

## Service Provider - TBI Project Registration

Service providers have to be registered with the TBI Integration Pilot Project in order to refer clients through the Project's centralized coordination and tracking office.

Service Providers **must be registered in Category A or B** to refer clients through the TBI Integration Project's Centralized Coordinating and Referral Tracking System.

Service Providers Categories	Location of Work	Approval Process
<b>Category A – Access to Client Profile Data and “Brain Injury” journal</b>		
Professional College (See List)	Public and Private	<ul style="list-style-type: none"> <li>• Verify with the College, in “good standing” as defined by each college</li> <li>• Automatic approval with notification to the Approval Committee</li> </ul>
<b>Category B – Access to Client Profile Data and “Brain Injury” journal</b>		
No College	Public	<ul style="list-style-type: none"> <li>• Verify with Employer</li> <li>• 72 hour review by the Approval Committee</li> </ul>
No College “Paid” Supervisor	Private	<ul style="list-style-type: none"> <li>• Verify with Employer</li> <li>• 72 hours review by Approval Committee</li> <li>• References at the discretion of the Approval Committee</li> </ul>
No College No “Paid” Supervisor	Private	<ul style="list-style-type: none"> <li>• 2 References from Service Providers in “good standing” with their college.</li> <li>• Reviewed by Approval Committee</li> </ul>
<b>Category C – No Access to Client Profile Data, Access to “Brain Injury” Journal</b>		
Volunteer of the TBI Integration Project	Public and Private	<ul style="list-style-type: none"> <li>• Verify TBI Project Participant's List</li> <li>• Approved by TBI Clinical Coordinator</li> </ul>

**\*MANDATORY INFORMATION**

*First Name:	*Last Name:
*Discipline/Job Title:	*Workplace/Employer:
Street Address:	*City and Postal Code:
*Telephone: (613)	Fax: (613)
E-Mail:	*Target Population – Check all that apply <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Older Adult
*Geographical Service Area – Check all that apply <input type="checkbox"/> Ottawa <input type="checkbox"/> Renfrew County <input type="checkbox"/> 5 Eastern Counties	*How is your organization incorporated/business listed with Revenue Canada? <input type="checkbox"/> Private <input type="checkbox"/> Public
*Language of Service Provision – Check all that apply <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	*Which domain does your organization/business provide care and services in? Check all that apply: <input type="checkbox"/> Private <input type="checkbox"/> Public

\*CATEGORY YOU ARE APPLYING TO:  A  B  C

Category A	Category B
College Name:	Human Resources/Equivalent Alternative Contact:
College Phone #:	Title:
College Membership/Registration #:	Email Address:
Fax #:	Phone #: <span style="float: right;">Ext.:</span>
	Fax #:

**Note:** Service Providers working in a Private institution or as an “independent agent”

You must provide at least 2 references from Service Providers who are in “good standing” with their appropriate colleges and where they are not in a subordinate or peer position relative to your position with your organization.



## Service Provider Registration

I authorize the TBI Office to contact any College, employer and/or registration issuing body to verify the above information for the purpose of this registration.

Yes

No

Would you like to appear on our service provider registration list, visible only to other registered service providers?

Yes

No

### Obligation Agreement

I hereby agree to complete all the forms required for the TBI Project with as much accuracy as possible and comply with the guidelines listed below.

**When accessing TBI Services through the Centralized Coordinating and Referral Tracking Office, I agree to follow the steps listed below:**

- 1) Inform client/caregiver and give copies of all forms: (invitation letter, criteria for selection, consent to participate, authorization to release information, client profile)
- 2) Ensure client/caregiver understands what the TBI Project is about
- 3) Ensure that Consent to Participate forms are completed, signed and witnessed.
- 4) Ensure that you adhere strictly to the standards set by your college and/or place of employment when acquiring "Informed Consent" and "Authorization to Release" from your client and/or substitute decision maker.
- 5) Complete TBI Client Profile, ensuring that all mandatory information is completed
- 6) Submit TBI Client Profile electronically, by fax, or by mail

\* Any printed copies of the database client information carry the same weight of confidentiality as a medical chart \*

\_\_\_\_\_  
Signature

Date:(Y)\_\_\_\_/(M)\_\_\_\_/(D)\_\_\_\_

Send completed registration to:

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Elly Nadorp Clinical Coordinator/Educator Tel: (613) 737-7350 ext.5243 Email: enadorp@ottawahospital.on.ca  
Address: The Rehabilitation Centre, 505 Smyth Road, Ottawa, ON, K1H 8M2 Fax: (613) 739-3273

## Service Provider Information on Client Registration

**Criteria for Client Selection** - From November 2001 until September 2002, the TBI Integration Project will gather client data in order to assist in the facilitation of a smoother transition (moving from service-to-service and/or from site-to-site). We will do this by examining client and system factors that affect transitioning so that we can provide resources so that we can better “manage the seams – transition gaps”.

This pilot project for traumatic brain injury rehabilitation integration will coordinate and track referrals conducted within and for those living in the Champlain District. Our tracking will monitor the referrals for the following demographic audiences: adults, pediatrics, public and private sector, urban and rural areas, in both official languages.

The Service Providers who register clients will have access to our centralized coordination and referral tracking system to facilitate transfer. We will provide information on standardized forms that will be stored into a large secure on-line database.

### **Client must:**

- Have one of the following “primary diagnosis of a Traumatic Brain Injury”:
  - ✓ Glasgow Coma Scale on Admission less than or equal to 14
  - ✓ Injury / trauma to the brain was the cause of being admitted to hospital
  - ✓ Need on-going brain injury rehabilitation
- Live in the Champlain District (This region includes the amalgamated City of Ottawa and the United Counties of Prescott-Russell, Stormont, Dundas & Glengarry, and Renfrew County)
- (or substitute decision makers) Agree to participate

**Exclusion** - Clients (or substitute decision makers) who refuse to participate

- Clients who live outside the boundaries of the Champlain District
- Clients whose medical condition is unstable and precludes them from completion of functional outcome measures
- Clients whose clinical assessment indicates potential for full recovery

### **Definition of Traumatic Brain Injury:**

A Traumatic Brain Injury is damage to the brain caused from an external force, such as a motor vehicle accident, fall, a sporting accident, an assault, a gunshot.

