Acknowledgement

The Spinal Cord Injury – Translational Research Network would like to express gratitude to Rick Hansen and the Rick Hansen Foundation, who created the vision to reduce disability and improve the quality of life for people with SCI. The SCI-TRN would also like to gratefully acknowledge Health Canada, who recognized the value of the SCI-TRN’s vision for the Canadian SCI community, and provided financial support to make this vision a reality.

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Message from the Chief Operating Officer, SCI-TRN

The Spinal Cord Injury Translational Research Network (SCI-TRN) was conceived five years ago by the Rick Hansen Foundation to translate scientific discoveries for the Spinal Cord Injury (SCI) community so that research results could benefit and meet the needs of people with SCI. When Rick Hansen first began his Man in Motion World Tour in 1987, his goals were to promote the importance of inclusion and accessibility in our communities, to support the discovery of effective treatments for SCI and to ensure that the quality of life for people with spinal cord injury and related disabilities was addressed. Since then, research has progressed at an unprecedented rate – indeed 90% of what we know about spinal cord injuries has been discovered in the last 20 years. Canadian research excellence has played a large role in these discoveries: for a nation of some 33 million people, our share of major breakthroughs has been pivotal. We are now building on translating this knowledge to make significant improvements to the lives of people with SCI. The formation of the SCI-TRN is the integral next step in achieving the goals that Rick Hansen first set when he began his Tour.

Our goal is to become the world leader in reducing disability and improving quality of life for people with SCI. In our inaugural year, we charted the course for our vision to improve functional outcomes and quality of life for people with SCI by identifying research and practice process breakthroughs in the field, translating them into best practices and implementing these practices through centres of excellence across Canada. We are guided by our Five National Priorities, which include (1) the reduction in the incidence of permanent paralysis, (2) improvement in the quality of life for people with SCI, (3) implementation of validated best practices, (4) development of a national knowledge, analysis, data and technology network, and (5) operating our network with the highest standards of innovation and management. This means that people with SCI will have more opportunities to benefit from new technologies and treatments, greater ability to overcome some of the specific physical challenges resulting from SCI, better chances to return to the work place and more likelihood of social integration. This happens when key innovations are understood and applied.

Our biggest achievement this year was to bring together a pan-Canadian community committed to improving the lives of people with SCI. We are grateful to the funding commitment of Health Canada and the participating provincial and territorial governments. In conjunction with the Rick Hansen Foundation, we have brought together the key SCI experts to form the three Practice Networks spanning the care continuum (acute care, rehabilitation and community integration), which will utilize the Rick Hansen Spinal Cord Injury Registry and the Management Science Group. Whether we are researchers, clinicians, volunteers, board or committee members, advisors, funding partners, surgeons, staff or people living with SCI, we are all part of the solution and the community.

In our first year we have launched many key initiatives. We have completed a major portion of the environmental scan (E-scan). We have initiated and built upon systematic reviews to identify programs and best practices already in place, and to determine the areas of greatest need. Working groups and White Papers have been commissioned to make recommendations for best practices in all areas. We are providing funding to projects that will make a material difference to our community. Most importantly, our community is working together - we are creating synergistic connections between people living and working at all points of the SCI continuum, and engaging committed volunteers to become part of the team.

Creating this organization has not been without its challenges. To this end, we will manage member and stakeholder expectations with greater care. We will respond to the particular challenges of establishing a truly new and innovative organization, and see past them to our Five National Priorities. We will support the connections that are being established and will provide resources applied to the targeted research agenda. We will build a strong foundation, with the capacity to monitor, manage and report on results, and in turn we will be more responsive, focused and poised to bring about the specific identified outcomes.

Now we are prepared to connect with excellence, in order to achieve the Five National Priorities. Our network is the vehicle for people with great ideas and energy to work together towards shared goals in targeted areas. To strengthen our network, we plan to further integrate the three Practice Networks, the Registry and the Management Science Group to deliver outcomes. We will integrate with the SCI Solutions Alliance, another RHF organization, in the upcoming year, to become
the Translational Research Program of the new SCI Solutions Network. We will welcome a single SCI Solutions Network board and management structure; the appointment of an Advisory Council of researchers, innovators and the chairs of our provincial/territorial counterpart networks to support governance; the development of key policies in support of submitted bylaws; the development of an Integrated Business Plan and a Communications Strategy; and the initiation of the process of becoming a registered non-profit Canadian corporation. This amalgamation is truly a win/win situation, when you consider the efficiencies created through shared support services, and the synergy that will result with researchers and Canadians with SCI working side by side in pursuit of common goals.

On behalf of the SCI-TRN, I would like to sincerely thank Health Canada, our partners and community. I invite you to read the following pages to learn more about who we are, what we’ve done and our future direction.

With best regards,

Elizabeth Theriault, PhD
Interim Chief Operating Officer
About the SCI-TRN

The vision of the SCI-TRN is to become the world leader in reducing disability and improving quality of life for people with SCI.

Every year in Canada approximately 1,100 people sustain life-altering spinal cord injuries (SCI). Most of these people – 84 per cent – are under the age of 34, which means they will live with severe mobility challenges for the rest of their lives. More than 41,000 Canadians are currently living with spinal cord injuries. Many of them are unemployed or underemployed and, apart from the severe physical and emotional challenges, for the individual and their families the costs associated with this disability range from $1.25 million to $25 million during their lifetime. In most cases there is no way to repair the damage done to a severely injured spinal cord. Almost all that is known about spinal cord injury today has been discovered in the last 20 years, and more is being discovered every day. The vision of the Spinal Cord Injury-Translational Research Network (SCI-TRN) is to become the world leader in reducing disability and improving quality of life for people with SCI. The SCI-TRN legacy continues to build momentum.

The SCI-TRN is a pan-Canadian organization that translates research breakthroughs into innovations, and validates solutions and best practices. SCI-TRN was initiated in 2003, when the Government of Canada invested $15 million over seven years in the Rick Hansen SCI Leadership Fund through the Western Economic Diversification initiative. With the support of the federal government, the Rick Hansen Foundation has invested $307,035.30 from 2003 - 2007 to establish the SCI-TRN and its research platforms, the Rick Hansen SCI Registry and the International Clinical Trials Network. The SCI-TRN continued to expand in 2007–2008 with the help of new funding commitments from Health Canada ($30M), and with new partnerships with the Governments of Ontario and Alberta.

Since his Man In Motion World Tour 20 years ago, Rick Hansen has nurtured a dream of true collaboration across the SCI community to address priority needs and generate solutions for people with SCI, with researchers and clinicians cooperating to identify and translate research breakthroughs into innovations, validated solutions and best practices. The SCI-TRN mobilizes and links a specialized community of experts from the field of SCI research and care to facilitate research translation to improve functional outcomes and the quality of life for individuals with SCI. The SCI-TRN goal is to help people living with SCI by streamlining and speeding up the translation of research processes into practical applications and the transfer of best practices between health systems. The intention of the SCI-TRN is to reduce disability, enable greater economic productivity and maximize community participation by people with SCI, and in the process, strengthen the SCI Research Network in Canada. The SCI-TRN is focused on Five National Priorities:

1. Reduce Incidence of Permanent Paralysis (more generally referred to as disability minimization)
   Key activities focus on assessing and validating the effectiveness of emergency response and acute care, and of early and aggressive rehabilitation within Level 1 trauma centres and rehabilitation centres; on leading, coordinating and advancing participation in national and international clinical trials; and on the translation of novel discoveries into best practices.

2. Quality of Life Improvements for People with Spinal Cord Injury (more generally referred to as quality of life maximization)
   Key activities in this area focus on non-invasive evaluations and treatments of ongoing medical complications.

3. Implementation of Validated Best Practices
   Key activities include efforts to mobilize and transfer knowledge derived from clinical research and encourage the adoption of best practices by the centres of excellence across Canada; this priority also includes support for travel and accommodation for the attendence of clinical care personnel at regional workshops.
4. National Knowledge, Analysis, Data and Technology Network
Key activities include collecting, monitoring and reporting health data; and expanding and maintaining a pan-Canadian SCI Registry to collect and manage a range of data on people with SCI across the nation. The purpose for the Registry is to become a tool for innovations, clinical trials, knowledge exchange and international collaborations. In addition, this priority involves developing the SCI-TRN business case and performance evaluation, analysis and networking technology platform.

5. SCI-TRN Innovation and Management
Activities focus on supporting the continued development of a world-leading innovation for the translation and validation of evidence-based best practices and studies, including the coordination and management of SCI-TRN databases to facilitate research, outreach to private sector partners and improved clinical outcomes leading to discoveries, knowledge transfer and commercialization of new therapies and devices.

In order to achieve success in these Five National Priorities, the SCI-TRN created a governance structure that is comprised of three Practice Networks, supported by a national Registry and a Management Science Group. The three Practice Networks – Acute Care and Treatment Practice Network, the Rehabilitation Practice Network and the Community Integration Practice Network – span the SCI continuum of care from point of injury through to community participation. The goals of the Rick Hansen Spinal Cord Injury Registry (RHSCIR) are to link all the local SCI communities across Canada, enrol new patients into the national registry, collect data and facilitate observational research studies to help inform evidence-based best practice. The Management Science Group plays a unifying role, providing advice and support for the development of business models, and providing decision support for selecting interventions to investigate and adopt.

The SCI-TRN is recognized across Canadian health sectors, government bodies and the research industries as a Canadian innovation. Through fundraising efforts of the RHF to celebrate the 20th Anniversary of the RHMIM World Tour, the SCI-TRN has successfully leveraged the funding provided by the Government of Canada to generate provincial and territorial partnerships. We have already formed strong connections with committed organizations and individuals, from hospitals and universities to community care givers and sister funding agencies such as the Ontario Neurotrauma Foundation. However it is within our own SCI community and those of us who live with spinal cord injuries that our most crucial successes will be measured.
Partnerships 2007–2008

SCI-TRN is founded on relationships that include partnerships with funding bodies, network and community members, agencies and organizations. Listed below are those essential in forming the SCI-TRN and share our commitment to achieve the Five National Priorities.

Government of Canada – Health Canada
The SCI-TRN is funded by a $30 million contribution by the federal government of Canada (July 2007).

Rick Hansen Foundation (RHF)
The Rick Hansen Foundation is the funding recipient of Health Canada project funds and as such is accountable for the SCI-TRN’s success. Consistent their charitable status, the RHF cannot directly deliver programs. Instead, the RHF provides funds to enable qualified recipients to deliver programs/initiatives to reduce disability and improve quality of life for people with SCI. Once the new SCI Solutions Network has been incorporated it is envisioned that RHF will delegate responsibility for delivery of the Five National Priorities to the new entity, as it is the organization best positioned to achieve breakthrough results. The relationship between RHF and the SCI Solutions Network will be extremely important and critical to its success will be a Memorandum of Understanding and a number of sub-contracts that will include terms and conditions for the Ultimate Beneficiary as outlined in the agreement between RHF and Health Canada.

Provincial Governments
The SCI-TRN together with RHF, has formed a partnership with the province of Ontario, which will commit $9.6 million over five years to support the SCI–TRN research strategy in Ontario. As well, the SCI-TRN and RHF have formed a partnership with the province of Alberta, which will commit $2.98 million to support the SCI-TRN research strategy in Alberta.

ICORD
ICORD (International Collaboration On Repair Discoveries) is an interdisciplinary research centre for the development of effective strategies to promote functional SCI recovery and brings together sciences, medicine, surgery, rehabilitation, engineering, education, and community-based research. Between SCI-TRN and ICORD, many synergies exist. ICORD sponsored the SCIRE (Spinal Cord Injury Rehabilitation Evidence) systematic review; the SCIRE framework was extensively used by the SCI-TRN Practice Networks to begin the E-scans and scientific reviews. As well, many of the ICORD members participate in senior leadership positions within the SCI-TRN.

SCI Solutions Alliance
The Spinal Cord Injury (SCI) Solutions Alliance is a Canada-wide network of provincial and community partners working together to deliver solutions that address the priority needs of people living with SCI that empower them to full participate in the communities. The SCI Solutions Alliance and the SCI-TRN are working in synergy, and the results of their collaboration have included the creation of the Community Integration Practice Network, inclusion of “community follow up” module in the Rick Hansen SCI Registry, the joint use of the RiskAnalytica Life at Risk® management model and collaboration of the two entities in support of shared administrative, accounting, communications and IT services.

Canadian Paraplegic Association
The Canadian Paraplegic Association (CPA) was founded in 1945 by a group of paralyzed WWII veterans who were determined not to spend the remainder of their lives in hospitals. Their efforts resulted in improved medical and rehabilitation services, better pensions and, perhaps most importantly, increased awareness in the medical community and throughout society of their abilities and potential. With divisions in all ten provinces, the CPA is actively involved in the SCI-TRN initiatives at the provincial level.
Alberta Paraplegic Foundation
The Alberta Paraplegic Foundation originated in part from Rick Hansen's epic Man In Motion World Tour. Established in 1987, The Alberta Paraplegic Foundation funds medical research related to spinal cord injury and the development of rehabilitation, wheelchair sports and awareness programs. APF will be managing the funds that will be provided by the Government of Alberta.

