CASEY HOUSE

CASEY HOUSE HOSPICE

STRATEGIC PLAN
2014-2017
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EXECUTIVE SUMMARY

Background

Casey House is a specialty HIV/AIDS hospital that serves the needs of persons with HIV/AIDS who are medically complex. When it first opened in 1988, the role of Casey House was to provide compassionate palliative and end-of-life care for people dying with AIDS. Since then, HIV/AIDS care has evolved significantly. Today, many persons with HIV who receive treatment and have adequate supports can be expected to live well into their senior years. There is a growing number of individuals living and aging with HIV who will eventually experience medical complexities and require more care and services. This is especially true for individuals whose medical conditions are exacerbated by psychological, sociological, economic, and substance use challenges.

Today, only about 15 percent of Casey House’s clinical work – including its inpatient and community programs – focuses on palliative care. Casey House clients typically struggle with five or more health conditions complicating their HIV disease including cancer, liver and heart disease and opportunistic infections. About half experience neurocognitive impairment. A recent audit of inpatients indicated that 83 percent of Casey House’s clients were 41 years of age or older and 40 percent identified as a visible minority. Upon admission, 33 percent of clients either had no fixed address or were unstably housed. The majority of these clients live with other serious and stigmatizing issues: 80 percent have a mental health issue, 74 percent actively use substances, and 60 percent live with both.

Casey House’s original mission of hospice care has significantly transformed into helping people with medical complexities live and age with HIV. Its focus on serving these individuals supports the healthcare priorities of the province and the Toronto Local Health Integration Network: to address the needs of highly complex clients who require the greatest resources, and prevent and delay serious illness and injury among those who are at greatest risk of declining health.

In the spring of 2013, Casey House initiated the development of a strategic plan to guide its activities from 2014 to 2017. The plan included a comprehensive environmental scan, extensive consultations with over 100 internal and external stakeholders, and regular planning meetings. Although it was determined that Casey House has significant strengths – compassionate culture, exemplary staff and volunteers, multiple services and supports including inpatient and community programs, quality care model, positive impact and outcomes – it was recognized that there is great value in setting out a clear course to guide the organization’s activities. This is especially important given that Casey House is in the midst of a major capital redevelopment which will result in a new
home and a new model of care that reflects a broader continuum of services including a Day Health Program.

Casey House 2014-2017

Vision
Inspired HIV/AIDS Care

Mission
We provide excellent, compassionate, inter-professional health services to people living with HIV/AIDS who have evolving complex health issues. We contribute our unique experience to a broader system of HIV/AIDS care, education and research.

Organizational Values
Casey House embraces:
- Hope and compassion
- The wisdom and life experiences brought by persons living with HIV/AIDS
- Quality
- Safety
- Integrity and accountability
- A homelike environment that is warm and welcoming.

Ontario’s Excellent Care for All Act, 2010 requires every health care organization to create a patient declaration of values. The strategic planning process provided an ideal opportunity to amend Casey House’s original patient declaration of values based on current discussions and input from clients.

Patient Declaration of Values

As a client of Casey House, I value:
- Empathy and sensitivity to what I am going through
- Treatment delivered in a compassionate and caring way
- Respect as a human being who has unique thoughts, feelings, hopes, fears and needs
- Complete and honest information that I can understand to help guide my care decisions
- Partnership in my care to the extent that I choose to do so
- Respect for my privacy and that my information is held confidential
- High quality care that is provided in a professional and humane way
- Fair treatment without discrimination

In return, I will try to:
- Be respectful and courteous
- Be honest and open
- Demonstrate patience and understanding
- Participate in my care
Five strategic directions will guide Casey House’s activities from 2014 to 2017. The principle underlying these strategic directions and their associated key goals is that clients and their families are at the centre of all activities. Casey House will continue to seek their wisdom and advice and all that is done will be for the benefit of clients and their families.

**Strategic Direction 1: Plan for and Introduce a New Model of HIV/AIDS Care**

Over the next three years, Casey House will plan for and introduce a new model of HIV/AIDS care.

**Key Goal 1.1: Expand the Continuum of Complex HIV/AIDS Care**

Persons with HIV/AIDS who are medically complex must be continuously supported as their health care needs ebb and flow. Although many Casey House clients experience fluctuations in their health, currently the organization only provides an intensive inpatient program, homecare visits and community outreach. Casey House will introduce a new model of HIV/AIDS care that expands the continuum of complex care by both strengthening the services that it currently provides and developing a comprehensive and robust Day Health Program. The Program – which is being guided by a Day Health Program Steering Committee made up of clients, partner organizations and key community stakeholders – will provide inter-professional services to registered persons with HIV/AIDS who have recurrent and long-term complex health issues, may have other emerging health conditions, and are at risk of deteriorating health. Casey House will provide home care to those clients who need and wish to receive services in their home environment.

The new model, and expanded continuum of care at Casey House, is designed to ensure that clients experience seamless, integrated care which does not duplicate other services and is coordinated between multiple providers and service organizations. With complex medical, psychiatric and psycho-social clinical pictures, clients will have a large number of both community-based and hospital-based providers; such clients require Casey House expertise to navigate within a complicated health delivery system to address their intricate and compounding health interdependencies.

Each Casey House client will receive integral case coordination to ensure access, effective communication, supported transitions and care integration. If a client does not have an established relationship with a case coordinator at any organization, then Casey House will serve as the primary case/care coordinator. Over time, as the client’s clinical complexity stabilizes, and his/her need for health services decreases, Casey House will refer the client to community-based case coordinators.
Key Goal 1.2: Enhance Support for Clients at Care Transitions

Seamless transitions are required within and between Casey House and other service organizations. There will continue to be a single point of entry into the Casey House continuum of complex HIV/AIDS care, with plans underway to implement a unified health record. Recognizing that persons with HIV/AIDS access multiple services from AIDS service organizations and other health care organizations, Casey House will work with community partners to establish processes that support smooth client transitions, appropriate sharing of information and effective communications.

Strategic Direction 2: Enhance Relationships and Partnerships

Casey House is part of a broad continuum of providers that care for persons with HIV.

Key Goal 2.1: Enrich existing partnerships to create a broader sense of community

Casey House recognizes the critical importance of ensuring that persons with HIV/AIDS have timely access to the full range of community-based resources that they need. Casey House will enhance relationships and partnerships to bridge expertise, inform and learn from each other, and work together to make the most effective use of resources for the care and wellbeing of medically complex persons with HIV.

Key Goal 2.2: Augment communication with external stakeholders

Casey House is an active member of the Toronto HIV/AIDS Network and is committed to increasing its use of this formal structure to communicate information and obtain input. Casey House will also continue working with the Day Health Program Steering Committee for ongoing input and advice, and will improve communications with external stakeholders using a range of formal and informal methods and communicating more often.

Key Goal 2.3: Further back-office integration with St. Michael’s Hospital

Casey House collaborates clinically and shares a number of services with St. Michael’s Hospital. Going forward, Casey House will capitalize on St. Michael’s expertise with an integrated IT infrastructure. In addition, Casey House will introduce an electronic medication administration record (eMAR) system once the integrated IT infrastructure is in place. Casey House will also continue to leverage the critical mass available at St. Michael’s to improve efficiencies (e.g., purchasing, clinical policies and procedures).
Strategic Direction 3: Advance a Healthy Workplace

Casey House delivers exemplary care through a team of highly skilled and dedicated staff and volunteers.

Key Goal 3.1: Ensure support, education and resources are provided to staff and volunteers to enable care that is responsive to client needs

Casey House has numerous processes to solicit feedback and input from staff and volunteers, and engage them in various quality initiatives. Casey House is also committed to providing education opportunities and professional skills development training. Casey House will focus efforts on effective resource and change management initiatives and ongoing professional development to address workplace issues (e.g., workload, stress, staff/client boundaries, feelings of vulnerability caring for medically complex clients with unpredictable behaviours). Casey House will also continue to promote a strong culture that supports open dialogue, problem solving, and transparent communications (e.g., augment existing structures such as open forums and introduce formal internal communication activities between and among departments and programs).

Strategic Direction 4: Enrich Research and Knowledge Transfer Related to the Clients We Serve

Casey House is engaged in academic activities that include research, education and knowledge transfer. Although it is a small organization, Casey House is making an important contribution to research and knowledge transfer related to the clients it serves.

Key Goal 4.1: Continue to implement the Casey House Research Plan to create new knowledge

The Board of Directors approved the Casey House Research Plan in 2010. The Casey House database provides a rich source of confidential information for research including program evaluations. Furthermore, many individuals – medical and hospital staff, undergraduate and graduate students, residents, clinical fellow – have participated in quality-based research projects and program evaluations. Casey House will complete its current research commitments and participate in priority research areas as identified in the Research Plan.

