



# 3 Year Strategic Plan 2010-2013

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### 1.0

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## Background

TransCare Community Support Services is a registered charity that offers services to seniors, adults with disabilities and the chronically ill. These services include:

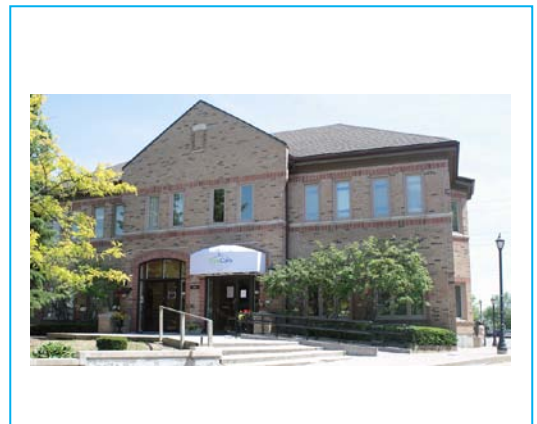
Home and Respite Care  
Supportive Housing  
Transportation  
Outdoor Maintenance

Meals on Wheels  
Adult Day Program  
Community Dining & Recreation  
Client Intervention & Assistance

The agency was originally established in 1976 as Scarborough Support Services for the Elderly Inc (and known simply as Scarborough Support Services) to respond to a need identified by Mayor Gus Harris of the City of Scarborough for a coordinating framework through which funds for smaller agencies could be flowed, and to provide leadership to respond to the growing need for community support services.

The agency receives base funding from the Central East Local Health Integration Network (CE LHIN), the United Way of Greater Toronto, and the City of Toronto. It also receives revenue as a sub-contractor to VHA Home Healthcare for the provision of home care services to the Central East Community Care Access Centre (CE CCAC).

The agency has 185 staff, over 400 volunteers and owns its premises at 1045 McNicoll Avenue.



The agency continues to be in the forefront of change across a wide continuum of care; for example, it:

- Leads the CE LHIN's Home at Last program in Scarborough which provides a smooth transition from hospital to home and followup to reduce readmissions.
- Launches productive enterprise initiatives such as its growing Home Care Supplies division which sells incontinence products and mobility aids.
- Champions supportive and affordable housing and community primary care in high need, low income population neighbourhoods.

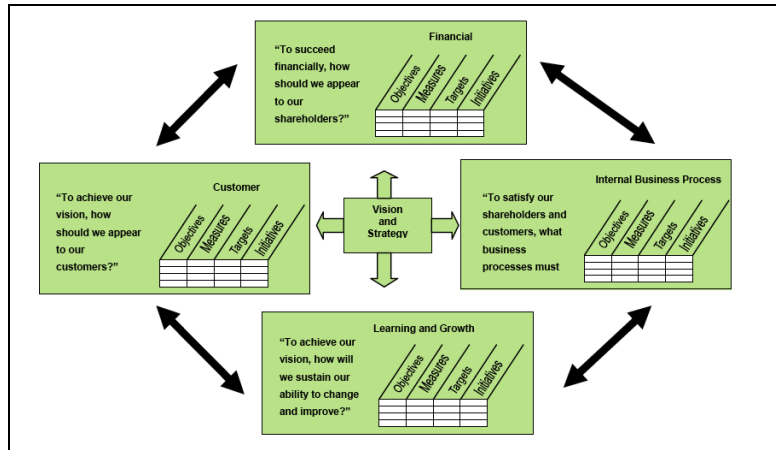
The agency continues to challenge itself, and is energizing its future growth with a new name, vision and 3-year strategic plan.

