

Toronto

**Acquired
Brain Injury**
Network

Operating Plan 2009-2010



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 the continued pursuit of its core business, i.e., managing a central referral system, the Network plays an important role in overseeing issues pertaining to ABI service delivery from a systems perspective, increasing the profile of acquired brain injury at local and provincial levels, and providing leadership in the promotion of best practices across member organizations. As such, the Toronto ABI Network has become a reputable and recognized voice in advocating 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 as a resource for information and advice, and as a forum for the identification and resolution of issues affecting the coordination of ABI services across the Greater Toronto Area.

Vision

Influencing excellence in publicly-funded services and support for persons living with the effects of an acquired brain injury

Mission

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

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

Strategic Directions

The Toronto ABI Network hosted its annual planning meeting on January 16, 2009. Those in attendance were asked to consider the ABI landscape within the current MOHLTC & LHIN environment, and set key priorities for the Network for 2009-2010 based on those priorities. Attendees were encouraged to consider activities with clearly identifiable and measureable outcomes.

The Network's strategic directions have always focused on system planning; coordination and access; education; and awareness. These strategic directions, as articulated below, continue to guide the work of the Network.

The strategic directions and resulting committee activities were reviewed by the Executive Committee and approved by the Advisory Committee on May 22, 2009.

Strategic Directions:

- ▶ System Based Planning and Advocacy
- ▶ System Coordination and Access
- ▶ Client Data Tracking and Reporting
- ▶ ABI Education and Support for Evidence-Based Practice

Established Priorities for 2009/2010

In light of the current priorities within the Ministry of Health and Long-Term Care and Local Health Integration Networks, in particular Alternate Level of Care (ALC) and Patient Flow, members indicated that Network initiatives must support these priorities where possible.

As a result, two over-arching objectives were identified for 2009-2010:

1. To maintain a continued focus on the **acute to inpatient rehabilitation transfer** and seek innovative solutions to support system enhancement and/or efficiencies.
2. Recognizing the impact that the state of community and post acute services has on access and patient flow right across the system, continue the Network's **review of community ABI services** and make recommendations for maximizing use of resources and enhancing access to services

These two priorities form the basis of the Network's 2009/2010 Operating Plan.

The operating plan is intended to be flexible, to respond dynamically to opportunities and challenges.

Committees and Task Groups

Activities related to the attainment of the strategic directions and priorities are undertaken by committees and task groups of the Network. Identified priorities, resources and available opportunities determine the nature and number of these committees and their membership.

Each committee and/or task group is expected to consider strategies for involving clients/family members and private sector representatives in their activities.

The Network, recognizing the limited resources of its many stakeholders, has reconsidered how it approaches its committee work this year. Some committees will be restructured and others dissolved. The focus instead will be on the establishment of time-limited task groups with clear, actionable mandates and deliverables. To ensure that this new approach is effective, the Advisory Committee will monitor the activities of the task groups on a quarterly basis and will re-visit the changed structure at the end of the operating plan year.

Standing Committees:

- ▶ Advisory Committee
- ▶ Executive Committee

Task Groups 2009/2010:

The following task groups have been established to undertake Network activities:

- ▶ ABI Patient Transitions Task Group*
 - ▶ ABI Community Services Task Group*
 - ▶ Brain Injury Family Intervention Education Task Group
 - ▶ Neuropsychiatric Resources Education Task Group
 - ▶ Conference Planning Task Group
 - ▶ ABI and Homelessness Education Task Group
 - ▶ Data Advisory Group
- } Education Task Groups

*These two groups will convene together as needed to review progress and ensure alignment with activities given their shared common ground and objectives.

The established priorities and activities of each of these task groups for 2009/2010 are reflected on pages 6-12 of this document.

Resource Groups:

Additional resource groups may be convened as needed around specific Network initiatives (e.g. database issues or website planning/review) or to solicit feedback from a constituent group.

Advisory Committee

Chair of the Toronto ABI Network:

Malcolm Moffat, President and Chief Executive Officer, St. John's Rehab Hospital

Mandate:

The Advisory Committee is the governing committee of the Toronto Acquired Brain Injury Network.

The role of the Advisory Committee is to sustain a comprehensive network dedicated to ensuring accessible, timely and appropriate services for people with an acquired brain injury in the Greater Toronto Area. The Advisory Committee monitors the activity of all the Network committees to ensure that they are working collaboratively and that they consider other relevant system wide initiatives and issues beyond the Network's own activities. The Advisory Committee also seeks opportunities to link with the other government leads (e.g., within the Ministry of Children and Youth Services, Ministry of Education, and the Ministry of Health Promotion, as well as municipal).