Key Goal 4.2: Continue to enhance knowledge transfer opportunities to educate and inform care

Casey House is engaged in a wide range of knowledge transfer activities related to complex HIV/AIDS health care (i.e., student placements, professional development and education opportunities for staff and external stakeholders). Casey House will continue to provide student placement opportunities for regulated health professionals, along with regular professional development and educational activities for staff, volunteers and external stakeholders in collaboration with the HIV and health care communities.
Strategic Direction 5: Build and Occupy the New Casey House

Casey House is in the midst of a significant capital redevelopment project that will create a new Casey House. This will enable the organization to introduce a new model of HIV/AIDS care which embodies a comprehensive continuum of HIV care in physical facilities that are better suited to the evolving and growing health care needs of persons with HIV/AIDS.

Key Goal 5.1: Open the new Casey House on time and on budget

Casey House’s senior leadership has been working closely with the Ministry of Health and Long-Term Care (MoHLTC) and Infrastructure Ontario to plan and develop the new building. Casey House officially submitted the final Board-approved building design to the MoHLTC. It is anticipated that construction will begin in Fall 2014 and occupancy will occur in 2016/17.

Key Goal 5.2: Start the Day Health Program, as agreed to with the Ministry of Health and Long-Term Care

In 2010, Casey House entered into a formal agreement with the MoHLTC which secured ongoing operating funding for the Day Health Program upon occupancy of the new building. Casey House looks forward to working with the MoHLTC and the Toronto Central LHIN to implement the agreement and start the Day Health Program to serve the HIV/AIDS community.

Key Goal 5.3: Achieve operational readiness to provide the new model of HIV/AIDS care in the new Casey House.

Successfully implementing the new model of care in the new Casey House requires the organization and all staff to be ready operationally. This includes developing work policies and practices, and implementing change management initiatives to ensure success.

Accountability: Measuring and Monitoring Progress

The five strategic directions – and the associated key goals – provide the structure upon which Casey House’s performance will be measured from 2014 to 2017. Casey House utilizes a Strategic Management System that will incorporate the strategic plan along with annual operational business plans and a Balanced Scorecard. Progress reports will be communicated regularly via newsletters, annual reports and presentations, and regular CEO forums for staff.
PREAMBLE

As the AIDS epidemic hit Toronto with devastating force, many came forward to take action in the face of despair. Among them was a brave and wise group of volunteers who banded together to open Canada’s first stand-alone AIDS facility and first free-standing hospice in Ontario in 1988: Casey House. Defying the fear and stigma surrounding this newly-emerging disease, Casey House served as a beacon of compassion and hope, gaining recognition as an innovator in AIDS care and palliative care. That legacy is honoured each and every day, with every moment of care at Casey House.

This leadership, adaptability and responsiveness to community need remain central to Casey House’s approach to care and collaboration. Dedicated staff and volunteers continually seek out innovative and better responses to a disease that remains relatively new and ever-evolving.

Today – as Casey House honours its 25th anniversary – more and more people who live with HIV/AIDS experience a complex chronic disease with episodic and fluctuating care needs. Given that the individuals who receive care at Casey House face increasingly complex medical, psychiatric and psychosocial issues, their need for inter-professional and diverse clinical interventions is greater than ever. While continuing its existing programs, Casey House is poised, once again, to respond to this escalating need with an innovative model of HIV/AIDS care that includes a Day Health Program in a purpose-built, state-of-the-art building to be opened in 2016/17.

As long as Casey House is needed – and thanks to the support of many generous people – Casey House will continue to be here to serve its community and give compassion a home.
1. INTRODUCTION

Casey House is a specialty HIV/AIDS hospital that serves the needs of persons with HIV/AIDS who are medically complex. When it first opened in 1988, the role of Casey House was to provide compassionate palliative and end-of-life care for people dying with AIDS. Since then, HIV/AIDS care has evolved significantly. Today, many persons with HIV who receive treatment and have adequate supports can be expected to live well into their senior years. As a result, Casey House’s original mission of hospice care has significantly transformed into helping people with medical complexities live and age with HIV.

Today, only about 15 percent of Casey House’s clinical work – including its inpatient and community programs – focuses on palliative care. Casey House clients typically struggle with five or more health conditions complicating their HIV disease including cancer, liver and heart disease and opportunistic infections. About half experience neurocognitive impairment. A recent audit of inpatients indicated that 83 percent of Casey House’s clients were 41 years of age or older and 40 percent identified as a visible minority. Upon admission, 33 percent of clients either had no fixed address or unstable housing. The majority live with other serious and stigmatizing issues: 80 percent have a mental health issue, 74 percent actively use substances, and 60 percent live with both.

The number of individuals living and aging with HIV will continue to increase. These individuals will eventually experience medical complexities and require more care and services. This is especially true for individuals whose medical conditions are exacerbated by psychological, sociological, economic, and substance use challenges. This future has significant implications for the types of services Casey House offers and its work with other organizations to help meet the care needs of individuals with HIV/AIDS.

Casey House’s focus on serving medically complex persons who are HIV positive and at risk of deteriorating health supports the healthcare priorities of the province and the Toronto Local Health Integration Network: to address the needs of highly complex patients who require the greatest resources, and prevent and delay serious illness and injury among those who are at greatest risk of declining health.

In the spring of 2013, Casey House initiated the development of a strategic plan to guide its activities from 2014 to 2017. Although Casey House has significant strengths – compassionate culture, exemplary staff and volunteers, multiple services and supports, quality care model, positive impact and outcomes – it was recognized that there is great value in setting out a clear course to guide the organization’s activities. This is especially important given that Casey House is in the midst of a major capital redevelopment which will result in a new home and a new model of care that reflects a broader continuum of services including a Day Health Program.

This strategic plan was developed by means of a rigorous process that included a comprehensive environmental scan, extensive consultations with over 100 internal and
external stakeholders, and regular planning meetings. In addition to setting out strategic directions and key goals for 2014-2017, there was a commitment to develop a new vision, mission, and organizational and client values. The plan includes five strategic directions, each with corresponding goals. Progress will be monitored and evaluated on an ongoing basis.

This report begins by presenting an overview of Casey House in terms of its key services, clients, staff and volunteers (Section 2). The strategic planning process and major inputs are then presented (Section 3). These include the environmental scan, and stakeholder consultations. The plan for 2014-2017 is presented in Section 4. It begins with the vision and mission, followed by organizational and client values. Five strategic directions and key goals are then presented followed by supporting appendices.

2. WHO WE ARE

2.1 OUR SERVICES

Casey House provides inpatient and community programs.

The inpatient program includes 13 beds which are used for medically complex clients with HIV/AIDS who need sub-acute, supportive, rehabilitation, palliative/end of life or respite care. Clients who need end of life care are admitted as a priority.

Casey House's community program includes home care and outreach components. Donors fund 85 percent of program costs. **Home care** includes Community Care Access Centre (CCAC)-funded nursing visits and donor-funded nursing, social work and complementary therapy visits provided in clients’ homes and at Casey House. Home care focuses on clinical activities that address the chronic nature of HIV illness, its clinical complexities and the social determinants of health, as well as assessment and early intervention for emerging clinical issues. The goal of the team is to maximize the quality of life of people living with HIV/AIDS and assist them to be as independent as possible in the community.

**Outreach** is provided by community nurses. It includes hosting nursing clinics at partner satellite locations, staffing the Sherbourne Health Bus, and providing in-kind assessment, consultation and clinical intervention services – such as pilots, projects and programs – to various AIDS service organization partners.
2.2 OUR CLIENTS

Casey House clients typically struggle with five or more health conditions complicating their HIV disease including cancer, liver and heart disease and opportunistic infections. About half experience neurocognitive impairment.

In October 2012, Casey House conducted an audit of 100 discrete inpatient admissions. The audit found that: 80 percent of clients were men; 83 percent of clients were 41 years of age or older (Figure 1), and 40 percent identified as a visible minority. With respect to housing status upon admission, 67 percent of clients were housed with 14 percent having unstable housing and 19 percent having no fixed address (Figure 2). Of clients who were housed, the vast majority lived in the city of Toronto. Similarly, a significant majority lived with other serious and stigmatizing issues: 80 percent with a mental health issue, 74 percent with substance use, and 60 percent with both.

Although the vast majority of Casey House’s clients are discharged from the inpatient unit to be served by Casey House staff in the community, about 15 percent of clinical activity (including the community program) is focussed on palliative care.