Ontario Neurotrauma Foundation
Ontario Neurotrauma Foundation (ONF) is a non-governmental funding organization that works to support research across the continuum of care in neurotrauma. The ONF’s vision is to achieve reduced impact, incidence and prevalence of spinal cord and traumatic brain injury. The ONF plays a key leadership role in managing the focused research agenda within Ontario, and will manage the provincial contribution for the SCI-TRN in Ontario.
SCI-TRN Structure

The SCI-TRN organization is comprised of three thematic networks, supported by the Rick Hansen SCI Registry and the Management Science Group. Their mutual aim is to improve the lives of individuals with SCI from the initial trauma to full social integration and lifelong well-being. The SCI-TRN’s work is managed by the following interdisciplinary leadership team:

- Acute Care and Treatment Practice Network: Led by Dr. Michael G. Fehlings, Medical Director of the Krembil Neuroscience Centre and Head of the Spinal Program at the Toronto Western Hospital. Dr. Fehlings is also a Professor of Neurosurgery at the University of Toronto. He holds the Krembil Chair in Neural Repair and Regeneration, is a Senior Scientist at the Toronto Western Research Institute, a Scientist at the McEwen Centre for Regenerative Medicine and a McLaughlin Scholar in Molecular Medicine.

- Rehabilitation Practice Network: Led by Dr. Armin Curt, MD FRCP. Associate Professor of Neurology, Associate Director of ICORD, Chair in Spinal Cord Rehabilitation Research, University of British Columbia.

- Community Integration Practice Network: Led by Dr Luc Noreau, Professeur titulaire, Département de réadaptation, Faculté de médecine, Université Laval.

- Rick Hansen Spinal Cord Injury Registry (RHSCIR): Led by Dr. Marcel Dvorak, Associate Professor and Head of the Academic Division of Spine, Department of Orthopaedics, at the University of British Columbia. He is also Medical Director of the Combined Neurosurgical and Orthopaedic Spine Program (CNOSP) at the Vancouver General Hospital.

- Management Science Group (MSG): Lead by Mr. Paul Smetanin, Executive Director of RiskAnalytica.

People enter the SCI care continuum when they experience a spinal cord injury. The Acute Care and Treatment phase of the SCI care continuum aims to increase survival and minimize disability, especially in the first hours following injury. The next phase of the continuum is Rehabilitation, where the individual undergoes treatment and therapy to regain function or adapt to changes. Finally, the Community Integration phase involves overcoming the challenges and barriers to full participation.
The governance structure integrates health science, clinical practice, social science and management science along the SCI continuum. The three Practice Networks span the SCI continuum. The RHSCIR intersects at each point along the continuum. The Management Science Group provides support to the three Practice Networks. Although each of these groups is distinct in their function, they interact synergistically, working together towards achieving the Five National Priorities. In the first year of the establishment of the SCI-TRN, a Scientific Advisory and Strategic Coordination Committee (SASCC) was established in order to provide direction and scientific vision for the SCI-TRN.

**Practice Networks**

The Practice Networks achieve combined results by strengthening the SCI Translational Research Network in Canada, improving service delivery and interventions, and ensuring that best practices are adopted by hospitals, governments, service providers and policy makers. Within the Practice Networks, during the first year of the SCI-TRN, pan-Canadian Working Groups were established to identify high priority areas, unmet needs and research capacity across Canada, and potential investment strategies.

**THE ACUTE CARE AND TREATMENT PRACTICE NETWORK (ACT-PN)**

The Acute Care and Treatment Network is the first patient interface on the SCI continuum of care. In general, activities of the ACT-PN focus mainly on National Priority 1: Reduce Incidence of Permanent Paralysis. This Practice Network is focusing on identifying and supporting excellence in key spinal cord injury centres across the country, so that regardless of geographic location, patients need the best care practices in place to ensure the best possible response to the trauma and circumstances. Initiated in November 2007, the ACT-PN established their network with the following activities:

- Created a pan-Canadian leadership team;
- Initiated an environmental scan (E-scan) of pan-Canadian SCI acute care and treatment practices;
- Initiated an evidence-based Systematic Review of the nine areas of acute care and treatment;
- Identified three projects for funding under the Early Investment Strategy.

**ACT-PN 2008–2009 Directions:**

- Continued work and initial outcomes of the Early Investment Strategy projects
- Completion of E-scan activities by Fall 2008;
- Completion of the evidence-based Systematic Reviews in January 2009;
- Identification of opportunities for promising clinical trials and their potential business case development.

**THE REHABILITATION PRACTICE NETWORK (R-PN)**

The goal of the Rehabilitation Practice Network (R-PN) is to reduce the life-long disability of people with SCI, refine rehabilitation protocols for translational studies, and optimize long term care to benefit acute and chronic patients. In general, activities of the R-PN focus on National Priorities 1 & 2: Reduce Incidence of Permanent Paralysis and Quality of Life Improvements for People with Spinal Cord Injury. Initiated in November 2007, the R-PN has established its network with the following activities:

- Created a pan-Canadian leadership team, with monthly leadership team meetings;
- Created five working groups, each focusing on a different component of SCI continuum associated with rehabilitation;
- Initiated White Papers by the following working groups: Gait Rehabilitation, Upper Extremity Rehabilitation, Evidence-Based Practice, In-Home Telecare and Telemedicine (IHTT), and E-scan results, in order to identify areas of need to be addressed by the Network in each of those areas;
- Initiated E-scan activities and subject matter consultation for the Life-at-Risk platform;
- Identified two projects for funding under the Early Investment Strategy.
R-PN 2008–2009 Directions:

- Identified two additional R-PN priorities (Cardiovascular Health and Physical Activity) through incorporation of a pseudo-Delphi Process to fast-track priority identification within the leadership team;
- Initiated preparation for Delphi Process of the larger SCI community to identify further priority areas as required;
- Gait Rehabilitation: International/external experts’ round table discussion held in June 2008;
- SCIRE Version II (Spinal Cord Injury Rehabilitation Evidence; an ONF/ICORD funded project with some collaborative effort from SCI-TRN R-PN) systematic review to be completed and available online in September 2008: four new chapters in Version II for a total of 26 chapters;
- Identify potential research and funding collaborations in the area of priority identified by the working groups, to be communicated within the White Papers, by October 2008;
- Working Groups Plenary Meeting in November 2008;
- Complete White Papers on Gait Rehabilitation, Evidence Based Practice, In-Home Telecare and Telemedicine, in December 2008;

THE COMMUNITY INTEGRATION PRACTICE NETWORK (CI-PN)

The Community Integration Practice Network applies health care best practices and prevention knowledge and maximizes the Quality of Life Gains. In general, the CI-PN focuses on Priority 2: Quality of Life Improvements for People with Spinal Cord Injury. The CI-PN was formed several months later than the ACT-PN and R-PN. Since inception the CI-PN has achieved the following:

- Inaugural meeting March 5–6th, 2008, included a presentation of the mission and goals of the SCI-TRN to the new CI-PN members and an overview of the major concepts (mapping, E-scan), early investments, and systematic review process.
- Identified four projects for funding under the Early Investment Strategy.

CI-PN 2008–2009 Directions:

- Montreal meeting to confirm the CI-PN Systematic Review Process, to finalize the Community Integration topological map framework for E-scan next steps and for the actual mapping to be launched in May 2008.
- Complete the Community Integration chapter for the R-PN Systematic Review, including 18 sub-topics related to community integration, by September 2008;
- Identify promising late stage research on interventions and best practices for testing through clinical trials and pilot studies, by December 2008;
- Facilitate cooperation between Practice Networks in the areas of In-Home Telecare and Telemedicine, pressure ulcers and physical activity.

The Rick Hansen Spinal Cord Injury Registry

The Rick Hansen Spinal Cord Injury Registry (RHSCIR) was initiated in 2002 with the goal of creating a national registry of individuals with traumatic SCI. The Registry collects traumatic spinal cord injuries incidence data from across Canada to support the three integrated Practice Networks, and to enable best practices to move from translational research to enable evidence-based care. There remains a strong need to determine which factors will predict or lead to improved long-term patient outcomes. By engaging Canada’s large volume SCI centres, we hope to include 80% of acute SCI patients in Canada.
The activities of the RHSCIR in 2007–2008 include:

- Established senior leadership and governing committees for the Registry;
- Created datasets to capture data analysis on translational research activities;
- Identified the hardware and software necessary to support the deployment of C-Manifold and the development of the new Registry platform (R-Manifold);
- Prepared to collect data as part of the RHSCIR community follow-up project;
- Identified new local registry sites to participate in the RHSCIR;
- Began negotiating data sharing and legal agreements between the different registry sites;
- Participated in technical assessment of existing software platform and preliminary requirements of a new real-time data collection and reporting system.

Figure 1: Participating and Potential Sites of the RHSCIR

RHSCIR 2008–09 Directions:

- Execute network agreements with select institutions to assume registry member sites becoming primary custodians of the Registry’s national SCI dataset;
- Version 2.2 database application will be deployed to all the new and existing Registry sites, as an interim strategy during the development of the web-based platform;
- Complete a quality system and the data centralization and standardization, in December 2008;
- Establish data management and validation policies and procedures;
- Develop an epidemiology and biostatistics research group to support the registry and the research undertaken by the SCI-TRN;
- Finalize functional requirements for the new web-based Registry platform and collaboration web work space and support the IT development team;
- Develop supporting materials to enhance, recruit and retain registrants.
The Management Science Group (MSG)

The mission of the MSG is the provision of scientifically-inspired and independent management decision analytics, technology and support that distinguishes SCI-TRN as the best practice framework for the operation and success as a Translational Research Network. MSG independently supports the decision processes and management logic of SCI-TRN, RHSCIR and the SCI-TRN stakeholders. MSG has four major organisational functions:

1. Providing advice and support for business model development;
2. Determining the cost effectiveness associated with testing research hypotheses for clinical trial and pilot studies intervention protocols;
3. Conducting internal evaluation of SCI-TRN performance to determine the cost effectiveness associated with population-level adoption of the tested intervention protocols as best practices; and
4. Independently reporting the outcomes of functions 2 and 3 to SCI-TRN Governance Structure.

In terms of conducting its internal performance evaluation function, the MSG’s role is one of oversight, recognizing that management and Network Leads are responsible for executing the SCI-TRN’s established set of mandates and management policy. The activities and accomplishments of the MSG in 2007–2008 include:

- **RHF and SCI-TRN Governance Support**
  - Work done on RHF’s SCI Network governance review (including review of KPMG results);
  - Work done on SCI-TRN review of by-laws and incorporation papers;
  - Work done on planning SCI-TRN and Solutions Alliance joint projects and services (presentations, communications, mapping, C-Manifold);
  - Preparation of SCI-TRN Annual Work Plan for 2007–2008 as required by the Federal Funding Agreement delivered to RHF for review, approval and dissemination to the Federal Government by 23rd November 2007;
  - Preparation and delivery of the Translational Research Knowledge Transfer (TRKT) Framework;
  - Preparation and delivery of SCI-TRN MSG Framework for Final Outcome Evaluation for RHF review, approval and dissemination to the Federal Government by 23rd November 2007;
  - Arranged Practice Network Leaders meeting on the 24 November 2007 in Toronto, Ontario and prepared and present the scope, annual work plan and performance evaluation framework of the SCI-TRN;
  - Advised on the prioritization & intervention planning by the Practice Network Leadership Teams;
  - Coordinated the operation of the SCI Case and Performance Evaluation Systems and Reporting platform;
  - Ensured that a Public Communication Strategy to the Federal Government was prepared and issued by the RHF;
  - Independently reviewed and assessed the integrity and adequacy of each Network’s activities with respect to business case development and rate of return principles (across both life and financial dimensions);
  - Provided independent business case support services to Network Leadership Teams, and provided management recommendations;
  - Supported the Leadership Teams in the development of the network’s portfolios and programs business cases;
  - Work had been done to demonstrate the advantages of “result based management” and presentation of KPIs to the practice networks leads and to the COO. Identified information and research needs, and collated population-based data;

- **E-scan Support**
  - Supported the E-scan by initiating the process, facilitating the various steps and then integrating the data into formal Life at Risk® simulation maps and software.

- **General Management Science Support**
  - Provided population-based analytical support to the Networks’ special working sub-groups and committees;
• In collaboration with the Network Lead and SCI Registry Lead, identified information and research needs, collated population-based data, evaluated cost effectiveness and efficiency of specified services and prepared reports for each network;
• Provided independent business case support and business model advice for Ontario, Manitoba, Quebec and BC SCI provincial funding proposals.

MSG 2008–2009 Directions:

• Will integrate the results of the CIHI data request and E-scan into the Life at Risk® platform;
• Will use this platform to advise the Research Management Team (RMT) on the cost/benefit implications of research priority, funding, and best practice implementation decisions;
• Will perform an internal evaluation of the knowledge transfer and knowledge adoption of the activities and will measure the actual and expected impact of knowledge, to determine if the activities were successful;
• Will collaborate with RHSCIR to develop the “R-Manifold” data collection platform that will comply with standardized security and privacy guidelines per jurisdictional regulatory agencies.

