
# TRAVERSE INDEPENDENCE STRATEGIC PLAN 2019 - 2023

NOVEMBER 2019

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# ABOUT TRAVERSE INDEPENDENCE

Traverse Independence is a registered not-for-profit organization providing services to individuals with physical disabilities and brain injuries in the Region of Waterloo and Wellington County. The organization supports adults with very complex needs, including brain injuries and physical disabilities. Established in 1977, the organization offers the following services in the community:

Supportive Housing at two locations where people with physical disabilities and brain injuries live with supports in their apartments
ABI (Acquired Brain Injury) Transitional Living in two places where, with supports, people learn to live independently once again
The ABI Group Home for people with catastrophic brain injuries who are considered slow to recover versus transitional
Two ABI Day Programs, a drop-in centre and a more structured program for those with more significant brain injuries
ABI Outreach in Waterloo/Wellington, a one-to-one employee who offers training so clients can live independently in the community
ABI Affordable Housing, a housing unit for up to 6 individuals with ABI for permanent residency
ABI Intensive Case Coordination, episodic and short-term individualized services to stabilize and support clients in crisis.

Traverse works in close partnership with others to meet the service needs of these populations and acts as an expert resource to those involved in planning, advocacy, and raising public awareness. Our work requires us to think ahead when clients or policymakers cannot or do not make strategic and proactive decisions, and it means speaking out about the issues that are emerging. Having an eye toward the future also means focusing on services and supports that build capacity, improving system navigation and ensuring client-centered, high-quality services.

## OUR PLANNING CYCLE

**Figure 1** illustrates how the Strategic Plan informs the operational planning of the organization.


*Figure 1 - Strategic Plan and Operations*

# OUR CORE COMMITMENTS

Traverse is committed to supporting clients in the community. The following are the mission, vision and values that guide our work.

## OUR MISSION

The mission statement should be the most precise and most straightforward statement that describes why the organization exists, its main reason for being, its core purpose, and its core activity.

> We maximize our clients' ability to live independently by providing support services for adults with a physical disability or brain injury.

## OUR VISION

The vision statement should describe the preferred future state as described/understood through the eyes of the organization's key stakeholders (clients, staff, caregivers, and partners). It should be inspirational.

> Supporting People to Traverse the Distance to Independence.

## OUR VALUES

**Figure 2** represents the values that guide an organization's relations with its stakeholders as it lives out its mission in pursuit of its vision. CARES represent the values of the organization.


*Figure 2 - Traverse Independence Values*

# PLANNING CONSIDERATIONS

The following is a summary of the key points from the organizational review, health system planning context, SWOT analysis and the PEST analysis.

## ORGANIZATIONAL REVIEW

The organizational review is a graphic of the following elements.

Mission Vision and Values
Clients and Service Numbers
Planning Process
SWOT Analysis
Financial Information and Staff Numbers