2.3 OUR STAFF AND VOLUNTEERS

Casey House’s dedicated staff team has over 70 people. About 65 percent are clinicians and 44 percent work full-time. The inter-professional clinical team includes three part-time physicians, 14 full-time registered nurses, 18 part-time and casual registered nurses, two full-time social workers, one full-time registered massage therapist, one full-time recreation therapist, and four part-time health care aides. The clinical team also includes a number of consulting physicians for infectious diseases and psychiatry, as well as a consulting occupational therapist, a consulting physiotherapist, and a CCAC case manager. Non-clinical staff
include chefs, receptionists, administrative personnel, housekeepers, and a maintenance manager.

Casey House has about 50 devoted volunteers who provide support to inpatients, facilitate social activities, and assist staff with regular program activities. The Board of Directors is made up of volunteers who bring a wide range of skills and experiences to bear on governing the organization. The Board includes individuals living with HIV. The Board, along with various Board committees, ensure effective oversight, policy development and decision-making. A Community Advisory Committee, comprised of clients, family and community partners, provides regular input to the Quality Committee of the Board.

3. STRATEGIC PLANNING PROCESS AND MAJOR INPUTS

3.1 OVERVIEW OF THE PROCESS

Casey House’s senior leadership led a rigorous process to develop the strategic plan under the guidance of the Board of Directors. The process included three key elements:

- A comprehensive environmental scan assessed recent provincial economic and healthcare trends, local health services planning, Toronto’s demographic profile, and the HIV/AIDS landscape in terms of epidemiology and the programmatic and service environment (Section 3.2).

- Extensive consultations were conducted with a wide range of internal and external stakeholders including Casey House clients, medical staff, clinical and non-clinical staff, volunteers, AIDS service organizations, healthcare organizations, and front-line caseworkers (Section 3.3).

- Planning meetings were held throughout the strategic planning process. The senior leadership team met at key points to review the inputs and draft vision, mission, values, strategic directions and goals. In addition, the Board held a strategic planning retreat to review the consultations and environmental scan, and discuss and further evolve the draft material.

The results of the environmental scan and consultations are presented below.

3.2 ENVIRONMENTAL SCAN

Introduction

A comprehensive environmental scan was conducted on recent provincial economic and health care trends, local health services planning, Toronto’s demographic profile, and the HIV/AIDS landscape in terms of its epidemiology, programs and services. A summary of the scan – which includes key findings and implications for Casey House’s strategic future – is presented below.
Provincial Economic and Healthcare Trends and Local Health Services Planning

Over the past two years, Ontario released a number of significant documents on the healthcare sector, the public service and the economy.

- The Ontario Government’s *Action Plan for Health Care* (January 2012) identified key principles and initiatives to improve the delivery of health services in the province.¹
- The Commission on the Reform of Ontario’s Public Services, chaired by Don Drummond, (February 2012) made 362 recommendations to government on delivering effective and efficient public services and achieving a sustainable fiscal balance.²
- The *2013 Ontario Budget* noted that the provincial deficit of $9.8 billion in 2012-2013 would be eliminated by 2017-2018 by effectively managing spending and containing growth.³ The budget identified several actions specific to health services including continuing the *Action Plan for Health Care*.

At the provincial level, economic and financial policies are focused on tightly managing growth and spending. Very little new money can be expected for health care with the exception of home care and community-based services. These include initiatives to help seniors stay healthy and live at home longer such as additional care hours for personal support workers, and physician house calls for seniors and others with complex conditions.

At the local health services planning level, Casey House is part of the Toronto Central Local Health Integration Network (LHIN) which released its *2013-2016 Integrated Health Service Plan* (IHSP-3) earlier this year.⁴ The plan builds on and aligns with the Ministry’s *Action Plan for Health Care*. The LHIN’s strategic priorities include addressing the needs of the 1 percent of highly complex patients who require the greatest resources, and preventing and delaying serious illness and injury among those who are at greatest risk of declining health.

From a strategic planning perspective, Casey House’s focus on serving medically complex persons who are HIV positive and at risk of deteriorating health, and strengthening community care outside of hospitals (such as community outreach and day programs) align with the strategic priorities of the province and the LHIN.

**Toronto’s Demographic Profile**

Casey House primarily serves a Toronto population which is steadily increasing: from 2006 to 2011, the population grew 4.5 percent.⁵ The demographic characteristics of Toronto are changing in a number of ways.

One, the population is gradually getting older (as measured by median age) with the two fastest growing age groups 60-64 years of age and 85 years of age and older.

Two, Toronto is one of the most diverse multicultural cities with over 30 percent of Toronto residents speaking a language other than English or French at home. In 2006,
Toronto was home to 8 percent of Canada's population, 30 percent of all recent immigrants and 20 percent of all immigrants.

Three, Toronto has higher rates of low income persons compared to the rest of the Greater Toronto Area, Ontario and Canada. From 2001 to 2006, the proportion of low income families increased 7 percent and the proportion of unattached individuals increased 9 percent. Visible minority and immigrant families comprised an increasing percentage of the low income family population. The number of homeless is also gradually increasing. On the evening of April 15, 2009, it was estimated that Toronto had 5,086 homeless people which was 0.7 percent more than in 2006. In 2010, 22,276 different people used Toronto shelters.

In terms of its future, Casey House must be well prepared to serve both an aging population and a growing immigrant and multicultural population. In addition, the levels of poverty and homelessness are of concern to providers serving the HIV/AIDS community. Evidence on the relationship between HIV and income show that:

- As a social determinant of health, living in poverty is a key factor causing Canadians to be vulnerable to HIV infection.
- People diagnosed with HIV face many barriers when attempting to gain, maintain, or establish economic security.
- People living with HIV/AIDS who experience poverty or economic insecurity are at risk of having their disease progress quickly, and of having a lower quality of life.

The HIV/AIDS Landscape

The HIV/AIDS landscape presents the epidemiology of HIV/AIDS, and HIV/AIDS programs and services.

*The Epidemiology of HIV/AIDS (Incidence and Prevalence)*

About 1,000 individuals in Ontario are newly diagnosed with HIV infection each year. In 2011, slightly less than 60 percent of Ontario’s new cases were in the Toronto Health Region (which includes the Greater Toronto Area and Haliburton Kawartha Pine Ridge). Although the number of new cases diagnosed annually has been decreasing since 2009, it is estimated that only 65 percent of persons living with HIV have been diagnosed.

About one of every two new diagnoses involves gay men, one in five involves persons in the African, Caribbean and Black communities, and one in four-to-five involves women. The proportion of persons in Ontario with an HIV-positive diagnosis who were classified as “White” or “Latin-American” has been decreasing, whereas the proportion of persons classified as “Black” and “South-Asian” has been increasing.

In 2011, Aboriginal people accounted for about 12 percent of all new HIV infections in Canada despite accounting for only 4 percent of the Canadian population (2006 Census). The estimated HIV infection rate among Aboriginal people was 3.5 times higher than in non-Aboriginal people.
HIV infection among persons from countries where HIV is endemic represents the second highest exposure category among men and the highest exposure category among women. New HIV infection rates among people from countries where HIV is endemic are estimated to be nine times higher than among other Canadians.\textsuperscript{13}

The majority of new HIV diagnoses continue to be in older Ontarians, with generally rising rates among those 40 years of age and older.\textsuperscript{14} Currently, people over the age of 40 account for almost half of new diagnoses. This age trend is evident in both males and females.

The \textit{prevalence} of HIV infections continues to rise because of new infections and longer life expectancies for those living with HIV/AIDS who are benefitting from treatment. The number of people living with HIV in Ontario grew 31 percent from 2003 to 2008.\textsuperscript{15} As of 2009, 27,420 persons infected with HIV were living in Ontario.\textsuperscript{16} The life expectancy for people with HIV who are receiving antiretroviral therapy in the United States and Canada rose substantially during the 2000s, and approached the life expectancy estimates in the general population.\textsuperscript{17} The life expectancy of certain subgroups – including individuals who are classified as “non-whites” and people who start antiretroviral therapy at a CD4 count below 350 – still greatly lag the life expectancy of the general population.

By 2015, one-half of Canadians living with HIV/AIDS will be 50 years or older.\textsuperscript{18} People living with HIV experience accelerated aging, complex care needs and cognitive issues. Co-morbidities appear to occur at higher rates and at an earlier age in persons with HIV. These include but are not limited to diabetes mellitus, renal dysfunction, reduced bone mineral density, neurocognitive dysfunction, non-AIDS-defining cancers, cardiovascular disease and low testosterone.\textsuperscript{19} As more persons with HIV live into old age, they will experience geriatric syndromes such as dementia, frailty, and falls.\textsuperscript{20} In addition, they may also experience issues and challenges in terms of mental health (depression, isolation), income and housing (safe affordable housing), access to and equity of services (at capacity, language issues), stigma and discrimination, and caregiver burnout. Community-based programs that service the HIV/AIDS community in Ontario reported that a larger proportion of people are struggling with poverty, unemployment, food insecurity, mental health, life skills and violence.\textsuperscript{21} Stigma and discrimination continue to be the top issue.

