

Toronto **abi** Network

Strategic Plan

2017-2020

INTRODUCTION

The Toronto Acquired Brain Injury (ABI) Network was established in 1995 to address issues of fragmentation in the system and inequitable access to service for individuals with an acquired brain injury. Since that time the Network has become a leader in furthering equitable, accessible, responsive, cost-effective and quality publicly funded services.

In addition to managing a centralized referral system, the Toronto ABI Network works to address system level issues related to ABI service delivery, increase the profile of acquired brain injury and promote best practices across member organizations. A recognized leader in ABI, the Network is a strong and reputable advocate for the needs of those with acquired brain injury. Clients, families, ABI stakeholders, the Ontario Ministry of Health and Long Term Care, Local Health Integration Networks and others rely on the Network for information and advice, and as a forum to identify and resolve issues affecting the coordination of ABI services across the Greater Toronto Area.

OUR VISION: Influencing excellence in publicly funded services and support for persons living with the effects of an acquired brain injury.

OUR MISSION: To provide leadership in furthering equitable, accessible, responsive and quality publicly funded services and support for persons living with the effects of an acquired brain injury in the Greater Toronto Area.

OUR VALUES:

The values as stated are not intended to be exclusive or all encompassing but to serve as the principles guiding the activities of the Network.

- **Quality of life** - *Defined by the person and his/her family*
- **Social responsibility** - *Equal access and timely service*
- **Responsiveness to individuals and their families** - *Feedback from persons and their families is essential*
- **Knowledge-based services and support** - *Recommendations regarding services and support will be supported by data*
- **Partnerships** - *Collaboration with all stakeholders is crucial*
- **Research** - *Research and evaluation of clinical outcomes are fundamental*
- **Education** - *Education of all stakeholders is critical to influence excellence in service and support*

OUR KEY STRATEGIC PRIORITIES:

Based on feedback gathered from our members through interviews and planning sessions, the following three priorities emerged:

1. Optimize transitions from hospital to community
2. Enhance service coordination and integration for those with complex needs
3. Strengthen partnerships and collaboration among member organizations

KEY ENABLERS:

- Data collection/Data analysis and reporting
- Communications
- Network membership engagement
- Infrastructure support and funding

PLAN AT A GLANCE

1. Optimize transitions from hospital to community

Why is this important?

- Organizations across the continuum (hospitals, rehabilitation and community organizations) understand the importance of connecting patients to support and services after sustaining a brain injury. They are committed to identifying the gaps and needs that impede successful transitions back to the community from a hospital setting for those with a brain injury.

What is our goal?

- We will develop, implement and evaluate a comprehensive hospital-to-community transition strategy to enhance timely transitions and connect people to appropriate community supports and services following ABI.

2. Enhance service coordination and integration for those with complex needs

Why is this important?

- Individuals who live with the effects of a brain injury may require services and expertise from various organizations and/or sectors at different stages of their lives. A coordinated and responsive system can help support people with complex needs.

What is our goal?

- By enhancing coordination and service integration, we will enhance system capacity to support people with complex needs following brain injury.

3. Strengthen partnerships and collaboration among members

Why is this important?

- In order to better serve individuals with brain injuries, our members have expressed a strong interest in building their collective knowledge of pressures across the continuum, enhancing their knowledge of available services and engaging in discussions about how they can best support each other.

What is our goal?

- We will strengthen our Network by increasing collaboration and partnerships among ABI Network member organizations to positively impact the clients we serve.

ACTION PLAN

Strategic Priority: Transitions from Hospital to Community

Goal: Develop, implement and evaluate a comprehensive hospital-to-community transition strategy to enhance timely transitions and connect people to appropriate community supports and services following ABI

Tactic	Activities	Timeline
Define service population and transition points	<ul style="list-style-type: none"> - Identify target population (e.g., concussions, moderate to severe ABI, dual diagnosis) - Confirm start and end points of transitions (e.g., from emergency department to home, inpatient rehab to community) - Confirm timeline of transitions (e.g., days/weeks/months after discharge) - Identify and confirm the desired outcomes of the transition strategy 	Year 1-2
Investigate best practice model(s) to support transitions to the community	<ul style="list-style-type: none"> - Review existing best practices (where available), conduct literature review, analyze data and review other available resources to develop best practice recommendations for the population identified and the transition selected (from start to end point) - Example: moderate to severe ABI transition from inpatient rehab to outpatient program <ul style="list-style-type: none"> o Investigate best practice components of care within inpatient rehab and outpatient rehab o Identify and evaluate processes and/or pathways between inpatient to outpatient rehab 	Year 1-2
Conduct a current state analysis of ABI resources and services within the Network	<ul style="list-style-type: none"> - Collect requirements for the analysis (What do we need to know? Who will be involved/engaged?) Consider non-member organizations that are involved in transitions for people with ABI and how they will be engaged. - Gather information from ABI members on existing services, gaps and challenges that directly affect the population(s) identified. 	Year 1-2