## 2.0 Approach

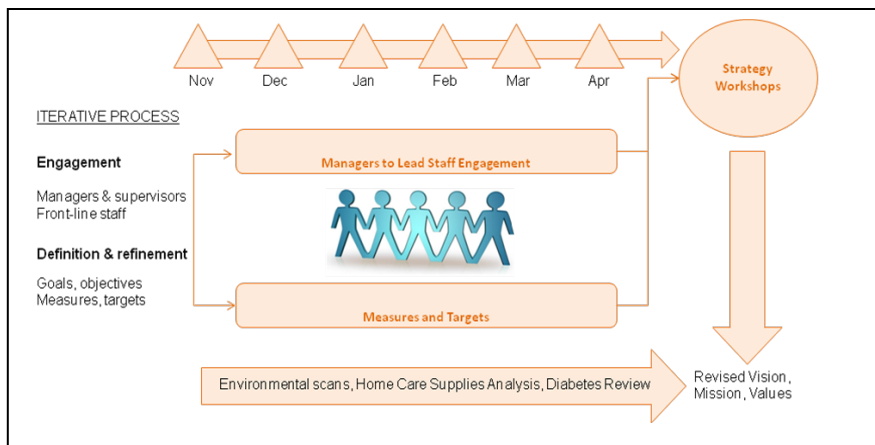
TransCare developed its strategic planning approach on the following key principles:

- Integrated goals with pragmatic results.
- Management ownership of targets and measures.
- Broad staff engagement with regular communication.

The team adopted a Balanced Scorecard (BSC) approach to help ensure a balance in focus and concrete deliverables. It is a “BSC-lite” but will provide sufficient context and education for further development and depth over coming years.



The planning process was compressed into six months, but was highly iterative to facilitate input and refinement.



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## 3.0 Environmental Scan

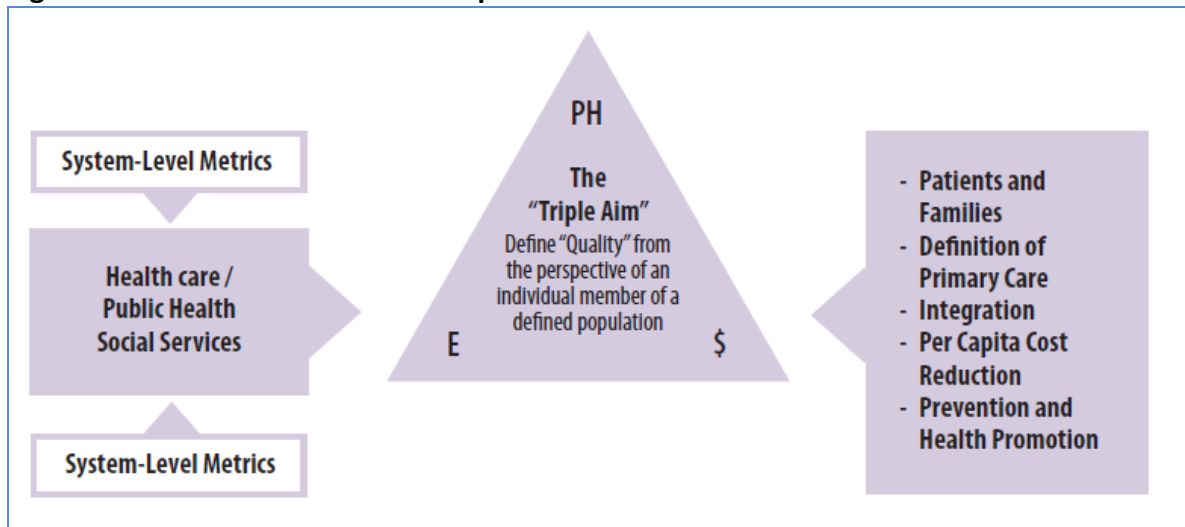
### 3.1 LHIN Wide Priorities

The Central East LHIN is the agency’s primary funder. It currently exhibits a strong focus on engaging the community and integrating all partners and providers to provide the best healthcare possible. Its vision statement, which has been reconfirmed from 2006-2009 for the 2010-2013 strategic plan, continues to emphasize this collective and collaborative community focus: “Engaged Communities. Healthy Communities.”

The Central East LHIN has taken on the Institute for Healthcare Improvement’s (IHI) “Triple Aim” approach as an execution framework for tackling various initiatives. The Triple Aim approach essentially focuses on creating enhancements in the areas of public health (PH), patient experience (E) and value for money (\$) in a simultaneous manner – i.e. not giving up one enhancement at the expense of another (as can often easily be the case).

Initiatives based on the Triple Aim approach require stakeholder partnerships with both healthcare and non-healthcare groups, system-level metrics for measuring performance improvement, and consideration/redesign of a number of elements – the diagram below from the Central East LHIN Integrated Health Services Plan demonstrates the Triple Aim approach for system-level initiatives.