In 2009/2010, the Advisory Committee will continue to strengthen its relationship with the Local Health Integration Networks (LHINs) and direct the work of the Network to ensure it is positioning itself as an advisor to the Ministry of Health and the LHINs as they begin planning for ABI services in local regions.

Membership:

Membership of the Toronto Acquired Brain Injury Network is comprised of publicly-funded hospitals, community care access centres and community-based organizations providing ABI services in Toronto and the surrounding area. Members also include ex-officio members from the University of Toronto, Ontario Neurotrauma Foundation, the Brain Injury Society of Toronto and the Head Injury Association of Durham Region. The chair of the ABI Patient Transitions Task Group is also an ex-officio member of this committee. Each member organization appoints representation to the Advisory Committee. (For list of Advisory Committee members, see page 13).

Executive Committee

Chair:

Malcolm Moffat, Chair of the Toronto ABI Network

Mandate:

The role of the Executive Committee is to monitor the operational and strategic activity of the Network; to identify key issues and opportunities that require Network input or response; and look for external funding opportunities.

Membership:

- ▶ Chair of the Toronto ABI Network
- ▶ Executive Director
- ▶ Assistant Executive Director
- ▶ An acute care, inpatient rehabilitation, and community-sector representative from the Advisory Committee.

ABI Patient Transitions Task Group

Chair: Jacqueline Houston, Corporate Patient Flow Performance Coordinator, St. Michael's Hospital

Objective: Inform ABI system planning by investigating current system capacity and the state of ABI in ALC and by examining trends and practices that impact patient flow from acute care to inpatient rehab.

INITIATIVES	KEY ACTIVITIES	Spring	Summer	Fall	Winter	DELIVERABLES/ OUTCOMES
<p style="text-align: center;">Investigate impact of use of observers in acute care on patient flow</p>	<ul style="list-style-type: none"> Survey acute care trauma teams to determine number of patients in acute care who are 'ready for rehab' but cannot be transitioned due to the need for an observer. Analyze, summarize and report survey findings. Determine economic impact of current practices. Based on results, determine value of conducting pilot to investigate the feasibility of moving patients with observers to rehab with an external source of funding. 					<p>Proposal for pilot to determine the benefits of moving patients who require observers into rehab more quickly (potential to investigate impact on LOS in acute care, LOS in rehab, outcomes at discharge, impact on ALC days).</p> <p>A white paper to the LHINs articulating system capacity (current and projected), describe current barriers to access, and propose solutions to enhance patient flow and improve care (possibly in the form of demonstration projects).</p> <p>Communication strategy for ongoing advocacy with the LHINs and Ministry of Health and Long-Term Care.</p>
<p style="text-align: center;">Conduct ABI ALC Survey across acute care, rehab, and CCC to better understand needs, duration and reasons patients are waiting</p>	<ul style="list-style-type: none"> Determine scope and process of conducting survey. Investigate existing sources of data to inform initiative (e.g., GTA Rehab Network ALC data, SIMS data, OHA ALC scans). Draft survey and develop process to incorporate Network's referral process into data collection. Conduct survey and analyze and summarize results. 					<p>Communication strategy for ongoing advocacy with the LHINs and Ministry of Health and Long-Term Care.</p>
<p style="text-align: center;">Investigate how current trends in rehab and acute care impact patient flow and identify potential innovative solutions to improve performance</p>	<ul style="list-style-type: none"> Determine scope of issues to be investigated and data elements to be collected (e.g., rehab LOS, admission/discharge FIM, discharge practices). Conduct review of alternate models of patient care. Identify innovative solutions related to patient transitions or integrated care that will support system enhancement (e.g., investigate feasibility/value of alternate model of triaging patients or integrating patient care). 					<p>Communication strategy for ongoing advocacy with the LHINs and Ministry of Health and Long-Term Care.</p>
<p style="text-align: center;">Investigate current and future demand for rehab</p>	<ul style="list-style-type: none"> Conduct literature review and work with epidemiologist to estimate future demand for rehab. Based on the work of the GTA Rehab Network's ABI Rehab Definitions Group and outcome of above activities, evaluate capacity and identify opportunities to maximize resources. 					<p>Communication strategy for ongoing advocacy with the LHINs and Ministry of Health and Long-Term Care.</p>
		<p>Ongoing discussions at Advisory Committee to direct this work and ensure activities are aligned and answering the right questions.</p>				<p>Legend:</p> <ul style="list-style-type: none"> Milestones Status Report to Advisory Committee

ABI Community Services Task Group

Chair: Paul Bruce, Vice President, Mental Health and Community Supports, COTA Health

Objective: Inform ABI system planning by investigating current system capacity in the community, the state of ‘ALC’ within ABI community programs, current barriers to accessing services, and opportunities for system enhancement.