The Annual Work Plan was a document submitted to Health Canada in partial fulfillment of the requirements of the Agreement between the Government of Canada and Rick Hansen Man in Motion Foundation to fund the five SCI-TRN National Priorities. It outlined the fiscal year’s planned activities and intended outcomes including risk assessment and mitigation as well as ongoing performance monitoring. The Annual Work Plan was developed with input from the researchers, clinicians and people with SCI from across Canada. Their advice and leadership has been invaluable in creating what we believe to be a compelling strategy to realize immediate improvements in patients’ lives and to accelerate discoveries towards a cure.

Performance Results for 2007–2008

The initiatives and activities of the SCI-TRN are classified by the Five National Priorities. Most of the initiatives feature synergistic collaborations between the Practice Networks, the Registry and the MSG and most of the initiatives are working towards more than just one National Priority. For this reason, most of the initiatives from the Practice Networks are grouped together. In general the ACT-PN works towards Priority 1, Reduce Incidence of Permanent Paralysis, the R-PN is working towards achieving Priority 1 & 2, Reduce Incidence of Permanent Paralysis and Quality of Life Improvements for People with Spinal Cord Injury, and the CI-PN is working to achieve Priority 2, Quality of Life Improvements for People with Spinal Cord Injury.

PRIORITY 1: Reduce Incidence of Permanent Paralysis

PRIORITY 2: Quality of Life Improvements for People with Spinal Cord Injury

PRIORITY 3: Implementation of Validated Best Practices

CREATING AND POPULATING THE PRACTICE NETWORKS

One of the key performance results in this year was the creation of the three Practice Networks. Each of them identified a leadership team, key activities to fulfill their objectives and also conducted meetings and developed action plans. The activities of the three Practice Networks contribute primarily to Priorities 1, 2 and 3, some also contribute to priorities 4 and 5.

CREATING A WEB WORKSPACE – THE C MANIFOLD

In order to communicate, collaborate and share information with all members of this pan-Canadian organization, a web-based collaboration platform was created and launched in March 2008. It is still in the early stages of adoption by all of the Practice Networks and the Registry. This collaboration platform allows SCI-TRN members to upload/download material, share information, create project workgroups, and plan meetings. It also ensures version control, and allows for the creation of contact lists so that e-updates can be topically customized to specific audiences. It stimulates discussion through discussion groups, facilitates on-line debates and web conferencing, and provides links to related networks/centres/projects, and offers international access to information on research breakthroughs, innovations and trials. Eventually, publicly accessible community portals will be incorporated into the C-Manifold to enable a two-way exchange between participating subject-matter experts, centres of excellence, people with SCI, the public and SCI-TRN stakeholders.

INITIATING THE ENVIRONMENTAL SCAN (E-SCAN)

In contrast to a systematic review, which scans the academic environment of published knowledge and best practices from the peer-reviewed literature, this additional environmental scan (E-scan) reviews current programs and practices in the field. The E-scan outcomes are meant to provide a basis for understanding the programs, demographics, staffing (administrators, professional and research), equipment, services/therapies, patient volumes, standards of care, and research capacity at each site that interacts with people with SCI. This will allow us to isolate system weaknesses or gaps and identify where our efforts might be prioritized.
The creation of the E-scan follows a defined process, which will be facilitated by the Management Science Group and followed by each of the Practice Networks and the Registry. The first step of the process is to identify and prioritize all aspects and activities necessary for success along each phase of the continuum. The second part is to do a survey of the community – for example, with focus groups and questionnaires – to further define the subject matter and to determine relationships between unmet needs, necessary outcomes and to identify service capacity. The data that is collected will form the basis of the ex-ante Life at Risk® business case analysis. The E-scan was initiated in November 2007 with the R-PN and ACT-PN, and in March 2008 with the CI-PN, and will be expanded in tandem with information emanating from the findings of the working groups.

INITIATING WORKING GROUPS AND WHITE PAPERS

Produced by the Working Groups, the White Papers build on the results of the Systematic Reviews and E-scans and identify and prioritize unmet needs in each of the Working Group domains. These White Papers will help to establish research priorities for each of the working group domains and for opportunities for research and funding collaborations. The leads and team members for each of the working groups were identified in the last year and are listed in Table 2.

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<th>Table 1: Working Groups, Leaders and Members</th>
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<tbody>
<tr>
<td>Environmental Scan Working Group</td>
</tr>
<tr>
<td>Jane Hsieh – Lead</td>
</tr>
<tr>
<td>Cathy Craven, Dalton Wolfe, Molly Verrier</td>
</tr>
<tr>
<td>Gait Rehabilitation Working Group</td>
</tr>
<tr>
<td>Tania Lam – Coordinating Lead</td>
</tr>
<tr>
<td>Milos Popovic, Molly Verrier</td>
</tr>
<tr>
<td>Evidence Based Practice Working Group</td>
</tr>
<tr>
<td>Janice Eng, Dalton Wolfe – Co-Leads</td>
</tr>
<tr>
<td>Jane Hsieh (Ex Officio)</td>
</tr>
<tr>
<td>In-Home Telecare and Telemedicine Working Group</td>
</tr>
<tr>
<td>Arthur Prochazka – Lead</td>
</tr>
<tr>
<td>Dalton Wolfe, Jane Hsieh (Ex Officio), CI-PN collaborators</td>
</tr>
<tr>
<td>Upper Extremity Rehabilitation Working Group</td>
</tr>
<tr>
<td>Sukhvinder Kalsi-Ryan – Coordinating Lead</td>
</tr>
<tr>
<td>Arthur Prochazka, Sandra Connolly, Colleen O’Connell (additional members to be confirmed)</td>
</tr>
<tr>
<td>Pressure Ulcers Working Group</td>
</tr>
<tr>
<td>Keith Hayes – Lead</td>
</tr>
<tr>
<td>Vivian Mushahwar, Pamela Houghton, Geraldine Jacquemin (CI-PN), Angela Sarro (APN)</td>
</tr>
</tbody>
</table>

INITIATING AN EVIDENCE-BASED SYSTEMATIC REVIEW

An evidence-based systematic review was initiated in November 2007 by the ACT-PN. The goal is to build on existing knowledge, to identify best practices in the field, and to identify areas where knowledge translation and the implementation of best practices are necessary. Ten chapters were assigned to members of the ACT-PN, as detailed in the table below. Work is ongoing on this initiative with January 2009 as the anticipated date of completion.

<table>
<thead>
<tr>
<th>Table 2: Chapters and authors of the ACT-PN Evidence-based systematic review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<td>6</td>
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<td>7</td>
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<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>
UPDATING THE SCIRE SYSTEMATIC REVIEW
Members of the R-PN and CI-PN are actively involved with updating the SCI Rehabilitation Evidence (SCIRE) Version II systematic review. SCIRE, an ONF and ICORD cofounded project, was first published online in 2006, with 22 chapters. New chapters pertaining to rehabilitation including Aging, Gender, Wheelchair Mobility, Activities of Daily Living with be added and the CI-PN will also be expanding on the Community Integration chapters of this review. The Practice Networks will use SCIRE to understand gaps and to assist in priority identification in SCI rehabilitation research, and working groups may use SCIRE as a platform to springboard towards a comprehensive white paper.

SELECTING PROJECTS TO BE FUNDED UNDER THE EARLY INVESTMENT STRATEGY (EIS)
Several early investments were selected by each of the Practice Networks. These projects formulate research hypotheses for best practice protocols, involve conducting and approving prioritization methods for testing these hypotheses, and testing these research hypotheses through clinical trials and/or pilot studies.

PRIORITY 4: National Knowledge, Analysis, Data and Technology Network

DEVELOPING THE LIFE AT RISK® PLATFORM
The SCI-TRN Practice Networks, the Management Science Group and the Rick Hansen SCI Registry have worked with RiskAnalytica to create a model to incorporate the important aspects of service delivery of the SCI continuum into the Life at Risk® platform. The Life at Risk® Business Case and Performance Evaluation Framework is used to determine the ultimate financial benefits that will result from the adoption of best practice protocols, in order to justify implementation and to measure success. The model synthesizes evidence on health consequences and costs from many different sources, including data from clinical trials, observational studies, insurance claim databases, case registries, public health statistics, and disability studies. The model compares existing alternatives, explores hypothetical scenarios, and explicitly, quantitatively, and systematically tests the strength of the underlying assumptions in an explicit, quantitative, and systematic way, so that health-care decision-makers can prioritize programs or initiatives.

NATIONALLY INTEGRATING THE RICK HANSEN SPINAL CORD INJURY REGISTRY (RHSCIR)
All the activities of the Rick Hansen Spinal Cord Injury Registry in this last year were to move towards the goal of expanding the National Registry. Already, the local sites are collecting data from persons with spinal cord injuries that includes community follow-up data. RHSCIR activities included establishing senior leadership and governing committees for the Registry, creating and defining an expanded National Dataset. New local registry sites were identified, and the registry is beginning to negotiate the data sharing and legal agreements with the different registry sites. Work also began to create the Registry Platform (R-Manifold) for the registry, which included a technical assessment of existing software platform and preliminary requirements of a new, web-based, real-time data collection and reporting system.

PRIORITY 5: SCI-TRN Innovation and Management

CREATION OF THE SCI-TRN MISSION, VISION AND GOVERNANCE
The initial activities performed to establish the Network included the creation of the SCI-TRN mission, vision and governance.

IDENTIFYING AND BUILDING KEY RELATIONSHIPS
The SCI-TRN has established key partnerships with multiple levels of Government, with a multitude of funding organizations, and most importantly, with stakeholders and other volunteer organizations. It is as a result of these partnerships, that the SCI-TRN is in existence and will fulfill its mandate.
Projects Funded by the SCI-TRN in the 2007-2008 Fiscal Year

The Early Investment Strategy (EIS) was initiated to provide funding for early investment in translational research projects in each of the three Practice Networks. In 2007-2008, the SCI-TRN allocated a funding envelope ($660,000) among the Practice Networks for the identification and support of early investments. The intention of the Early Investment Strategy was threefold:

- To foster "proof of concept" projects that can be more fully developed and/or funded through second stage SCI-TRN support;
- To build credibility and confidence for the work of the SCI-TRN in the hearts and minds of its colleagues in the field of SCI research and clinical care;
- To demonstrate momentum and early, tangible research outcomes to government funders, and people with SCI.

In order to meet the Health Canada requirements, an application document was developed to ensure project alignment with the Five National Priorities. Potential EIS projects were evaluated by the Practice Networks leadership as to whether or not they would address the Five National Priorities of the SCI-TRN. Acceptable proposals were tabulated and reviewed for scientific excellence and potential priority fulfillment by the Interim COO. Proposals were then reviewed by the SCI Solutions Network CEO Eric Boyd, and based on his consultation with the Interim COO, Practice Network leads and managers signed off on the project funding. Work on the projects did not start until 2008, and results for most of the projects will be reported in the 2008–2009 fiscal year.

The total amount of funds allocated to each of the Practice Networks and each of the projects approved by the Practice Networks is shown in Table 3. ACT-PN received $300,000, R-PN received $300,000 and CI-PN received $60,000; the amount allocated to the CI-PN was less, as a result of its later creation.

Table 3: EIS investments made during the 2007–2008 Fiscal year

<table>
<thead>
<tr>
<th>Practice Network</th>
<th>Investment Description</th>
<th>Amount</th>
<th>Principal Investigator – Institution</th>
<th>National Priority Fulfillment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT-PN</td>
<td>(1) STASCIS</td>
<td>$100,000.00</td>
<td>Fehlings – University Health Network</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td></td>
<td>(2) Riluzole</td>
<td>$125,000.00</td>
<td>Fehlings – University Health Network</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td></td>
<td>(3) GRASSP (collaboration with R-PN)</td>
<td>$75,000.00</td>
<td>Curt-Fehlings-Verrier – UBC/University Health Network</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>$300,000.00</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R-PN</td>
<td>(4) IHT In-Home Telerehabilitation</td>
<td>$226,800.00</td>
<td>Prochazka – University of Alberta</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td></td>
<td>(3) GRASSP (collaboration with ACT-PN)</td>
<td>$75,000.00</td>
<td>Curt-Fehlings-Verrier – UBC/University Health Network</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>$301,800.00</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CI-PN</td>
<td>(5) A Scoping Review of Disability Policy in Canada</td>
<td>$17,680.00</td>
<td>McColl – Queens University</td>
<td>1, 2</td>
</tr>
<tr>
<td></td>
<td>(6) A Telehealth Physical Activity Support Program for People with SCI</td>
<td>$18,673.00</td>
<td>Martin Ginis – McMaster University</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td></td>
<td>(7) Investigation of the feasibility of different approaches of IHT</td>
<td>$10,000.00</td>
<td>Wolfe – University of Western Ontario</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td></td>
<td>(8) Development of a Pan-Canadian Wheeled Mobility Group</td>
<td>$15,000.00</td>
<td>Kirby – Dalhousie University &amp; Miller – University of BC</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>$61,353.00</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(1) STASCIS – Surgical Treatment of Acute Spinal Cord Injury Study

The STASCIS study (A multicentre Prospective Study of Neurological Recovery as a Factor of Time to Decompression of Cervical Spinal Cord Injuries with Spinal Cord Compression) aligns with all five of the SCI-TRN National Priorities. This study was designed to confirm reduced incidence of permanent paralysis and increased neurological function occurring as a result of early (within 24 hours of injury) traction-mediated surgical decompression of the cervical spinal cord following compressive non-penetrating injuries within the population of traumatic SCI patients. Preliminary evidence supports early decompression to decrease secondary respiratory complications, such as pneumonia, which is likely due to the associated early mobilization of patients and ability to apply rehabilitation sooner (National Priority 1). In turn, these outcomes permit improvements in the injured patient’s quality of life through decreased duration of stay within the intensive care unit and increased independence (National Priorities 1 and 2) for individuals with SCI.