**Figure 1: The Central East LHIN's Triple Aim**



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Following the Triple Aim approach, the Central East LHIN has two main strategic aims:

- 1) To save 1 million hours of time that patients spend in the Central East LHIN Emergency Department by 2013; and
- 2) To reduce the impact of vascular disease in the Central East LHIN by 10% by 2013.

The Central East LHIN states that to accomplish these aims, *a significant collaboration will be required from many stakeholders including community based organizations and a need to build capacity within the community to care for patients who do not need acute care.*

### 3.2 Population needs and recent initiatives

#### **Central East LHIN: Scarborough Region**

The Central East LHIN population is aging with the 65+ age range expected to increase from the current 6.9% to 11.9% by 2030. The Scarborough region, as a distinct area of the Central East LHIN, is expected to grow significantly and show similar growth patterns to the rest of the City of Toronto. As compared to the rest of the Central East LHIN, Scarborough has:

- the highest population density in the Central East LHIN
- the largest concentration of visible minorities
- some of the highest levels of low income families

#### **TransCare Catchment Area - Seniors Population**

The number of seniors (i.e. age 65+) is high and projected to increase. Age is a risk factor for chronic diseases such as vascular disease, circulatory disorders, arthritis, Alzheimer's disease and other dementias, as well as depression and anxiety.

Age	2003		2008		2013		Change 08-13	
	#	%pop	#	%pop	#	%pop	#	%chg
65-74	44,118	7.4	44,687	7.1	51,184	8.0	6497	15
75-84	29,961	4.9	30,405	4.8	29,699	4.6	-2939	-10
85+	8,899	1.4	10,596	1.7	13,340	2.1	2744	26

**Housing initiative** - We have some of the “oldest” Scarborough neighbourhoods in our catchment. The agency has been working on supportive and affordable housing for over a decade. It submitted a major proposal for a housing project with over 300 single and two-bedroom units. That funding round went to the private sector as part of the stimulus program. There will not likely be another housing call until 2011.

**TransCare Catchment Area – Diverse population**

Unique to the TransCare catchment area (as part of the Scarborough region), is the fact that almost half of the population does not speak English or French as their mother tongue.

Projections for 2013 for the dominating non-official languages	Chinese	Cantonese	7.4 %
		Mandarin	7.9 %
	Tamil		5.7 %
	Tagalog		3.1 %

We identified two areas comprising a significant portion of our catchment with extremely high diversity.

Area	Factor	Area %pop	Central East LHIN %pop
Scarborough Cliffs	Immigrants	12	6
	Visible minorities	50	30
Agincourt Rouge (part of catchment)	Immigrants	62	30
	Visible minorities	72	30

As per Public Health Status Reports 2004, 2008

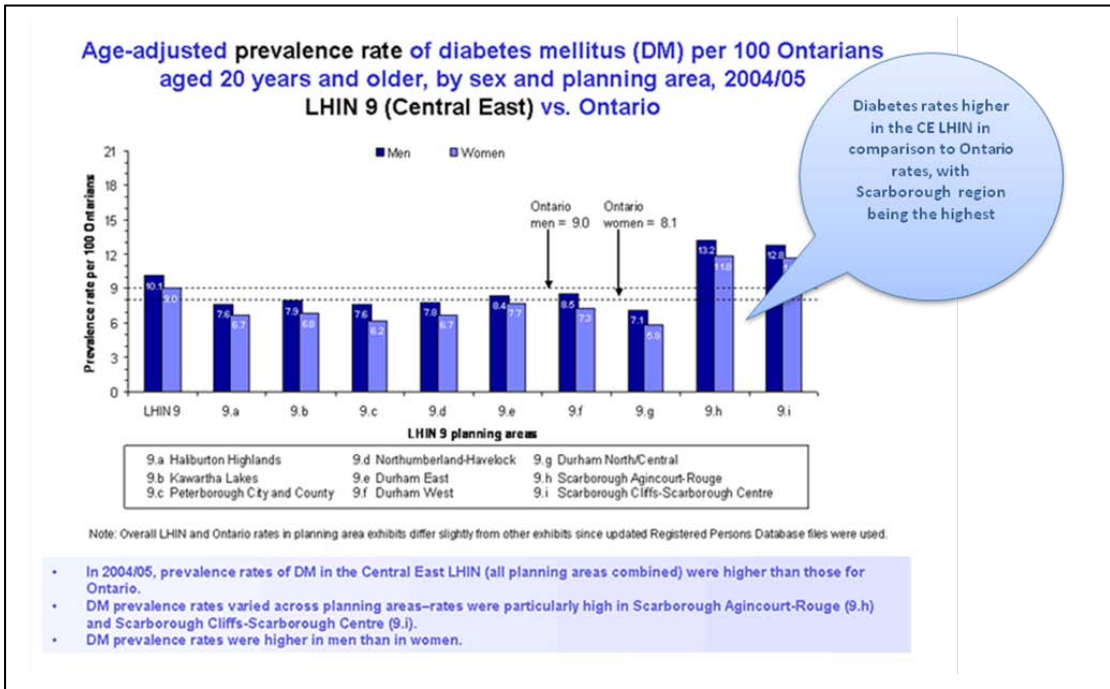
**Diet initiatives:** The agency developed a Chinese meal program with authentic Asian cuisine from Yee Hong and delivered by Chinese-speaking volunteers from Carefirst, and is exploring the demand and suitable sources for South Asian diets.