INITIATIVES	KEY ACTIVITIES	Spring	Summer	Fall	Winter	DELIVERABLES/ OUTCOMES
<p>Build on the environmental scan being conducted by ONF’s System Analysis Project Team and investigate magnitude of “ALC” in community; that is, the number and profile of clients in the community who could be equally or better served in an alternate level of service</p> <p><small>* For the purposes of this review, ALC in the community refers to clients who are living in supportive housing programs who may be supported more appropriately in an alternative level of service.</small></p>	<ul style="list-style-type: none"> Collaborate with ONF Systems Analysis Project Team to support environmental scan of ABI services in the community. Expand scan locally to include focus on ‘ALC’ in the community.* Develop survey and conduct scan across all ABI community service providers to capture information about number of residents/clients currently in service who require alternative level of service. Develop client profiles and describe service requirements. Determine priorities for direction of future funding. Validate funding priorities against results of ONF systems analysis environmental scan results, inpatient ABI ALC Survey and through stakeholder engagement session. Analyze and summarize results. 		<p>May 2009 Advisory Mtg.</p>		<p>Sept 2009 Advisory Mtg.</p>	<p>A white paper to the LHINs and Ministry of Health articulating results of scan, consensus-based ‘ideal state’ model of community services and recommendations for system development/changes.</p> <p>Proposed solutions to enhance access to services and maximize resources for clients in the community.</p> <p>Communication strategy for ongoing advocacy with the LHINs and Ministry of Health and Long-Term Care.</p>
<p>Establish consensus on ideal state for a community model of care</p>	<ul style="list-style-type: none"> Conduct literature review of community models of care. Investigate models of community service in other jurisdictions/other populations. Consider alternate models of service delivery for coordination to enhance efficiencies. Convene stakeholders to review results and obtain feedback. Refine proposed ideal state and describe recommended model of community services. 		<p>Nov 2009 Advisory Mtg.</p>		<p>Nov 2009 Advisory Mtg.</p>	
<p>Engage with providers from mental health/addictions sector to enhance access and support for individuals who also have an ABI</p>	<ul style="list-style-type: none"> Explore opportunities to establish/enhance partnerships with mental health/addiction providers. Continue to support SUBI project (e.g., potential expansion of referral management to include inpatient addiction program for those with ABI). 		<p>Nov 2009 Advisory Mtg.</p>		<p>Nov 2009 Advisory Mtg.</p>	
						<p>Legend:</p> <ul style="list-style-type: none"> Milestones Status Report to Advisory Committee Stakeholder Engagement Forum (Multiple objectives to be met in single forum)

ABI Education and Support for Evidence-Based Practice

Distinct planning groups established depending on target audience and scope of initiative.

Objective: To create opportunities to enhance awareness about ABI among service providers, support evidence based practice across organizations.

INITIATIVES	KEY ACTIVITIES	Spring	Summer	Fall	Winter	DELIVERABLES/ OUTCOMES
<p>Enhance awareness and expertise in the area of ABI among community based psychiatrists and family physicians</p>	<ul style="list-style-type: none"> ▪ Reconvene planning committee to expand reach of educational initiative to raise awareness of family physicians about psychiatric issues faced by clients with ABI. ▪ Offer workshops in various locations across the GTA in order to attract physicians from across the GTA region (especially those that support clients in areas of the city with fewer resources). ▪ Collaborate with medical, clinical, and psychiatric professionals to develop full curriculum about ABI for family physicians. 	◆		◆		<p>Enhanced awareness of ABI among community psychiatrists and physicians through the delivery of CME accredited workshops.</p> <p>Increased uptake of the evidence-based family intervention for individuals with ABI.</p> <p>Increased awareness about brain injury and family intervention approach for this population among non-ABI service providers.</p> <p>Increased consistency in approach to family support for individuals with ABI and their families.</p>
<p>Facilitate dissemination of evidence based family intervention practices for individuals with ABI and their families (BIFI and BIFI-A workshops)</p>	<ul style="list-style-type: none"> ▪ Review evaluations of recent BIFI and BIFI-A workshops (February 2009). ▪ Investigate the feasibility and value of offering workshop to non-ABI providers (e.g., Family Services Associations). ▪ Investigate other opportunities to expand reach of family best practice initiative (e.g., family intervention communities of practice). ▪ Plan and host a follow-up workshop to the February 2009 BIFI/BIFI-A workshops to support knowledge transfer. 	◆	◆	◆		<p>Legend:</p> <ul style="list-style-type: none"> ◆ Milestones ● Status Report to Advisory Committee