**Figure 3** is a copy of the Review Chart[1].

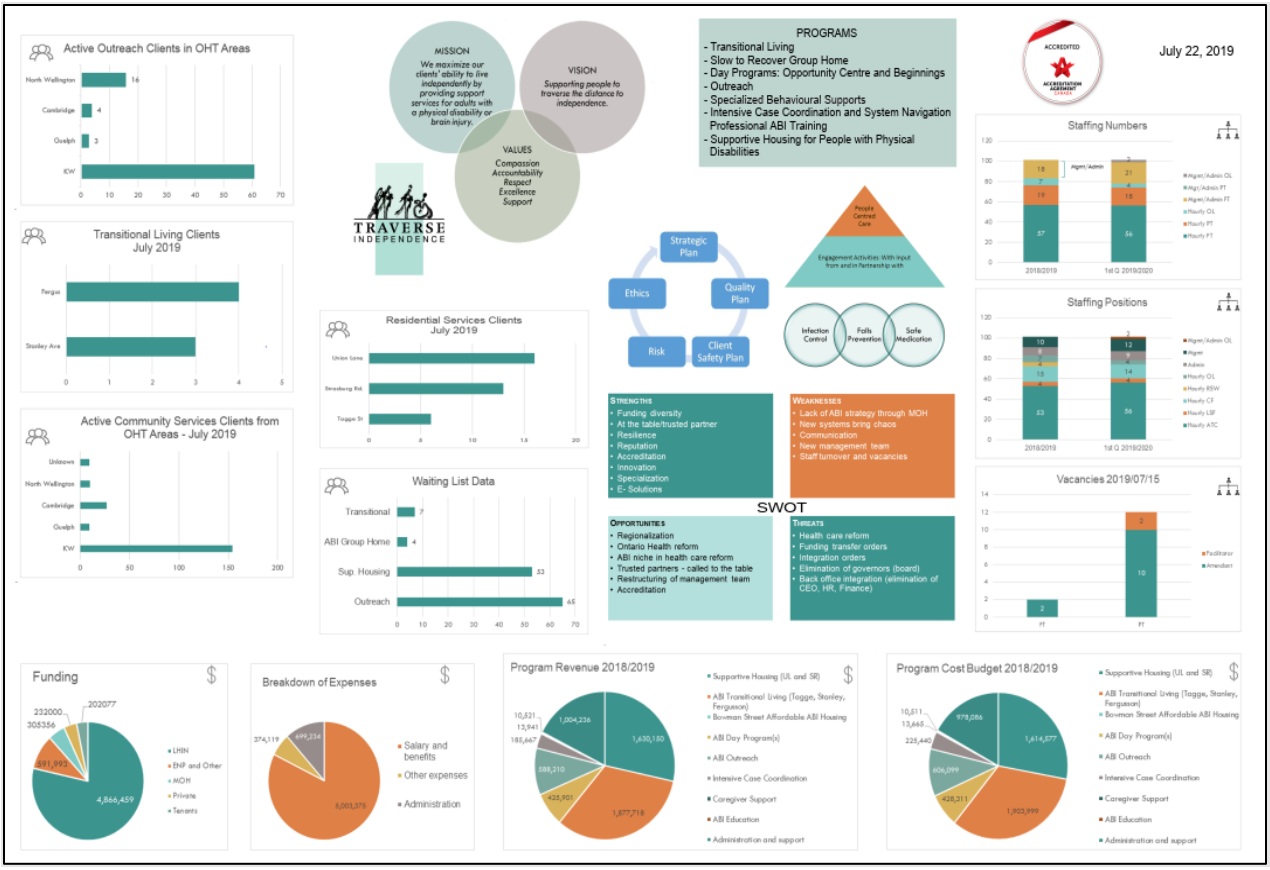


*Figure 3 - Organizational Review Chart*

[1] A PDF of the diagram is available upon request.

## HEALTH SYSTEM PLANNING CONTEXT

Historically, the organization played an integral role in supporting the Waterloo Wellington Local Health Integration Network (WWLHIN) in their objective of providing a systems approach to health services in the community. The Ontario Health Transformation Agenda is in the process of consolidating the WWLHINs into a single corporation called Ontario Health. The transition of the LHINs, coupled with the formation of Ontario Health Teams, has the following implications for Traverse strategic planning work.

**Identifying a Health Ontario Health Team**
Ontario healthcare services are moving from an agency approach to an integrated health team approach. Bill 74 – The People's Health Care Act (2019) – outlines the new structure for the planning, management and provision of services in the community. Under the act, the Local Health Integrated Network (LHIN) becomes part of the Ontario Health Corporation. Not only will organizations who reported to the LHIN complete a process to become part of one or more Ontario Health Teams but part of a bigger Ontario Health Region. https://news.ontario.ca/mohltc/en/2019/11/ontario-taking-next-steps-to-integrate-health-care-system.html. The transition is currently in progress and should be completed by 2023[2].

***Consideration*** *– The transformation process is a long-term process that will require many organizational adjustments. Traverse will need to review the strategic plan a minimum of twice a year or when there are significant changes to ensure emerging decisions align or require the organization to adjust strategies.*

**The future legal entity status is a question**
A key feature in the new Ontario Health Team structure is the question of governance. There is no set template or structure required by the government. The emerging strategic problem is agency governance and OHT governance. There are several articles about governance models. There is no resolution at this time on the ideal or final type of governance OHTs will utilize.