**TransCare Catchment Area – Health profile**

Income is a social determinant of health status, and ethnicity is a significant factor in chronic disease, especially diabetes and vascular.

Scarborough Cliffs has the highest percentage of population with low income in the Central East LHIN (25% compared to a LHIN average of 15%), and a higher than average incidence of diabetes. Agincourt-Rouge is #1 in the rate of all common chronic diseases, with the exception of obesity where it ranks #2.

In fact, our catchment area is a geographic “diabetes capital,” with the highest prevalence of diabetes in all 14 LHINS in the province.



Across the Central East LHIN:

(data from www.ices.on.ca)

### Prevalence rate of diabetes mellitus (DM) per 100 Ontarians aged 20 years and older, by sex, age group and planning area, 2004/05 LHIN 9 (Central East) vs. Ontario

LHIN 9 (Central East) planning areas	Men by age group (years)			Women by age group (years)			Overall
	<65	65+	Overall	<65	65+	Overall	
9.a Haliburton Highlands	6.2	23.8	7.6	5.2	18.0	6.7	7.2
9.b Kawartha Lakes	6.4	22.7	7.9	5.0	17.7	6.8	7.4
9.c Peterborough City and County	5.9	21.0	7.6	4.5	15.5	6.2	6.9
9.d Northumberland-Havelock	6.2	22.4	7.8	4.8	17.4	6.7	7.2
9.e Durham East	5.8	23.2	8.4	5.2	18.7	7.7	8.1
9.f Durham West	5.9	24.2	8.5	4.7	18.7	7.3	7.9
9.g Durham North/Central	5.2	22.0	7.1	4.0	15.4	5.8	6.4
9.h Scarborough Agincourt-Rouge	9.6	29.9	13.2	8.4	25.1	11.8	12.4
9.i Scarborough Cliffs-Scarborough Centre	9.0	31.6	12.8	8.0	26.7	11.7	12.3
<b>LHIN 9 (Central East)</b>	<b>7.3</b>	<b>26.0</b>	<b>10.1</b>	<b>6.2</b>	<b>21.0</b>	<b>9.0</b>	<b>9.6</b>
<b>Ontario</b>	<b>6.3</b>	<b>24.5</b>	<b>9.0</b>	<b>5.4</b>	<b>19.7</b>	<b>8.1</b>	<b>8.5</b>

Note: Overall LHIN and Ontario rates in planning area exhibits differ slightly from other exhibits since updated Registered Persons Database files were used.  
NR = No data in this category or not reportable due to small cell size

