VISION
Our vision is a world without paralysis after spinal cord injury (SCI).

MISSION
Our mission is to lead collaboration across the global spinal cord injury community by providing resources, infrastructure and knowledge; and to identify, develop, validate and accelerate the translation of evidence and best practices to reduce the incidence and severity of paralysis after SCI, improve health care outcomes, reduce long-term costs, and improve the quality of life for those living with SCI.

VALUES
Collaboration • Partnership • Teamwork • Innovation • Integrity • Trust • Exceptional Outcomes
MESSAGES FROM LEADERSHIP

The Rick Hansen Institute (RHI) is the realization of Rick Hansen’s dream of true collaboration across the spinal cord injury continuum. RHI fosters connectivity around the globe and across sectors. We unite passionate individuals who are committed to improving health care outcomes and quality of life for individuals with SCI, reducing health care costs, and ultimately, to accelerating the identification of cures for SCI.

By way of numerous RHI platforms and programs, this past year we saw new and evolving national and international engagement which enabled the sharing of research data and implementation of best practices in SCI. We furthered our dedication to engaging individuals with SCI in clinical research and their own health decision-making, by growing the Consumer Engagement Program. Our focus was on increasing recruitment and empowering consumers to play an integral role in the future of SCI. Fostering commercialization of innovative technologies, from diagnostics to therapeutics, continues to be a priority area for RHI, both to benefit people with SCI, and to enhance SCI research and development.

We welcome you to read this report and learn about RHI’s journey from our origin to the successes of fiscal year 2015-2016, and look beyond to the key milestones on our path to a world without paralysis after SCI.

Spinal cord injury is an incredibly complex and challenging medical condition. I want to acknowledge the efforts of the Rick Hansen Institute, its partners and supporters, whose commitment, tenacity and drive, continue to make a real difference in the lives of the many living with SCI, their families and communities. I’m delighted by the progress that has been made this year as showcased in this report, and look forward to celebrating many more milestones in the years to come.

Bernie Bressler, PhD, FCAHS
Chair, Board of Directors

Bill Barrable
Chief Executive Officer

Rick Hansen, C.C., O.B.C.
Chief Executive Officer
Rick Hansen Foundation
The multi-disciplinary team at RHI takes great pride in building and connecting with the SCI network across Canada and internationally to drive our vision of a world without paralysis after spinal cord injury.
We thank our major funders—both past and present—for their leadership and support: the Government of Canada through Western Economic Diversification and Health Canada, the provincial governments of British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario, and the Rick Hansen Foundation (RHF). We also thank the esteemed members of our Board, advisory, and steering committees, as well as our scientific and consumer reviewers. A huge thank you to our staff, volunteers, network members, and partners whose contributions are acknowledged and appreciated.
In January 2016, Drs. Vanessa Noonan (RHI) and Brian Wheelock (Accreditation Canada International) joined Drs. Mouwang Zhou and Nan Liu of the Peking University Third Hospital (PUTH) Department of Rehabilitation and Dr. Fang Zhou of the PUTH Department of Trauma, to present education sessions on SCI standards of excellence to PUTH staff. Accreditation Canada’s Qmentum International™ standards were used to assess how existing practices at the PUTH SCI acute care and rehabilitation sites compare to best practice standards.
Our vision is ambitious. We believe that a world without paralysis after SCI is possible, and that with the right people, the right investments, and the right decisions, we can make a tangible difference in the lives of everyone touched by SCI.
This year’s annual report tells our story, from our beginning in a small office in Vancouver, British Columbia, Canada through to our present-day network across 15 countries. We invite you to reflect upon our collective achievements over the past 12 years. We hope that you find our story of a journey to a world where solutions to SCI are practical, measurable, and shared, illuminating and inspiring.

We released our Strategic Plan for fiscal years 2016–2023 and convened stakeholders from across the continuum of care in SCI to continue to inform future business planning.

We continued planning our Praxis 2016 conference. The scope of the conference is unique as we envision it to be the first international convergence of thought leaders dedicated to translating knowledge into practical solutions in the field of SCI.