From a strategic planning perspective, the number of individuals living and aging with HIV will continue to increase. These individuals will eventually experience medical complexities and require more care and services. This has significant implications for the types of services Casey House offers. The organization will need to be prepared for growth in the demand for services in this aging population.

\textbf{HIV/AIDS Programs and Services}

The Ontario Government develops policy and funds programs targeted at HIV/AIDS. The province spends approximately $60 million a year on HIV/AIDS-related initiatives with additional funding going to cover OHIP physician billings and HIV/AIDS drugs.
A wide range of services exists to help prevent, diagnose, treat and support persons at risk for and living with HIV/AIDS. The AIDS Bureau and AIDS Community Action Program (ACAP) fund about 71 organizations in Ontario to deliver about 87 community-based programs focused on prevention and support services for people with or at risk of HIV, and their partners and families.

The Toronto HIV/AIDS Network – which facilitates HIV/AIDS planning, collaboration and innovation to improve access to programs and services for people from diverse communities living with, affected by and at risk of HIV/AIDS – includes more than 35 partner health services organizations. Casey House has been a member of and has served on the Steering Committee since its inception in 2007.

In terms of strategic planning, there are opportunities to increase collaboration with other organizations to ensure that the care needs of individuals with HIV/AIDS are met. This includes clarifying the role of Casey House in the continuum of care as treating persons with HIV/AIDS who are medically complex.

3.3 Stakeholder Consultations

Over 100 internal and external stakeholders provided input that helped shape the strategic plan (Appendix A). Various methods were used including interviews, group sessions and surveys (hard copy and on-line). An external consultant conducted the interviews, facilitated the group sessions, and analyzed the survey results. All input was kept confidential so that the identity of individuals could not be associated with the input they provided.

This section presents an overview of the input received from internal and external stakeholders. Appendix B presents the detailed consultation results.

Internal Stakeholders

Internal stakeholders included Casey House clients and members of the inpatient community, the Community Advisory Committee, medical staff, clinical and non-clinical staff, and volunteers. A total of 79 individuals identified Casey House’s strengths and opportunities for improvement.

Strengths

Internal stakeholder groups identified the following strengths of Casey House:

- Staff – as well as volunteers – are responsive, friendly, kind, welcoming, patient, dedicated, engaged, committed, knowledgeable about HIV, and strong advocates for clients especially those from marginalised populations. Staff were described as going above and beyond the call of duty and continuously updating their skills.
- The client care model and the breadth of services are highly valued. The care model was described as client-focused, personalized, holistic, supportive of consistent quality services, and one that acknowledges the social determinants of health. The care model has positive impacts on clients (e.g., supports healing, energizes and
motivates clients to lead fuller lives). Medical and clinical staff value the team approach to care and the emphasis on the care continuum and smooth transitions.

- Casey House’s culture was described in positive terms as accepting, non-judgemental, compassionate, caring, respectful, encouraging, flexible, relaxed, warm and welcoming. In particular, clients commented on the culture as one that gives hope, supports a peaceful healing place, and “treats me like a person and a family member.”
- The physical environment is homelike, personal, small and comfortable.

Other Casey House strengths identified by internal stakeholders included beneficial collaborations with other healthcare and community organizations, external sharing of expertise which is welcomed and respected, approachable management and research activities. Volunteers appreciate the support they receive from Casey House and access to education symposiums.

**Opportunities for Improvement**

Internal stakeholder groups identified the following opportunities for improvement:

- Address staff quality of work life issues which include increased workload due to more complex clients; high levels of stress and perceived vulnerability when caring for clients with challenging behaviours; and increasing expectations to take on multiple roles.
- Provide more client services and supports. Suggestions for additional services include mental health and addiction care, community nursing and outreach, women’s care, day programs, social activities for all patients, and client education seminars. Suggested client supports included continuous monitoring of levels of distress, providing psychosocial supports, helping clients with transitions, and revisiting approaches to harm reduction-based care.
- Address boundary issues that arise between clients, staff and volunteers. This includes educating staff about the client’s right to self-determination of care and lifestyle decisions, ensuring consistent interpretation of boundaries and rules, and clarifying the role of volunteers.

Other opportunities for improvement identified by clients and the inpatient community included improve two-way communication, and address the stigma associated with Casey House as the “AIDS place” and the “place one dies.”

Staff groups identified the need for additional improvements in the following areas: clarify Casey House’s vision and mission given that its rich history and reputation as a hospice does not adequately reflect what it currently does; increase staff continuing education; and improve formal information sharing and communication internally and externally. Staff groups and volunteers also identified the need to reaffirm institutional policies such as a safe workplace, and zero tolerance for abusive behaviour and behaviour that stigmatises clients.
External Stakeholders

External stakeholders included front-line caseworkers from external organizations (five individuals), and leaders of AIDS service organizations and health care organizations (21 individuals from 19 organizations). Both groups were asked to identify what Casey House does well and to identify opportunities for improvement. Members of the AIDS service organizations and healthcare communities were also asked to identify opportunities to work more closely in partnership with Casey House.

Strengths

External stakeholders identified the following strengths of Casey House:

- The type and range of services are viewed positively (e.g., respite care, palliative care, homecare). The child care subsidy and education programs are valued and viewed as community-minded benefits.
- Staff and the care they provide are of high quality and reflect best practice care.
- Casey House has good collaborative partnerships and relationships with some AIDS service organizations and health care organizations. For example, communications between staff and community pharmacies supports seamless and effective transitions for clients.
- Casey House strives to evolve to remain relevant to meet its changing client population, and it evaluates what it does.

Other strengths of Casey House identified by some members of the AIDS service organization and healthcare communities include strong, effective and successful fundraising efforts and brand; a rich history of being at the forefront of AIDS and caring for stigmatized individuals with complex health needs; a well-connected and influential Board; the new building; sufficient input sought into future service planning; highly regarded senior leadership and staff; and a non-judgemental and supportive culture.

Opportunities for Improvement

External stakeholder groups identified the following opportunities for improvement:

- Clarify Casey House’s vision, mission, and its role in the care continuum. This includes clarifying the client population(s) that Casey House serves.
- Strengthen and expand services such as palliative care, psychosocial and spiritual support, nursing clinics, peer support and mentoring, programs for aging persons with HIV, women with HIV, specialised teams to divert hospital emergency room visits and reduce hospitalization, care for clients with mental health and addiction issues, and education symposiums.
- Address care issues which include improving the consistency of nursing care within and between in-house and community nurses and setting standards for medical care for complex HIV.
- Improve two-way communications between Casey House and the community.
- Address the stigma associated with HIV/AIDS in healthcare, generally, and with Casey House by potential clients as the “AIDS place” and the “place to go to die”.

Other opportunities for improvement identified by members of the AIDS service organizations and healthcare communities include addressing perceptions about Casey House in the community especially with regard to the proposed day program; liaising more closely with the community to minimize duplication of services, enhance partnerships to enable integrated service delivery, and address service gaps while sustaining Casey House’s home care services.

**Opportunities to Work More Closely With Casey House as Partners**

Members of the AIDS service organization and healthcare communities identified the following opportunities to work more closely with Casey House as partners:

- Clarify what each organisation is doing, assess the AIDS service models used and how they need to evolve, and the unique contribution that each organization is and will make to the community.
- Consider joint work in such areas as: long-term survivorship; fundraising to minimise donor fatigue; improved discharges from Casey House and transitions between care providers; volunteer opportunities; virtual team concept to keep people out of hospital; shared space and programming; clinical links with other hospitals for more complex care; back office integration opportunities with larger facilities; and facilitate independence by linking clients with employment, housing and disability programs.
4. CASEY HOUSE 2014-2017

This chapter presents the core elements of Casey House’s strategic plan. It includes the vision and mission (Section 4.1), organizational and client values (Section 4.2) and strategic directions and key goals (Section 4.3).

4.1 VISION AND MISSION

The strategic planning process provided an ideal opportunity to gather input from stakeholders on the future that Casey House should aspire to (vision), and why it exists (mission). This input shaped the new vision and mission for the organization.

<table>
<thead>
<tr>
<th><strong>Vision</strong></th>
<th>Inspired HIV/AIDS Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mission</strong></td>
<td>We provide excellent, compassionate, inter-professional health services to people living with HIV/AIDS who have evolving complex health issues. We contribute our unique experience to a broader system of HIV/AIDS care, education and research.</td>
</tr>
</tbody>
</table>

4.2 ORGANIZATIONAL AND CLIENT VALUES

The strategic planning consultations also informed the creation of organizational and client values. Internal stakeholders were asked to identify the strengths of Casey House and consider what clients value and expect of their caregivers and vice-versa.

