

ANCDS Strategic Plan: Goals, Objectives, Plans, and Outcome Metrics

2009 - 2014

Dear ANCDS members:

Last spring, the Executive Board was joined by Alex Johnson, Ph.D. and Lee Ann Golper, Ph.D. to identify the Academy's Strengths, Weaknesses, Opportunities and Threats, called "SWOT". No surprise that the list of strengths and opportunities outweigh the weaknesses and threats. But our discussion was not sugar coated either. While opportunities for the Academy abound, our facilitators kept us focused on the ANCDS mission to "promote quality service to persons with neurologic communication disorders..." With this in mind, we developed the strategic plan presented below. At the end of plan, there is a list of "next steps" which identifies the activities we will be engaged in over the next several months.

This is your opportunity to read the plan and provide the Executive Board with feedback. Once feedback is received, a finalized plan will be generated, posted for members to review and then be ratified by the Executive Board. As you will see, this plan provides the Academy with a roadmap for the next 3 to 5 years. Please send written feedback to Carl Coelho, Ph.D., Past President (carl.coelho@uconn.edu) by November 14th. Consider the following questions as you read the plan:

1. Do the goals of the plan reflect the Academy's stated mission?
2. Are there goals that are missing from the plan? If so, what are they?
3. Would you be willing to volunteer on an ANCDS committee that is tied to one of these goals?

Please feel free to provide us with any other feedback on the plan. At the upcoming November 18th Annual Business meeting, we will also discuss the plan with the membership and provide a time for members to share their feedback if they choose to.

On behalf of the Executive Board, we look forward to hearing from you...

Mary R.T. Kennedy, Ph.D.
President, *ANCDS*

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<i>Goals</i>	<i>we will....</i>	<i>by....</i>	<i>and achievement of these goals will be demonstrated by...</i>
<p>1. ANCDS will facilitate the Knowledge Transfer and Implementation in Neurologic Communication Disorders and Sciences.</p> <p><i>In order to facilitate Knowledge Transfer and Implementation....</i></p>	<p>1. Become uniquely recognized as <i>the</i> resource for expertise in neurologic communication disorders and sciences.</p>	<p>1. Informing the membership that ANCDS will be focused on enhancing its image and status within and outside of the profession as <i>the</i> recognized “knowledge broker” in neurologic communication disorders.</p>	<p>1. An initial report by the President to the membership at the Fall meeting in New Orleans and via the Fall 2009 Newsletter describing this goal and other strategic goals, and related objectives. Thereafter annual reports summarizing tracked data (see below) will be made.</p>
	<p>2. Establish or expand collaborations with related professional organizations (RPOs) & affiliated bodies (Division 2, ACRM, AHA-ASA, INS, NAA, BIA-USA, State level associations, etc.)</p>	<p>1. Informing/reminding all members of their responsibilities as ambassadors for ANCDS and in our affiliated organizations.</p> <p>2. Asking members to indicate or list all of their affiliations with RPOs on the annual membership renewal forms to develop a RPO networking “map.”</p> <p>3. Tracking the extent of networks and activities of members within Related Professional Organizations (RPOs).</p>	<p>1. The average number of member presentations at the scientific sessions of RPOs will increase by 5% from the 2010 to the 2013 survey numbers.</p> <p>2. The average number of ANCDS members participating on RPO committees, including policy making committees will 5% from the 2010 to the 2013 survey numbers.</p> <p>3. Data from 1 and 2 will be “impact factors”.</p> <p>4. Establish two ANCDS member “caucuses” within prominent RPOs to promote the Academy’s mission.</p>
	<p>3. Build from Evidence-based practice guidelines publications. .</p>	<p>1. Continuing to publish EBP guidelines.</p> <p>2. Expanding the practice guideline-related publishing venues beyond the current</p>	<p>1. The number of ANCDS related articles published in journals other than Journal of Medical Speech-Language Pathology, or the ASHA journals will</p>