We underwent an extensive independent mid-term review of our initiatives funded by Western Economic Diversification. We are pleased that the review concluded that RHI is on track to successfully meet its major deliverables by the end of the current funding cycle. We welcomed this review as an opportunity to reflect on our progress; it will serve as a cornerstone of our commitment to organizational excellence in the years to come. We continue to use evaluative learnings to support decision making, quality improvement, and risk assessment, as well as to meet accountability requirements and transparency expectations from our funders, stakeholders, and the general public.

In a relatively short span of time, we have grown to become an international leader linking research, clinical practice, and community advocacy with system planning and resource allocation.

We once envisioned a national agenda; we have now grown to include a global presence. Our partners today are located across Africa, Asia, Australia, Europe, and North America. With support from our network and funders, we are working to ensure that Canada remains a leader in the global effort to optimize health outcomes and reduce care costs for people with SCI.
Today’s climate in SCI is filled with barriers, from limited research funding to a nascent culture of entrepreneurism, inter and intra-organizational silos, a complex health condition, and a relatively small patient population. The barriers to translating research into tangible improvements in health systems and outcomes are daunting and cut across the broader life sciences and health care sectors and beyond. For RHI, these barriers are also opportunities. We use our praxis model to realize solutions within today’s context.

Integral to this is the Rick Hansen Spinal Cord Injury Registry (RHSCIR), a world-class source of comprehensive, longitudinal data on individuals with traumatic SCI. Information from RHSCIR can be used for audit, planning, research, and international comparisons. RHSCIR operates in more than 30 major health care centres across Canada and in select sites in New Zealand and China.

Twelve years of strategic investment in RHSCIR received major validation in a landmark decision by the Government of New Zealand to implement RHSCIR nationally in the fall of 2016. This decision was based on a lengthy pilot conducted by New Zealand health authorities who tested RHSCIR against another SCI registry.

Accreditation continued to be a key driver for our Care program. The team supported participating and eligible RHSCIR sites to accredit to the Rick Hansen Institute-Accreditation Canada Qmentum Standards for Spinal Cord Injury Acute Services and Rehabilitation Services. Both of these standards were developed in 2012 through a partnership between Accreditation Canada and RHI. They are the only comprehensive, evidence-based standards available for SCI in acute and rehabilitation settings. As with the other service excellence standards available to organizations participating in the Qmentum accreditation program, these SCI standards focus on the essential components of safe and effective health care including clinical

There is not going to be one single discovery that leads to full recovery following a spinal cord injury, but by creating a community dedicated to the cause, we will be able to translate a series of breakthroughs that will steadily create improvements and ultimately lead to recovery of full physical function after SCI.

Rick Hansen, C.C., O.B.C., CEO, Rick Hansen Foundation
leadership, people, processes, information, and performance. As of 2015, sites in seven health care centres across Canada successfully accredited to these standards including:

- Hamilton General Hospital
- Hamilton Regional Rehabilitation Centre
- London Health Sciences Centre
- Toronto Rehabilitation Institute
- Hôpital du Sacré-Cœur de Montréal
- QEII Health Sciences Centre/Nova Scotia Rehabilitation Centre
- QEII Health Sciences Centre/Halifax Infirmary Site.

We continued to support the Spinal Cord Injury Knowledge Mobilization Network (SCI KMN) to drive improvements to the delivery and measurement of care. The SCI KMN is a pan-Canadian initiative supporting the adoption of best practices to improve health outcomes in people with SCI. Initiated by RHI and the Ontario Neurotrauma Foundation (ONF) in 2011, the SCI KMN works closely with health care providers and administrators to deliver optimized care that is based on evidence and driven by standardized measurement and reporting. In 2015-2016 SCI KMN supported best practice training for more than 550 front-line clinicians and improved care for nearly 3,500 Canadians with SCI.

RHI implemented several innovative partnership models as a way to build on its success as an effective and efficient network and partnership-broker.

We helped to establish the International Spine Data Network (ISDN) with: Craig H. Neilsen Foundation, Spinal Cord Outcome Partnership Endeavor, Wings for Life Foundation, and the National Institutes of Health—National Institute of Neurological Disorders and Stroke. The ISDN will work to further align international SCI datasets by merging existing data worldwide in order to advance SCI clinical knowledge and practice, and develop global infrastructure for international research collaborations. Collaborators include the U.S.

