



BISNO

Brain Injury Services of
Northern Ontario

FINAL

STRATEGIC DIRECTIONS
April 1, 2015 – March 31, 2020
Updated January, 2018

PARTNERSHIPS

Individuals
Families
Board Members
Employees
Community Partners
North West Local Health Integration Network (NWLHIN)
Ministry of Health and Long Term Care (MOHLTC)

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FOR
BRAIN INJURY SERVICES OF NORTHERN ONTARIO

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ALICE M. BELLAVANCE
CHIEF EXECUTIVE OFFICER

PREAMBLE

The Board of Directors engaged in a Retreat November 28 & 29, 2014 with 4 months left in their current 5-year Strategic Directions. This Strategic Directions Document will be for a 5-year period (April 2015-March 2020).

As with past years, the Board met in November on a Friday evening and Saturday for the purposes of updating our Strategic Plan. On the Friday evening over coffee and dessert they met with parents of individuals in service (Thunder Bay, Rainy River and Kenora Sub-Regions); a sibling; and an individual in service who is also a survivor of ABI along with his spouse (City of Thunder Bay Sub-Region) to share their experiences with the Board. The Board is committed to hearing directly from people we serve and takes note of what we are doing well and where we need to improve/expand.

On the Saturday morning, the Board received an update from Alice Bellavance, CEO of the items left from the current Strategic Directions, based on accomplishments of the current Operational Work Plan. Following a break Alice presented the “Next 5 years” based on a presentation to Accreditation Canada along with information on external transformation to the health care system. The Board would consider this input in their working session in the afternoon.

Following a lunch break the Board and CEO engaged in a working session and completed the following:

- Summarized morning activities
- Identified additional key areas of focus
- Prioritized Strategic Directions identified
- The need for further sessions early in the New Year

At the beginning of each year the Board completes its annual self evaluation. In the past they have identified additional areas of focus based on community engagement activities with the North West Local Health Integration Network (NWLHIN) and community partners i.e. St. Joseph’s Care Group, Alpha Court and the Canadian Mental Health Association-Thunder Bay Branch. With the directions of the NWLHIN there may be opportunities to work with other health service providers (HSP) to pursue back office opportunities, program integration or full amalgamations. Through our Governance to Governance work some of these may emerge and BISNO is committed to nurturing these relationships.

During the 4th quarter of this fiscal year the Board will review and amend these draft Strategic Directions and for approval at their April Board meeting. The Strategic Plan will be posted on the web site and highlighted in the spring newsletter and inform individuals, families, employees and community partners as to how they can respond and provide input. Feedback will be solicited through written means, telephone feedback and/or 1:1 contact with the CEO.

The Strategic Directions document will be forwarded to the Leadership to develop an Operational Workplan.

NEXT STEPS

The Leadership Team will then develop an Operational Work Plan in the first quarter of the fiscal year. This will be done with a view to current resources, internal and external pressures. This will include projections of items that will be in the 5-10 year bucket as they may not be attainable in the 5 years for this plan. It is expected that this Plan would be implemented in the fiscal year, following Board endorsement.

A cascading effect will occur, in that senior management member's performance targets will be identified from the tasks in the Operational Work Plan. Senior management and leadership team members will also identify, as appropriate performance targets for other BISNO employees, impacted by the Operational Work Plan.

The Strategic Directions document is formatted in a manner to identify accomplishments from the previous Document, outstanding goals and objectives and new activities. Amendments and additions will follow a similar process engaged in to develop this document and will occur at the Board's Annual Retreat. This will ensure ongoing input from all our stakeholders and facilitate a dynamic process.

MISSION

To assist individuals, living with the effects of acquired brain injury in attaining their maximum potential as they continue living, loving and doing.

VISION

Providing leading edge brain injury services in our communities.

PURPOSE (MANDATE)

The purpose of Brain Injury Services of Northern Ontario is to provide the skills, experiences and information necessary to achieve maximum potential for individuals with an acquired brain injury and their families/caregivers/significant other(s), residing in Northern Ontario. Northern Ontario is defined as the following: the Districts of Rainy River, Kenora, Thunder Bay, Algoma, Sudbury-Manitoulin, Cochrane, Timiskaming and Nipissing in the Province of Ontario.

VALUES

Confidentiality
Excellence
Integrity
Recognition
Self-Determination

Transparency
Inherent worth
Interdependence
Responsible Communication
Wellness Safety & Success

STRATEGIC DIRECTION # 1
GETTING BETTER AT WHAT WE DO!

