

2015

Mind Forward Strategic Plan

2015 - 2019



HOW WAS THE STRATEGIC PLAN DEVELOPED?

In December 2013 the consultants provided a presentation to the board highlighting key sector and health system trends and forecasts of service demands. This high level summary established the key issues and challenges facing the organization primarily from external pressures and policy change in the health care service environment.

During the summer and fall of 2014 the consultants completed an environmental scan based on web research and grey literature reviews of the MOHLTC system priorities; MHLHIN and CWLHIN strategic plans and Integrated Health Services Plans; Health Quality Ontario tools and frameworks; ABI sector reports and planning documents; provincial policy documents guiding human services systems of relevance to the ABI population and interviews with senior management.

The consultants conducted 2 focus groups with family members exploring their concurrence with the mission and values, asking them how they would like to see services develop in the future, what was working well for them and what they considered to be opportunities for improvement. The focus groups were hosted at 2 program sites, one at the main office in Mississauga and the other in Dufferin region.

The consultants administered a staff web survey asking about the strength of the vision and mission statement and if it accurately reflected the values and purpose of the organization. In addition staff were asked to identify their key motivation drivers and the satisfaction they gained from their role as service providers.

Results of these consultations and document reviews were compiled and discussed in a comprehensive report and presented to the board in September 2014 and followed up with a detailed presentation at a board meeting in late October.

The report, and stakeholder consultation results, were discussed and evaluated by the Board and Senior Management. With an understanding of the results, the board and

senior management team met at a half-day retreat to develop the strategic plan in December 2014.

It was assumed that PHD ABI Services would continue its work on its previous strategic directions as significant initiatives were still in progress and likely to yield needed results if advanced to completion. This retreat began with acknowledgement that the current strategic plan would be a refreshed plan building on work already underway and linking any directions with those from the previous plan.

KEY THEMES FROM STAKEHOLDER CONSULTATION

1. What did Families say about the Mission Statement?

There was little comment about the Mission Statement or values, in general families were not concerned about how it was worded as their key interest in the organization was in its services. They didn't have negative experiences with the values of the organization that would cause concern, for instance, they had not experienced any breach of confidentiality. Families did want to identify their key life experiences concerns and hoped that these might inform future service development and organizational strategy.

These concerns are expressed here and the font size represents the frequency of the issue being expressed in the focus group.

A b u s e A d d i c t i o n A g i n g A n g e r
Appointments Arguments bed
 Behaviours B u s C o n f i d e n c e C P P D e p r e s s i o n D i f f e r e n t d i s a b i l i t y D i s e a s e D o c t o r s
 E m e r g e n c y F a m i l y F e a r F r u s t r a t i o n H e a l t h **help** H i t I n s u r a n c e L a w y e r s
 L e g a l L o s t M a r r i a g e M e d i c a t i o n **Money** N o n - v e r b a l O D S P
 P a p e r w o r k R e h a b i l i t a t i o n R e s p i t e S e i z u r e S e r v i c e s S e x S p e e c h S t r e s s
Suicide T r a n s p o r t a t i o n T r a n s p o r t a t i o n T r a v e l V e n t
Violence W a i t i n g w e i g h t W o r r y

2. What did Staff say about their Motivation & Satisfaction Drivers?

a b i **caring** c h a n g e **client** c l i e n t - c e n t e r e d
 c l i n i c a l **community** **compassion** c o n s u l t a t i o n
 c r e a t i v i t y d i f f e r e n c e d i g n i t y **empathy** e n g a g i n g
 f a m i l y g e n u i n e g r o w t h h a r d h e a l t h **helping** h o n o u r
 h u m i l i t y i m p r o v i n g i n d i v i d u a l **integrity** l e a r n l i f e l i v e s
 m a k i n g o r g a n i z i n g p a r t n e r s **passion** p a y c h e c k **people** p h d p o s i t i v e
 p o t e n t i a l p r o v i d i n g **quality** r e s p e c t f u l **service** **staff** s t r o n g
support **team** t o u c h e d t r u s t e d t r u t h f u l
 u n d e r s t a n d i n g **work**

What did Staff say about Organizational Values?



See separate attachment for a full report of the staff survey.

CURRENT MISSION

PHD ABIS exists so that there will be the highest quality of life possible for those persons in the regions of Peel, Halton and Dufferin County whose lives are touched by Acquired Brain Injury.

REVISING THE MISSION

All Board members emphasized the value they placed on including in the mission statement, support for families and caregivers “whose lives have been touched by acquired brain injury”. Although a large part of PHD ABIS services are provided directly to individuals who have a brain injury, the experience effects and changes entire families, and services to the circle of individuals providing support is crucial to health and well-being.