In a first of its kind, SCI clinicians and researchers formed a community of practice in early 2013 to begin developing best practices to be implemented in Canadian health care centres participating in RHSCIR. As part of this effort, RHI supported the development of assessment tools which were made available in 2014 to all health care providers and administrators affiliated with RHSCIR. These tools continue to be made available on SCI2 (sci2.rickhanseninstitute.org), RHI’s website of expert-curated resources. During this fiscal year, a formative evaluation was conducted on a pilot to implement a Standing and Walking module. This model is anticipated to become a standard for future module-centric collaborations.

RHI has long-recognized the invaluable role that individuals with SCI have in research. In 2009, we funded more than 50 individuals with SCI to participate in SCI research through our Access to SCI Research and Clinical Trials Initiative. In 2013, we were one of the first national SCI organizations to embed consumer reviews into our expert review cycle for project funding requests. During this fiscal year, we continued to identify innovative ways to support consumers to play an active role in SCI research.

In another first of its kind, RHI partnered with Spinal Cord Injury Alberta—a leader in offering support and directing service, information, and advocacy to Albertans living with SCI—to empower community stakeholders to conduct long-term community follow-ups with Albertans participating in RHSCIR. This partnership makes effective and efficient use of the unique strengths of each organization, promotes the value of research to SCI communities, and helps ensure that RHSCIR maintains its value as a world-class registry on traumatic SCI.

(The accreditation of SCI rehabilitation and acute standards) has the potential to improve spinal cord injury care and services around the world. We expect this initiative to generate interest from existing national and international Accreditation Canada clients, as well as from any facility worldwide seeking to provide the best spinal cord injury services possible.

Wendy Nicklin, (Past) President and CEO, Accreditation Canada (2005-2016)
We continued to make research easier and faster with our Global Research Platform (GRP), a secure, easy-to-use medical and quality improvement application for data collection and reporting. Our turn-key solution is intended to help researchers and clinicians run their research studies, quality improvement initiatives, and registries with minimal effort, funding, and little to no in-house technical expertise. In production since 2011, GRP is being used in more than 20 studies and by more than 250 users across the world. Our range includes such clients as individual investigators, national registries, and corporate entities.

We responded to the global shift towards mobile and tablet applications and began working on CliniQuick, a mobile application for use in quality improvement initiatives with real-time reporting capabilities. Working closely with ICORD, GF Strong Rehabilitation Centre, and Vancouver Coastal Health, RHI is on track to launching the product in 2017.

To accelerate SCI research towards the cures, we made significant progress towards implementing qualified access to RHSCIR data. Qualified data access is the emerging standard for controlled data access to health information; it balances the spirit of open access with prevailing privacy legislation.

Since 2009, governments including Canada, the United States of America, and the United Kingdom have announced initiatives towards increasing access to public information. There has been a corresponding movement in research communities, with recognized benefits including supporting innovation, promoting research, clinical program and health system management, and making better use of existing resources and infrastructure.

We continued to work with our partners in BC, across Canada, and around the world including:

- The Michael Smith Foundation for Health Research, ICORD, Research
Manitoba, the University of Ottawa, and RHF to support promising young researchers and early career scholars to increase SCI research capacity

- Industry partners including viDA Therapeutics, MyndTec Inc., and Sensimat Systems
- Provincial agencies such as ONF to administer provincial projects that support the national landscape including an open competition to fund emerging and innovative projects with direct application to SCI.

Because of the Government of Canada’s continued commitment, along with our valued partnerships, I can say with conviction that we are standing on the threshold of an exponential expansion on the boundaries of our SCI knowledge.

Rick Hansen, C.C., O.B.C., CEO, Rick Hansen Foundation
In October 2015, RHI convened a stakeholder consultation in Toronto with representatives from across the continuum of care in SCI. Discussions focused on our continued work toward positioning Canada as a world leader in the field of SCI, leading to the identification of key themes to be incorporated into future business planning.
Our activities engage, produce results, influence decision-making, affect health care and contribute to economic and social prosperity. We work towards empowering people with SCI to participate in research and live longer, healthier, happier lives. Learn just how broad our reach has been to-date in the pages that follow.
More than
3,500
Canadians
have been impacted by implementation of best practices.