ABI Education and Support for Evidence-Based Practice

Distinct planning groups established depending on target audience and scope of initiative.

Objective: To create opportunities to enhance awareness about ABI among service providers, support evidence based practice across organizations.

INITIATIVES	KEY ACTIVITIES	Spring	Summer	Fall	Winter	DELIVERABLES/ OUTCOMES
<p style="text-align: center;">Increase awareness about ABI and homelessness and build capacity among service providers in the homelessness and housing support sectors</p>	<ul style="list-style-type: none"> ▪ Convene task group of ABI clinicians and those working with the homeless to plan education initiative. ▪ Develop curriculum to support education about ABI and homelessness. ▪ Plan and host education forum for shelter workers, drop-in centre workers, hostel outreach programs, etc. ▪ Find or develop and introduce a rapid-assessment tool to support workers in the homeless and social housing sectors in identifying people with ABI. ▪ Conduct a future learning needs assessment with forum participants. ▪ Analyze results and use to plan future initiatives. 	◆		◆		<p>Increased awareness about brain injury and support needs of this population among service providers working with the homeless.</p> <p>Increased awareness of the prevalence of ABI in the homeless population among service providers and planners.</p> <p>Opportunities for establishing partnerships between ABI service providers and those working with homeless individuals.</p> <p>Host a successful conference that will:</p> <ul style="list-style-type: none"> ▪ Provide a forum for sharing clinical expertise, knowledge and research findings related to the field of acquired brain injury. ▪ Stimulate innovation and discuss creative approaches. ▪ Provide an opportunity for networking of ABI professionals, researchers, and individuals with brain injury and their family members.
<p style="text-align: center;">Evaluate the ongoing learning needs of members to assist with future educational initiatives</p>	<ul style="list-style-type: none"> ▪ Draft Education Needs Assessment Survey and distribute widely to members and other stakeholders to evaluate topics of interest and most appropriate format for knowledge exchange. ▪ Analyze and summarize results. ▪ Use results to plan future education initiatives. 		◆			
<p style="text-align: center;">Host two-day conference in November 2010</p>	<ul style="list-style-type: none"> ▪ Convene planning group and hire conference planner. ▪ Identify themes and title to guide program planning. ▪ Recruit keynote speakers. ▪ Develop and implement sponsorship strategy. ▪ Establish and implement abstract process to facilitate planning conference program. ▪ Develop conference program and distribute materials to the ABI community. 		◆	◆		

Legend:

- ◆ Milestones
- Status Report to Advisory Committee

System Based Planning and Advocacy

Responsibility of Executive Committee and Advisory Committee

Objective: Provide strategic leadership to enhance awareness about the needs of individuals affected by ABI and support effective planning for ABI services.

Context: The healthcare system in Toronto continues to see material change with the establishment and growth of the LHINs. This year is set to be a particularly active year for ABI system planning, as the Ministry of Health and Long-Term Care will be approaching the LHINs with a request to plan for ABI services in their regions. This creates an opportunity for the Network to continue the promotion of system level planning for ABI across the Network and across LHIN boundaries.

Through its Executive and Advisory Committees, the Toronto ABI Network will expand on the work of the Framework for the Future Planning of Publicly Funded ABI Services in Toronto, to continue to raise awareness about the needs of persons with ABI and work to put the Network in a position to act as an advisor to the LHINs as they undertake this work.

