sound of running water relieves stress.



Universal design makes this washroom barrier-free and accessible for all users.

One of the challenges of creating an accessible rehabilitation hospital environment that encourages independence and recovery is that rehab teams also need to prepare patients to return to their homes and communities, where they will face many barriers. For example, the redeveloped University Centre—including patient rooms and washrooms—will be accessible and barrier-free, supporting self-care instead of reliance on staff. To prepare patients to learn to cope with community barriers, the new building will include two full patient apartments and eight suites for relearning activities of daily living. By simulating the home environment under safely controlled conditions, patients will have the opportunity to face some of the obstacles they will encounter at home and in the community.

Patients, families, students, public and staff will be able to visit and provide input and feedback on research projects under development, which will be on display at the hospital's new Innovations Gallery. During the redevelopment, Cynthia also hopes to work with Toronto Rehab researchers on projects that will further knowledge about hospital design. Two potential areas of study include the use of antimicrobial carpet instead of hard-surfaced floors (see sidebar) and grab bar placement for washrooms.

Over the past few months, patients and staff have been involved in consultations about the redevelopment of University Centre. "You really have to have a bit of a culture shift before some of these ideas are accepted," explains Cynthia. "It involves a whole new way of thinking, of taking more of a hands-off approach. It's better to let patients do for themselves. That's why I love rehab—because rehab is the one area in health care where staff really understand this." 🌿

HOW DESIGN AFFECTS HEALTH

Hospital design can affect the health of patients, according to studies conducted over the past 25 years. Here are some key findings:

- ▶▶ A survey of 24 hospitals determined that 95% of patients, employees and families derived a therapeutic benefit from hospital gardens.
- ▶▶ A study showed that length of stay for depressed patients in sunny rooms averaged 16.9 days, while those in "dull" rooms required 19.5 days of care.
- ▶▶ Patients assigned to rooms with window views of a natural setting showed significant improvement over those with windows facing brick walls. The patients with a view had shorter post-operative stays, fewer negative evaluations by nurses and required less medication.
- ▶▶ Another study showed that window access improved memory, orientation and sleep. Patients experienced fewer hallucinations and visual disturbances.
- ▶▶ Hard-surfaced floors may also hinder walking efficiency and confidence. In a study of 58 elderly hospital patients, carpeting significantly improved the mean gait speed, step length and walking confidence.
- ▶▶ Stress caused by hospital disorientation can raise blood pressure, increase fatigue, cause headaches and produce feelings of helplessness.

References for the studies noted above are available at publicaffairs@torontorehab.on.ca



Outdoor gardens offer health benefits, and can serve as visiting and therapy space.

For all you do... **BRAVO!**



Donors are vitally important to Toronto Rehab. They open their hearts—and their wallets—for a cause they passionately believe in. "It's all about making lives better," says Richard Bogoroch, a Toronto lawyer and Toronto Rehabilitation Foundation corporate sponsor.

The focus of rehabilitation medicine is the pursuit of ways to make life more livable for those who have been touched by disabling illness and injury. To our donors, sincere thanks and BRAVO! for your generous support of Toronto Rehab and its efforts to find innovative solutions to the perplexing and stubborn problems experienced by patients, and better treatments to speed their recovery.

At a recent Chairs' Council Reception, Barbara Stymiest, Chief Operating Officer of RBC Financial Group and Campaign Chair for Toronto Rehab, and David Kerr, Chairman, Noranda Inc. and Chair of the Toronto Rehab Foundation Board, thanked a number of donors in person. They also updated donors on the Toronto Rehab Foundation's annual giving program and Everything Humanly Possible, the \$146-million capital campaign for the redevelopment of the hospital's University and Lyndhurst Centres, and to support research and education.

David reported that the Foundation has exceeded its annual fundraising target of \$1.6-million for the year ended March 31, 2005, "thanks to the generosity and support of our donors." Barbara brought similar good news from the capital campaign team. "I am very pleased to report that we are now 75% of the way to achieving our goal. And, of our private sector fundraising goal of \$60-million, we have only \$23-million left to raise."


Donors find many ways to make their

donations meaningful to themselves and to the people who benefit from their generosity. Richard Bogoroch of Bogoroch & Associates is a strong believer in giving back to the community. In 2005, his prominent Toronto

law firm—which specializes in serious personal injury, brain injury and wrongful death litigation—donated \$10,000 for the establishment of the Bogoroch & Associates Educational Travel Scholarship in support of the acquired brain injury service at Toronto Rehab.

"The fund gives health professionals opportunities to travel and learn at international conferences related to acquired brain injury rehabilitation—opportunities they might not have

had were it not for this bursary," says Lynn Guerriero, Program Manager of the acquired brain injury-neuro cognitive service. By sharing what they learn with colleagues upon their return, the knowledge base of the entire team is enhanced.

"The scholarship will enable hospital staff to continue to provide the top-level care for which they are known," adds Richard. "Our firm represents many people who have had serious injuries, so this is something that is close to us." 

For further information, contact the Toronto Rehab Foundation at 416-597-3040.



From left: Eluned MacMillan and Katriana MacMillan, donors, and Sheila Hicks, President, Toronto Rehab Foundation, at the Chairs' Council Reception

Richard Bogoroch surrounded by his colleagues at Bogoroch & Associates





Post script

Less than a year after she had cardiac bypass surgery, Cathie Singer and her husband Peter celebrated their 30th wedding anniversary with a 310-kilometre bicycling tour of Vietnam. "A year ago, I never would have imagined that I would move forward so quickly and feel so normal," says Cathie, 53. "I recovered enough that on the trip, I wasn't any different than the other cyclists. I felt totally normal, totally recovered—just another one of the group." Always a physically active person, early in 2004 Cathie began to experience chest pain. Her father died of a heart attack at 43 so she was aware of her increased risk. An angiogram showed that her left coronary artery was 95% blocked. Following heart surgery, Cathie enrolled in Toronto Rehab's cardiac rehabilitation and secondary prevention program to rebuild her fitness and confidence. "I thought I was knowledgeable about fitness and diet. I've always exercised and I read a lot on the subjects, but I learned so much from the cardiac rehab staff and the other participants," she says. The staff helped Cathie, who is the mother of three grown children, to train for her cycling trip. Since her trip coincided with the cardiac rehab program's fundraising walk-a-thon, On Track to Recovery, Cathie and Peter decided to get pledges from family, friends and co-workers for each kilometre they cycled in Vietnam. Not only did they thoroughly enjoy seeing the country and meeting the people—including many children—but they raised more than \$2,300 for Toronto Rehab's cardiac rehabilitation program.



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