Engaged more than
20,000
individuals with SCI.

Developed innovative IT solutions: GRP, ISNCSCI Algorithm, Cliniquick and customized SharePoint to support our team and network.

Best practice training provided to
550+ clinicians.

Delivered nearly
400
conference presentations.

The Government of New Zealand pilots RHSCIR and commits to launch in the summer of 2016.

The Government of Canada invites RHI to 4th Canada–China policy dialogue on health.

RHI is engaged with 35 health care sites around the world.
The great thing about standards is that they help to set a benchmark across Canada and then, hopefully, later on, you can build upon those standards to improve the care even more. I think anything you can try to improve care for patients is great and I truly support it.

Dr. Eve Tsai, Neurosurgeon, Ottawa Hospital; Associate Scientist, Neuroscience Research, Ottawa Hospital Research Institute

**RHI FUNDED THE DEVELOPMENT OF PHYSICAL ACTIVITY GUIDELINES FOR ADULTS WITH SCI VERSION 1.0**

**ACCREDITATION CANADA HAS ACCREDITED 7 CANADIAN SCI SITES**

THAT MEET THE SCI STANDARDS OF CARE DEVELOPED IN PARTNERSHIP WITH RHI

**SPINAL CORD INJURY CANADA**

USED SCI COMMUNITY SURVEY FINDINGS TO GENERATE NEW KNOWLEDGE + SUPPORT DECISION-MAKING

**RHI HAS FUNDED TWO CANADA RESEARCH CHAIRS AND 8 POST-DOCTORAL FELLOWS AND 2 FACULTY**

**5700+ PARTICIPANTS HAVE BEEN ENROLLED IN RHSCIR**

**OPEN COMPETITION AWARD RECIPIENTS LEVERAGED MORE THAN $5.2M**

**ISNCSI ALGORITHM DOWNLOADED MORE THAN 350 TIMES IN 149 COUNTRIES**

**250+ GRP USERS WORLDWIDE**

**27 KNOWLEDGE AWARDS RECEIVED**

THROUGH THE ACCESS TO SCI RESEARCH AND CLINICAL TRIALS INITIATIVE

**50 INDIVIDUALS WITH SCI HAVE BEEN FUNDED TO PARTICIPATE**
In February 2016, RHI CEO Bill Barrable and Accreditation Canada CEO Leslee Thompson (pictured below at far left) visited Toronto Rehab’s Lyndhurst Centre to celebrate the achievement of this site in meeting SCI rehab care accreditation standards.
Look back with us to RHI’s origin, learn about our accomplishments, and see our plans for the future. This work is leading us towards a world without paralysis after SCI.
LOOKING BACK

RICK HANSEN BELIEVES THAT THE FUTURE OF SCI RESEARCH AND CARE LIES IN OUR ABILITY TO CREATE A COMMUNITY OF EXPERTS COMMITTED TO WORK TOGETHER 1998

RICK HANSEN WHEELS AROUND THE WORLD TO RAISE AWARENESS AND FIND A CURE FOR SPINAL CORD INJURY (SCI) 1985–1987

A YEAR LATER, THE RICK HANSEN FOUNDATION (RHF) IS ESTABLISHED 1988

RICK HANSEN, RHF, VANCOUVER COASTAL HEALTH (VCH) + UNIVERSITY OF BRITISH COLUMBIA, PARTNER TO ESTABLISH A STATE-OF-THE-ART CENTRE THAT BRINGS SCI RESEARCH, CARE, AND INNOVATION TOGETHER 2000

CONSTRUCTION OF THE BSCC BEGINS 2004

1985

MAJOR FUNDING FROM THE GOVERNMENT OF CANADA THROUGH WESTERN ECONOMIC DIVERSIFICATION IS SECURED BY RHF TO LAUNCH THE RICK HANSEN SPINAL CORD INJURY REGISTRY (RHSCIR) 2003

The more we understand about spinal cord injury, the more we can determine what the most effective prevention strategies are and improve upon the existing health and medical care that those affected by spinal cord injury receive.