Given the international representation of this multi-centre study, it’s availability in Canada will increase the number of participating Canadian researchers, scientists, clinicians and individuals with SCI in valid clinical trials approved by regulatory bodies belonging to ICH (International Conference on Harmonization of Technical Requirements for Registration for Human use). This translation of discovery research into a human clinical trial represents the SCI-TRN commitment to implementation and validation of best practices (National Priority 3), while publication and presentation of STASCIS data has great potential to facilitate knowledge mobilization to influence public policy to optimize decompression within the first 24 hours of injury as a best practice (National Priority 4). Furthermore, the provision of this data, which supports decreased secondary complications and reduced hospitalization, along with the collection and passage of STASCIS data derived from the ACT-PNE-scan activities to the SCI-TRN Management Science Group allows discrete event cost effective analysis and business case development for the early surgical intervention on compressive SCIs (National Priorities 4 and 5). This study includes the following:

- Michael Fehlings, MD, PhD, Toronto Western Hospital/University Health Network
- Marcel Dvorak, MD, UBC/Vancouver Coastal Health
- Jeff Singh, MD, Toronto Western Hospital/University Health Network
- Raj Rampersaud, MD, Toronto Western Hospital
- Stephen Lewis, MD, Toronto Western Hospital
- Eric Massicotte, MD, Toronto Western Hospital
- Charles Fisher, MD, UBC/Vancouver Coastal Health
- Brian Kwon, MD, UBC/Vancouver Coastal Health
- Alexander Vaccaro, MD, Thomas Jefferson University
- James Harrop, MD, Thomas Jefferson University
- Bizhan Aarabi, MD, University of Maryland
- Christopher Shaffrey, MD, University of Virginia
- John Jane, MD, University of Virginia

(2) Use of Riluzole in Patients with Acute SCI

Patients experiencing a spinal cord injury not only endure the initial injury but also experience the activation of a delayed secondary cascade of cellular events, which ultimately causes progressive degeneration of the spinal cord. Riluzole (Rilutek), an off-patent pharmacological sodium channel antagonist with anti-glutamatergic properties, has shown considerable promise for inhibiting or preventing this degeneration. Riluzole has been deemed to be safe by the US Food and Drug Administration for the medical management of the progressive, usually fatal, neurodegenerative disorder Lou Gehrig’s Disease, also known as Amyotrophic Lateral Sclerosis. In late summer, 2008, a Phase I riluzole clinical trial will be conducted in collaboration with the North American Clinical Trials Network (NACTN; which includes the Christopher and Dana Reeves Foundation and the US Department of Defense) to represent the first SCI patient study of this putatively robust neuroprotective drug.

This Phase I clinical trial, which has been designed to evaluate safety and to profile the pharmacokinetic properties associated with oral riluzole administered within 12 hours of acute traumatic SCI aligns with the five National SCI-TRN Priorities. Although the primary aim of this trial is to investigate the safety of riluzole, there is potential for this drug to improve quality...
of life via improved neurological recovery and reduce neuropathic pain associated with SCI (National Priority 2). This study also addresses National Priorities 1 and 3 by transferring knowledge from the late-stage preclinical setting into the clinic (National Priority 1) to permit the future adoption and implementation of best practices through participation in internationally recognized clinical trials (National Priority 3). Support for this latter point comes from the fact that collaborations among the SCI-SN, NACTN, the Neurological Emergencies Treatment Trials (NETT), the European Multi-center Study about SCI (EMSCI) and the AOSpine have already been forged to permit financing of a larger Phase II riluzole SCI clinical trial. The ACT-PN Evidence-Based Systematic Review Chapter entitled “Promising Pre-clinical Approaches” will feature supporting peer-reviewed evidence for protective actions by riluzole within clinically relevant late-stage animal models of SCI to facilitate knowledge mobilization and translation of riluzole into the clinical arena. The low financial cost of this potentially promising therapy may also present cost effective analysis and business case data derived from the Management Science Group that will be of strong interest to Health Canada (National Priorities 4 and 5). Furthermore, the centralized management of clinical trial data provided by the NETT will likely serve as a tangible example to facilitate the creation of value-added registry services for clinician scientists (National Priority 5). This study involves:

- Michael Fehlings, MD, PhD, Toronto Western Hospital/University Health Network
- Darryl Baptiste, PhD, Toronto Western Hospital/University Health Network
- Brian Kwon, MD, PhD, University of BC/ICORD
- Yuriy Petrenko, MD, Toronto Western Hospital/University Health Network
- Sukhvinder Kalsi-Ryan, BSc, MSc, PT, Toronto Western Hospital/University Health Network
- Charles Tator, MD PhD, Toronto Western Hospital
- Armin Curt, MD, University of BC/ICORD

(3) GRASSP – Graded & Redefined Assessment of Strength, Sensibility & Prehension
The Graded and Redefined Assessment of Strength, Sensibility and Prehension (GRASSP): Responsiveness Testing prior to Utilization in Clinical Trials, Minimal Clinically Important Difference and Meaningfulness of Change is intended for use as a sensitive method to document increased functional outcomes resulting from improved emergency and acute care, and early and aggressive rehabilitation. This early investment project aligns strongly with all five of the SCI-TRN National Priorities. Verifying the responsiveness of this tool will make it available as a standardized measure to be used in internationally recognized clinical trials in SCI aimed at reducing the incidence of permanent paralysis outcomes (National Priority 1). A standardized measure to be used across the continuum of care will improve integration between acute, rehabilitation and community levels of care (National Priority 2) by providing a validated tool for efficacy evaluation of new therapeutics. Translating and mobilization of this best practice will facilitate the adoption and standardization of best practices in clinical centres and communities (National Priority 3).

Functional hand recovery is the greatest priority identified within the quadriplegic community. Validation of GRASSP, a tool for measuring functional hand recovery, will allow improved ability to detect therapeutic efficacy in randomized clinical trials, which will in turn assist knowledge mobilization (National Priority 4). Moreover, the application of GRASSP as an outcome measure permits cost effectiveness analysis to be correlated with applied best practices or clinical trials therapies (National Priority 5). This is a collaborative project between the ACT-PN and R-PN, is scheduled to launch in the Autumn of 2008, and involves:

- Michael Fehlings, MD, PhD, Toronto Western Hospital/University Health Network
- Sukhvinder Kalsi-Ryan, BSc, MSc, PT, Toronto Western Hospital/University Health Network
- Armin Curt, MD, University of BC/ICORD
- Molly Verrier, MSc, PT, Toronto Western Hospital

(4) IHT In-Home Telerehabilitation – (ReJoyce)
In-home telerehabilitation of hand function is intended to potentially reduce the incidence of permanent paralysis (National Priority 1) by providing hand function rehabilitation, post-discharge. Improving hand function also in turn increase quality of life (National Priority 2) and independence by allowing for more active participation in activities of daily living (self-catheter-
ization, dressing, feeding, handwriting), physical fitness as well as within the community. Improved or maintained manual dexterity with or without the use of additional customized assistive/adaptive devices may also have an impact on increased psychosocial adjustment and balance and provide a sense of optimism for the future. An added benefit of participation is improved access to supervised follow-up. The technology used in this study can also provide improved access to a variety or other types of rehabilitation (i.e. cardiovascular health, and psychosocial interventions). Data from this study may have an impact on standardization of prolonged post-discharge hand function rehabilitation and contribute to implementation of best practices (National Priority 3) in the rehabilitation and community aspects of the continuum of care.

This project is led by Dr. Arthur Prochazka from the University of Alberta, was selected in 2007–2008, and is scheduled to be launched in July 2008.

(5) A scoping review of disability policies in Canada: Identification of inter-provincial discrepancies in disability policies that restrain or facilitate community participation in the domain of productive activities.

There is heterogeneity of disability policy across Canada which is not conducive to full citizenship for all Canadians with SCI. This scoping review examines the effects of disability policy in Canada for its effects on community integration for people with spinal cord injuries is a critical way to ensure a better access to service delivery for people with SCI. Research in disability policies has the potential to translate theory into concrete clinical or community reality through promoting adoption of best practice (National Priority 3) and in so doing, or in other words, enhance quality of life and independence (National Priorities 1 and 2) of people with SCI (i.e. improved mobility, active participation, psychosocial adjustment and optimism for the future). Policy Review is also likely to impact on best practice in that policy can guide, promote and even regulate adoption of (best) practice. This CI-PN project is led by Dr. Mary-Anne McColl.

(6) A Telehealth Physical Activity Support Program for People with SCI

Increasing physical activity is thought to bring many benefits to the SCI population, ranging from a decreased risk of pressure sores to increased occupational and social integration. The Telehealth Physical Activity Support Program for People with Spinal Cord Injury is an initiative aimed at improving quality of life and independence (National Priority 1 & 2). Specifically, supported physical activity will improve cardiovascular health and in turn decrease secondary complications, thereby reducing disability. Physical fitness through active participation also serves to facilitate psychosocial adjustment and balance after SCI. This project will facilitate implementation of active participation in physical fitness as a best practice in the community (National Priority 3).

This CI-PN pilot study is led by Dr. Kathleen Martin-Ginis, involves participants who will receive weekly phone calls over the first two months, biweekly calls over months 2–4, and a monthly call over months 4–6. During each phone counselling session, the activity counsellor and participant will discuss topics based on information from a physical activity counselling manual. At baseline, and months 2, 4, and 6, a research assistant will contact each participant to administer measures of physical activity, social participation, self-efficacy for performing activities of daily living, presence of secondary health complications (pain, spasticity, pressures, bladder infections and fatigue), and life satisfaction. Overall satisfaction with the counselling program will also be assessed, and suggestions for improving the program will be solicited. The expected outcome of this initiative is improved physical health and engagement of the community.

(7) Investigation of the feasibility of different In-Home Telecare (IHT) solutions

A common way to deliver continuing medical education has been through telemedicine. With technological advances, this medium of communication has evolved greatly into the ability to provide a variety of in-home telecare applications for a wide spectrum of health conditions. Investigation of the feasibility of different in-home telecare (IHTC) solutions: Towards the development of a “toolkit” of resources designed to support care providers and consumers in rehabilitation and community integration is an initiative that aims to identify the best strategies in IHTC for the SCI community. Areas of IHTC of specific interest include assistive/adaptive devices, pain management, ongoing medical complications and physical fitness that will contribute to reduced disability, increased quality of life and independence (National Priorities 1 and 2). Identified best practices will be implemented during the rehabilitation and community integration phases using the best available knowledge transfer techniques (National Priority 3). This CI-PN project is led by Dr. Dalton Wolfe.
(8) Development of a Canadian Wheeled Mobility Group

By enhancing mobility, there is an increased likelihood of enhancing community participation and quality of life (National Priority 2). The objective of the project entitled Development of a research framework to maximize wheeled mobility is to identify best practices (National Priority 3) aimed at increased quality of life and independence (National Priorities 1 and 2) supported by improved access to effective and customized mobility and other assistive/adaptive devices. The development of the best solutions to enhance efficient wheeled mobility in the community will have impact on many areas such as prevention of upper limb overuse symptoms, better access to the local environment and potentially enhanced community participation.

Led by Drs Lee Kirby and Bill Miller, this CI-PN initiative will involve a two day strategic planning meeting to bring together approximately 15 academics, clinician scientists and students with expertise in wheelchair mobility, representing computer science, engineering, occupational and physical therapy, and rehabilitation medicine from across Canada. The strategic meeting will develop a research framework order to identify and prioritize research and discovery efforts to maximize wheeled mobility, and is expected to accelerate the mission of improving the wheeled mobility of individuals post SCI. The expected outcome is an increase in community integration, community involvement and an improvement in physical health of persons with SCI.
Material Produced or Published During 2007–2008

In this first year, the SCI-TRN activities focused on creating relationships, structuring the organization and processes. The output for this fiscal year reflects this operational focus; however we expect many more scientific and health publications when the current initiatives are completed. The materials produced in 2007 – 2008 are as follows:

Documents produced by the SCI-TRN in 2007–2008

- SCI-TRN Business plan, SCI-TRN Budget – Communicates specific goals and activities of the network.