<table>
<thead>
<tr>
<th><strong>Organizational Values</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Casey House embraces:</td>
</tr>
<tr>
<td>• Hope and compassion</td>
</tr>
<tr>
<td>• The wisdom and life experiences brought by persons living with HIV/AIDS</td>
</tr>
<tr>
<td>• Quality</td>
</tr>
<tr>
<td>• Safety</td>
</tr>
<tr>
<td>• Integrity and accountability</td>
</tr>
<tr>
<td>• A homelike environment that is warm and welcoming.</td>
</tr>
</tbody>
</table>
Ontario’s *Excellent Care for All Act, 2010* requires every health care organization to create a patient declaration of values. Once again, the strategic planning process provided an ideal opportunity to amend Casey House’s original patient declaration of values based on current discussions and input from clients.

**Patient Declaration of Values**

As a client of Casey House, I value:
- Empathy and sensitivity to what I am going through
- Treatment delivered in a compassionate and caring way
- Respect as a human being who has unique thoughts, feelings, hopes, fears and needs
- Complete and honest information that I can understand to help guide my care decisions
- Partnership in my care to the extent that I choose to do so
- Respect for my privacy and that my information is held confidential
- High quality care that is provided in a professional and humane way
- Fair treatment without discrimination

In return, I will try to:
- Be respectful and courteous
- Be honest and open
- Demonstrate patience and understanding
- Participate in my care
4.3 STRATEGIC DIRECTIONS

Five strategic directions will guide Casey House’s activities from 2014 to 2017:

1: Plan for and Introduce a New Model of HIV/AIDS Care
2: Enhance Relationships and Partnerships
3: Advance a Healthy Workplace
4: Enrich Research and Knowledge Transfer Related to the Clients We Serve
5: Build and Occupy the New Casey House

The principle underlying these strategic directions and their associated key goals is that clients and their families are at the centre of all activities. Casey House will continue to seek their wisdom and advice and all that is done will be for the benefit of clients and their families.

**Strategic Direction 1: Plan For and Introduce a New Model of HIV/AIDS Care**

The role that Casey House plays in meeting the needs of persons with HIV/AIDS are best described in the words of its clients:

“Casey House used to be a place to die with dignity. Now it’s a place to live with dignity.”

“It’s a place to get back on your feet, get your medications, get a good routine, set things up for yourself, get healthy again and get on track. It gives quality of life.”

“When I came here and left, I really improved. They transformed me into a person who wanted to live.”

These comments illustrate the evolution of HIV/AIDS care and of Casey House. As the environmental scan illustrated, many persons with HIV who receive treatment and have adequate supports can be expected to live well into their senior years. Casey House’s traditional primary role as a hospice has been significantly transformed into providing health care for people with medical complexities who live and age with HIV. These individuals may be further challenged by medical complications (e.g. cancer, heart disease, cognitive impairment, mental illness and addictions), as well as inadequate income, housing and social supports.

Over the next three years, Casey House will plan for and introduce a new model of HIV/AIDS care. The focus will be on two key goals.
Key Goal 1.1: Expand the Continuum of Complex HIV/AIDS Care

Persons with HIV/AIDS who are medically complex must be continuously supported as their health care needs ebb and flow. Although many Casey House clients experience fluctuations in their health, currently the organization only provides an intensive inpatient program, homecare visits and community outreach. Clients’ episodes of illness require a range of health care approaches to enable them to continue to live at home. Casey House will introduce a new model of HIV/AIDS care that expands the continuum of complex care by both strengthening the services that it currently provides (inpatient, homecare/outreach) and developing a comprehensive and robust Day Health Program (Figure 3). This new model of HIV/AIDS care will double capacity and bring clinical services, community programs and the clients who benefit from them, under one roof. In addition, Casey House is committed to continuing to provide home care to those clients who need and wish to receive services in their home environment.

Figure 3: New Model of HIV/AIDS Care

Casey House’s inpatient program is comprised of 13 beds which will be expanded to 14 beds in the new building. Over the next number of years, Casey House will plan for this increase.

Casey House’s community program currently includes home care and outreach. It receives 85 percent of its annual funding from donations, which is concerning given the inherent instability of this funding source. Casey House conducted two analyses of its community clients and found that many who were being served through the home care program were isolated and disconnected from health and social resources which has a negative impact on their health and quality of life.

The community program will be expanded to include a Day Health Program that will provide inter-professional services to registered persons with HIV/AIDS who have recurrent and long-term complex health issues, may have other emerging health
conditions, and are at risk of deteriorating health. It is estimated that a Day Health Program serving 200 clients will result in fewer emergency room visits and fewer patient days in an acute care hospital.

Casey House has been planning the Day Health Program for a number of years. A Day Health Program Plan was developed in consultation with AIDS service organizations and health care providers. The plan recognized the need to reduce barriers and provide unique programs for those who have complex HIV health issues who are women and who use substances and/or live with mental health issues. To realise the program plan, Casey House established a Day Health Program Steering Committee comprised of clients, partner organizations and key community stakeholders. The key roles of the committee are: to establish and monitor service delivery models and a quality program that includes outcome measures; and approve the annual operating and capital budgets and the physical plans for the Day Health Program space in the new building. Principles associated with the Greater Involvement of People Living with HIV/AIDS (GIPA) are integrated into all aspects of planning, service delivery and accountability.

Since Ministry of Health and Long-Term Care (MoHLTC) approval in 2010 to initiate planning for the new building, the Day Health Program Steering Committee has met on several occasions to review and approve admission criteria, space needs, and floor plan layouts, as well as to receive progress updates on the redevelopment. As construction commences, the committee will meet regularly to ensure that program components match the health care needs of medically complex clients.

Casey House’s current and future clients have complex care needs that require skill and focused case coordination. The new model, and expanded continuum of care at Casey House, is designed to ensure that clients experience seamless, integrated care which does not duplicate other services and is coordinated between multiple providers and service organizations. With complex medical, psychiatric and psycho-social clinical pictures, clients will have a large number of both community-based and hospital-based providers; such clients require Casey House expertise to navigate within a complicated health delivery system to address their intricate and compounding health interdependencies.

Each Casey House client will receive integral case coordination to ensure access, effective communication, supported transitions and care integration. If a client does not have an established relationship with a case coordinator at any organization, then Casey House will serve as the primary case/care coordinator. Over time, as the client’s clinical complexity stabilizes, and his/her need for health services decreases, Casey House will refer the client to community-based case coordinators.

**Key Goal 1.2: Enhance Support for Clients at Care Transitions**

When healthcare needs change, clients must be supported as they transition from one level of care to another. Seamless transitions that minimize gaps and reduce duplication of services are required within Casey House, and between Casey House and other service organizations.
There will continue to be a single point of entry into the Casey House continuum of complex HIV/AIDS care. The new model of care will enable smooth transitions between inpatient, day health and homecare services so clients receive the level of care they need when they need it. To support smooth internal care transitions, plans are underway to implement a unified health record.

Persons with HIV/AIDS access multiple services from AIDS service organizations and other health care organizations. The new model of care will enable timely and appropriate client transitions between Casey House and other providers. Casey House will work with community partners to establish processes that support smooth client transitions, appropriate sharing of information and effective communications.
Strategic Direction 2: Enhance Relationships and Partnerships

Casey House is part of a broad continuum of providers that care for persons with HIV. Current partnerships include:

- St. Michael’s Hospital for a range of clinical and support services
- Sherbourne Health Centre for outreach care on the Sherbourne Bus
- Hassle Free Clinic for a satellite nursing clinic for women at the Toronto People with AIDS Foundation
- Prisoners’ HIV/AIDS Support Action Network (PASAN) for a satellite nursing clinic
- Fife House for supportive housing and case management for persons with HIV/AIDS who have complex care needs
- McEwan House and LOFT Community Services for service coordination initiatives for people who are homeless and/or use substances
- The Rekai Centres for a series of education videos on HIV care for staff working in long-term care centres across Ontario.

In addition to these partnerships, Casey House staff actively participate on committees and short- and long-term work groups that support HIV/AIDS and broader health system initiatives. One example is the Toronto HIV/AIDS Network which is comprised of over 35 partner organizations including Casey House. Each partner makes a unique and valued contribution to HIV/AIDS care. Casey House’s specific contribution is to address issues affecting persons with HIV/AIDS with complex medical, psychiatric and psychosocial issues.

Over the next three years, Casey House will enhance relationships and partnerships by building on the successes of current initiatives. The focus will be three key goals.