Bill Barrass, CEO, Rick Hansen Institute
LOOKING BACK

THE BSCC OFFICIALLY OPENS ITS DOORS AND BECOMES THE HOME OF:
- RICK HANSEN INSTITUTE (FORMERLY SCI SOLUTIONS NETWORK)
- UBC'S INTERNATIONAL COLLABORATION ON REPAIR DISCOVERIES (ICORD)
- VCH BREND A AND DAVID MCLEAN INTEGRATED SPINE CLINIC

RHI LAUNCHES ITS SHAREPOINT RESEARCH SITE A MICROSOFT DOCUMENT MANAGEMENT COLLABORATION PLATFORM

2008

RICK HANSEN + RHI'S SHARED VISION OF A CLINICAL TRIALS RESEARCH NETWORK GOES GLOBAL WHEN RHI SIGNS PARTNERSHIP AGREEMENTS WITH THE QUEENSLAND UNIVERSITY OF TECHNOLOGY AND THE INSTITUTE OF MEDICAL RESEARCH ISRAEL–CANADA

2009

RHI BEGINS SUPPORTING THE SPINAL CORD INJURY RESEARCH EVIDENCE (SCIRE)

THE SCIRE TEAM REVIEWS, EVALUATES, AND TRANSLATES RESEARCH KNOWLEDGE ABOUT BEST REHABILITATION PRACTICES INTO A CLEAR AND CONCISE FORMAT FOR HEALTH PROFESSIONALS
The kind of technology that Access to Care and Timing provides will empower all parties to make more transparent decisions which will have a major, positive impact on setting national and even global care standards for people with traumatic spinal cord injury.

Dr. John Street, Assistant Professor, Department of Orthopaedics, University of British Columbia; Director, Integrated Ambulatory Spine Program, Vancouver General Hospital
2011

**Looking Back**

**SCI Community Survey Is Launched**
It becomes the largest survey of its kind with more than 1,500 Canadians with SCI participating. The results of this survey continue to be used to generate new knowledge and to inform decision making and program planning.

**Accreditation Is Identified As Both A Barrier And An Opportunity. RHI Begins A Conversation With Accreditation Canada**

**After Three Years Of Development, RHI Launches The Global Research Platform (GRP) To The World**

**The Camper Team Activates Its First Site**

**RHI Continues To Do Groundbreaking Research, And Releases A Major Report On SCI Progress In Care And Outcomes In The Last 25 Years**

**In Partnership With McMaster University And SCI Action Canada, RHI Releases The Physical Activity Guidelines For Adults With SCI Version 1.0 To Support People With SCI To Live Healthier, More Active Lives**
We have learnt from our research into the years following spinal cord injury how important reliable information can be in maintaining health and wellness. We use the SCIRE website as a reference point and it has been a great resource for us, thank you for this initiative.

Kiley Pershouse, Manager/Social Worker, Spinal Outreach Team, Queensland Spinal Cord Injuries Service, Australia
LOOKING BACK

RHI PUBLISHES AN ARTICLE DESCRIBING OUR PRAXIS MODEL IN THE JOURNAL OF HEALTH CARE LEADERSHIP.

RHI LAYS GROUNDWORK FOR THE 4 ‘C’ PROGRAMS CURE, CARE, CONSUMER ENGAGEMENT AND COMMERCIALIZATION.

RHI PARTNERS WITH ONTARIO NEUROTUAMA FOUNDATION (ONF) TO DEVELOP AND DISSEminate THE CANADIAN BEST PRACTICE GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF PRESSURE ULCERS IN PEOPLE WITH SCI.

2013

RHI HOSTS THE 1ST SCI GLOBAL INVESTMENT FORUM TO PROMOTE ENTREPRENEURISM IN THE FIELD OF SCI.

RHI DEVELOPS SCI EDUCATION CREDITS FOR PRIMARY CARE PHYSICIANS WHICH ARE DISSEMINATED BY THE CANADIAN MEDICAL ASSOCIATION (CMA).