- The Framework to Health Canada (document) – Communicates the SCI-TRN's key strategic objectives, plans for implementation and outlines the expected outcomes.


- A Translational Research Knowledge Transfer (TRKT) Framework. Introduces the six consecutive phases of how organizational motivations, knowledge generation and its translation can be realised as final outcomes.

Publications mentioning SCI-TRN

The article “Emerging Drugs for Spinal Cord Injury”, by Dr. D. Baptiste, contains a paragraph about the SCI-TRN. This article was published in Expert Opinion on Emerging Drugs, (2008 March 13(1):63-80).

The Lawson Health Research Institute (LHRI), Aging, Rehabilitation & Geriatric Care Newsletter from the Research Institute of London Health Sciences Centre and St. Joseph’s Health Care, London, contains a paragraph about the SCI-TRN and highlights the work of R-PN members Jane Hsieh, Dalton Wolfe and Keith Hayes. This was published in Spring 2008, Volume 3, issue 2.

Presentations made by SCI-TRN members

Members of the SCI-TRN leadership team received invitations to make presentations about the work of the SCI-TRN at important meetings and symposia, in Canada and around the world (Germany, Spain, USA). As all presentations were given after March 31, 2008, details will be included in next years annual report.
Auditors’ report

To the Board of Directors of
Rick Hansen Man In Motion Foundation

We have audited the statement of financial position related to the agreement with Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, for providing funding to the Health Canada (SCI-TRN) Fund (the “Fund”) as at March 31, 2008 and the statement of revenues and expenditures for the year then ended. The allocation of revenues and expenditures to the Fund is calculated as described in Note 1 to the statements. This financial information is the responsibility of the management of Rick Hansen Man In Motion Foundation. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, these statements present fairly, in all material respects, the statement of financial position and statement of revenues and expenditures related to the agreement with Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, for providing funding to the Fund as at and for the year ended March 31, 2008 in accordance with the agreement referred to above and the interpretations described in Note 1 to the statements.

These statements are to be used solely for reporting to the Minister of Health and are not to be referred to or distributed to any person who is not an officer or director of Rick Hansen Man In Motion Foundation or an employee of the Minister of Health.

(Signed) Deloitte & Touche LLP

Chartered Accountants
July 9, 2008
Rick Hansen Man In Motion Foundation
Statement of revenues and expenditures
related to the Agreement with Her Majesty the Queen in Right of Canada
for providing funding to the Health Canada (SCI-TRN) Fund
year ended March 31, 2008

$ 

Revenues

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government grants</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Interest on investments</td>
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<tr>
<td>Revenue deferral</td>
<td>(25,917,427)</td>
</tr>
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</table>

| Total                        | 4,978,110  |

Expenditures

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and sponsorships</td>
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</tr>
<tr>
<td>Salaries and benefits</td>
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<td>Consulting fees</td>
<td>1,821,798</td>
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<td>General expenditures</td>
<td>7,348</td>
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<td>Travel and meetings</td>
<td>41,407</td>
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<tr>
<td>Professional fees</td>
<td>137,082</td>
</tr>
<tr>
<td>Administrative recovery</td>
<td>136,643</td>
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| Total                        | 4,978,110  |

Excess of revenues over expenditures

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess</td>
<td>-</td>
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</table>

Rick Hansen Man In Motion Foundation
Statement of financial position
related to the Agreement with Her Majesty the Queen in Right of Canada
for providing funding to the Health Canada (SCI-TRN) Fund
as at March 31, 2008

$ 

Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts receivable</td>
<td>1,064</td>
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<tr>
<td>Investments</td>
<td>27,078,950</td>
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</table>

| Total                        | 27,080,014 |

Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>1,162,587</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>25,917,427</td>
</tr>
</tbody>
</table>

| Total                        | 27,080,014 |
1. **Basis of allocation of revenues and expenditures**

The statement of financial position and statement of revenues and expenditures of the Health Canada (SCI-TRN) Fund (the “Fund”) related to the agreement with Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, for providing funding to the Fund have been prepared in accordance with that agreement, based on the following interpretations:

(a) Revenues include only those amounts related to grants provided to the Fund; and

(b) Expenditures are actual where possible or are allocated to the Fund based on an approved annual budget.

2. **Measurement uncertainty**

The preparation of financial information in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

3. **Revenue recognition**

The Foundation follows the deferral method of accounting. Under the deferral method, contributions related to expenses of future periods are recorded as deferred contributions and are recognized as revenue in the period in which the related expenses are incurred.

Interest earned on investments of restricted and endowment funds is recognized as revenue of each specified fund.

4. **Investments**

Investments are recorded at market value as at the date of the statement of financial position. Unrealized gains or losses arising from the revaluation of investments to market value are reflected as unrealized appreciation or decline in the statement of revenues and expenditures.
Foundation's Investment Policies, Standards and Procedures

Details of the Fund and its Management

- The funds were received and invested with Scotia Private Client Group on July 30, 2007.
- As at March 31, 2008 the funds are invested in Scotia Money Market Fund–PCU and Cash as outlined in Table 7.
- The fund was been drawn down by $3,705,999 covering expenditures and disbursements from April 1, 2007 to March 31, 2008, including investment management fees of $39,301.
- The fund realized $895,537 in investment income to March 31, 2008.

Table 4: Scotia Private Client Group Investment Account – SCI-TRN Funds Continuity Schedule Summary
March 31, 2008

<table>
<thead>
<tr>
<th>Date</th>
<th>Draw to expenses</th>
<th>Investment Income</th>
<th>Mgmt fees (incl GST)</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul '07</td>
<td>Contribution Received</td>
<td>385,425.45</td>
<td>3,603.22</td>
<td>0.00</td>
</tr>
<tr>
<td>Aug '07</td>
<td>0.00</td>
<td>127,599.23</td>
<td>0.00</td>
<td>29,745,777.00</td>
</tr>
<tr>
<td>Sep '07</td>
<td>0.00</td>
<td>104,454.66</td>
<td>5,757.18</td>
<td>29,844,474.48</td>
</tr>
<tr>
<td>Oct '07</td>
<td>559,722.43</td>
<td>120,552.40</td>
<td>5,782.02</td>
<td>29,399,522.43</td>
</tr>
<tr>
<td>Nov '07</td>
<td>0.00</td>
<td>123,502.89</td>
<td>5,772.56</td>
<td>29,517,252.76</td>
</tr>
<tr>
<td>Dec '08</td>
<td>1,382,607.00</td>
<td>111,285.60</td>
<td>5,713.70</td>
<td>28,240,217.66</td>
</tr>
<tr>
<td>Jan '08</td>
<td>635,333.67</td>
<td>107,643.42</td>
<td>5,595.17</td>
<td>27,706,932.24</td>
</tr>
<tr>
<td>Feb '08</td>
<td>324,437.45</td>
<td>105,875.25</td>
<td>5,378.85</td>
<td>27,482,991.19</td>
</tr>
<tr>
<td>Mar '08</td>
<td>418,472.55</td>
<td>91,019.88</td>
<td>5,301.61</td>
<td>27,150,236.91</td>
</tr>
<tr>
<td>Draw pending</td>
<td>71,287.15</td>
<td></td>
<td></td>
<td>27,078,949.76</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 3,777,285.70</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>895,536.55</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39,301.09</td>
</tr>
</tbody>
</table>

Table 5: Scotia Private Client Group Investment Account – Asset Mix
March 31, 2008

<table>
<thead>
<tr>
<th>Investment Type</th>
<th>Market Value as of March 31, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>4,755.56</td>
</tr>
<tr>
<td>Money Market</td>
<td>27,145,481.35</td>
</tr>
<tr>
<td>Subtotal Short Term</td>
<td>27,150,236.91</td>
</tr>
<tr>
<td>Fixed Income</td>
<td>0.00</td>
</tr>
<tr>
<td>Equities</td>
<td>0.00</td>
</tr>
<tr>
<td>Distribution pending</td>
<td>(71,287.15)</td>
</tr>
<tr>
<td></td>
<td>$ 27,078,949.76</td>
</tr>
</tbody>
</table>

Risk Assessment and Mitigation Strategies

In order to effectively assess and mitigate the key financial risks and controls related to the SCI-TRN funds, RHF will be incorporating its certification with the Committee of Sponsoring Organizations (COSO) internal control framework. The COSO risk assessment process provides rigorous input into the financial and investment risk management strategies.
To facilitate this process, RHF contracted Deloitte & Touche to apply their experience working with the COSO internal control framework to guide the implementation of the COSO risk assessment and management process to the SCI-TRN funds within RHF in a scalable and cost-effective manner.

Related risk monitoring and mitigation strategies are reviewed quarterly by the Finance\Investment Committee and Audit Committee.

**Strategy for Monitoring Performance of Investments**

An Investment Committee, made up of four independent Directors was established by the Foundation in July 2007 to oversee all matters related to the investment of the Fund in accordance with section 5.2 of the Funding Agreement.

In November 2007, the Investment Committee selected Mercer Investment Consulting to guide in the development of related policies and objectives in compliance and support of the investment parameters outlined within the SCI-TRN Agreement. The completed Investment Policy and Fund Management and Monitoring Strategy were ratified by the Board of Directors in June 2008.

The Investment Committee meets to review the performance of the SCI-TRN funds with the assigned Investment Portfolio Manager from Scotia Private Client Group on a quarterly basis to monitor progress of the fund and ensure compliance with the Investment Policy in accordance with section 5 of the Funding Agreement. The Investment Policy has established “quarterly” as the ongoing schedule for monitoring.

The Foundation sets its fiscal year end as March 31. This fund is included in the annual RHF Audit, which takes place in May.

**Statement of Investment Policy & Investment Strategy**

<table>
<thead>
<tr>
<th>STATEMENT of POLICY and PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter:</td>
</tr>
<tr>
<td>Section:</td>
</tr>
<tr>
<td>Subject:</td>
</tr>
<tr>
<td>Issue to:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Issued by:</td>
</tr>
</tbody>
</table>
1. STATEMENT OF PURPOSE
The purpose of this Statement of Investment Policy (the Policy) is to provide direction for the investment management of SCI-TRN funds provided by the federal government (Health Canada) and held by the Rick Hansen Foundation (the Foundation).

1.01 Origin and purpose of funds
The Foundation received a contribution of $30 million in July 2007 for the purpose of funding a 5 year plan as outlined in the SCI-TRN proposal and agreement. The funds are to be invested and managed by the Foundation according to the prudent person principle to preserve the capital to meet future disbursement requirements.

1.02 Basic facts about the organization
The Foundation is a not-for-profit organization which was incorporated under the Charities Act (British Columbia) in 1988. The Foundation is resident in the Province of British Columbia and its fiscal year is from April 1 to the next March 31.

1.03 Taxable status of funds
The Foundation was registered as a charity under the Income Tax Act (Canada) in 1988. As such, the Foundation’s investment income and capital gains are not subject to income tax. Also, as a registered charity the Foundation receives a rebate of 50% of goods and services tax paid.

1.04 Sources of revenues
The Foundation carries out fundraising activities which support the priorities of the Foundation.

2. STATEMENT OF RESPONSIBILITIES
The responsibilities of each fiduciary are outlined below:

2.01 Board of Directors
The Board of Directors is responsible for the overall governance of the Foundation, establishing policies (including this Statement of Investment Policy) for the operation of the Foundation’s affairs, and the oversight of management’s compliance with these policies.

2.02 Investment Committee
The Investment Committee is responsible for recommending specific investment strategies for the Foundation’s resources, including the selection and evaluation of an external investment manager and investment counsel, monitoring investment management and performance, and reporting summarized results to the Board of Directors.

2.03 Investment Manager
The Investment Manager is responsible for investing the monies within each portfolio in asset classes, and in accordance with the risk diversification strategy and asset allocation model, approved by the Investment Committee. The Investment Manager is responsible for carrying out the Foundation’s investment strategy; including selecting securities for the portfolios and adjusting asset mix ratios. The Investment Manager will submit, for each portfolio, quarterly statements showing the month end cost and market values of each investment as well as any transactions made during the month. The Investment Manager will also present at regular meetings of the Investment Committee, held at least twice annually, how the investment performance of each portfolio was achieved and discuss future investment strategies based on an analysis of the current economic outlook and of financial markets. Responsibility for exercising and directing voting rights acquired through portfolio investments is delegated to the Investment Manager. The exercise of these voting rights will be made at all times solely in the best interests of the Foundation’s portfolio. The Investment Manager will comply with the Code of Ethics and Standards of Professional Conduct adopted by the CFA Institute.

2.04 Investment Counsel
The external Investment Counsel (who may or may not be the same as the Investment Manager) is responsible for advising the Investment Committee regarding the optimal approach to investing in order to meet the Foundation’s investment goals and objectives.
2.05 Staff of the Foundation
The staff of the Foundation is responsible for identifying the relevant cash flow requirements of each organization and to effect transfers of excess cash to, or request cash disbursements from, the appropriate investment portfolio. The staff is also responsible for managing the investment strategies of the Foundation in accordance with this Policy.