<p>Identify shared principles for successful transitions</p>	<ul style="list-style-type: none"> - Engage stakeholders: 1) patients/families to understand the patient/family experience and needs relative to the scope of the transition strategy and 2) members to share successful cases and challenging cases, including factors that contributed to “successful” and “less than optimal” transitions - Build on existing work (i.e., OHA/HQO/others) to confirm a set of principles that define “successful” transitions 	<p>Year 1-2</p>
<p>Develop an evaluation framework</p>	<ul style="list-style-type: none"> - Develop an evaluation framework, including evaluation method(s), baseline metrics and performance indicators to measure outcomes before and after a change is implemented - Complete the evaluation of current state - Explore a partnership with U of T faculty to support development and implementation of the evaluation framework to evaluate the impact of the strategy 	<p>Year 1-2</p>
<p>Implement and evaluate</p>	<ul style="list-style-type: none"> - Develop a plan to address identified barriers, including strategies such as funding proposals, referral transition tools, etc. - Implement recommendations - Complete evaluation post-change, as per set timeline 	<p>Year 2-3</p>

Strategic Priority: Service Coordination and Integration for People with Complex Needs

Goal: Enhance coordination and service integration to create capacity in the system for people with complex needs

Tactic	Activities	Timeline
Identify system pressures/gaps	<ul style="list-style-type: none"> - Define scope: <ul style="list-style-type: none"> o What are the issues with coordination and integration? o Identify and confirm the target population (Who is considered "complex"? In what setting? With which needs?) - Confirm desired outcomes for this initiative - Identify participants (within and outside of ABI Network) to be engaged - Outline activities to gather information (e.g., focus group, quality rounds, surveys) - Gather information from identified stakeholders (including clients and family members) on existing services, gaps and challenges - Consider exploration of shared issues with other ABI regional centers to inform the potential for a shared voice on ABI issues to LHINs/MOHLTC 	Year 1
Investigate and recommend ideal model of care	<ul style="list-style-type: none"> - Review evidence to identify successful approaches and models of care - Recommend a model of care that illustrates feasibility, sustainability and value (e.g., enhances timely access, reduces LOS and readmission rates) - Clarify partnership/stakeholder commitments/role - Engage influential stakeholders (funders) - Outline evaluation method(s) 	Year 2

Strategic Priority: Member Partnerships

Goal: Increase collaboration and partnerships among ABI Network member organizations to positively impact the lives of the clients we serve

Tactic	Activities	Timeline
Confirm member needs and expectations	<ul style="list-style-type: none"> - Review information gathered from stakeholder interviews conducted during the strategic planning process - Conduct site visits to confirm member needs/expectations and gather suggestions to achieve these - Engage with clients and family members to seek their input on areas where ABI services may work more effectively to better serve their needs - Provide a clear understanding of the role of the Network in relation to referral processing and system navigation - Outline evaluation methods: using member feedback to develop questions <ul style="list-style-type: none"> o <i>Example: Develop and disseminate 2-3 questions each year to capture perceived knowledge, needs and collaboration across member organizations and help us understand whether this objective is being met</i> 	Year 1
Identify opportunities for support and collaboration among member organizations	<ul style="list-style-type: none"> - Identify, along with members, how the Network can serve as a conduit to developing stronger relationships. - Identify and share trends across organizations, highlighting cases that were/are challenging to manage and the contributing factors (e.g., lack of knowledge, limited resource/staffing, etc.) - Consult with members and outline activities that will help develop their understanding of pressures experienced across organizations and along the continuum of care <ul style="list-style-type: none"> o <i>Example: Consult with ONF to explore activities that will support their work in brain injury regarding implementation of concussion standards.</i> 	Year 1-2
Increase knowledge and	<ul style="list-style-type: none"> - Conduct a needs assessment (i.e., What information is needed that is not already available?) 	Year 2-3

<p>awareness of each other's services</p>	<p>and survey of current state (e.g., knowledge of resources on ABI Network website)</p> <ul style="list-style-type: none"> - Identify level of engagement (e.g., management vs. coordinator); who needs to know what? - Consult and outline activities that will help develop their knowledge of services (e.g. forums) 	
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