RHI LAUNCHES THE PARTICIPANT DATABASE CONSISTING OF CONSENTING INDIVIDUALS WHO PARTICIPATED IN THE SCI COMMUNITY SURVEY; IT CONNECTS RESEARCHERS WITH POTENTIAL RESEARCH PARTICIPANTS.

RHI LAUNCHES THE 4 ‘C’ PROGRAMS CURE, CARE, CONSUMER ENGAGEMENT AND COMMERCIALIZATION.
I am happy to see the implementation of the collaborative agreement between RHI, ACI and PUTH that was signed in 2014 during the 4th Canada-China Policy Dialogue on Health. This international collaboration benefits people with spinal cord injury in the two countries as well as clinicians and researchers, who can learn from one another.

Dr. Jie Qiao, President, Peking University Third Hospital
LOOKING BACK

2014

RHF makes a $20M commitment to RHI + ICORD to accelerate research toward cures, by forming the Blusson Integrated Cures Partnership (BICP)

The RHSCIR team enrolls its 1st international participant: Burwood Hospital, New Zealand

RHI hosts four open competitions and awards more than $2.2M to 18 projects

Demonstrating a commitment to transparency, excellence, and peer review

SCI community survey findings are published in an invited focus issue in Topics in Spinal Cord Injury Rehabilitation (2014), Vol 20, Issue 4
With the nature of spinal cord injury, and its inherent complexities, the Rick Hansen Spinal Cord Injury Registry (RHSCIR) is a necessary tool that facilitates and standardizes the collection and analysis of data, which will stimulate the collaboration that will inevitably lead to a cure.

Dr. Marcel Dvorak, Scientific Director, RHSCIR and the Combined Neurosurgical and Orthopaedic Spine Program, Vancouver General Hospital
FISCAL YEAR 2015-2016

THE CAMPER TEAM ACTIVATES ITS FIRST INTERNATIONAL SITE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

THE FIRST SCI BIOBANK IN CANADA IS ESTABLISHED WITH BICP FUNDING

RHI CONTINUES TO PROVIDE SUPPORTIVE RESOURCES TO SITE CHAMPIONS SO THEY CAN NAVIGATE THE ACCREDITATION PROCESS AND PERFORMANCE REPORTS FOR PARTICIPATING RHSCIR SITES

HEALTH CANADA COMPLETES GOOD CLINICAL PRACTICE (GCP) INSPECTION OF THE MINOCYCLINE IN ACUTE SPINAL CORD INJURY PHASE III CLINICAL TRIAL AT THE FOOTHILLS MEDICAL CENTRE AND ISSUES A ‘C’ FOR COMPLIANT

7 CANADIAN SCI CENTRES WERE SUCCESSFULLY ACCREDITED SINCE 2012 WHEN THE QMENTUM STANDARDS FOR SPINAL CORD INJURY IN REHABILITATION AND ACUTE SETTINGS WERE LAUNCHED IN PARTNERSHIP WITH ACCREDITATION CANADA

5000TH RHSCIR PARTICIPANT IS ENROLLED

2015 April 1
Knowledge translation funding is very sparse in Canada and RHI plays an enormous role in ensuring that evidence from research and best practices are implemented in today’s health care setting for people with SCI.

Dr. Janice Eng, Professor and Canada Research Chair, Department of Physical Therapy, University of British Columbia
FISCAL YEAR 2015-2016

ONE OF THE WAYS IN WHICH RHI DEMONSTRATES THE VALUE OF ITS PRAXIS MODEL IS TO BEGIN PLANNING AN INNOVATIVE, INTERNATIONAL CONFERENCE OF THOUGHT LEADERS FROM ACROSS THE SCI CONTINUUM—THE PRAXIS 2016 CONFERENCE.

THREE YEARS AFTER ITS RELEASE, THE OPEN SOURCE CODE FOR THE ISNCSCI ALGORITHM IS DOWNLOADED MORE THAN 350 TIMES BY PEOPLE IN 149 COUNTRIES.

SCIRE TEAM BEGINS DEVELOPING THE GO-TO RESOURCE A COLLECTION OF EVIDENCE-BASED EDUCATIONAL MATERIALS FOR NEWLY OR CHRONICALLY INJURED INDIVIDUALS AND THEIR CAREGIVERS.