3. SCOPE
This policy is intended to provide guidance on investments in the Foundation’s SCI-TRN Investment Fund within the Foundations overall investment portfolio in accordance with section 5.2 of the SCI-TRN Funding Agreement.

4. INVESTMENT GOALS AND OBJECTIVES
The Foundation’s goal is to preserve the capital value of its cash resources through prudent investing, to provide an optimal investment return, and to ensure the availability of sufficient resources to meet future disbursement requirements of the SCI-TRN 5 year plan.

The investment objectives for the SCI-TRN fund, therefore, are:

4.01 Preservation of capital
The Foundation will demonstrate prudence in managing its cash resources and will strive to increase the amount of these resources over the long term.

4.02 Tolerance to risk
The Foundation will demonstrate a low tolerance to risk. Low risk means that the foundation’s exposure to equity investments would typically be in the 20% – 40% range, investing the Fund’s assets primarily in:

- Bank certificates of deposit
- Banker’s acceptance
- Treasury bills, commercial paper and other short term securities, bonds and notes issued by the federal government, provincial governments, municipal governments and corporations.

Risk is controlled through the construction and strategic management of a broadly diversified portfolio comprised primarily of fixed income and equity securities. Risk will also be controlled through strategic investment in a broad range of economic sectors (industry and geographic) and individual holdings.

4.03 Rate of return
The Foundation will generate a total return (income and capital growth before investment management fees) consistent with providing a reasonable annual level of contributions for distribution and in alignment with the SCI-TRN’s 5 year plan and budget.

4.04 Ethical investments
Ethical issues related to any of the Foundation’s holdings will be monitored by the Investment Manager and discussed with the Investment Committee on a case by case basis.

4.05 Timely reporting
The Investment Committee will receive timely reports, at least quarterly, on the Foundation’s investment activities and results. Summary information will be provided to the Board of Directors.
5. INVESTMENT GUIDELINES AND CONSTRAINTS

The Investment Committee and Board of Directors of the Foundation have established a number of investment guidelines and constraints in accordance with section 5.2 of the Funding Agreement, that will advise and guide all fiduciaries in the exercise of their responsibilities.

These guidelines and constraints are listed below:

- The Investment Manager will have full discretion to manage the portfolio subject to the guidelines and constraints identified herein.
- The investment portfolios will be actively managed.
- Unless advised to the contrary, it is anticipated that funds will be available for investment for a horizon of approximately three to five years.
- Investments will be made in accordance with the prudent investor rule.
- Permissible asset classes are money market securities, longer dated fixed income securities. Permitted investments also include bank certificates of deposit, banker’s acceptance, treasury bills, commercial paper and other short term securities, bonds and notes issued by the federal government, provincial governments, municipal governments and corporations.
- Investments may be made in pooled funds.
- Canadian bonds will have a minimum weighted quality rating of AA and a minimum A rating for any new bond and 20% maximum in A bonds at any time.
- Canadian money market securities will have a minimum rating of R1 Middle (or equivalent).
- No single corporate issuer shall comprise more than 10% of the total investments.
- No equity investment will be made in any company with a market value capitalization of less than $50 million.
- It is anticipated that there will be no investment in currency speculation or in derivative instruments.
- The portfolio will be managed in accordance with the following strategic asset mix ranges:

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Minimum</th>
<th>Policy</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>0.00%</td>
<td>5.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Money Market Funds</td>
<td>0.00%</td>
<td>60.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>Canadian Fixed Income</td>
<td>0.00%</td>
<td>35.00%</td>
<td>65.00%</td>
</tr>
<tr>
<td>Canadian Bonds – Composite</td>
<td>0.00%</td>
<td>65.00%</td>
<td>65.00%</td>
</tr>
<tr>
<td><strong>Total Fixed Income</strong></td>
<td>60.00%</td>
<td>100.00</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Investment Performance Review and Evaluation**

The performance measures applied will be consistent with the Foundation’s established investment goals and objectives. The following performance measures will be monitored, reviewed and reported to the Investment Committee:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate a total rate of return that outperforms its benchmark.</td>
<td>In total, portfolios are to generate a total return that outperforms an index and rate that is mutually agreeable for the Committee and the Investment Manager.</td>
<td>Staff monitoring quarterly with status reports prepared for the meetings of the Investment Committee.</td>
</tr>
<tr>
<td>Fees should be competitive and reasonable in relation to investment returns.</td>
<td>All fees paid to the Investment Manager, Trustee and others will not exceed 1% of the amount invested.</td>
<td>Staff monitoring annually with status reports prepared for the next meeting of the Investment Committee.</td>
</tr>
<tr>
<td><strong>Generate a real rate of return (total rate of return less fees incurred) in excess of inflation.</strong></td>
<td>In total, portfolios are to generate a total return in excess of inflation. The target benchmark is CPI plus 4% per annum.</td>
<td>Staff monitoring annually with status reports prepared for the next meeting of the Investment Committee.</td>
</tr>
<tr>
<td><strong>Compliance with the investment guidelines</strong></td>
<td>Full compliance with the investment guidelines identified in this Policy.</td>
<td>Staff monitoring quarterly with exceptions, reported at the next Investment Committee meeting.</td>
</tr>
<tr>
<td><strong>Ethical investments</strong></td>
<td>Full disclosure to the Investment Committee of the investment in any security that may provide an ethical concern to the Foundation or the Society.</td>
<td>Staff monitoring quarterly with exceptions, if any, reported at the next meeting of the Investment Committee.</td>
</tr>
<tr>
<td><strong>Timely reporting of quarterly information</strong></td>
<td>The Investment Manager and the Investment Trustee will each provide investment activity reports to Foundation staff by the 10th business day of the month following the end of a quarter.</td>
<td>Staff monitoring quarterly with exceptions, if any, reported at the next meeting of the Investment Committee. Exceptional changes would be reported outside of regular meetings.</td>
</tr>
<tr>
<td><strong>Timely reporting of quarterly information</strong></td>
<td>The Investment Manager will prepare and provide a quarterly report including performance measurement and commentary, assessment of current market environment, and assessment of economic and market outlook and strategy.</td>
<td>Report provided quarterly at the next meeting of the Investment Committee.</td>
</tr>
<tr>
<td><strong>Annual compliance statement</strong></td>
<td>The Investment Manager will report annually on compliance with all matters contained within this policy.</td>
<td>Report provided annually at the next meeting of the Investment Committee and to the Board of Directors.</td>
</tr>
<tr>
<td><strong>Timely reporting of relevant information</strong></td>
<td>The Investment Manager will report any changes in key personnel responsible for the investment of the Foundation’s resources.</td>
<td>Report, if any, provided at the next meeting of the Investment Committee.</td>
</tr>
</tbody>
</table>

6. INVESTMENT MANAGER REVIEW

6.01 In an annual basis, the Investment Committee will review the performance of the Investment Manager and provide feedback on the results of the review to the Investment Manager.

7. INVESTMENT POLICY REVIEW

7.01 The Investment Policy will be reviewed on an annual basis by the Investment Committee.
**Remuneration**

Remuneration paid, including any fee allowance or other benefit to those individuals in the Recipient’s organization involved in the deployment or execution of the strategy.

Rick Hansen Foundation - List of salaries allocated to Health Canada (SCI-TRN) fund - April 1, 2007 - March 31, 2008

<table>
<thead>
<tr>
<th>Position</th>
<th>Portion of salary allocated to funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct cost</strong></td>
<td></td>
</tr>
<tr>
<td>Executive Director Rick Hansen SCI Network</td>
<td>132,054.50</td>
</tr>
<tr>
<td>Assistant, Rick Hansen SCI Network</td>
<td>35,130.70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>167,185.20</strong></td>
</tr>
<tr>
<td><strong>Administrative recovery</strong></td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td>49,923.64</td>
</tr>
<tr>
<td>Vice President, Operations</td>
<td>35,042.00</td>
</tr>
<tr>
<td>Office Services Administrator</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Graphic Designer</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Manager, Finance</td>
<td>6,792.98</td>
</tr>
<tr>
<td>Sr. Accountant</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Finance Coordinator</td>
<td>14,387.00</td>
</tr>
<tr>
<td>Manager, IT</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Manager, Human Resources</td>
<td>2,400.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>114,545.62</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>281,730.82</strong></td>
</tr>
</tbody>
</table>
Looking Ahead to 2008–2009

In our first year the SCI-TRN established many of the key relationships and structures to lay the foundation in preparation for our future. The initial objectives and initiatives of the SCI-TRN really spoke to a larger integrated vision for the entire SCI community than we had first intended, and so as the SCI-TRN evolved, it became evident that stronger links needed to be forged. In 2008 the SCI-TRN will merge with the SCI Solutions Alliance to form a new entity, the SCI Solutions Network. The SCI Solutions Network will become the new vehicle for motivated people with great ideas and energy to work together towards shared goals in targeted areas.

By autumn 2008, SCI Solutions Network will achieve the following:

- Creation of a single Board and management structure;
- Appointment of an Advisory Council of researchers, innovators and the chairs of our provincial/territorial counterpart networks to support governance;
- Establishment a MOU/sub-contracts with the RHF;
- Development of key policies in support of submitted bylaws;
- Creation of a Strategy Framework;
- Creation of a logic model;
- Creation of an Evaluation Framework;
- Development of an Integrated Business Plan and a Communications Strategy;
- Initiation of the process of becoming a registered non-profit Canadian corporation.

In addition, an evaluation using the Evaluation Framework will be conducted by an independent auditor, in winter 2008-2009.

As a result of this merger, the SCI-TRN will become the Translational Research Program of the new SCI Solutions Network. The following describes some of the planned activities of the Translational Research Program for 2008–2009, as well as continuing with some of the 2007–2008 activities. Most of the activities from the Practice Networks fall under all three of the first three National Priorities.

**PRIORITY 1: Reduce Incidence of Permanent Paralysis**

**PRIORITY 2: Quality of Life Improvements for People with Spinal Cord Injury**

**PRIORITY 3: Implementation of Validated Best Practices**

**COMPLETION OF THE E-SCAN**

The E-scan (environmental scan) is a multi-step process that is used to describe the programs in place in a particular area of SCI patient care, determine areas of unmet need, identify ways to address the unmet needs, and prioritize the actions required moving forward.

In 2007–2008, the ACT-PN and R-PN began the E-scan process with subject matter expert consultations, focus groups and the development of surveys. The R-PN will complete the pilot survey at St. Joseph’s Health Care – Parkwood site, in London, Ontario in July 2008 and at the G F Strong Hospital in Vancouver, BC in August 2008. This will be followed by a National Launch in autumn of 2008. The CI-PN started the process later and therefore will design their survey in 2008. The Registry has been intimately involved with this initiative, as has MSG, which has facilitated this process.
The Steps and Milestones:

1. Identify, define and document the SCI care continuum. Subject areas are determined by consulting the SCI subject matter experts and communities, and by conducting focus groups to refine the subject matter.
2. Measure/assess variance of health care practices along the continuum through the development and administration of surveys. Large amounts of data are collected from institutions (service providers, expertise, programs) and SCI patients (housing, attendant care, peer support, education/training, transportation, etc.).
3. Identify key issues, concerns and research priorities. Integrate into the Life at Risk® platform.
4. Topological map and survey collaboration with communities and stakeholders.
5. Initial PN Leadership Teams feedback incorporated.

E-scan Outcomes:

- Completion of the environmental scan of the SCI field components related to standard intervention protocols applied during the acute care and rehabilitation phases of the SCI management;
- Finalizing and validating the maps of the sections of the SCI continuum related to acute care and rehabilitation components of SCI management;
- Finalization of the mapping process of the community integration phase of the SCI continuum of care;
- Completion of the environmental scan of the SCI field components related to standard protocols applied during the transition of people with SCI into community;
- Finalizing and validating the process maps of the sections of the SCI continuum related to acute care and rehabilitation components of SCI management.

COMPLETION OF WHITE PAPERS

In October 2008, the following White Papers will begin finalization: Gait Rehabilitation, Evidence Based Practice and In-Home Telecare and Telemedicine (IHTT). These White Papers will identify and prioritize future investment opportunities. In 2009, additional White Papers are proposed in the following areas: Pressure Ulcers, Upper Extremity Rehabilitation, Cardiovascular Health, and Physical Activity.

COMPLETION OF THE SYSTEMATIC REVIEWS

SCI Rehab Evidence (SCIRE; an ONF/ICORD funded project) was first published online in 2006, with 22 chapters. The second version, SCIRE Version II, will be completed in September 2008 with updates of existing chapters and the addition of four new rehabilitation chapters on Aging, Gender, Wheelchair Mobility and Activities of Daily Living. As well, the CI-PN will be expanding the Community Reintegration chapter to include 18 new sub-sections. The R-PN and CI-PN Practice Networks will use SCIRE to understand gaps and to assist in priority identification in SCI rehabilitation research, and working groups will use SCIRE to develop white papers. In January 2009, the new systematic review (10 chapters) initiated by the ACT-PN will be completed.