INITIATIVES	KEY ACTIVITIES	OUTCOMES
<p>Continued engagement with Network membership and the five Toronto area LHINs to raise awareness around the needs of those affected by ABI</p>	<ul style="list-style-type: none"> ▪ Continue to enhance awareness about the need for planning to occur across LHINs through the ongoing promotion of the Network’s key messages and through targeted communication about the objectives and outcomes of the Network’s current activities, specifically in relation to patient flow and access to services. ▪ Engage Toronto area LHINs in discussion about the need for a thorough review of the community services and seek opportunities to focus attention on ABI system requirements. 	<p>Increased awareness of the Toronto area LHINs about the needs of those affected by ABI.</p> <p>Established role of the Network with the LHINs as the recognized source of information and system planning advice related to ABI.</p>
<p>Collaborate with ABI stakeholders from across the province to enhance awareness of the effects of ABI and advocate for appropriate ABI services</p>	<ul style="list-style-type: none"> ▪ Continue to participate in the activities of the ‘<i>Alliance for Action on Brain Injury</i>’ in collaboration with Ontario Neurotrauma Foundation (ONF) and other provincial stakeholders to facilitate awareness of ABI and the provincial government level. ▪ Continue to participate on the ONF ABI Dataset Working Group for the development of a provincial ABI dataset. ▪ Participate on the ABI Systems Analysis project team funded by ONF to identify current capacity across ABI and non-ABI community based programs across the 14 LHINs; profile gaps in service; identify areas where enhanced resources can support client flow through across community-based services. 	<p>Increased awareness of service providers, funders, and general population about the needs of clients and families living with the effects of ABI.</p>

Client Data Tracking and Reporting

Responsibility of the Network Secretariat and the Advisory Committee, in consultation with the Data Advisory Group

Objective: To monitor, evaluate and oversee issues pertaining to ABI service delivery from a systems perspective.

INITIATIVES	KEY ACTIVITIES	OUTCOMES
<p>Maintain and enhance the usability and effectiveness of database</p>	<ul style="list-style-type: none"> ▪ Refine format of and process for disseminating regularly published reports (e.g. referrals received, response times and wait times). ▪ Modify the database as necessary to ensure the accuracy and usability of the data and to ensure it meets current requirements. ▪ Data reports are to be reviewed and analyzed by Network Secretariat, reporting back to the Advisory Committee on any trends and potential impact on the system. ▪ Examine reach of reporting and seek opportunities to make better use of data. ▪ Collaborate with SIMS to reduce/eliminate impact of e-referral on data loss. ▪ Convene a data resource group to assist with data analysis and ensuring Network processes for data collection, storage and reporting continue to adhere to current privacy legislation and meet the needs of users. 	<p>Established format for data reporting.</p> <p>Circulation of reports to Network representatives to provide system-wide information in the following areas:</p> <ul style="list-style-type: none"> ▪ Comparative organizational data ▪ Referral issues ▪ Client transitions. <p>Established mechanisms for overseeing data collection, analysis, and reporting.</p>

Membership

Membership of the Toronto Acquired Brain Injury Network is comprised of publicly-funded organizations providing ABI service in Toronto and the surrounding area, including representation from advocacy, planning and educational organizations/facilities. Each member organization appoints a representative to the Advisory Committee (*committee members below, as of June 1, 2009*).

CHAIR of the TORONTO ABI NETWORK

Malcolm Moffat, *President and Chief Executive Officer, St. John's Rehab Hospital*

Baycrest

Dr. Brian Richards
Neuropsychologist

Bloorview Kids Rehab

Iris Hogan
Manager, Inpatient Rehabilitation and CCC Service

Brain Injury Society of Toronto*

Nick Gurevich
Board Member

Bridgepoint Health

Jackie Eli
Director, Rehab, Activation and Ambulatory Services

Central Community Care Access Centre

Catherine Doyle
Client Services Manager, Southwest

Community Head Injury Resource Services

Hedy Chandler
Executive Director

COTA Health

Paul Bruce
Vice President, Mental Health and Community Supports

Head Injury Association of Durham Region*

Frank Murphy
Executive Director

Ontario Neurotrauma Foundation*

Corinne Kagan
Senior Program Director, ABI

Peel Halton Acquired Brain Injury Services

Carol Williams
Executive Director

Al McMullan

Director of Operations

St. John's Rehab Hospital

Malcolm Moffat
President and Chief Executive Officer

St. Michael's Hospital

Alicja Michalak
Case Manager, Trauma and Neurosurgery

Sunnybrook Health Sciences Centre

Debra Carew
Director of Operations, Trauma Program

Toronto Central Community Care Access Centre

Akin Falode
Manager, Client Services, Mental Health & ABI Services

Toronto Rehab

Dr. Mark Bayley
Medical Director, Neurorehabilitation Program

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Dr. Chanth Seyone
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Mary Ann Neary