MIGRATION OF RHSCIR DATA FROM VERSION 1.0 TO 2.0 IS ON TRACK FOR COMPLETION NEXT FISCAL YEAR.

CAMPER TEAM ACHIEVES TWO MAJOR MILESTONES:

- THE 1ST INTERNATIONAL PARTICIPANT IS ENROLLED
- 50% RECRUITMENT TARGET IS SURPASSED. THE TEAM IS CONFIDENT THEY WILL MEET RECRUITMENT TARGETS BY MARCH 2018.

EDUCATION SESSIONS ARE PRESENTED AT PUTH AS PART OF CANADIAN-CHINESE PARTNERSHIP TO IMPLEMENT INTERNATIONAL BEST PRACTICES IN SCI CARE.
The CAMPER trial continues to recruit patients across Canada and now the United States. It serves as a foundation for establishing a novel biobank for spinal cord injury and conducting biomarker discovery research, and is a one-of-a-kind international collaborative initiative.

Dr. Brian K. Kwon, Canada Research Chair in Spinal Cord Injury; Professor, Department of Orthopaedics, University of British Columbia, Research Scientist, International Collaboration on Repair and Discoveries

RHI continues to participate on the American Spinal Injury Association International Standards Committee which oversees the development of new SCI standards documents.

RHI begins work on CLINIQUICK, a mobile application to support real-time quality improvement in some of Canada’s busiest SCI health care centres.

RHI begins working on two major accountability reviews. Staff and network engagement will inform activities over the next several years.

RHI applies for accreditation through Imagine Canada’s standards program.

With BICP funding and production support, RHI’s partner SCI BC releases a series of videos on social media encouraging individuals with SCI to participate in research.
LOOKING AHEAD

- **RHI** ANTICIPATES FEEDBACK FROM IMAGINE CANADA ABOUT OUR STANDARDS PROGRAM APPLICATION
  - RHI WILL WORK TOWARD LONGER TERM FUNDING STABILITY AND...
  - $... WILL CONTINUE TO DEMONSTRATE ACCOUNTABILITY AND RESPONSIBLE STEWARDSHIP OF PUBLIC FUNDS

- **THE COMMERCIALIZATION PROGRAM**
  - WILL EXPAND ITS NETWORK, FOCUSING ON EUROPE, ISRAEL, AND THE USA

- **CONSUMER PROGRAM ADVISORY COMMITTEE WILL WELCOME KEIKO HONDA AS ITS INAUGURAL CHAIR IN SPRING 2016**

- **CURE + CARE PROGRAMS**
  - WILL CONTINUE TO WORK TOWARDS 75% OF NEWLY INJURED CANADIANS RECEIVING STANDARDIZED CARE BY 2023

- **CLINIQUICK 2017**
  - RHI LOOKS FORWARD TO THE LAUNCH OF

- **QUALIFIED ACCESS TO RHSCIR DATA WILL BE LAUNCHED AND THE MIGRATION OF RHSCIR DATA WILL BE COMPLETE**

- **RHSCIR DATA WILL BE LAUNCHED**

- **RHI WILL HOST PRAXIS 2016 ON APRIL 25-27 IN VANCOUVER, BC**
  - BRINGING TOGETHER PEOPLE FROM ACROSS THE ENTIRE SCI CONTINUUM WITH A FOCUS ON TRANSLATING KNOWLEDGE INTO PRACTICAL, ACHIEVABLE SOLUTIONS

- **2016 April 1 and beyond**
The success of the Rick Hansen Institute depends on participation of people and organizations from across Canada. If SCI is part of your life in any way, we encourage you to get involved by joining a research study, signing up to receive our newsletters, checking out our volunteer and career opportunities, or making a donation.
Praxis is a unique model, not only to SCI research, but also to the broader life sciences and health care sectors. What makes it unique is not the individual components, but the combination of components and our role as agent of change.
RHI’s praxis model consists of three essential components which put RHI at the forefront of innovating cost-effective, transformational change in the lives of individuals with SCI as well as their families, caregivers and loved ones.

