



STRATEGIC PLAN SCORE CARD 2018 - 2019

STRATEGIC PRIORITY	GOAL	OUTCOMES	INDICATORS	Q1	Q2	Q3	Q4	COMMENTS
QUALITY AND SAFETY	Achieve Qmentum accreditation in September 2018	Traverse successfully achieves Qmentum status	Qmentum Level accreditation is achieved	In progress	Achieved with 96% of indicators met	Achieved with 96% of indicators met	Achieved with 96% of indicators met	
	Implement the quality management system	Score card developed and adopted Scorecard with quarterly results is available	50% of the quality indicators are met	55% of the indicators have been met YTD	65% of the indicators have been met YTD	65% of the indicators have been met YTD	99% of the indicators have been met	One deferred to 19/20 and one discontinued
			100% of results are trended and analyzed	Results have not been trended or analyzed	Results will be trended and analyzed at the end of Q4	Results will be trended and analyzed at the end of Q4	100% of results are trended and data analyzed by corresponding committee	
			Results are made available 100%	Results are posted.	Results will be posted in April 2019	Results will be posted in April 2019	To be posted after board meeting	

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	Ensure that clients receive service based on best practice.	All assessment results are posted in Goldcare Outcomes of goal completion are charted in Goldcare and reviewed at least annually	100% of eligible clients are assessed by the Mayo Portland Assessment Tool	100% of clients with falls assessments and/or RAI have outcome measures charted in Goldcare.	100% of clients with falls assessments and/or RAI have outcome measures charted in Goldcare.	100% of clients with falls assessments and/or RAI have outcome measures charted in Goldcare.	100% of clients with falls assessments and/or RAI have outcome measures charted in Goldcare.	
			100% of goal directed clients have outcome measures being charted	Traverse care plans are not implemented into Gold Care. This will occur in Q2 and Q3	100% of goal directed clients have outcome measures being charted	100% of goal directed clients have outcome measures being charted	100% of goal directed clients have outcome measures being charted	
	Implement all requirements of client safety plan	Incidents are trended and used for quality improvement Results are posted publicly	Plan is approved and adopted	Plan is approved and published	Plan is approved and published	Plan is approved and published	Plan is approved and published	
			100% of client safety incidents are logged, trended and analyzed	The go live date for incident was May 1, 2018 since then 100% of reports have been	100% of client incident reports are logged and trending has started through the client safety	100% of client incident reports are logged and trending has started through the client safety	100% of client incident reports are logged and trending has started through the client safety committee	

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				logged.	committee	committee		
			100% of the quarterly reports are publicized through a variety of media sources	Trending and analysis will start in Q2	Trending occurred but data set was very limited so will continue in Q3	Trending is underway and will continue to year end	Results will be posted in May	
	All client safety polices are actively reviewed, updated, and implemented	Policies are up to date	100% of policies and procedures are reviewed annually	10% have been reviewed YTD but process will be changed to review more on a monthly basis	100% of client safety policies have been reviewed and approved my management	100% of client safety policies have been reviewed and approved my management	100% of client safety policies have been reviewed and approved my management	
CLIENT AND SYSTEM OUTCOMES	Maintain an active role with local and provincial associations that strive to influence health care policy	ABI continues to be a contributor at local system tables Member in good standing at provincial system tables with a focus on provincial health care strategies	100% of relevant committees have a representative on them	100% of provincial and local committees have brain injury representation on them. ABI Steering Committee, Rehab/CCC Council, Here 24/7,	100% of provincial and local committees have brain injury representation on them. ABI Steering Committee, Rehab/CCC Council, Here 24/7,	100% of provincial and local committees have brain injury representation on them. ABI Steering Committee, Rehab/CCC Council, Here 24/7,	100% of provincial and local committees have brain injury representation on them. ABI Steering Committee, Rehab/CCC Council, Here 24/7, HSNCC, Ethics Network, Provincial ABI	

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				HSJCC, Ethics Network, Provincial ABI Network, Ontario Association of IL Service Providers	HSJCC, Ethics Network, Provincial ABI Network, Ontario Association of IL Service Providers	HSJCC, Ethics Network, Provincial ABI Network, Ontario Association of IL Service Providers	Network, Ontario Association of IL Service Providers	
	Refer clients who would benefit from a coordinated care approach to Health Links	Clients have access to enhanced services through coordinated care planning	100% of Traverse clients who would benefit from a coordinated care approach are referred to the appropriate Health Links	YTD 4 clients have been referred to Health Links which is 100% of the clients who would benefit from the support.	YTD 8 clients have been referred to Health Links which is 100% of those who would benefit from the service	YTD 8 clients have been referred to Health Links which is 100% of those who would benefit from the service	All clients who are eligible for Health Links have been referred	
		Care plans are coordinated and representative of a multi-sectoral approach to service delivery	100% of clients who would benefit from a coordinated care approach have a current care plan	100% of clients who would benefit from a care plan have one in Goldcare	100% of clients who would benefit from a care plan have one in Goldcare	100% of clients who would benefit from a care plan have one in Goldcare	100% of clients who would benefit from a care plan have one in Goldcare	

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ENGAGEMENT	Develop both virtual and in person opportunities for stakeholder engagement	<p>Information is exchanged</p> <p>Stakeholders have information required to make informed decisions</p> <p>Committees have opportunity to influence decisions</p>	<p>Invitations issued to 100% of clients and eligible caregivers to participate</p>	<p>100% of clients and caregivers were invited to participate in an email group</p>	<p>24 clients or caregivers responded indicating interest in being part of ongoing engagement opportunities.</p>	<p>24 clients or caregivers responded indicating interest in being part of ongoing engagement opportunities.</p>	<p>24 clients or caregivers responded indicating interest in being part of ongoing engagement opportunities.</p>	
			<p>40% response rate on surveys</p>	<p>45% survey response rate was achieved on the two client/caregiver surveys</p>	<p>45% survey response rate was achieved on the two client/caregiver surveys</p>	<p>45% survey response rate was achieved on the two client/caregiver surveys</p>	<p>45% survey response rate was achieved on the two client/caregiver surveys</p>	
			<p>Committee's terms of reference complete and posted along with minutes of all meetings</p>	<p>The TOR are approved for all committees and the minutes are circulated to all staff. Highlights of committee work are referenced in</p>	<p>The TOR are approved for all committees and the minutes are circulated to all staff. Highlights of committee work are referenced in</p>	<p>The TOR are approved for all committees and the minutes are circulated to all staff. Highlights of committee work are referenced in</p>	<p>The TOR are approved for all committees and the minutes are circulated to all staff. Highlights of committee work are referenced in newsletters</p>	

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			Summary Report is produced and used 100% of the time for planning	newsletters. The Engagement Report is 80% completed. The executive summary has not been drafted	newsletters The Engagement Report is 100% completed and was highlighted a number of times in accreditation report	newsletters The Engagement Report is 100% completed and was highlighted a number of times in accreditation report	The Engagement Report is 100% completed and was highlighted a number of times in accreditation report	