**Key Goal 2.1: Enrich existing partnerships to create a broader sense of community**

Casey House recognizes the critical importance of ensuring that persons with HIV/AIDS have timely access to the full range of community-based resources that they need. The strategic planning consultations highlighted the value of enhancing relationships and partnerships to bridge expertise, inform and learn from each other, and work together to make the most effective use of resources for the care and wellbeing of medically complex persons with HIV. Going forward, Casey House will enhance relationships and increase the number of formal partnerships with other organizations to optimize the range of services available to Casey House clients.

**Key Goal 2.2: Augment communication with external stakeholders**

The strategic planning consultations identified the importance of collaborative two-way communications with key external stakeholders in the HIV and health care communities. As noted previously, Casey House is an active member of the Toronto HIV/AIDS Network and is committed to increasing its use of this formal structure to communicate information and obtain input. As well, Casey House will continue working with the Day Health Program Steering Committee to seek ongoing input and advice on the development of the program. The Day Health Program offers a prime opportunity to
improve communications with external stakeholders by using a range of formal and informal methods and by communicating more frequently. Going forward, Casey House will increase and improve its communications with external stakeholders.

**Key Goal 2.3: Further back-office integration with St. Michael’s Hospital**

Before officially opening in 1988, Casey House entered into an Affiliation Agreement with St. Michael’s Hospital. Since then, a close collaborative working partnership has developed on a number of levels. In addition to clinical collaboration, St. Michael’s provides supports to Casey House such as diagnostic testing and investigations, prescription drug supply, health records and employee health services.

Casey House is looking to capitalize on St. Michael’s expertise in information technology. This would involve St. Michael’s providing all network-related services (e.g., hosting Casey House’s servers, providing technical support, supplying hardware) and Casey House adopting most of St. Michael’s clinical applications (e.g., documentation software). Casey House will introduce an electronic medication administration record (eMAR) system once the integrated IT infrastructure is in place.

Casey House will continue to leverage the critical mass available at St. Michael’s to improve efficiencies (e.g., purchasing power, clinical policies and procedures). Going forward, Casey House will actively explore additional back-office integration opportunities with St. Michael’s.

**Strategic Direction 3: Advance a Healthy Workplace**

Casey House delivers exemplary care through a team of highly skilled and dedicated staff and volunteers. Casey House is committed to a working environment that promotes safety for all, offers a learning culture, and embraces the voice of clients in their care.

Over the next three years, Casey House will advance a healthy workplace. The focus will be on one key goal.

**Key Goal 3.1: Ensure support, education and resources are provided to staff and volunteersto enable care that is responsive to client needs**

Casey House has numerous processes to solicit feedback and input from staff and volunteers. Working groups are in place to address specific quality initiatives such as clinician to clinician communication, streamlined documentation, and working within a harm reduction framework. A variety of wide-ranging and topic-specific staff meetings are held regularly to discuss ongoing operations, new initiatives and unexpected clinical events. The organization also conducts work life satisfaction surveys to identify strengths and areas for improvement which are then forwarded to appropriate individuals and committees for action (e.g., Joint Occupational Health and Safety Committee, Healthy Workplace Committee).
Casey House has a commitment to provide education opportunities and professional skill development training to ensure that staff has the skills to care for medically complex clients who may have significant mental health, substance and psychosocial issues. (Casey House also hires staff with expertise in these areas.)

The strategic planning consultations identified key healthy workplace issues including workload, stress, staff/client boundaries and feelings of vulnerability caring for medically complex clients with unpredictable behaviours. An added concern is Casey House’s relatively small infrastructure and its limited clinical and non-clinical resources which require all staff to take on a variety of roles and responsibilities not typical of a larger organization. Going forward, Casey House will focus efforts on effective resource and change management initiatives. Professional development will continue to be a high priority for staff and volunteers in response to new and emerging issues faced by Casey House clients. Furthermore, Casey House will continue to promote a strong culture that supports open dialogue, problem solving, and transparent communications. This includes augmenting existing structures – such as open forums – to discuss healthy workplace issues and identify solutions for action; and introducing formal internal communication activities between and among departments and programs.

**Strategic Direction 4: Enrich Research and Knowledge Transfer Related to the Clients We Serve**

Casey House is engaged in academic activities that include research, education and knowledge transfer. Creating and sharing new knowledge, and educating staff and future healthcare providers are critical for improving the health and care of people with HIV/AIDS who have medical complexities. Although Casey House is a small organization, it is making an important contribution to research and knowledge transfer related to the clients it serves.

Over the next three years, Casey House will enrich research and knowledge transfer activities related to the clients it serves. The focus will be on two key goals.

**Key Goal 4.1: Continue to implement the Casey House Research Plan to create new knowledge**

The Board of Directors approved the Casey House Research Plan in 2010 which was developed by a multi-stakeholder committee including people living with HIV, staff, academic researchers, and AIDS service organization partners. The plan identified five priority research areas focused on Casey House’s clients and the care it provides. These include aging, complex clinical and social issues facing clients (e.g., mental health, addiction, homelessness, quality of life), treatment modalities, program evaluation, and care models. The plan identified various research roles for Casey House depending on available human and financial resources: leader, partner and facilitator. In response, Casey House increased its research capacity by establishing a Research Advisory Committee and hiring a Research Lead funded by a private foundation.
The Casey House database provides a rich source of confidential information for research purposes including program evaluation. For example, client satisfaction is regularly assessed and is used to improve programs and identify research questions. Medical and hospital staff, undergraduate and graduate students, residents and a clinical fellow have participated in quality-based research projects and program evaluations. Currently, Casey House is involved in seven joint research projects with partner organizations. Additional grant proposals have been submitted for external funding. Research publications, poster presentations, papers and reports have been or are being prepared. It is expected that the number of research opportunities will increase with the introduction of the Day Health Program. Casey House is committed to developing and implementing a performance measurement system to demonstrate the success of the Program when it is implemented.

Going forward, Casey House will complete its current research commitments and participate in research in the priority areas identified in the Research Plan.

**Key Goal 4.2: Continue to enhance knowledge transfer opportunities to educate and inform care**

Casey House is engaged in a wide range of knowledge transfer activities related to complex HIV/AIDS health care. The organization contributes to the education of future healthcare providers by providing student placements in medicine, nursing, social work and recreation therapy. These students come from a number of universities and colleges in Ontario and beyond.

Casey House provides professional development and education opportunities to its staff and external stakeholders. For example, all staff have taken motivational interviewing and non-violent physical crisis intervention. As well, Casey House planned and hosted an education series on HIV for physicians which has received Continuing Medical Education accreditation from the University of Toronto’s Faculty of Medicine. In addition, Casey House has planned and hosted regular symposia on evidence-based clinical skills and an eight-session seminar series on mental health and HIV/AIDS for internal and external health service providers. As noted earlier, Casey House is partnering with The Rekai Centres to create education videos on HIV/AIDS care in long-term care settings. Plans are underway to establish distribution channels for the videos and determine how best to present these videos to long-term care staff.

Casey House has an important role to play in knowledge transfer activities. It makes a unique contribution sharing its expertise and latest evidence to improve the care of medically complex persons with HIV, not only at Casey House but beyond its four walls. Casey House will continue to provide student placement opportunities for a variety of regulated health professionals. Professional development and educational activities for staff, volunteers and external stakeholders will continue to be provided on a regular basis in collaboration with the HIV and health care communities.
Strategic Direction 5: Build and Occupy the New Casey House

Casey House is in the midst of a significant capital redevelopment project that will create a new Casey House. This major initiative will enable the organization to introduce a new model of HIV/AIDS care which embodies a comprehensive continuum of HIV care in physical facilities that are better suited to the evolving and growing health care needs of persons with HIV/AIDS. These facilities include private inpatient rooms that support complex clinical needs, dedicated clinical space for the Day Health Program, meeting space for professional education and use by community partners, and communal spaces for clients.

Over the next three years, Casey House will build and occupy the New Casey House. The focus will be on three key goals.

Key Goal 5.1: Open the new Casey House on time and on budget

Casey House’s senior leadership has been working closely with the Ministry of Health and Long-Term Care (MoHLTC) and Infrastructure Ontario to plan and develop the new building. Casey House officially submitted the final Board-approved building design to the MoHLTC. It is anticipated that construction will begin in Fall 2014 and occupancy will occur in 2016/17.

Key Goal 5.2: Start the Day Health Program, as agreed to with the Ministry of Health and Long-Term Care

In 2010, Casey House entered into a formal agreement with the MoHLTC which secured ongoing operating funding for the Day Health Program upon occupancy of the new building. Casey House looks forward to working with the MoHLTC and the Toronto Central LHIN to implement the agreement and start the Day Health Program to serve the HIV/AIDS community.