GOAL: Improving quality of Service

We Will:

- Develop and enhance clinical service delivery
- Promote a culture of caring and excellence
- Revise our Quality Improvement Program to ensure Accreditation Canada Quality Dimensions are shown and which Strategic Direction Quality Indicators are being tracked
- Continue to enhance *Brainwise* and the *Family Support Group* – completed – now expanded to the District – Fort Frances, Dryden and Kenora
- Establish a Family Advisory Committee - 2017
- Establish a People with Lived Experience (PWLE) Advisory Committee (2019 or 2020)
- Engage in research

STRATEGIC DIRECTION # 2
GROWING!

GOAL: Expanding and developing our services

We Will:

- Enhance our presence across our catchment area: Rehabilitation Support Workers in Thunder Bay, Dryden, Fort Frances and Kenora
- Seek to increase assisted living options, including a rural option and in the region: lobby for ongoing Alternate Level of Care (ALC) funding
- Restore Transitional Learning Centre (TLC) to rehab focus and include respite capacity – 2 spaces used – potential to have third bed available
- Develop partnership with Dilico Anishinabek Family Care and North of Superior Counselling Programs for District of Thunder Bay
- Work with Kenora Social Service Administration Board to develop support within housing in their jurisdiction
- Lobby government to include Fetal Alcohol Spectrum Disorder (FASD) into the ABI portfolio
- Explore services to:
 - Indigenous people
 - Needs' assessment for the northern communities
 - Develop user friendly brain injury educational materials
 - Individuals with complex, multi-jurisdictional needs: role of Provincial Acquired Brain Injury Network

- Continue to track number of individuals applying for service with co-occurring mental health issues
- Continue to track number of individuals with a mental health issue applying for service with co-occurring addictions
- Continue to track number of individuals applying for service who are affected by a developmental/intellectual disability
 - Children / adolescents
- Educate the public (re-institute Brain Injury credit course at Confederation College, deputation to Thunder Bay City Council)
- Investigate the feasibility of establishing a Community Health Worker Model (based on work -

STRATEGIC DIRECTION # 3
Co-OPERATING!

GOAL: Collaborating with other Services

We Will:

- Explore collaborative governance opportunities with other Health Service Providers (HSP) and North West Local Health Integration Network (NWLHIN)
 - Planning tables at each Sub-Region – NW-CSSN has endorsed Alice to represent at some of these tables
- Pursue a partnership with Shelter House for their Kwae Kii Win Centre Service - Managed Alcohol Program (MAP) and Street Outreach Service (S.O.S.) with support from: Thunder Bay Police Service, Thunder Bay District Social Service Administration Board, the Thunder Bay Drug Strategy and Patty Hadju, MP Thunder Bay Superior – done – may be out of hands next time.
- Pursue a partnership with John Howard Society for housing and support services for those living with the affects of an ABI who are also in conflict with the law
- Enhance existing partnerships within Sub-Regions and Local Health Hubs (LHH)
- Actively participate in the development of Health Links in the respective IDN's
- Actively participate in the roll out of the new Home and Community Care Policy – completed – CCAC incorporated by the LHIN as Home & Community Care
- With training continuing for the Thunder Bay Police Service, expand it to include the Ontario Provincial Police and Nishnawbe Aski Police Service - completed
- Partner with the Brain Injury Association of Thunder Bay and Area Board of Directors – done – our Program Director is Chair
- Improve the referral process of individuals requiring our services from St. Joseph's Hospital – ABI Unit no longer standalone; TBRHSC and SJC – Transitions in Care ONF Clinical guidelines – education for family and individuals should be hospital led. Eric Hoskins, Minister, promised funds for 1,000+ ALC hospital beds in March 2018

STRATEGIC DIRECTION # 4
CARING!

GOAL: Recognizing the needs of our employees

We Will:

- Care about our people, so they can care about those we serve
- Encourage professional development and life-long learning
- Advocate for improved wages and benefits
- Whenever possible promote from within and track
- Provide recognition for employees
- Offer employees electronics program every 2 years
- Provide health care benefits for fulltime employees
- Encourage Wellness Activities

STRATEGIC DIRECTION #5
Leading

GOAL: Leading in best and promising practices

We Will:

- Seek and implement evidence informed practices
- Ensure our current Quality Improvement Program supports the requirements of the Excellent Care for All Act (ECFAA)
- Recruit and maintain board representation from across the respective Sub-Regions
- Board to engage in education sessions regarding health transformation
- Encourage creativity in service provision
- Co-operate with research projects
- Govern with a view to the future
- Lead in providing services that are culturally and demographically sensitive, competent and safe