There was agreement that the mission is awkwardly worded because of the service location descriptions of the “Region of Peel” “Halton Region” and “Dufferin County”. This is unavoidable, because of the naming of the municipalities.

Future options may be to remove references to catchment areas altogether, as these are referenced in other documents and in the name of the organization. A potential future revised mission could be:

“PHD ABIS exists so that there will be the highest quality of life possible for those persons whose lives are touched by Acquired Brain Injury”

KEY THEMES VOICED BY FAMILIES

1. Service Design

1. Pre-On Service (intake/waiting list/service)
 - Link with family/client before discharge from hospital to plan care and identify priorities
 - Provide some interim support while waiting for service initiation
2. Immediately Post Intake
 - Begin to assist/provide information on/applications for all other supports from community providers such as income, housing, transportation, day programs, respite, tax credits
3. After Service Initiation
 - Promote social networking opportunities inside and outside PHD ABIS

2. Service Delivery

1. Menu of programs and groups by population type and by functional level so as to maximize relevance/responsiveness and encourage friendships among participants of like age, ability, gender etc.
2. Early support and education to limit negative economic impacts e.g. financial planning, applying for entitlement income programs
3. Planning assistance to minimize system barriers that will impede quality of life, e.g. transportation, adapted home environment, housing

3. Peer and Mutual Support

1. Families benefit from learning from each other about **system navigation** of the ABI service system, the health system and finances
2. "Matched families" enables families to "help themselves" and learn about the service system from those that have journeyed before them
3. Families can organize self-help solutions and exchange services via a co-op model, **BUT** they need support to build connections
4. PHD ABIS could share resources and strengthen mutual support groups in all its service areas

4. Advocacy

1. Lead and address systemic issues that create extra burden for ABI population e.g. regional transportation, supportive housing
2. Advocate for increased caregiver respite services at LHIN sector tables
3. Outreach to Faith community in all service areas for volunteer delivered supports such as respite, transportation, friendship circles, social events and outings

PUTTING IT ALL TOGETHER

The findings from all sources were compiled and presented as 11 potential strategic directions to be considered at the retreat. These addressed system and LHIN priorities identified in the environmental scan and internal priorities identified by families and staff and aligned with the Mission of PHD ABI Services.

KEY FUTURE PRIORITIES

- Increase Peer Support and Mutual Support
- Increase partnerships to expand service options across the continuum of care
- Increase partnerships to provide population-specific and culturally-specific programming/services
- Increase services in North Halton and Dufferin areas
- Improve equitable access to services
- Improve client and staff safety
- Increase revenue streams
- Assess financial impact of new wage rollout on PSW and address through new funding streams
- Review scope of practice of PSW role
- Improve transitions of care and care experience
- Focus on wellness, independence, self-care and skills

In a discussion about these priorities a new priority was identified:

- Review, learn from and adopt guidelines from ABIKUS (ABI Knowledge Uptake Strategy <http://www.abiebr.com/abikus>) to inform future practice models and determine practice and service gaps based on leading research evidence.

Each of these 12 priorities was opportunity for action that aligned with the mission of PHD ABIS. The retreat group considered each, discussing where overlap between the opportunities existed, which opportunities had already been on the organization radar and work had begun, which opportunities were likely to require additional funding or

commitment, and were pre-mature to consider. For instance, some of the service directions that the families had identified are the subject of current funding proposals to the Mississauga Halton LHIN.

With clear consensus, four priority themes were identified, which with further discussion evolved into three distinct strategic directions.

Note that the remaining 8 priorities will not be ignored – they overlap in intent with the three strategic directions, they will be addressed as part of operations, or they may form part of future strategic planning.

The retreat group refined and elaborated upon the strategic directions and established desired outcomes.

CURRENT STRATEGIC DIRECTIONS (2011 TO 2014)

1. DEFINE THE SCOPE OF PHD ABIS SERVICE AND THE TARGET CLIENT POPULATION TO SERVE, AND MATCH TO PHD ABIS CAPACITY
2. DEVELOP PARTNERSHIPS TO ADDRESS SERVICE GAPS AND THE TO MEET THE UNMET NEEDS OF EXISTING CLIENTS
3. EXAMINE THE IMPLEMENTATION OF A FEE FOR SERVICE MODEL

The expected outcomes of these directions are still being realized and for some directions the targets had been redefined during the past 3 years in response to organizational needs. It was clear that some of the current priorities were consistent with the previous strategic plan and would be strengthened with new targets in the strategic plan for 2015-18.

See Appendix A for Highlights of Achievements of the 2011 to 2014 strategic plan.

