

T o r o n t o

**Acquired
Brain Injury**
N e t w o r k

OPERATING PLAN
2011 - 2012

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 (MOHLTC), Local Health Integration Networks (LHINs) 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 February 16, 2011. Those in attendance were asked to consider the ABI landscape and to set key priorities for the Network for 2011-2012. Attendees were encouraged to identify priorities 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, guide the initiatives of the Network.

The strategic directions and resulting committee activities were reviewed by the Executive Committee and approved by the Advisory Committee on May 26, 2011.

Strategic Directions:

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

Established Priorities for 2011/2012

In light of the current priorities within the Ministry of Health and Long-Term Care and the 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, the priorities which form the basis for the Network's 2011/2012 Operating Plan include:

1. To maintain a continued focus on system coordination and access through initiatives that support improved patient access and flow from acute care to inpatient ABI rehabilitation.
2. A focus on facilitating collaboration amongst ABI and mental health stakeholders to enhance service capacity and access for individuals with ABI across both sectors.

The operating plan is intended to be flexible to enable the Network to respond dynamically to opportunities and challenges that arise within the system.

Activities identified in the operating plan may require a multi-year approach.

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.

Recognizing the limited resources of its many stakeholders, the Network will focus on establishing time-limited task groups with clear, actionable mandates and deliverables. To ensure that the activities of the task groups are in keeping with the Network's overall mandate and progressing as planned, the Advisory Committee will continue to monitor the activities of the task groups on a quarterly basis and provide direction as needed.

Standing Committees:

- Advisory Committee
- Executive Committee

Task Groups 2011/2012:

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

- Referral and Patient Transitions Task Group
- ABI ONF ACT Demonstration Project
- Brain Injury Family Intervention Education Task Group
- Conference Planning Committee
- Data Advisory Group

The established priorities and activities of each of these task groups for 2011-2012 are reflected on pages 7-14 of this operating plan.

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 government representatives).

In 2011/2012, the Advisory Committee will continue to strengthen its relationship with the Local Health Integration Networks (LHINs) and to direct the work of the Network to ensure it is positioning itself as an advisor to the Ministry of Health and Long-Term Care 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. Each member organization appoints representation to the Advisory Committee.

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, 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
- A representative from the Advisory Committee from each of the acute care, inpatient rehabilitation and community sectors.

Toronto Acquired Brain Injury Network Operating Plan 2011/2012

Strategic Priority: *SYSTEM COORDINATION AND ACCESS*

Focus: *Improve patient access and flow: Evaluate ABI system capacity and identify factors impacting ALC, wait time and flow.*

PROBLEM / ISSUE:

The wait times for inpatient ABI rehabilitation are longer than the wait times experienced by other rehab populations (in 2010, the average wait time for inpatient ABI rehabilitation was 20.6 days), thereby impacting the ability of individuals with ABI to benefit from timely access to rehab. In particular, patients with a complex profile appear to be experiencing significant challenges with accessing ABI rehabilitation services across the continuum.

In addition, there are apparent inconsistencies in the resources available, within inpatient, outpatient and follow-up services, amongst the various rehabilitation organizations. These inconsistencies, coupled with a growing wait list for medical ABI outpatient clinics, impact access and flow across ABI services.

INITIATIVE #1: CONDUCT A REVIEW OF PATIENT FLOW TO INPATIENT ABI REHABILITATION TO FACILITATE DISCUSSIONS ABOUT UTILIZATION AND DISTRIBUTION OF RESOURCES

OBJECTIVES:

1. Conduct a review of the resources available across inpatient ABI rehabilitation; the ability to access rehab relative to complexity of patient profile; and outcomes (i.e., FIM™ score, discharge destination, LOS) relative to complexity of patient profile.
2. Engage key stakeholders from across the continuum in discussions on the findings, the identification of issues impacting patient flow and opportunities for improvement.
3. Disseminate findings and recommendations to key stakeholders.

KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Conduct a chart review of inpatient ABI rehabilitation referrals received in 2010 to obtain data on wait time relative to complexity of the patient profile.	Spring 2011
2. Disseminate updated ABI Self-Assessment Surveys to rehab organizations to clarify resources available for ABI service provision and to identify potential gaps within the system.	Spring – Summer 2011
3. Obtain data from NRS and DAD (e.g., average LOS, admission and discharge FIM™ scores, discharge destination) as required, to evaluate outcomes and access to rehab for patients relative to the complexity of the patient profile.	Summer – Fall 2011
4. Engage front line acute care, rehab and community-based ABI providers in regular meetings to review real time data and to identify/address issues that impede patient flow.	Spring 2011 (ongoing)
5. Conduct key informant interviews to gather additional information on resource availability and patient profiles within each of the rehab organizations.	Summer – Fall 2011
6. Reference GTA Rehab Network's Outpatient Rehab Services Utilization and Access Survey to supplement learnings about outpatient ABI rehabilitation.	Spring 2011
7. Meet with CEOs of rehabilitation hospitals with ABI programs to discuss current utilization of resources and to propose solutions to address service gaps and wait times.	Fall 2011
8. Develop a system report that identifies current resources, gaps in service and access barriers and provides recommendations to address service gaps and access issues.	Fall 2011 – Spring 2012