Key Goal 5.3: Achieve operational readiness to provide the new model of HIV/AIDS care in the new Casey House.

Successfully implementing the new model of care in the new Casey House requires the organization and all staff to be ready operationally. This includes developing work policies and practices, and implementing change management initiatives to ensure success.
5. ACCOUNTABILITY: MEASURING AND MONITORING PROGRESS

The five strategic directions – and the associated key goals – provide the structure upon which Casey House’s performance will be measured from 2014 to 2017. Casey House utilizes a Strategic Management System that will incorporate the strategic plan along with annual operational business plans and a Balanced Scorecard. Progress reports will be communicated regularly via newsletters, annual reports and presentations, and regular CEO forums for staff.
### 6. SUMMARY OF STRATEGIC DIRECTIONS AND KEY GOALS

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Key Goals</th>
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<tbody>
<tr>
<td><strong>1. Plan for and Introduce a New Model of HIV/AIDS Care</strong></td>
<td>1.1: Expand the Continuum of Complex HIV/AIDS Care</td>
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<tr>
<td></td>
<td>1.2: Enhance Support for Clients at Care Transitions</td>
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<tr>
<td><strong>2. Enhance Relationships and Partnerships</strong></td>
<td>2.1: Enrich existing partnerships to create a broader sense of community</td>
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<td></td>
<td>2.2: Augment communication with external stakeholders</td>
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<td></td>
<td>2.3: Further back-office integration with St. Michael’s Hospital</td>
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<tr>
<td><strong>3. Advance a Healthy Workplace</strong></td>
<td>3.1: Ensure support, education and resources are provided to staff and volunteers to enable care that is responsive to client needs</td>
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<tr>
<td><strong>4. Enrich Research and Knowledge Transfer Related to the Clients We Serve</strong></td>
<td>4.1: Continue to implement the Casey House Research Plan to create new knowledge</td>
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<td></td>
<td>4.2: Continue to enhance knowledge transfer opportunities to educate and inform care</td>
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<tr>
<td><strong>5. Build and Occupy the New Casey House</strong></td>
<td>5.1: Open the new Casey House on time and on budget</td>
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<td></td>
<td>5.2: Start the Day Health Program, as agreed to with the Ministry of Health and Long-Term Care and Infrastructure Ontario.</td>
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<td></td>
<td>5.3: Achieve operational readiness to provide the new model of HIV/AIDS care in the new Casey House.</td>
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APPENDIX A: STAKEHOLDERS CONSULTED

Over 100 internal and external stakeholders were consulted for the Casey House strategic plan from May 13 through to June 30, 2013. Various methods were used including face-to-face interviews, group sessions and a survey (hard copy and on-line).

Profile of Respondents

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Consultation Methods</th>
<th>Number Providing Input</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal Consultations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Clients/ Inpatient Community</td>
<td>• Two open-invitation focus group sessions.</td>
<td>18 individuals</td>
</tr>
<tr>
<td></td>
<td>• Survey (hard copy and online) with the offer of a confidential follow up phone call.</td>
<td></td>
</tr>
<tr>
<td>2. Community Advisory Committee</td>
<td>• Regular CAC meeting.</td>
<td>7 individuals</td>
</tr>
<tr>
<td>3. Medical Staff</td>
<td>• Regular medical staff meeting.</td>
<td>6 individuals</td>
</tr>
<tr>
<td></td>
<td>• Face-to-face interview with Medical Director.</td>
<td></td>
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<tr>
<td></td>
<td>• Surveys (hard copy and online) with the offer of a confidential follow up phone call.</td>
<td></td>
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<tr>
<td>4. Staff: Clinical</td>
<td>• Two focus group sessions.</td>
<td>25 individuals</td>
</tr>
<tr>
<td></td>
<td>• Survey for casual staff (hard copy and online).</td>
<td></td>
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<tr>
<td></td>
<td>• Phone interview with one manager.</td>
<td></td>
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<tr>
<td>5. Staff: Non-clinical</td>
<td>• One focus group session.</td>
<td>15 individuals</td>
</tr>
<tr>
<td>6. Volunteers</td>
<td>• One focus group session.</td>
<td>8 individuals</td>
</tr>
<tr>
<td></td>
<td>• Surveys (hard copy and online).</td>
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<tr>
<td><strong>External Consultations</strong></td>
<td></td>
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</tr>
<tr>
<td>7. Front-Line Caseworkers</td>
<td>• One focus group session.</td>
<td>5 individuals</td>
</tr>
<tr>
<td>8. Members of the AIDS Service Organizations and Healthcare Communities</td>
<td>• Face-to-face interviews with all but two individuals who were interviewed by phone.</td>
<td>21 Individuals (19 Distinct Organizations)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>105 individuals</td>
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Consultations with Members of the AIDS Service Organizations and Healthcare Communities

The following individuals were interviewed.

1. Suzanne Boggild, Chief Executive Officer, Sherbourne Health Centre
2. VijayaChikermane, Executive Director, Alliance for South Asian AIDS Prevention
3. Maxine Davis, Executive Director, Dr. Peter AIDS Foundation
4. Anne-Marie DeCenso, Executive Director, Prisoners HIV/AIDS Support Action Network/PASAN
5. Vas Georgiou, Executive Vice President and Chief Administrative Officer, St. Michael’s Hospital
6. Keith Hambly, Executive Director, Fife House and Co-Chair Toronto-HIV Network
7. Sandra Iafrate, Manager, Toronto Central Community Care Access Centre  
8. Murray Jose, Executive Director, Toronto People with AIDS Foundation and Co-Chair Toronto-HIV Network  
9. Rick Kennedy, Executive Director, Ontario AIDS Network  
10. Joanne Lush, Senior Program Consultant, AIDS Bureau  
11. Frank McGee, Manager AIDS and HepC Program, Ministry of Health and Long-Term Care  
12. Fanta Ongoiba, Executive Director, Africans in Partnership Against AIDS  
13. Camille Orridge, Chief Executive Officer, Toronto Central LHIN  
14. Hazelle Palmer, Executive Director, AIDS Committee of Toronto  
15. Kay Roesslein, Executive Director, McEwan Housing and Support Services  
16. Sean Rourke, Ontario HIV Treatment Network  
17. Shannon Ryan, Executive Director, Black Coalition for AIDS Prevention  
18. Rauni Salminen, Executive Director, Philip Aziz Centre  
19. Wangari Tharao, Women’s Health in Women’s Hands  
20. Debbie Thompson, Director Specialty Program, Toronto Central CCAC  
21. Art Zoccole, Executive Director, 2-Spirited People of the First Nations
APPENDIX B: DETAILED CONSULTATION RESULTS

INTERNAL STAKEHOLDERS

Internal stakeholders provided input from their unique perspectives as clients, members of the inpatient community, members of the Community Advisory Committee, medical staff, clinical and non-clinical staff, and volunteers. A total of 79 internal stakeholders were consulted.

Each group was asked to identify Casey House’s strengths and opportunities for improvement, which are presented below. Internal stakeholders also provided comments on the vision, mission, and client and organizational values which informed the development of these statements.

Clients, Inpatient Community and the Community Advisory Committee

Input was obtained from Casey House clients and the inpatient community using: i) an open invitation to attend one of two focus group sessions at Casey House; ii) a client survey that was made available widely and accompanied with the offer of a confidential follow-up phone call; and iii) a meeting with the Community Advisory Committee.

Strengths

Clients, the inpatient community and the Community Advisory Committee identified the following strengths of Casey House:

- Staff and volunteers were described as responsive, friendly, great and going above and beyond the call of duty.
- The care model and services are highly valued. The client-focused care model supports consistently excellent quality services.
- The Casey House culture is accepting, non-judgemental, positive, compassionate, caring, encouraging and permissive. The culture gives hope, supports a peaceful healing place, and “treats me like a person and a family member.”
- Outcomes and impact are positive.
- The physical environment feels homelike, more personal, small and comfortable.

Opportunities for Improvement

Clients, the inpatient community and the Community Advisory Committee identified the following opportunities for improvement and growth:

- Increase services such as mental health and addictions, community nursing and outreach, and social activities for all patients.
- Improve client supports such as continuously monitoring levels of distress and providing psychosocial supports; helping clients with transitions (e.g., help clients succeed when discharged, respond to life cycle needs with seniors’ group, volunteer life coaches and mentors); revisiting the harm reduction and drug policies; providing electric wheelchairs and smoking facilities in a protected place; employing clients where possible.
- Improve two-way communications by providing more information, seeking more client input, enabling clients to show staff their appreciation.
- Address staff workload issues which impacts on quality of care.
- Address the stigma associated with Casey House as the “AIDS place” and the “place one dies.”
- Educate staff about the client’s right to self-determination to care and lifestyle decisions.