***Consideration*** *– Traverse will need to determine how to interact with an Ontario Health Team. It is crucial the organization review all its options, the people served, staff implications, funding sources and legal considerations when determining how to engage the OHT opportunities. Traverse should identify how Ontario Health Teams play a role in the future of the organization given Traverse is a legal corporation in Ontario.*

**The Voice of the Client**
The client and family involvement in the healthcare system is essential. The healthcare system requires clients' and families' engagement in both decision-making and service delivery design. Accreditation standards also require the organization to engage and support clients and families. The role of client, family and community is a principle that will require planning and coordination to

[2] The transition of the healthcare system is estimated to take four years starting in 2019.

promote the best use of time for staff and engagement participants.

*Consideration – The engagement of the clients and families should be organized into a process to ensure the ideas and input of everyone is used to support change in the organization and its programs.*

**A shift from LHIN boundary regions to OHT local and regional boundaries.**
The transition from an LHIN contract to an Ontario Health Team will require Traverse to consider their current service boundary and then consider the service boundary the organization will serve as part of an Ontario Health Team locally and regionally.

*Consideration – The transition to a new contact with an Ontario Health team will require the organization to evaluate the geographic scope of service locally and in the larger Ontario Health "West" Region.*
**The transition of the existing Ministry of Health and Long-Term Care Contracts**
Funding and assets (e.g., equipment, intellectual property, etc.) are essential considerations to explore in deciding to be part of an Ontario Health Team.

***Consideration*** *– The organization should complete a Governance Due Diligence Policy with a supporting procedure to guide operations. The policy will provide the board and senior management with the tools and thinking required to build a useful contract with any third-party organization, including an OHT. The Due Diligence Report should be reviewed and updated a minimum of twice a year.*

## SWOT Analysis

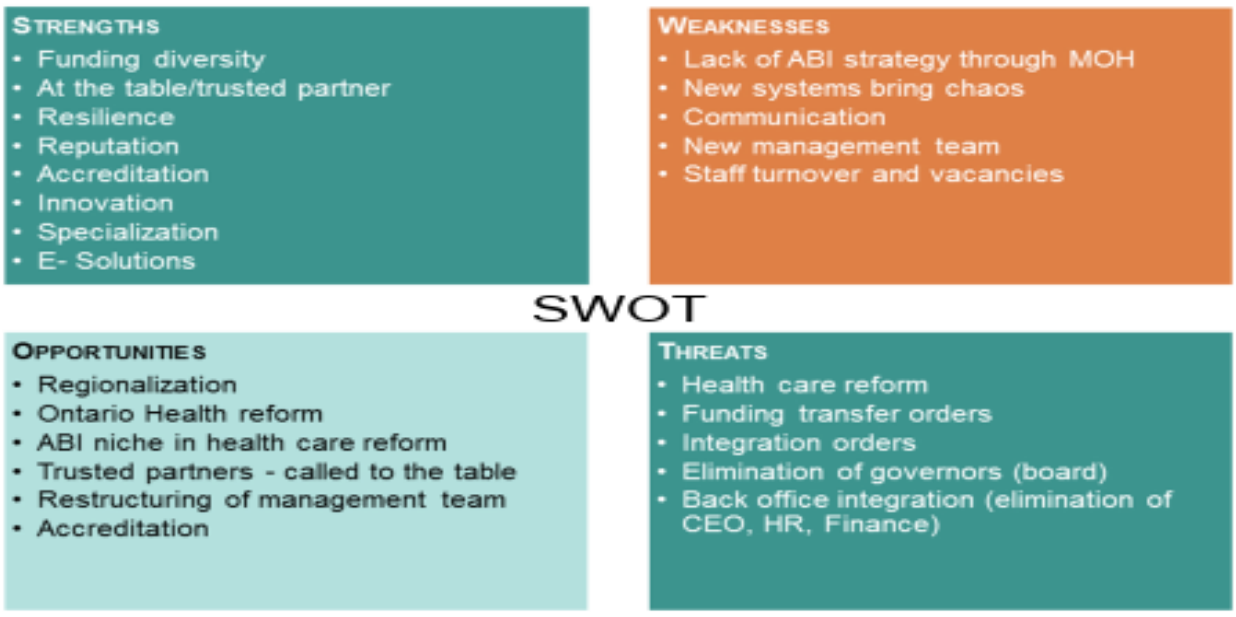


*Figure 4 - SWOT Analysis Chart*

## PEST Analysis

The PEST Analysis contains a set of strategic implications to inform the Strategic Plan. The following is a copy of the report's strategic implications.