INITIATIVE #2: SUPPORT IMPROVED PATIENT FLOW TO ABI REHAB TO FACILITATE IMPROVEMENTS IN THE REFERRAL PROCESS

OBJECTIVES:

1. Continue to manage a central wait list for inpatient ABI rehabilitation and to provide navigation support.
2. Lead demonstration/pilot projects focused on facilitating earlier admission to inpatient ABI rehabilitation.
3. Disseminate system data on wait time and response time, and engage key stakeholders in discussions to review the data and to identify necessary system changes.

KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Continue Network's core role in the management of a centralized information and referral system.	Ongoing
2. Continue Demonstration Project for Earlier Referral to Inpatient ABI Rehabilitation to evaluate the impact of the early referral process on wait time and ALC.	Spring – Fall 2011
3. Disseminate monthly system reports on wait time, response time, decision time and other data elements as identified.	Spring 2011 (ongoing)
4. Partner with stakeholders from acute care and rehab to continuously evaluate referral practices and to implement process and/or performance improvements as required.	Spring 2011 (ongoing)
5. Work with acute and rehab partners to renew an Observer Pilot Project.	Spring – Fall 2011

INITIATIVE #3: CONDUCT A REVIEW OF HOSPITAL AND AMBULATORY CLINICS THAT PROVIDE FOLLOW-UP SERVICES TO UNDERSTAND AND ADDRESS CURRENT ISSUES WITH ACCESS AND CAPACITY

OBJECTIVES:

1. Conduct a review of the resources available within outpatient ABI clinics to determine current availability of resources, gaps in service delivery and access barriers.
2. Engage key stakeholders in discussions on the findings, the identification of issues impacting patient flow and opportunities for improvement.

KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Convene a working group of representatives from medical outpatient ABI clinics to identify the current state, gaps and opportunities for enhancements.	Spring 2012

INITIATIVE #4: PROVIDE SUPPORT FOR ABI-SPECIFIC INITIATIVES IDENTIFIED IN THE CCAC-TORONTO CENTRAL LHIN LONG STAY ALC REVIEW AND INTENSIVE CASE MANAGEMENT PROJECT	
KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
<p>1. Support lead hospitals of Toronto Central LHIN as required in follow up to the ALC Long-Stay Report to develop a cross-continuum ABI management strategy to reduce ALC. Strategy may include:</p> <ul style="list-style-type: none"> ▪ Development of an ABI Transition Team to support transition to the right place of care. ▪ Development of an ABI assessment and treatment transitional unit in Toronto Central LHIN. ▪ Initiatives to facilitate the development of ABI expertise and specialization in LTC homes. 	<p>Summer – Fall 2011</p>

Strategic Priority: **SYSTEM COORDINATION AND ACCESS: CAPACITY IN THE COMMUNITY**

Focus: *Inform ABI system planning by investigating current system capacity in the community, current barriers to accessing services, and opportunities for system enhancement within and beyond the ABI sector.*

PROBLEM / ISSUE:

Clients with co-existing ABI and mental health issues experience challenges accessing services. Service providers in both ABI and mental health sectors report challenges supporting these complex clients. There are inconsistencies in expertise across the system.

INITIATIVE: **COLLABORATE WITH ABI AND MENTAL HEALTH STAKEHOLDERS TO ENHANCE SERVICE CAPACITY ACROSS BOTH SECTORS TO BETTER SUPPORT CLIENTS WITH COMPLEX ABI AND MENTAL HEALTH ISSUES**

OBJECTIVES:

1. Facilitate improved partnerships between ABI and mental health sectors to enhance capacity for complex clients.
2. Engage stakeholders (including Network members, the five Toronto-area LHINs and the MOHLTC) to discuss the needs of this population and potential opportunities for system improvement.