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Dr. Angela Colantonio
Associate Professor, Department of Occupational Therapy

West Park Healthcare Centre

Dr. Gary Gerber
Clinical Director, ABI Behaviour Service Program

York Central Hospital

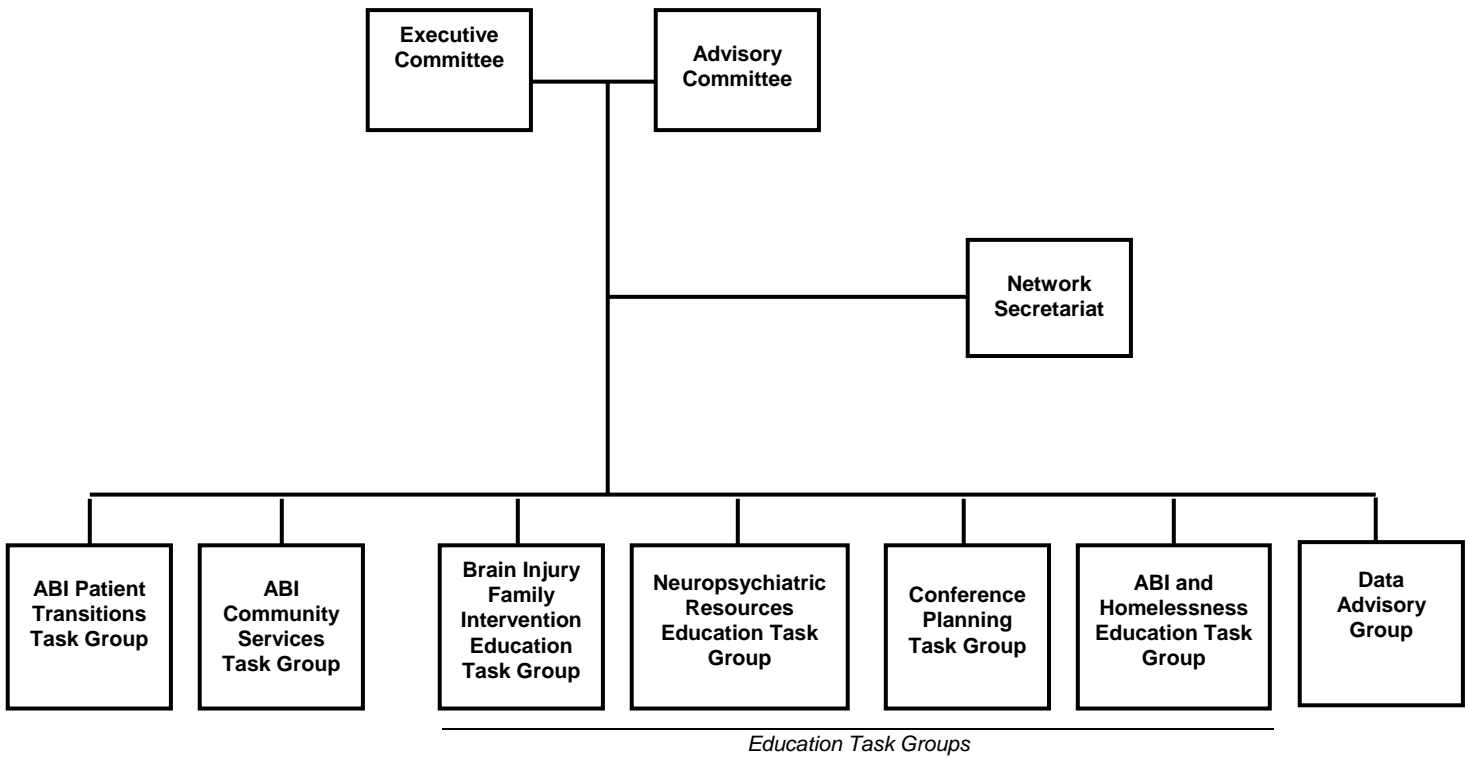
Lise Perrin Gleissle
Coordinator/Behavioural Consultant, York Simcoe Brain Injury Services

Chair, ABI Patient Transitions Task Group*

Jacqueline Houston
Corporate Patient Flow Performance Coordinator, St. Michael's Hospital

* *ex-officio member*

Organizational Structure



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