### Political Strategic Implications for Traverse Independence

1. The current government funding will transition in the next year from a LHIN funder to the Ontario Health Team (OHT) funder.
2. The organization is governed through a regional office where the accountability and authority are still to be determined.
3. The role of governance in the proposed OHT structure is unclear. The organization will need to explore how to use existing partnerships and other potential partners to influence policy changes and the role of the governance in local service and health system planning.

### Economic Strategic Implications for Traverse Independence

1. The economy will remain stable (limited growth in GDP, unemployment rate constant).
2. There will be pressure on the organization to work within the current funding framework when using government dollars.

### Sociological Strategic Implications for Traverse Independence

1. It is essential to see the demographic profile of the OHT team geographic or client population. The statistical information will be valuable for agency planning and system planning.
2. There will be competition to find, secure and retain skilled staff in the marketplace.
3. It is important to identify external demographic trend data that will be most helpful for the agency to guide its work over the next five to seven-year period.
4. The number of people who survive opioid overdoses will present a complex set of healthcare needs. It will be essential to work with other health care providers to find methods to provide healthcare supports for opioid survivors.

### Technological Strategic Implications for Traverse Independence

1. It is essential to revisit the Technology Plan to adjust and prepare for additional costs and changes in software requirements as provincial e-health strategy is enabled. http://www.health.gov.on.ca/en/news/connectedcare/2019/CC_20191115.aspx
2. Changes in technology will require additional training and orientation for staff along with consideration of equipment and bandwidth to support client connectivity in their home.
3. The move to shared information to support the client experience will require additional skills and training in how to document information to help OHT team members that are not employed by Traverse.

A copy of the full PEST Analysis report is available upon request.

# STRATEGIC PILLARS AND SUPPORTING STRATEGIES

The following five strategic pillars guide the work of the organization over the next three five-year period.

| Quality & Client Safety | Comprehensive Service Mix | Sustainable Outcomes | Health System Partnerships | Engagement |
|---|---|---|---|---|
| Focus on safe, effective high-quality services that **ensures a safe environment** for clients and staff**.** | Provide services through an **integrated service** delivery model focused on a **person-centered care** framework | Refine and support **key client outcomes** in a health ecosystem of team partners. | Active **health system partner** engaged in enabling a continuum of services for clients, families and the community | Our participation on identified **Ontario Health Teams and within our Ontario Health region** will strengthen integrated service delivery for clients, families in the community. |
| **Align and Integrate Systems**: We will integrate OHT performance indicators or quality improvement plans (C-QIPs) into **accreditation standards** and external third-party requirements such as **Ontario Neurotrauma Foundation**<br><br>**Talent Management:** We will build an **energetic and dedicated staff** roster to safely support the work of the organization. | We will provide a core set of services **that enables clients to live well in the community.** Our services **will build on the best practice** to meet the emerging needs of clients | We will refine and support **key client outcomes** in a robust ecosystem of team partners. The **evaluation framework and outcome measures** will enable funding, planning, collaboration and network partnership. | We will be an active **health system partner** engaged in enabling a continuum of services for clients, families and the community | Establish **formal standing** in the Ontario Health structure both on local teams and within west region<br><br>Align our integration with strategic partners to better offer knowledge exchange and service design that is **inclusive of clients with brain injury and physical disabilities.** |

## Strategic Pillar - Quality and Client Safety

Our work will focus on our Quality Plan and Client Safety Plan [3] to ensure a safe environment for clients and staff. It will include sustaining accreditation with a robust quality management system, client safety and staff safety strategies.

**Strategy – Align and Integrate Systems**

We will commit to adopting performance indicators in the OHT strategic plan and/or Quality Improvement Plans (QIPs) as they relate to quality and client/staff safety indicators. Activities to support this strategy include:

Commit to OHT strategic goals and objectives including QIPs that support ABI evidence informed practice and accreditation standards
Adopt quality improvement activities that align with accreditation standards (Canada, 2019) and known evidence-informed practices
Apply external third-party requirements (e.g. Health and Occupational Safety) to support a safe environment for employees and clients
Adopt and commit to uphold appropriate evidence-informed guidelines published by the Ontario Neurotrauma Foundation (ONF).

