About Rick Hansen Institute

Rick Hansen Institute (RHI) was incorporated on January 15, 2009 under the Canada Corporations Act. On October 26, 2009, the Institute was registered as a charity under the Income Tax Act and, as such, is exempt from income taxes and is able to issue donation receipts for income tax purposes. The Institute commenced operations on January 1, 2010.

The Institute’s mission is to lead collaboration across the global spinal cord injury (SCI) community by providing resources, infrastructure, and knowledge 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 quality of life for those living with SCI.

F2012: A Year of Impact and Outreach

It has been a historic year for the Rick Hansen Institute and members of our clinical research partner network. By working on a number of coordinated fronts – innovation, collaboration, tools and resources and standards – we are already affecting change to improve the health and quality of life of those living with a spinal cord injury in Canada and abroad. In F2012, RHI supported 51 translational research, best practice implementation, community participation and networking projects. And we solidified our partnerships with individuals, organizations and health authorities in Canada, the US, China, Jordan, Israel, and Australia to accelerate the pace of discoveries. The Rick Hansen Foundation raises long-term/committed funds on behalf of RHI. RHI receives significant funding from RHF and government on an annual basis. RHI’s fundraising and administrative costs were 1.6% of revenues.

Financial Snapshot

F2012 Financial Review: The Rick Hansen Foundation (RHF) raises funds on behalf of RHI. In Fiscal 2012, the Rick Hansen Institute generated $17.7 million in total revenue. RHI received 89% of this revenue from RHF. RHI receives the majority of its funding on an annual basis and therefore, net assets (funding reserves) are minimal. Total expenses came to $17.9 million. Of these expenses, $11.1 million went to grants and program and $3.9 million went to administration, fundraising and management costs. Administration, fundraising and management costs were 22% of total expenses. In an effort to increase efficiency and reduce administrative costs, RHI will move to a shared services model with the Rick Hansen Foundation in F2013. In F2012, fundraising costs were 31% of fundraising revenues.

Expense Allocation

F2012 Fast Facts

Total Revenue: $17.7 million
Charitable Programs/Grants: $14 million
Management & Admin: $3.6 million
Fundraising: $300,000
Full-Time Staff: 43
Average Salary: $56,957

F2012: Report on Financials and Accomplishments
In 2012, RHI supported 51 translational research, best practice implementation, community participation and networking projects. Here are updates on some of our projects:

**New Partnerships**
- RHI co-developed the first accreditation standards for acute and rehab care facilities in Canada (in conjunction with Accreditation Canada).
- RHI joined the Consortium for Spinal Cord Medicine and created new partnerships with the Canadian Institute for Military and Veteran Health Research, Peking University Third Hospital, China Rehabilitation Research Center, James J Peters VA Medical Center and The Miami Project to Cure Paralysis.
- In partnership with the American Spinal Injury Association (ASIA) and ISCOS, RHI led the development of the ASIA calculator, an electronic tool that can more reliably score and classify a spinal cord injury.

**Scientific Knowledge Into Practice**
According to an independently conducted Summative Evaluation, RHI has successfully supported the translation of new knowledge into clinical practice. As a result of RHI’s support for improving access to new knowledge, large percentages of SCI practitioners have successfully adapted and used this new knowledge in their regular practice, affecting how care is given across Canada to potentially hundreds of patients each year.

**Changing Lives**
According to an independently conducted Summative Evaluation, clear majorities of respondents in every stakeholder group surveyed agree that RHI’s initiatives have affected the lives of people with SCI by increasing physical function, reducing incidence and severity of secondary complications, increasing satisfaction with quality of life, increasing community participation among people with SCI, and by ensuring needs of people with SCI are met.

**ACT**
The Access to Care and Timing (ACT) project achieved a major milestone earlier this year when presented to the Vancouver Acute Leadership Team at Vancouver General Hospital. This project is a great example of how the Health Authority could utilize the ACT model to improve SCI care delivery.

**CAMPER**
One of RHI’s key clinical research projects, CAMPER, is in full swing with two sites recruiting patients and two more expected to begin shortly. The goal of CAMPER – Cerebrospinal Fluid Pressure Monitoring and Biomarker Validation Study – is to limit secondary damage by developing a procedure to help drain the cerebral spinal cord fluid (CSF), reduce swelling and pressure build-up at the injury site.