IMPLEMENTATION OF PROJECTS THROUGH EARLY INVESTMENT STRATEGIES

The eight EIS projects funded in the 2007–2008 fiscal year, have already or will be initiated this year. The due dates for expected outcomes depend on the project, and progress updates will be available before the end of the 2008–2009 fiscal year.

TRANSLATIONAL RESEARCH PROGRAM – RRA AND RFA/RFP PROCESSES

One of the most important initiatives in 2008–2009 will be the creation of the process and policies of the research investment for the Translational Research Program. The guiding principles for investment for the Translational Research Program will be:

- To improve functional outcomes and quality of life for people with SCI by identifying research and practice process breakthroughs in the field and translating them into best practices;
- To accelerate the translation of discoveries and mobilization of knowledge to address priority needs of people with SCI;
To inform practice at each point on the continuum of SCI treatment, care and support; from emergency services, acute care/treatment, active rehabilitation, managing challenges to participation, and movement towards full citizenship.

The SCI Solutions Network is drafting a Research Policy, which will define the processes and roles for a Translational Research Program Director, a Research Advisory Committee and a Research Management Team, and will also define the process for selecting annual priorities for the research program.

For 2008–2009, new funding opportunities will be implemented in two phases. The first phase will involve a call for Rapid Response Award Applications initiated on the website as of June 30th, with a deadline of September 30th for receipt of completed applications. Applicants will receive a response by within 8 weeks of receipt of completed application with an expectation the projects will be ready to implement within 8 weeks of notice of award. Each successful applicant will receive up to $100,000, with a one year term. The draft criteria for evaluation are included in appendix 1, and a guide for the Rapid Response Award (RRA) Application Process is included in appendix 2.

A summary of the evaluation criteria are as follows:

- Alignment with the mission and goals of the Translational Research Program. Research questions must be clearly stated, and outcomes clearly defined. Projects must be cutting edge, innovative, translational and urgently address an unmet need (50% weighting).
- Quality of science and potential impact on the field. The research proposal must be innovative and have the potential to make a positive impact on health delivery in the stated timeframes (30% weighting).
- Business case analysis. The proposal should identify the specific research priorities and the expected impact of the outcomes to be achieved. An assessment of the potential business case analysis will be requested and considered by the RMT (10% weighting).
- Budget. The reasonableness of the proposed budget and its duration in relation to the proposed research will be assessed (10% weighting).

The second phase will involve Request for Applications and Request for Proposals, and will specifically focus on unmet needs in the SCI area. This will focus on the 3–5 major strategies that will allow the achievement of the outcomes for the Five National Priorities.

**PRIORITY 4: National Knowledge, Analysis, Data and Technology Network**

**CONTINUED DEVELOPMENT OF THE REGISTRY**

During 2008–2009, the RHSCIR will begin executing network agreements with select institutions which will assume the role of the registry member sites. Ultimately RHSCIR will become the primary custodian of the national SCI dataset. RHSCIR Version 2.2 database application will be deployed to all the new and existing Registry sites, as an interim strategy while the web-based platform is being developed. The RHSCIR will develop an epidemiology and biostatistics research group to support the registry and the research undertaken by the SCI Solutions Network. As well, the Registry will finalize functional requirements for the new web-based Registry platform and collaboration web work space and support the IT development team. By December of 2008 we will see the completion of a quality system and the completion of centralized and standardized data for the national RHSCIR dataset. In addition the Registry will develop supporting materials to enhance the recruitment and retention of persons with SCI in the Registry. Expected outcomes from the registry activities include:

- Information on pre-hospital treatment, therapeutic interventions, and measurement of outcomes and functional status beyond discharge, which will improve the organization of trauma care systems;
- The continued review of preference based measures, utilizing computer assisted testing techniques and a review of the economics to determine future strategy directions;
- Incorporation of the work of RiskAnalytica and its Life at Risk® frame work to look at developing business cases.
**PRIORITY 5: SCI-TRN Innovation and Management**

**INTEGRATED RESULTS-BASED PLANNING**
A critical first step will be to collectively develop an integrated plan that will systematically identify the key activities and expected outcomes for the new organization. The results-based planning process will bring together key staff, Network members, and other key stakeholders to discuss and agree upon what are the expected results for the new organization, and what are the best strategies by which to achieve these. The plan will re-confirm the expected results for both the SCI-TRN project funded by Health Canada, as well as the Solutions Network funding provided by Western Economic Diversification. The integrated results-based plan will form a key component of the evaluation framework which will subsequently be developed for the SCI Solutions Network.

**EVALUATION FRAMEWORK**
Using a results-based format, a logic model specific to the Translational Research Program will be finalized. Initial work on the logic models (one for each component) has been completed. These will be refined based on the integrated plan, and one overall logic model for the Translational Research Program (formerly SCI-TRN) will be developed. The logic model will become an integral part of the evaluation framework for the Translational Research Program and will be based on the reference documents provided to the SCI Solutions Network by Health Canada. Performance Management Network, an Ottawa-based company specializing in performance based planning, measurement and evaluation, will be assisting the SCI Solutions Network in developing the evaluation framework. It is expected that the evaluation framework will be completed by October 2008. It will include an evaluation work plan for the subsequent formative evaluation that is due to be completed in April 2009. The development of a risk management plan will follow once the evaluation framework is completed.

**FORMATIVE EVALUATION OF THE TRANSLATIONAL RESEARCH PROGRAM**
Upon approval of the Evaluation Framework of the Translational Research Program (formerly SCI-TRN) by Health Canada, a formative evaluation of the Translational Research Program will be undertaken by an independent, third party evaluator(s). It will be completed by April 2009.

**COMMUNICATIONS STRATEGY**
The communications strategy will be carefully designed to position the SCI Solutions Network’s Translational Research Program as a leading edge research entity that clearly executes its vision and goals for its vested community. Communication connects the research outcomes to the SCI community and we work to foster positive awareness and credibility as an expert in the SCI dialogue. The novel focus of the SCI Solutions Network brand is that of a translational program that produces evidenced-based best practices and research outcomes across the SCI continuum.

Due to the comprehensive nature of the Translational Research Program’s structure, networks and imperatives, the communication element must prevent unnecessary overlaps, clearly communicate the SCI Solutions Network’s role and activities and ensure research is understood by all parts of the SCI community. Our solution based perspective and competitive advantage is demonstrated by a strong business case analysis that has prominence in all communication material. In the 2008–2009 fiscal year, the SCI Solutions Network will undertake the following activities:

- Faster translation of research through successful coordination of information that utilizes the full spectrum of SCI Solutions Network resources;
- Communication at all stages of the continuum for all participants: clinicians, researchers, healthcare practitioners research institutions, partner organizations, members such as the ONF and the CPA, network members, people with SCI, their families and other Canadian funding organizations;
- Execution and updating all communication vehicles: the website will be upgraded with timely information; online forums will provide the community a feedback mechanism where information can also be downloaded or shared, project workgroups will be formed, onsite meetings will be held, version control on a variety of topics will be ensured and publications will be made available;
• Media outreach will engage the media outlets by providing fact based information that is readily communicable to the public. Particular attention will be paid to issues management as the ability to address an issue and its scope is integral to receiving coverage.

The SCI Solutions Network will recognize Health Canada’s role and ensure that all communication materials for the public are available in both official languages (English and French).

KEY MEETINGS

Translational Research Program meetings are an essential opportunity to enhance cooperation between Practice Network members, to enable decision-making and to foster cohesive actions. The result is integrated research development, with the identification of cutting-edge, innovative and clearly delineated research directions. Already, several key meetings and symposia are organized for 2008–2009.

<table>
<thead>
<tr>
<th>Monthly 2008</th>
<th>R-PN Leadership Meetings</th>
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<tbody>
<tr>
<td>May 26, 2008</td>
<td>ACT-PN Leadership Meeting</td>
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<tr>
<td>May 2008</td>
<td>Working meeting in Montreal to confirm the CI-PN Systematic Review Process, to finalize the CI-PN topological mapping for the E-scan and to initiate discussions on the next steps of the E-scan</td>
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<tr>
<td>June 23, 2008</td>
<td>Gait Rehabilitation: International/external subject matter experts round table discussion</td>
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<tr>
<td>June 24, 2008</td>
<td>2nd Annual Translational Research Meeting (Montreal)</td>
</tr>
<tr>
<td>November 2008</td>
<td>SCI Solutions Network Translational Research Program vision and planning meeting, including all the updates from the working groups and early investment projects</td>
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In addition, many members of the Translational Research Program leadership have been invited to speak about their work at key scientific meetings and symposia in 2008–2009. This will raise the profile of the organization both nationally and internationally, will reinforce the scientific credibility of the SCI Solutions Network, and is an essential step in establishing national and international partnerships in the future.
SCI-TRN Members and Committees

Acute Care and Treatment Practice Network

- Henry Ahn, MD, St. Michael's Hospital
- Darryl Baptiste, PhD – ACT-PN Manager, Toronto Western Hospital/University Health Network
- Steve Casha, MD, PhD, University of Calgary
- Brian Drew, MD, McMaster University
- Marcel Dvorak, MD, University of BC/Vancouver Coastal Health
- Michael Fehlings, MD, PhD – ACT-PN Lead, Toronto Western Hospital/University Health Network
- Benoit Goulet, MD, McGill University
- Julio Furlan, MD, PhD, MBA, Toronto Western Hospital/University Health Network
- Sukhvinder Kalsi-Ryan, BSc, MSc, PT, Toronto Western Hospital/University Health Network
- Brian Kwon, MD, PhD, University of BC/Vancouver Coastal Health
- Stephen Lewis, Toronto Western Hospital
- Rosalie Magototo, RN, Toronto Western Hospital/University Health Network
- Eric Massicotte, MD, Toronto Western Hospital
- Mary Ann Neary, SLP, Toronto Western Hospital/University Health Network
- Vanessa Noonan, Vancouver Coastal Health
- Natalia Nugaeva, PhD, Lyndhurst, SBH
- Stefan Parent, MD, University of Montreal
- Yuriy Petrenko, MD, Toronto Western Hospital/University Health Network
- Mohan Radhakrishna, MD, McGill University
- Raj Rampersaud, Toronto Western Hospital
- Jeff Singh, MD, Toronto Western Hospital/University Health Network
- Charles Tator, MD, PhD, Toronto Western Hospital
- Kayee Tung, RN, Toronto Western Hospital/University Health Network
- Molly Verrier, MHSc, Dip, (P & OT), University of Toronto, Toronto Western Hospital, Toronto Rehabilitation Institute
- Albert Yee, MD, Sunnybrook and Women's College Health Sciences Centre, University of Toronto

Rehabilitation Practice Network

- Anthony Burns, Lyndhurst Centre, Toronto Rehabilitation Institute
- Cathy Craven, MD, Lyndhurst Centre, Toronto Rehabilitation Institute
- Armin Curt, MD – R-PN Lead, University of BC/ICORD
- Janice Eng, PT, University of BC
- Keith Hayes, PhD (ONF Representative), University of Western Ontario
- Jane Hsieh, MSc – R-PN Manager, Lawson Health Research Institute
- Andrei Krassioukov, MD, PhD, University of BC/ICORD
- Sukhvinder Kalsi-Ryan, MSc, BScPT (Working Group Coordinating Lead), Toronto Western Hospital/University Health Network
- Tania Lam, PhD (Working Group Coordinating Lead), University of BC
- Luc Noreau, PhD, Université Laval
- Milos Popovic, MD, University of Toronto, Lyndhurst Centre, Toronto Rehabilitation Institute
- Arthur Prochazka, PhD, University of Alberta
- Serge Rossignol, PhD, Chaire de recherche du Canada sur la moelle épinière Équipe multidisciplinaire en réadaptation locomotrice.
- Molly Verrier, MHSc, Dip, (P & OT) (Working Group Member and ONF representative), University of Toronto, Toronto Western Hospital, Toronto Rehabilitation Institute
- Dalton Wolfe, PhD, Lawson Health Research Institute
Community Integration Practice Network

- Kathryn Boschen, PhD, Toronto Rehabilitation Institute
- Eric Boyd, CAE, SCI Solutions Network
- Geraldine Jacquemin, M.D., Montreal Rehabilitation Institute
- Kathleen Martin-Ginis, PhD, McMaster University
- Mary-Ann McColl, PhD, Queen's University
- William (Bill) Miller, PhD, University of British Columbia
- Luc Noreau, PhD – CI-PN Lead, Université Laval
- Julie Tremblay, M.A – CI-PN Manager, Manager CI-PN

Rick Hansen SCI Registry

- Lise Belanger, Clinical Consultant
- Maaret Brandon, Data Management Coordinator, Privacy Officer
- John Cobb, Clinical Consultant
- Marcel Dvorak, MD – Lead, Medical Director
- Laura Harvey, Special Projects
- Cathy McGuinness, Managing Director
- Vanessa Noonan, Epidemiology and Biostatistics
- Kristen Walden, Registry Site Coordinator

Management Science Group

- Paul Smetanin, Executive Director
- Paul Kobak, Lead Analyst
- Alexei Pavlichev, Manager

SASCC Committee

- Daryl Baptiste, PhD, Manager, ACT-PN
- Kent Bassett-Speers, Executive Director, Ontario Neurotrauma Foundation
- Armin Curt, MD, Scientific Director, R-PN
- Marcel Dvorak, MD, Medical Director, RHSCIR
- Michael Fehlings, MD, PhD, Scientific Director, ACT-PN
- Jane Hsieh, MSc, Manager, R-PN
- Greg Latham, Executive Director, Rick Hansen SCI Network (RHF)
- Luc Noreau, PhD, Scientific Director, CI-PN
- Cathy McGuinness, Managing Director, RHSCIR
- Karen O’Neill, Chief Operating Officer, RHF
- Paul Smetanin, CEO RiskAnalytica
- Elizabeth Theriault, PhD, Interim COO, SCI-TRN

Board of Directors – Rick Hansen Foundation

- Mr. Lyall Knott (Chair)
- Mr. Jim Watson (Secretary)
- Mr. George Gaffney (Treasurer)
- Ms. Amanda Hansen
- Mr. Tod Leiweke
- Mr. Jefferson Mooney
- Mr. Peter Ufford
Appendix 1
Evaluation Criteria for Review – Confidential rating sheet for SCI Solutions Network RRA

Project Title: Principal investigator:

Instructions to reviewers: For each of the criteria, assign a numerical rating based on the following scale (Excellent: 4.5–5, Good 4.0–4.49, Acceptable 3.0–3.9, Unacceptable 0–2.9). Write this score in the ‘score’ column (sub-scores may to used to help identify specific strengths and weaknesses). Add any comments to right hand column that may be helpful for discussion purposes during review.