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		<p>publications, to include JINS, Stroke, RR&D, Neurology, etc.</p> <p>3. Determining what is needed for the “next stage” in the systematic review updates of the current guidelines, or new topics.</p> <p>4. Continuing to track and report the number of peer reviewed publications from writing committees.</p> <p>5. Encouraging all members to continue to reference the ANCDS guidelines in their presentations and publications, and in their workplaces.</p> <p>6. Communicating with ANCDS members who teach graduate or undergraduate courses about incorporating EBP guidelines in their curriculum, by conduct a survey on the use of ANCDS publications (e.g., Evidence-based practice publications) in education curriculum.</p>	<p>increase by 10% by 2013.</p> <p>2. The number of ANCDS instructors or faculty who use ANCDS EBP publications in the curriculum will increase by 5% by 2013.</p>
	<p>4. Transfer and disseminate knowledge to practicing SLP clinicians.</p>	<p>1. Tracking the number of presentations at meetings and other training venues with largely clinical participants (e.g. ASHA Health Care Conference, ASHA Short Courses, online training, etc.).</p>	<p>1. Number of ANCDS member presentations at clinical training venues will be at least 25 per year.</p>
	<p>5. Engage the full membership in these efforts.</p>	<p>1. Inviting ANCDS members to take personal responsibility as a “trustee” for promoting this and other goals and the action plans. This shall be done at the Annual</p>	<p>1. A reminder from the President to Academy members that each is a steward of the goals of the ANCDS and each of us is expected to contribute their</p>

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		<p>business meeting and the newsletter.</p> <p>2. Tracking and acknowledging exemplary member stewardship at the annual meeting (e.g., member who has made the greatest number of RPO presentations referencing the Practice Guidelines).</p>	<p>help with meeting the objectives and implementing the action plans of the Academy.</p> <p>2. The President's invitation to participation will be done at the Annual Business meeting and be posted on the Academy's website; forms will be provided for those interested in serving on a committee.</p> <p>3. The number of ANCDS members participating on committees or task forces will increase by 10% by November 2010.</p>
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<p>2. ANCDS will improve the quality of care to individuals with neurologic communication disorders.</p> <p><i>In order to improve the quality of care for individuals with neurologic communication disorders....</i></p>	<p>1. Work both within and outside of the profession to promote quality services to individuals with neurologic communication disorders.</p>	<p>1. Continuing the activities that support mission/purposes of the Academy related to promoting quality services (e.g., continuing the annual scientific and educational sessions, maintaining a focus on promoting the Evidence-Based practice guidelines).</p> <p>2. Establishing a small ad hoc committee headed by someone familiar with quality of services indicators and monitoring to partner with consumer advocacy groups (e.g., NAA, BIA-USA) to prepare a “Good-Better-Best” consumer’s “score card” for use by individuals seeking SLP treatment services for neurologic communication disorders.</p>	<p>1. One annual educational meeting that targets practicing clinicians, researchers, and faculty.</p> <p>2. Publishing and posting a “Consumer’s Score Card” for quality SLP services for neurologic communication disorders by 2012.</p>
	<p>2. Develop a unique brand/identity in order to increase ANCDS promotion to clinicians and individuals with neurologic communication disorders</p>	<p>1. Forming an ad hoc committee assigned to work with a publicity or marketing firm to make recommendations for branding/logo/identity enhancements and a marketing strategy.</p> <p>2. Reporting back to the EB with recommendations for branding/logo/identity enhancement and a marketing strategy aimed at groups most likely to have an impact on the quality of care for individuals with neurologic communication disorders.</p>	<p>1. The implementation of a branding/logo/identity enhancement and marketing strategy for the organization in January, 2011.</p>
	<p>3. Target students (e.g. NSSLHA) and SLP clinicians affiliated with RPOs, including Division 2.</p>	<p>1. Creating a “Involving the Membership Recruitment and Retention” ad hoc committee in developing recommendations to the EB for ways to enhance the Academy’s relationship with other membership bodies, such as state level organizations, Division 2, and NSSLHA, etc.</p>	<p>1. Implementation of recommendations related to greater involvement with other membership organizations by 2011 with Division 2 and NSSLHA.</p>