KEY ACTIVITIES

PROJECTED TIMELINE FOR COMPLETION

1. Facilitate improved partnerships between the ABI and Mental Health sectors to enhance capacity for complex clients through continued participation on the Toronto Human Services and Justice Coordinating Committee.	Ongoing
2. Explore opportunities to leverage the recommendations from the MOHLTC Mental Health & Addictions 10 Year Strategy to enhance capacity for clients with ABI.	Summer 2011
3. Build on recent ABI and Mental Health Stakeholder survey and forum to identify collaborative initiatives focused on enhancing access and capacity across sectors. Investigate opportunities to host similar ABI and mental health stakeholder forums in different regions across the GTA as necessary.	Summer – Fall 2011
4. Establish process for convening regular clinical review conferences to facilitate problem solving between ABI and mental health service providers for complex cases. Explore opportunities to link these clinical review conferences to an already established service resolution table when required.	Fall 2011
5. Facilitate knowledge-to-practice forums through semi-structured ‘open forum rounds’.	Winter – Spring 2012
6. Support CHIRS and Reconnect Mental Health Services as required with the ONF-funded demonstration project to evaluate the value and feasibility of providing access to ABI expertise/consultation to Toronto-area ACT teams.	2011 – 2013
7. Based on the outcome of these initiatives, develop an advocacy strategy that identifies priorities for system improvement, appropriate targets, partners and approaches to support advocacy.	Winter – Spring 2012

Strategic Priority: *ABI EDUCATION AND SUPPORT FOR EVIDENCE-BASED BEST PRACTICE*

Focus: *Create opportunities to enhance awareness about ABI among service providers and support evidence-based practice across organizations.*

PROBLEM / ISSUE:

Awareness about the impact of ABI is often not well understood, even among health care providers. Certain aspects of brain injury contribute to the need for a concerted effort to enhance awareness about its effect on individuals and their families:

- The impact of ABI can be lifelong and over the years individuals may find it necessary to work with a number of health providers and other service providers who will need to understand brain injury and its effects.
- ABI is often described as an invisible injury and therefore it is necessary to increase the awareness of health care providers and service providers about ABI in order to enhance their ability to identify, assess and intervene appropriately.

There are many opportunities to support ongoing education. For the purposes of this operating plan year, the Network will be focusing on three specific areas of concern:

- Family physicians and community health practitioners such as psychiatrists are often the primary health care provider for individuals with ABI and therefore need to be able to assess and provide ongoing care for clients with ABI.
- Although we know that families need support after ABI, there is very little guidance for professionals on how best to help families. BIFI and BIFI-A offers an evidenced-based approach to family intervention that allows treatment providers and organizations to provide effective and efficient family interventions in more settings.
- As research and practice evolves, there is always a need and an opportunity to share knowledge and enhance the awareness of service providers about current evidence-based practices.

INITIATIVE #1: DEVELOP AND DELIVER WORKSHOPS AND INVESTIGATE OTHER STRATEGIES TO EDUCATE COMMUNITY-BASED PHYSICIANS REGARDING THE ASSESSMENT AND TREATMENT OF ABI

OBJECTIVE:

1. Enhance awareness and expertise in the area of ABI among community-based physicians and psychiatrists.

KEY ACTIVITIES

PROJECTED TIMELINE FOR COMPLETION

<ol style="list-style-type: none"> 1. Work with interested stakeholders to plan a workshop targeted for the family physicians that refer through the Toronto ABI Network for services. <ol style="list-style-type: none"> a. Building on the results of evaluations from previous workshops hosted by the Network and other available sources (e.g., the University of Toronto and the Family Medicine Forum), determine education needs of family physicians/family physician residents to ensure planning corresponds with stated needs. 	Summer 2011
<ol style="list-style-type: none"> 2. Develop a workshop for the November 2012 Family Medicine Forum. 	Fall 2011 – Fall 2012
<ol style="list-style-type: none"> 3. Investigate alternate strategies to expand the reach of education efforts for family physicians and other community-based health care providers. For example: <ol style="list-style-type: none"> a. Investigate the feasibility of offering a regularly scheduled consultation for family physicians when they have treatment based enquiries. b. Investigate the potential for the Network to support a neuropsychiatric fellowship. c. Develop and host an annual workshop specifically targeted for residents from the Department of Family and Community Medicine including a specific focus on issues such as return to play/work, return to driving and medical/legal issues. 	Summer 2011 – Winter 2012

INITIATIVE #2: FACILITATE DISSEMINATION OF EVIDENCE BASED FAMILY INTERVENTION PRACTICES FOR INDIVIDUALS WITH ABI AND THEIR FAMILIES (BIFI AND BIFI-A WORKSHOPS)	
OBJECTIVE:	
<ol style="list-style-type: none"> 1. Provide clinicians with: <ul style="list-style-type: none"> • a theoretical framework and structured approach for working with families after ABI. • clinical intervention techniques (case problem solving) and evaluation techniques. 	
KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Building on the evaluations from previous sessions and ongoing review, determine the impact of these workshops for participants as well as on the system.	Spring 2011
2. Seek opportunities to expand the reach of this initiative to others who work with families but may not be family counsellors (e.g., case managers).	Summer 2011
3. Plan and host a workshop in the fall of 2011 to further support the adoption of evidence based practice approaches in supporting families.	Fall 2011
4. Provide a forum for those who have participated in previous sessions of BIFI/BIFI-A training to reinforce learning, discuss their experience with the methodology and any challenging scenarios they have encountered.	Fall 2011