<table>
<thead>
<tr>
<th>ASSESSMENT CRITERIA</th>
<th>Score</th>
<th>Comments of Reviewer / Committee</th>
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<tbody>
<tr>
<td>Alignment with mission and goals of SCI Solutions Network: 50% Translational research (as defined by the NIH Roadmap; Westfall et al, 2007) is the translation of basic science research into human clinical research and clinical practice aimed at delivery of recommended care to the right patient at the right time and identification of new clinical questions and gaps in care. This RRA opportunity from the SCI Solutions Network seeks to provide short term (one year) grants for cutting edge, urgent and innovative projects which translate novel discoveries in order to improve outcomes for persons with SCI. This is appropriate for proof-of-concept work, in clinical and translational research across the continuum of care (Acute Care and Treatment, Rehabilitation, and/or Community Integration). Specific priority areas for this grant include, but are not limited to:   • Best Practices   • Clinical interventions and trials   • Secondary complications   • Assessment tools   • Community Integration</td>
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<tr>
<td>Quality of the science and potential impact on the field 30%</td>
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<tr>
<td>Is the approach reasonable? Is it an evidence-based approach? Is the proposal innovative, employing novel concepts, approaches or methods? Are the aims original and innovative? Does the project challenge existing paradigms or develop new methodologies or technologies? Are outcomes likely to be achieved in stated timeframe? Does this proposal have the potential to make a positive impact on health delivery?</td>
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<tr>
<td>Business case analysis 10%</td>
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<tr>
<td>To be evaluated by the RMT. Are milestones clearly stated? Are key performance indicators appropriate? Specific outcomes measured appropriately? Does project span the continuum of care?</td>
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<tr>
<td>Budget 10%</td>
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<tr>
<td>The reasonableness of the proposed budget and duration in relation to the proposed research.</td>
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OVERALL COMPOSITE SCORE
Appendix 2
Guide to the Rapid Response Award (RRA) Application Process

Translational Research Program
Guide to the Rapid Response Award (RRA) Application Process

Overview

Purpose
This RRA funding opportunity from the SCI Solutions Network seeks to provide short term (one year) grants for cutting-edge, innovative projects reflective of imminent need which, in turn, translate novel discoveries in order to improve outcomes for persons with SCI. This is appropriate for proof-of-concept work, in clinical and translational research across the continuum of care (Acute Care and Treatment, Rehabilitation, and/or Community Integration).

Specific priority areas for this grant include, but are not limited to:
- Best Practices
- Clinical interventions and trials
- Secondary complications
- Assessment tools
- Return to Productivity

SCI Solutions Network Definition of Translational Research
The SCI Solutions Network has adopted the definition of translational research (T1, T2, T3) as outlined in the NIH Roadmap for Medical Research (Westfall JM et al., 2007; Woolf SH, 2008). The SCI Solutions Network invests in all three types of translational research activities, across the continuum of care in the fields of SCI acute care, rehabilitation and community integration.

In principle, the SCI Solutions Network does not fund basic discovery research unless there is a strong case that it is essential for translation into clinical trials. In these special cases, consideration may be given to "back-translational" preclinical projects that are intended to prepare or improve a potential clinical study design, and have primary and secondary outcome measures aligned with the national priorities of the SCI Solutions Network, along with clearly identified potential translational research partners for an imminent clinical trial.

Application Process
Applicants are requested to submit projects via the online SCI Solutions Network Investment Strategy application form, which is available beginning June 30th, 2008 at: (www.scisolutionsnetwork.ca).

Funding and Duration of Support
RRAs are in the form of a one-time, non-renewable grant. All awards are for one year. The maximum amount available is $100,000 per grant, with a total funding envelope of $1.0 M over the 2008-2009 fiscal year. The amounts awarded and the number of awards will depend on the quality and number of applications received.

Eligible Organizations
Researchers from public or non-profit private institutions, such as a university, community-based organization, and for-profit private institutions are invited to submit applications as primary investigators.
Funding Opportunity Description

Specific Objective of SCI Solutions Network RRA Grants
The specific objective of this initiative is to provide funding for translational research that will rapidly contribute to measurable improvements for outcomes in persons with SCI.

Examples of Applicable Categories for RRA Grants

Reduced Incidence of Permanent Paralysis
- Increased functional outcomes for people with SCI with improved emergency and acute care, early and "aggressive" rehabilitation, and standardized procedures
- Decreased long-term medical complications
- Increased functional independence with potential results on quality of life
- Increased number of valid clinical trial programs as defined by regulatory agencies
- Improved integration between levels of care - acute, rehabilitation and community

Maximization of Community Integration
- Improved mobility and active participation and increased psychosocial adjustment and balance after SCI
- Increased opportunities to community participation (productive activities)
- Improved access to assistive and adaptive devices
- Increased options and effectiveness of pain management after a SCI
- Decreased ongoing secondary medical complications including pressure sores
- Reduced number of patient visits and re-admissions to health care facilities
- Increased number of children born to people with SCI
- Decreased bladder and bowel complications
- Increased ongoing physical fitness through active participation
- Increased functioning and mobility due to acquisition of effective customized and assistive devices
- Improved access to follow-up clinics
- Improved integration between levels of care – acute, rehabilitation and community.

Implementation and Validation of Best Practices
- Increased adoption of best practices in clinical centres and communities
- Standardization of practices and techniques in key settings such as emergency care, rehabilitation and community integration
- Increased number of basic research discoveries translated to clinical trials

How to Apply

RRA Procedure
To apply for this grant, please use the RRA Investment Strategy application form available at: www.scisolutionsnetwork.ca. In addition, each application form is to be supplemented by a narrative containing the following sections:

1. General Summary
   i. Objective of RRA; Abstract (500 words).
   
   ii. Scientific and layperson abstracts for the proposal (500 words each) including
       - Problem statement
       - Potential solution(s) and expected outcomes
iii. Research plan, including
   • Research design, methods of the study and statistical analysis plan. (3 pages maximum)
   • Literature review (3 pages maximum; separate bibliography)
   • Research Ethics Board membership list, review schedule

iv. Biographical sketches of principal investigator(s) and key personnel (Common CV – CIHR style)

2. Data Collection and Management
Description of data-collection policies and procedures including:
   i. Primary and secondary outcome measures
   ii. Data collection procedures including paper or e-case report forms, database specifications and data quality assurance policies (i.e., follow guidelines as per ICH 5.5)

3. Budget
   i. Detailed budget (including line item justifications) and timeline of expenditure(s).
   ii. Expected sources of funding other than SCI Solutions Network. Note both secured and anticipated funding (include matching and/or in-kind funds and resources).
   iii. Contact details for distribution of funds: Name of financial officer, institution name and business number, department name, street address, phone number, fax number and e-mail.

Allowable costs

• Salaries and benefits: (research or technical assistance, studentship, reimbursement of clinical services)
• Equipment or facilities (purchase, rental, maintenance)
• Material and supplies (computers, software, communication fees, stationeries)
• Travel (collaboration/consultation, field work)
• Knowledge transfer and mobilization activities (conference)
• Study participants’ expenditures (transportation, lodging, etc.)
• Other (specify)

Partnership funds

If there are provincial or partnership funds to be contributed to the grants awarded, please describe.

Review Process

Applications received by the Grants Manager of the Office of the Translational Research Director will be screened for compliance. Appropriately completed applications will be forwarded to the SCI Solutions Network Translational Research Management Team (RMT) for initiation of the review process whereby the Research Advisory Committee (RAC) will also provide an independent external review and comment. On completion of the full review, the CEO will receive merit scores (ratings) and recommendations from the RMT and the RAC for the applications submitted. Based on the total funds available for the initiative, applications will be funded from the top-ranked down as far as budget will allow. All applicants will be informed of the CEO’s decision.

Evaluation Criteria

- **Alignment with the mission and goals of the Translational Research Program of the SCI Solutions Network and relevance/responsiveness to the Rapid Response goals.** Research questions must be clearly stated, and outcomes clearly defined. Projects must be cutting edge, innovative, translational and urgently address an unmet need.
- **Scientific excellence of the investigators and research team, and the potential impact on the field.** The research proposal must be innovative and have the potential to make a positive impact on health delivery. Investigators must have the necessary expertise to carry out the proposed studies.
- **Potential for achieving outcomes in the stated time frame.** The expected outcomes and milestones for the project need to be achievable in one year. Clear evaluation strategies need to be incorporated into the proposal, in order to measure the success of project.
- **Potential business case analysis.** The proposal should identify the specific research priorities and the expected impact of the outcomes to be achieved. An assessment of the potential business case analysis will be conducted by the Management Science Group.
- **Budget.** The reasonableness of the proposed budget and its duration in relation to the proposed research will be assessed.

Conditions of Funding

All conditions, as specified in the 2007 Tri-Agency Financial Administration Guide, specifically as applied to CIHR, shall apply to those funded through this initiative, including conditions covering areas such as Applicant and Institutional Responsibilities, Ethics, Access to Information and Privacy Acts, etc. Successful recipients will be informed of any special financial conditions when they receive notification of award. Within 60 days of the termination of the RRA award, the principal applicant will be required to submit a final report to indicate outcomes. In addition, the following shall apply:

- **Ethics Requirement:** Clinical projects recommended for funding will need to demonstrate ethical approval before funds are released.
- **Conflict of Interest or Competing Interest Disclosure Requirement:** If any investigators involved with this project stand to receive any potential personal financial gain from the proposed research (for example, shares in a company or development of spin-off company), they are required to declare the conflict of interest or disclose any competing interest(s).
- **Communication Requirement:** Recipients who receive funding are required to acknowledge the SCI Solutions Network in any written or oral presentation of results including scientific articles, news releases, news conferences, public lectures and media interviews. Approval for such presentation must be sought from SCI Solutions Network with a minimum of 15 days advance notice.
- **Financial Requirement:** The SCI Solutions Network will pay the applicant’s institution directly; funds will have to be deposited into a separate trust account. The institution will have to provide the SCI Solutions Network with a report at the end of the next fiscal year. Application for grant carry forward for one year only may be sought and is at the discretion of the CEO with recommendation from the RMT. The institution will have to provide the SCI Solutions Network with a report at the end of the fiscal year (e.g., March 31st, 2010). The SCI Solutions Network will not be responsible for any over expenditure in the account set up by the institution.

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2 [http://www.cihr-irsc.gc.ca/e/22632.html](http://www.cihr-irsc.gc.ca/e/22632.html)
Important dates

June 30, 2008          Announcement of SCI Solutions Network Rapid Response Application Funding Opportunity
September 30th, 2008   Rapid Response Application Submission deadline
November 15th, 2008    Notification of Rapid Response Application outcomes
December 1st, 2008     Funding Commences

Address for Submitting Application and Contact Information
Information and submission forms are posted on the SCI Solutions Network website: (www.scisolutionsnetwork.ca). Completed applications are to be emailed to Laura Anderson, Manager, Accountabilities & Special Projects, SCI Solutions Network, at landerson@scisolutionsnetwork.ca.

If you have any other questions, please contact Laura Anderson, Manager, Accountabilities & Special Projects, SCI Solutions Network, tel: 604.709.6305, email: landerson@scisolutionsnetwork.ca.