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	<p>4. Engage in advocacy for individuals with neurologic communication disorders.</p>	<p>1. Creating a Advocacy ad hoc committee to identify existing ASHA and RPO advocacy groups.</p> <p>2. Establishing member relationships and participate in advocacy activities with advocacy groups across disorders(e.g., National Parkinson’s Disease Association, Brain Injury Association – USA, National Aphasia Association).</p> <p>3. Developing a “partnerships in advocacy” project with consumer-related RPOs.</p> <p>4. Establishing organizational and member collaborations across groups with similar missions and like interests in quality of services, under the direction of the appropriate EB committee chair.</p>	<p>1. An annual report by the appropriate committee chair to the membership activities related to advocacy activities.</p> <p>2. At least one “partnership in advocacy” activity will be conducted annually by ANCDS starting in 2011.</p> <p>3. An annual report by the appropriate committee chair to the membership related to quality collaborations across organizations.</p>
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<p>3. ANCDS will expand the membership base of the organization.</p> <p><i>In order to expand the membership base...</i></p>	<p>1. Reach out to a more diverse membership (not just university-affiliated, academics).</p>	<p>1. Chartering a “Membership Recruitment and Retention” Task Force in November, 2009, with a report back to the EB in 2010.</p> <p>2. Completing a survey of current and past members in early 2010.</p> <p>3. Analyzing the survey data regarding membership recruitment and retention across various constituencies.</p>	<p>1. The number of non university-affiliated members increased by >5% in 2011.</p>
	<p>2. Bring more clinicians into the membership.</p>	<p>1. Based on the information provided from the membership recruitment and retention survey, developing a strategy for reaching out to more clinician members.</p>	<p>1. The total number of new clinician members increased by >5% in 2012.</p>
	<p>3. Explore more “value added” strategies to improve membership recruitment and retention.</p>	<p>1. Making recommendations to the EB regarding “value added” membership strategies.</p>	<p>1. The total number of members (all categories) increased by >25% per year by 2013, from current 2009 levels.</p>

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<p>4. ANCDS will evaluate the current Board Certification process</p> <p><i>In order to evaluate Board Certification and its processes...</i></p>	<p>1. Determine the benefits and costs (both financial and quality of services) of continuing or discontinuing the current BC processes.</p>	<p>1. Chartering a “Board Certification Process Review” ad hoc committee at the end of 2009 that will:</p> <ul style="list-style-type: none"> i) Conduct a survey of members who have received Board Certification with and without “grandfathering,” and individuals who chose not to pursue BC, in order to: explore the pros and cons of BC; its processes, and; use the data from that survey to guide recommendations. ii) Make recommendations to the Executive Board regarding the future of BC, including recommendations for: the relationship between certification and level of membership; updating the examination or alternative methods (e.g. partnering with ASHA, or Division 2 for “Board Recognized Specialists” credential), and; achieving the original goals of BC, if indicated. 	<p>1. A decision by the EB as to the future of BC-ANCDS and an implementation of revisions will be made by Fall, 2010.</p>
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<p>5. ANCDS will establish a financial plan for the organization.</p> <p><i>In order to develop a financial plan....</i></p>	<p>1. Delineate the financial priorities and goals and establish a short and long-term revenue plan for the organization that addresses alternative revenue sources beyond dues and meetings income.</p>	<p>1. Forming an ad hoc group within the Executive Board which will delineate a financial plan for the organization addressing alternative revenue sources beyond dues and meetings income and establish short and long term financial objectives and priorities for the organization.</p>	<p>1. The approval and implementation of a financial plan by the EB in the 2011 budget cycle.</p>
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Next steps...

- **Get feedback from ANCDS members on the drafted strategic plan and create final version of plan. (November, 2009)**
- **Ratify strategic plan by the Executive Board. (November – December 2009)**
- **Executive Board shall assign a “goal keeper” who is responsible for monitoring progress toward each strategic goal. (November 2009)**
- **Re-examine the Mission/Purpose statement of the ANCDS. (January – February 2010)**
- **Define, prioritize, refine, revise, and flesh out the action plans and outcome targets for each goal (including the formation of Ad hoc committees and committee assignments). (December 2009 – February 2010)**
- **Re-examine the current Executive Board and committee structure in support of the revised Mission and goals. (Spring 2010)**
- **Establish a schedule and method of regular communication within the Executive Board, and between committee chairs and others involved in the strategic plan. (January 2010)**