**Strategy - Talent Management**

We will grow our compassionate, talented and committed employee teams to safely support the work of the organization. Activities in support of the strategy include:

- Implement an ongoing recruitment and retention plan that engages all levels of employees within the organization
- Create and implement a student placement framework that focuses on a quality placement opportunity for a well-matched student
- Improve retention outcomes (reduce turnover)
- Provide all staff with comprehensive, timely training with a focus on risk reduction and employee retention.

**Outcomes**

Work in the identified strategies will enable the organization to achieve the following results:

- Integrate with OHT strategic planning and quality indicators
- Maintain Accreditation Canada quality indicators and best practice guidelines
- Reduce turnover in staff involved in the organization
- Students engaged in service delivery, management and quality improvement activities will successfully complete their placement

[3] A quality Management System and Client System are requirements of Accreditation Canada.

- Compliance with external regulatory requirements for staff, client and organizational safety.

## Strategic Pillar - Comprehensive Service Mix

We will provide a core set of services that enable clients to live well in the community with a focus on the social determinants of health. Our services will build on evidence-based practices to meet the emerging needs of clients using the person-centered care framework and an integrated service delivery model. The following strategies will inform the strategic pillar.

**Strategy – Comprehensive Service Program Review**
We will establish a program review cycle to meet the current and emerging needs of clients. Activities in support of the strategy include:

Research and approval of a **formal program review process** utilizing quality evidence and evaluation tools
Create and adopt a **program review cycle** to support the formal review of one program a year
Incorporate the results from the program review in the Annual Report along with distribution to key informants for comment prior to final publication
Development and implementation of a Client and Caregiver Advisory Committee
Review the services of provincial partners and their service boundaries within the newly formed West Ontario Health region
Work with provincial partners to consider other service types or strengthen existing services.

**Outcomes**

Work in the identified strategies will enable the organization to achieve the following results:

Services and programs utilize best practices or evidence-informed models of design and delivery
Standardized metrics for comparison measurement with a comparable evidence-informed model of design and delivery
A documented process for systematic program review
Publish an annual best practice report
A functioning system for clients and caregivers to provide feedback on program design and needs of the community
Develop concepts for regionally focused integrated ABI services
Develop funding requests for service enhancement.

## Strategic Pillar – Sustainable Outcomes

We will refine and support **key client outcomes** in a robust ecosystem of integrated services facilitated through the OHT framework.

**Strategy – Comprehensive Outcomes Measurement Framework**

We will collect data that supports program evaluation and aligns with known evidence-based practices in the field. Activities in support of the strategy include:

Identify outcome measures relevant to ABI services that integrate with OHT strategic planning and system outcome measures and collect data as pertinent
Consult and engage with key stakeholders on program evaluation data and outcomes
Publish results annually.

**Outcomes**

Work in the identified strategies will enable the organization to achieve the following results.

Continuous improvement on quality initiatives
Adherence to all accreditation standards and evidence-based guidelines
Adopting of Ontario Neurotrauma Foundation best practice guidelines as applicable.

## Strategic Pillar – Health & Community Service Integration/ Partnerships

We will be an active **health system partner** engaged in enabling a continuum of services for clients, families and the community. Our presence and **partnership on identified Ontario Health teams** will strengthen integrated service delivery for clients and families in the community.

**Strategy – Complete the Ontario Health Team Alignment Process**

We will complete all the required steps to establish a formal standing in the Ontario Health Team structure. Activities in support of the strategy include:

Work with regional OHTs to align with mission, vision, values and strategic planning
Complete the contracting and governance elements required to support services within an OHT structure.

**Strategy - Partnership Alignment and Integration**

We will align our integration with strategic partners to better offer knowledge exchange and service design that is inclusive of clients with brain injury and physical disabilities. Activities in support of the strategy include:

Develop a strategic engagement strategy that identifies partner organizations where clients with brain injury are often underserved or not identified
Work with community partners to utilize tools to identify clients with brain injury that have gone undiagnosed.
Expand our community partnerships to those that are hardest to identify (e.g. custody, shelters).

**Outcomes**

Work in the identified strategies will enable the organization to achieve the following results:

Identification of clients with a previously undiagnosed brain injury
Increased partnerships with other service providers
Enhanced ABI knowledge within other sectors.

### STRATEGIC PILLAR – COMMUNITY ENGAGEMENT

We will sustain a comprehensive **system for community engagement** with key stakeholders, families and clients. Our use of **virtual, face-to-face systems and** surveys will provide a full breadth of engagement and dialogue opportunities.