INITIATIVE #3: PLAN AND HOST TWO DAY CONFERENCE IN NOVEMBER 2012	
OBJECTIVES:	
<ol style="list-style-type: none"> 1. Provide opportunity for sharing of emerging evidence and best practice with ABI stakeholders. 2. Provide forum for Networking for ABI stakeholders. 3. Generate revenue to support other Network priorities. 	
KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Convene planning group and hire conference planner.	Summer 2011
2. Identify themes and title to guide program planning.	Fall 2011
3. Recruit keynote speakers.	Winter 2012
4. Confirm and implement sponsorship strategy.	Winter 2012
5. Establish and implement abstract process to facilitate conference program.	Spring 2012

Strategic Priority: *SYSTEM-BASED PLANNING AND ADVOCACY*

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

PROBLEM / ISSUE:

The needs of individuals with ABI and the demand for services significantly outweigh the current supply. There are many opportunities for system improvement; however, there is no coordinated strategy for advocacy and no clearly identified lead for the planning of ABI services. Some of the Network’s activities around advocacy are imbedded within the activities of key initiatives (e.g., ABI and Mental Health collaboration).

The following outlines current opportunities where the Network can provide leadership and support advocacy.

INITIATIVE: COLLABORATE WITH ABI STAKEHOLDERS FROM ACROSS THE PROVINCE TO ENHANCE AWARENESS AROUND THE NEEDS OF THOSE AFFECTED BY ABI

KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Continue to work with the Ontario Neurotrauma Foundation’s MTBI Coordinating Committee on the development and implementation of the Provincial MTBI Strategy.	Summer 2011
2. Provide input into the review of the definition of catastrophic impairment lead by the Automobile Insurance Policy Unit of the Financial Services Commission of Ontario.	Spring – Summer 2011
3. Participate in discussions with the regional system navigators to facilitate collaboration and sharing of information and resources.	Ongoing
4. Participate in discussions with ABI stakeholders and the Toronto-area LHINs in relation to the LHINs proposed adoption of the InterRAI CHA for community based HSPs.	Ongoing

Strategic Priority: *CLIENT DATA TRACKING AND REPORTING*

Focus: *Monitor, evaluate and oversee issues pertaining to ABI service delivery from a systems perspective.*

PROBLEM / ISSUE:
System improvement requires quality data to support meaningful evaluation and drive the necessary change both at a system level and an organizational performance level. It is often challenging to draw ABI specific data from traditional data sources in a timely manner.

INITIATIVE: MAINTAIN AND ENHANCE THE USABILITY AND EFFECTIVENESS OF ABI DATA AVAILABLE TO THE NETWORK TO INFORM PLANNING AND IMPROVE PERFORMANCE	
OBJECTIVES:	
<ol style="list-style-type: none"> 1. Ensure availability of quality data regarding system performance and the flow of ABI patients across the continuum. 2. Ensure adherence to Privacy Legislation in relation to management of data held by the Network. 	
KEY ACTIVITIES	PROJECTED TIMELINE FOR COMPLETION
1. Continue to disseminate regularly published reports (e.g., referrals received, response times, decision times and wait times).	Ongoing
2. Work with organizations to ensure the available information supports organizational planning and decision-making.	Ongoing
3. Develop trending reports in several key areas to provide information on referral trends.	Ongoing
4. Data reports are to be reviewed and analyzed by Network Secretariat with feedback from the Referral and Patient Transitions Task Group and Data Advisory Group, reporting back to the Advisory Committee on any trends and potential impact on the system.	2-4 times per year
5. Modify the database as necessary to ensure the accuracy and usability of the data and to ensure it meets current requirements.	Ongoing
6. Ensure Network processes for data collection, storage and reporting continue to adhere to current privacy legislation and meet the needs of users.	Ongoing

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.

Members of the Toronto ABI Network are:

- Baycrest
- Brain Injury Association of Durham Region*
- Brain Injury Society of Toronto*
- Bridgepoint Health
- Central Community Care Access Centre
- Community Head Injury Resource Services
- COTA Health
- Holland Bloorview Kids Rehabilitation Hospital
- Ontario Neurotrauma Foundation*
- Peel Halton Acquired Brain Injury Services
- St. John's Rehab Hospital
- St. Michael's
- Sunnybrook Health Sciences Centre
- Toronto Central Community Care Access Centre
- Toronto Rehab
- Trillium Health Centre
- University Health Network
- University of Toronto*
- West Park Healthcare Centre
- York Central Hospital

** ex-officio member*

Toronto Acquired Brain Injury Network
520 Sutherland Drive
Toronto, Ontario M4G 3V9

Phone: (416) 597-3057

Fax: (416) 597-7021

info@abinetwork.ca

www.abinetwork.ca