SETTING NEW DIRECTIONS (2015 TO 2018)

The board and management team engaged in a voting exercise to establish new strategic directions and decided on the following. Some priorities were bundled as they related to different aspects of the same direction or would be natural outcomes of each other.

1. PROMOTE PARTNERSHIPS

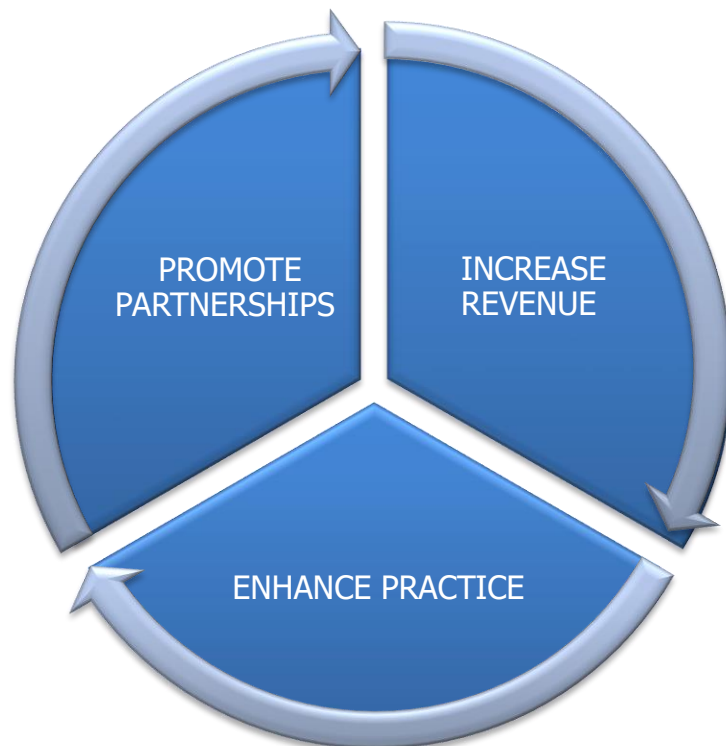
Expand service partnerships with agencies to provide culturally-specific and population-specific services; support to families; and focus on skill building to promote independence.

2. INCREASE REVENUE

Examine new funding streams to promote sustainability and financial health of the organization.

3. ENHANCE PRACTICE

Promote renewal of practice through the adoptions of standards, best practices and participation in ABIKUS.





The Mission brings focus and clarity to the strategic directions and drives the planning and implementation cycle.

Operational planning provides the mechanism by which strategic directions are realized and it is supported by the continuous quality improvement structures and processes already integrated into the daily operations of PHD ABI Services.

Quality improvement is supported by a data collection and management system which generates the evidence needed to plan services and track client outcomes. It also facilitates tracking of progress on strategic directions and helps guide the next cycle of strategic planning by bringing priority issues forward and clarifying organizational performance.

These are interdependent stages of the planning and evaluation process.

GOALS AND EXPECTED OUTCOMES OF NEW DIRECTIONS

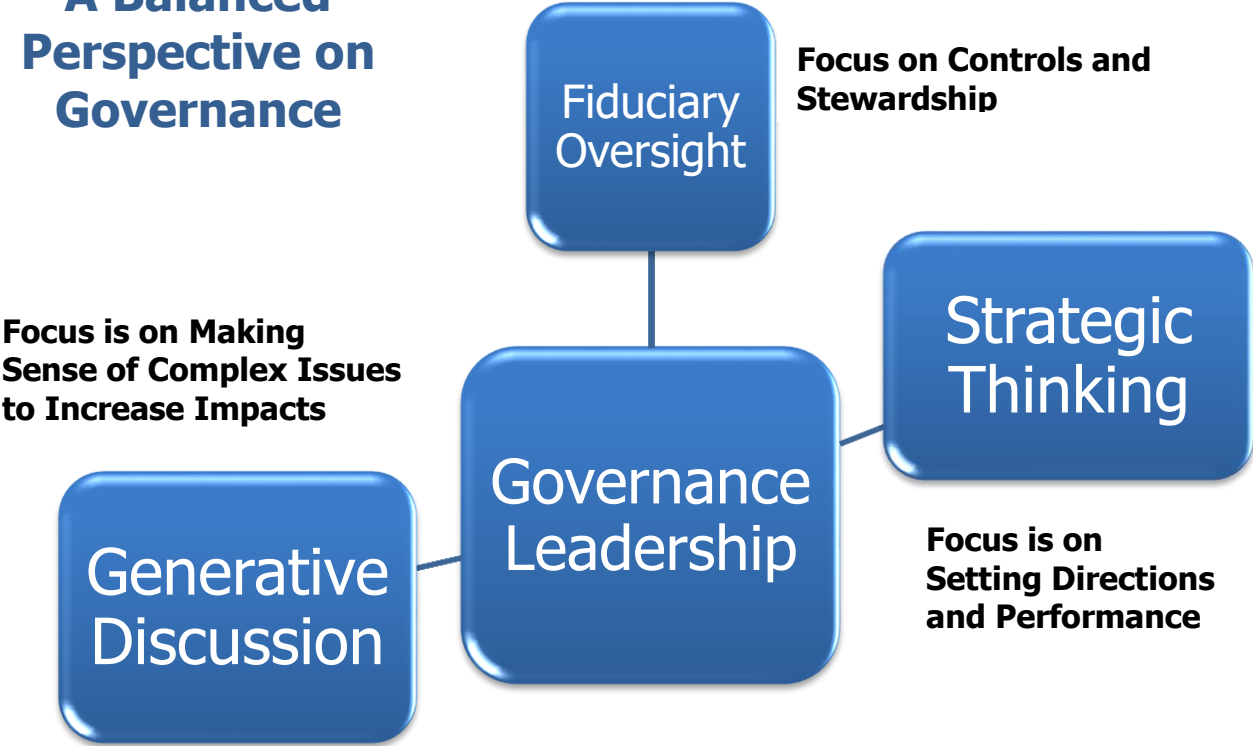
The group divided into 3 sub-groups with a mix of board members and staff to discuss what could be achieved through these new directions and to define the activities and expected outcomes underlying each direction.