**Strategy – Engagement Strategy Map**

We will engage our clients, families and the brain injury/physical disability community to consult on the OHT mission, vision and values. Activities in support of the strategy include:

Include the voice of those with physical disabilities and brain injuries in the OHT strategic planning and measurable outcomes
Creation and support of a Client and Caregiver Advisory Committee.

**Outcomes**

Work in the identified strategies will enable the organization to achieve the following results:

Annual Engagement Report on community consultation
Adoption of the committee and use of feedback as appropriate.

## STRATEGIC IMPLEMENTATION

The implementation of the Strategic Plan consists of a series of phases[4]. The following is an outline of the phases.

### PHASE 1 COMMUNICATION AND IMPLEMENTATION (ADDENDUM)

**Time Frame – November 2019 – March 31, 2021**

A number of critical areas of work in the first phase involved completing the strategic plan with a formal operational plan, communicating the results to get feedback from key stakeholders, embedding the updated plan into the planning cycle and taking the necessary steps to continue the work on engaging in the OHT process.

[4] Additional work will be completed on the remaining phases one the Senior Staff have reviewed the plan and provided their input.

### Strategic Planning Work - Operational Alignment

The senior management team will identify the following:

a) Updating previous planning to incorporate pillars and strategies
b) Development of new operational planning documents (to start April 2020)
c) Alignment of actions in the 2020/2021 budget
d) Update to the board of directors (February 2020).

### Strategy – Complete the Ontario Health Team Alignment Process

We will complete all the required steps to establish formal standing in the Ontario Health Team structure. Activities in support of the strategy include:

Working with identified OHT to complete the necessary steps to obtain formal standing.

**Implementation Consideration(s)**
This strategy will require significant time and work by the board of directors and the senior management team to engage the OHT process. The extra time could involve the following activities:

a) **Due Diligence work** – Creation of a board policy and completion of a due diligence assessment for integration with OHTs.
b) **Meeting and Reading Time** – Reading a wide variety of documents to understand the proposals required for formal signature on an OHT contract or agreement
c) **Engagement Process** – Finalizing an engagement process with clients, families and the community that support the OHT engagement strategy and Ontario Health requirements.

## PHASE 2

**Time Frame – April 2021 – March 31, 2022**

### Strategic Planning Work – Roll out of Strategic Plan

The senior management team will complete the following:

a) Results of engagement on strategic pillars
b) Development of annual operational plans
c) Communication of plan via all social media platforms

### Strategy – Complete the Ontario Health Team Alignment Process

We will complete all the required steps to establish formal standing in the Ontario Health Team structure. Activities in support of the strategy include:

a) Working with identified OHT to complete the necessary steps to obtain formal standing.

### PHASE 3

**Time Frame – April 2022 – March 31, 2023**

To be determined based on advancement of Ontario Health.

## STRATEGIC EVALUATION

The annual evaluation of the strategic plan will include the use of data. The following data[5] framework will identify the types of data to collect and report for each strategy.

a) **Progress Data** – The progress made on the supporting strategies based on quarterly data
b) **Impact Data** – The ability of the strategy to achieve identified results. Example, percentage increase in the number of people served.
c) **Resources[6] Data** – The costs associated with implementing the strategy to the planned costs for strategy implementation.

## CONCLUSION

This plan is a living document that is updated at least annually based on the ongoing information and feedback obtained throughout the year. In the current climate of rapid health care reform, the plan should be reviewed more frequently, especially if there is a significant change announced or our outcomes have been achieved. The strategic plan is the platform that maps out future directions of the organization. It identifies priorities based on input, data and measurable outcomes along with significant engagement with the key stakeholders - our clients, caregivers and employees.

[5] Additional details on the metrics will be included once phase 1 is complete.

[6] Resources include people, cash, capital and technology.