As a champion of change, RHI has developed and implemented praxis, a solutions-based model that focuses on overcoming obstacles in order to improve health care outcomes for individuals with SCI and to reduce the long-term financial impact on the health care system.
We are extremely proud of the work that we do. Quoted directly from our team, here are some of our proudest achievements:

- Using the latest technology to achieve our goals
- Teamwork
- Planning a networking event back-to-back with the Praxis 2016 Conference and inviting every SCI consumer and consumer group attending to participate in a strategic planning session
- Connecting front-line clinicians with the people and information they need to do their jobs better
- Strong, competent teams
- Bringing the SCI community together to discuss issues faced in our field and identifying RHI’s role
- Enrolling our 20th client to the Global Research Platform
- Being involved in studies that have enabled Canada to contribute to advancing our knowledge of SCI
- [The development of] CliniQuick
- Supporting a culture of accountability and evaluation in our workplace and throughout our network
- Supporting the successful Minocycline Health Canada inspection at Foothills Medical Centre in Alberta, Canada
- Working with Accreditation Canada and Accreditation Canada International
- Being a leading participant in catalyzing the International Spine Data Network (ISDN)
- The reach we have around the world
## STATEMENT OF FINANCIAL POSITION

**AS AT MARCH 31, 2016**

### Assets

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<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
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<td>544,148</td>
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<tr>
<td>Short-term investments</td>
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<td>Accounts receivable</td>
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<td>Prepaid expenses</td>
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<td>Due from related parties</td>
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<td><strong>Total Current assets</strong></td>
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<td>7,013,925</td>
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<td><strong>Capital assets</strong></td>
<td>101,088</td>
<td>134,425</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>7,408,798</td>
<td>7,148,350</td>
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</table>

### Liabilities

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
<td>1,982,751</td>
<td>1,434,437</td>
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<tr>
<td>Due to related parties</td>
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<td><strong>Total Current liabilities</strong></td>
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<td>Deferred contributions</td>
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<td>Deferred capital contributions</td>
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<td><strong>Total Liabilities</strong></td>
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<td><strong>Unrestricted funds</strong></td>
<td>305,201</td>
<td>278,983</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>7,408,798</td>
<td>7,148,350</td>
</tr>
</tbody>
</table>

For the Rick Hansen Institute’s complete audited financial statements, please visit the Resources section of our website: [www.rickhanseninstitute.org](http://www.rickhanseninstitute.org).
<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>10,917,607</td>
<td>11,415,338</td>
</tr>
<tr>
<td>Donations and sponsorships</td>
<td>-</td>
<td>1,138</td>
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<tr>
<td>Investment income</td>
<td>38,063</td>
<td>144,254</td>
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<tr>
<td>Other income</td>
<td>35,618</td>
<td>138,621</td>
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<tr>
<td>Amortization of deferred capital contributions</td>
<td>81,554</td>
<td>103,831</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>11,072,842</strong></td>
<td><strong>11,803,182</strong></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translational research</td>
<td>6,235,512</td>
<td>6,658,515</td>
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<tr>
<td>Best practice implementation</td>
<td>1,832,037</td>
<td>2,111,143</td>
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<tr>
<td>Informatics</td>
<td>1,156,523</td>
<td>1,123,505</td>
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<tr>
<td>Network development</td>
<td>314,779</td>
<td>220,742</td>
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<tr>
<td>Best &amp; brightest</td>
<td>88,552</td>
<td>179,024</td>
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<tr>
<td>Consumer engagement</td>
<td>980,395</td>
<td>861,668</td>
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<tr>
<td>Fundraising</td>
<td>52,175</td>
<td>132,033</td>
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<tr>
<td>Management and administration</td>
<td>386,651</td>
<td>374,919</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>11,046,624</strong></td>
<td><strong>11,661,549</strong></td>
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<tr>
<td><strong>Excess of revenue over expenses for the year</strong></td>
<td>26,218</td>
<td>141,633</td>
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<tr>
<td><strong>Unrestricted fund balance - Beginning of year</strong></td>
<td>278,983</td>
<td>137,350</td>
</tr>
<tr>
<td><strong>Unrestricted fund balance - End of year</strong></td>
<td><strong>305,201</strong></td>
<td><strong>278,983</strong></td>
</tr>
</tbody>
</table>