Key action steps and corresponding outcomes were articulated at this retreat. The management team and the Board will continue the process of developing a comprehensive implementation plan.

NEXT STEPS - IMPLEMENTATION AND ACTION PLANNING

Following up on the outcomes from the strategic planning day, a draft implementation and action plan can be completed by those who will be responsible for implementing the plan. Cross-functional teams can complete the implementation and action plans to ensure the plans are realistic and collaborative. Draft plans will further describe the various activities that must be conducted over the next three years to actualize the strategic plan. The implementation and action plan will provide an opportunity to indicate the individuals or parts of the organization that may be assigned responsibility for each action, highlights key performance indicators to ensure that PHD ABIS knows how it is progressing vis-à-vis its new Strategic Plan and provides an implementation schedule that will put the various strategic actions into a practical and realistic time frame.

A Balanced Perspective on Governance



Appendix A

Highlights of achievements of the current strategic plan include:

1. Define the scope of PHD ABIS service and the target client population to serve, and match to PHD ABIS capacity-
 - ✓ Adoption of global service outcomes
 - ✓ Analysis of evidence to drive improvements
 - ✓ Service model across primary, secondary and tertiary care
 - ✓ Work on scope of practice for PSW
 - ✓ Clarity on our role in the continuum of ABI and rehab services
 - ✓ Process engineering has led to a broader discussion of service/ scope and responsibilities (evolution of Goal 1), within the Agency's work structure, the "match to Agency".
 - ✓ Referrals from system partners such as Trillium Health Partners, Long Term Care (LTC) and CCAC have been made for individuals who are blocking hospital acute medical beds or who are deemed ineligible for LTC due to reported behavioural issues.
 - ✓ Diagnoses such as Korsakoffs are becoming more common, and will become more of a placement problem for hospitals, and a greater ALC crisis in the future. PHD ABIS is documenting trends, and on a case- by- case basis, attempting to offer support hospital partners. There is a potential to targeting these population and offer specialized programming, possibly in concert with partner services.

2. Develop partnerships to address service gaps and the to meet the unmet needs of existing clients –
 - ✓ Asserting our knowledge authority
 - ✓ Expanding services through partnerships
 - ✓ Improving access
 - ✓ Partnerships that have been created or enhanced include ABI West (MH/ CW LHIN's) Complex Case Resolution Meeting, Complex Case Service Navigation

- ✓ Community / Sectoral/ Provincial Committees, Extending Halton Hills (EHH) Integration Partnership, Able Living ("Thrive") Executive, the Ontario March of Dimes: and the Community Transitions committee (ALC TOG).
 - ✓ PHD Future Needs Planning/ Demographic Analysis. PHD ABIS has begun a comprehensive analysis of existing (community/ SIL) client need for future Assisted Living supports, to prepare global data for funders, PABIN, and the Board.
3. Examine the implementation of a fee for service model
- ✓ Model has been implemented
 - ✓ New revenue sources are secured but there is still potential
 - ✓ In 2013/14 there was a greater net contribution by FFS to the agency than at any time in PHD history, while maintaining operations and mission integrity across the organization.