**Staff (Medical, Clinical, Non-clinical)**

Casey House’s medical, clinical and non-clinical staff provided their input using various methods. Physician input was obtained from a regular medical staff meeting and through a physician survey with the offer of a confidential follow-up phone call. Clinical staff input was obtained using two focus groups, casual staff used a staff survey, and non-clinical staff had one focus group session.

**Strengths**

All three staff groups – medical, clinical and non-clinical – identified the following strengths:

- High quality staff who are dedicated, welcoming, engaged, kind, committed, and knowledgeable about HIV. Staff care for and are strong advocates for clients especially those from marginalised populations.
- The care model and the breadth of services are strengths. The model is client-centred, personalized and holistic. Medical and clinical staff valued the team approach to care, and the emphasis on the care continuum and smooth transitions.
- The culture is warm, welcoming, supportive, accepting of people’s life circumstances, non-judgemental, flexible, respectful, compassionate, relaxed, personal, and providing a relaxed and homelike atmosphere.

Other Casey House strengths that were mentioned by one or two staff groups included: a collaborative approach with other healthcare and community organizations; positive outcomes and impact on the clients served especially those from marginalized groups; external sharing of expertise which is welcomed and respected; approachable management; and a contributor to research.

**Opportunities for Improvement**

All three staff groups identified the following opportunities for improvement and growth:

- Address quality of work life issues including increased workload due to more complex clients, higher levels of stress and perceived vulnerability when caring for clients with unpredictable behaviours, and increasing expectations to take on multiple roles (e.g., client care, committee work, new initiatives, etc.).
- Clarify the vision and mission of the organization given that its rich history and reputation as a hospice does not adequately reflect what it currently does.
- Increase continuing education in mental health and addictions, harm reduction, serving clients from marginalised groups, and the client’s right to self-determination in their care and lifestyle decisions.
Other opportunities for improvement and growth mentioned by one or two staff groups included:

- Improve services and/or partner with organisations in such areas as mental health and addictions, and women’s care.
- Enable successful transitions of clients into and out from Casey House.
- Recognise the limitations of being a smaller organisation with fewer staff and financial resources when considering new projects, additional demands and research studies.
- Improve formal information sharing and communications internally and externally.
- Address boundary issues that arise with staff and clients (e.g., inconsistent interpretation of boundaries and rules).
- Reaffirm institutional policies such as a safe workplace, and zero tolerance for abusive behaviour and behaviour that stigmatises clients.

**Volunteers**

Casey House’s volunteers provided their input in a focus group session held during the regular volunteers’ meeting, and through a volunteer survey.

**Strengths**

Volunteers identified the following strengths of Casey House:

- Staff are committed, sensitive, patient, and continuously update their skills. Outreach staff reach out to serve marginalized individuals. Volunteers are committed to the vision and goals of Casey House.
- The client-centred care model acknowledges the social determinants of health. Exceptional care and attention supports healing, and energizes and motivates clients to lead fuller lives.
- The culture is caring, compassionate, respectful and safe. Clients experience comfort in a homelike environment.
- The variety of services is a strength.
- Support for volunteers and education symposiums are valued.

**Opportunities for Improvement**

Volunteers identified the following opportunities for improvement and growth:

- Increase and improve client services including more effective care for those with addiction issues, more day programs, increased outreach and more client education seminars (e.g., nutrition, harm reduction, mindfulness, relaxation).
- Address boundary issues with staff and clients who are unclear about the role of volunteers.
- Reaffirm institutional policies for zero tolerance for behaviour that stigmatises clients.
- Address quality of work life issues for staff especially due to stress dealing with challenging clients.
EXTERNAL STAKEHOLDERS

External stakeholders included front-line caseworkers from external organizations, and members of the AIDS service organizations and healthcare communities.

Front-line Caseworkers from External Organizations

Front-line caseworkers were asked to identify what Casey House does well and opportunities for improvement. The following input was provided in a focus group session attended by five individuals.

Strengths

Front-line caseworkers identified the following strengths of Casey House:

- Staff are a strength especially skilled and knowledgeable visiting nurses.
- Respite care is highly regarded.
- The working relationship between Casey House and front-line service organisations is positive. In particular, communications between staff and the interactions with community pharmacies supports seamless and effective transitions for clients.
- Casey House is trying to evolve to meet its changing client population.

Opportunities for Improvement

Front-line caseworkers identified the following opportunities for improvement:

- Increase community partnerships and improve two-way communications.
- Address the stigma associated with Casey House as the “AIDS place” and the “place to go to die”.
- Clarify the vision and mission of the organization.
- Improve the consistency of nursing care within and between in-house and community nurses.
- Improve access to services and palliative care.
Members of the AIDS Service Organization and Healthcare Communities

Members of the AIDS service organization and healthcare communities provided their input through personal interviews. A total of 21 individuals from 19 organizations were asked to identify what Casey House does well, opportunities for improvement and growth, and opportunities to work more closely as partners. The interviews resulted in 393 discrete comments for analysis which were used to identify key themes.

Strengths

Members of the AIDS service organization and healthcare communities identified the following strengths of Casey House (in order of frequency mentioned):

- The range of services is a strength. This includes palliative care, which is highly regarded, and the child care subsidy and education programs which are valued and viewed as community-minded benefits.
- Quality of care is exceptional, high quality, and reflects best practices.
- Strong, effective and successful fundraising efforts and brand.
- Good collaborative partnerships with some AIDS Service Organizations.
- Casey House is at the forefront of AIDS with a rich history of caring for stigmatized individuals with complex health needs.
- Casey House constantly evaluates what it does, and strives to evolve to remain relevant and meet the changing face of HIV/AIDS.
- Other strengths include: a well-connected and influential Board; the new building; sufficient input sought into future service planning; highly regarded senior leadership and staff; and a non-judgemental and supportive culture.

Opportunities for Improvement

Members of the AIDS service organization and healthcare communities identified the following opportunities for improvement (in order of frequency mentioned):

- Address perceptions about Casey House in the community especially with regard to the proposed day program, and liaise more closely with the community to address these issues including: the building’s vision; the objectives and services of the day program; the building as a community resource; opportunities to shape the program; opportunities to co-deliver programs and services; potential for service duplication and redundancy with community services; perception that the day program is beyond Casey House’s core strengths; concern about service gaps and the diversion of resources from other pressing needs; and sustaining Casey House’s home services.
- Clarify the client population(s) that Casey House serves and ensure it can care for these individuals on its own and/or in collaboration with others.
- Clarify Casey House’s vision, mission, and its role in the care continuum.
- Improve care especially for clients with mental health and addiction issues.
- Set standards for medical care for complex HIV.
- Strengthen and expand services such as: education symposiums, psychosocial and spiritual support, nursing clinics, peer support and mentoring, programs for aging persons with HIV, women with HIV, specialised teams to divert hospital emergency room visits and reduce hospitalization.
• Improve external communications.
• Address stigma associated with HIV in healthcare generally, and with Casey House by potential clients.

**Opportunities to Work More Closely With Casey House as Partners**

Members of the AIDS service organization and healthcare communities identified the following opportunities to work more closely with Casey House as partners (in order of frequency mentioned):

• Work together to clarify what each organisation is doing, assess the AIDS service models used and how they need to evolve, and the unique contribution that each organization is and will make to the community. This includes identifying ways to serve the total community of clients in the face of fewer resources.

• Consider joint work in such areas as: long-term survivorship; fundraising to minimise donor fatigue; improved discharges from Casey House and transitions between care providers; volunteer opportunities; keeping people out of hospital using a virtual team concept; shared space and programming; clinical links with other hospitals for more complex care; back office integration opportunities with larger facilities; facilitate independence by linking clients with employment, housing and disability programs.
ENDNOTES


9 Incidence refers to the number of new occurrences of HIV infection. Prevalence refers to the total number of persons who are infected with HIV.


12 CATIE, *op. cit.*

13 CATIE, *op. cit.*

14 OCHART, *op. cit.*


16 Remis, R.S. 2013 (June 10). *Monitoring the HIV epidemic in Ontario: Methods and findings*. Ontario HIV Epidemiologic Monitoring Unit, Dalla Lana School of Public Health, University of Toronto.


18 Fulutz, J. 2011 (October). *Aging Gracefully with HIV: How did We Get Here and Where are We Going?* Presentation to Canadian Association on Gerontology.


21 OCHART, *op. cit.*

22 OCHART, *op. cit.*

23 The AIDS Community Action Program (ACAP) is a federally funded program; Casey House does not qualify for this funding program because it is a hospital.