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| Strategic Priority | Goal | Objectives | Outcomes | Lead | Timeline | Indicators |
|---|---|---|---|---|---|---|
| **Quality & Safety** | Align and integrate systems | Commit to OHT strategic goals and objectives including QIPs that support ABI evidence informed practice and accreditation standards | Included in OHT goals and objectives | CEO, DCS | April 2020 - 2022 | OHT goals and objectives align with ABI strategies and evidence-based practice. |
| | | Adopt quality improvement activities that align with accreditation standards (Canada, 2019) and known evidence-informed practices | Accreditation standards are met or enhanced | CEO, DCS, DHR[7] | April 2020 - 2022 | Accreditation standards are maintained, and audit is successful |
| | | Apply external third-party requirements (e.g. Health and Occupational Safety) to support a safe environment | All applicable standards are considered | CEO, DHR, DCS | April 2020 - 2022 | All standards are met |

[7] CEO – Chief Executive Officer | DCS – Director of Client Services | DHR – Director of Human Resources

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| | | for employees and clients | | | | |
| | | Adopt and commit to uphold appropriate evidence-informed guidelines published by the Ontario Neurotrauma Foundation (ONF) | Evidence-informed guidelines are considered in service delivery systems | DCS | April 2020 - 2022 | Evidence-informed guidelines are achieved as applicable |
| | Talent management | Implement an ongoing recruitment and retention plan that engages all levels of employees within the organization | | DHR | April 2020 - 2022 | |
| | | Create and implement a student placement framework that focuses on a quality placement opportunity for a well-matched student | | DHR | April 2020 - 2022 | |

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| | | Improve retention outcomes (reduce turnover) | | DHR | April 2020 - 2022 | |
| | | Provide all staff with comprehensive, timely training with a focus on risk reduction and employee retention | | DHR | April 2020 - 2022 | |
| **Comprehensive Service Mix** | Comprehensive service program review | Research and approval of a formal program review process utilizing quality evidence and evaluation tools | | DCS | April 2020 - 2022 | |
| | | Create and adopt a program review cycle to support the formal review of one program a year | | DCS | April 2020 - 2022 | |
| | | Incorporate the results from the program review in the Annual Report along with distribution to key informants for | | DCS | April 2020 - 2022 | |

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| | | comment prior to final publication | | | | |
| | | Development and implementation of a Client and Caregiver Advisory Committee | | DCS | April 2020 - 2022 | |
| | | Review the services of provincial partners and their service boundaries within the newly formed West Ontario Health region | | CEO | April 2020 - 2022 | |
| | | Work with provincial partners to consider other service types or strengthen existing services | | CEO | April 2020 - 2022 | |
| **Sustainable Outcomes** | Comprehensive outcomes measurement framework | Identify outcome measures relevant to ABI services that integrate with OHT strategic planning and system outcome measures | | CEO DCS | April 2020 - 2022 | |

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|---|---|---|---|---|---|---|
| | | and collect data as pertinent | | | | |
| | | Consult and engage with key stakeholders on program evaluation data and outcomes Publish results annually | | CEO DCS | April 2020 - 2022 | |
| **Health & Community Service Integration/ Partnerships** | Complete the Ontario Health Team (OHT) alignment process | Work with regional OHTs to align with mission, vision, values and strategic planning | OHT mission, vision, values considered during governor annual review | Board CEO | April 2020 - 2022 | Mission, vision, values are aligned with OHT as applicable |
| | | Complete the contracting and governance elements required to support services within an OHT structure | OHT governance and contracting are reviewed | CEO | April 2020 - 2022 | Governance and contract are finalized and ongoing |
| | Partnership alignment and integration | Develop a strategic engagement strategy that identifies partner organizations where clients with | Engagement plan developed and published | CEO | April 2020 - 2022 | Engagement plan publicly available through social media |

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| | | brain injury are often underserved or not identified | | | | |
| | | Work with community partners to utilize tools to identify clients with brain injury that have gone undiagnosed | Tools are identified | DCS | April 2020 - 2022 | Tools are implemented in community partner systems |
| | | Expand our community partnerships to those that are hardest to identify (e.g. custody, shelters) | Design an integrated service system that supports ID of unattached clients | DCS | April 2020 - 2022 | 10 new clients attached to services annually |
| **Community Engagement** | Engagement strategy map | Include the voice of those with physical disabilities and brain injuries in the OHT strategic planning and measurable outcomes | Complete engagement and generate outcomes | DCS | April 2020 - 2022 | Information is used at all levels of decision making within the OHTs |
| | | Creation and support of a Client and Caregiver | Committee is activated | DCS | April 2020 - 2022 | Committee generates |

| | | | | | | |
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| | | Advisory Committee | | | | information and recommendations |