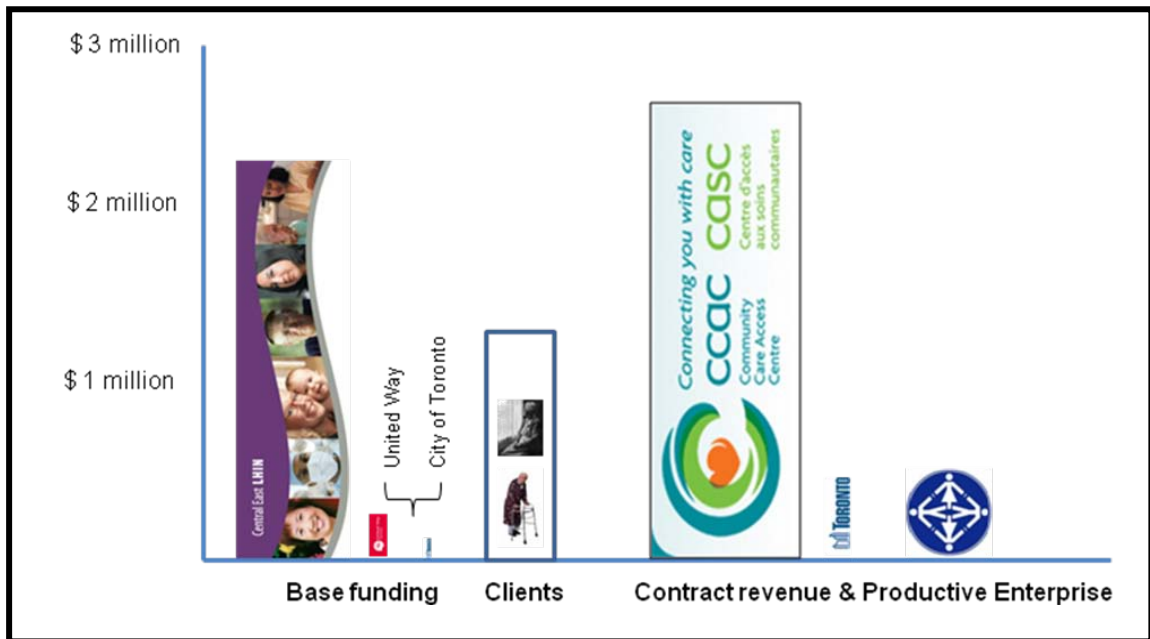
- In 2004/05, prevalence rates of DM in the Central East LHIN (all planning areas combined) were higher than those for Ontario.
- DM prevalence rates varied across planning areas—rates were particularly high in Scarborough Agincourt-Rouge (9.h) and Scarborough Cliffs-Scarborough Centre (9.i).
- DM prevalence rates were higher in men than in women.

Further, we identified that both areas, especially Scarborough Cliffs, are low in primary care practitioners -- family physician, nurse practitioners and other health care professionals.

**Community primary care initiative:** The agency secured support and commitment from health care professionals and submitted a proposal for a family health team to serve primarily the area of Scarborough south of Highway 401 (all of Scarborough Cliffs and part of Agincourt-Rouge). The proposed FHT would have provided primary and specialist care focusing on chronic disease management and prevention as well as enhanced mental health/psychogeriatric services. Unfortunately, most of the FHT funding wave went to rural and remote areas of the province.

### 3.3 Threats

TransCare 2008/09 revenues were \$7 million. The two largest revenue streams were from the Central East LHIN and the Central East CCAC contract with VHA.



We anticipate flat-line funding during the strategic plan period which means less money, not the same, as the cost of living and doing business will still increase annually.

Our client base is largely low, fixed income and unable to easily accommodate fee increases. Our ability to provide the same level of client fee subsidies may be impacted in future, given the possibility of a revenue impacts.

TransCare’s subcontracting relationship with VHA Home Healthcare to provide home care services for the Central East CCAC generated almost \$2.6 million in revenue for 2009. However, the units allocated by VHA to the agency have been steadily decreasing. Further, this contract is due for renegotiation in 2011 and there is no certainty that another bid will be successful. So, at best, we need to plan for revenue erosion and, at worst, a major revenue shock if VHA is not successful in a new bid.

TransCare’s Home Care Supplies Division of incontinent and mobility products contributes \$0.3 million in revenue; however it is at an early business development stage and will need focus and time to ramp up to the next threshold of growth.

### 3.4 Strategic drivers

External or Internal	Strategic Driver	Opportunities
External	LHIN-wide Priorities	Target new services and service enhancements to which have the potential to impact Emergency Room admissions, alternate level of care requirements, and assist with improving patient flow in acute settings.
External	Demographics	Target high needs, under-served neighbourhoods for affordable housing for seniors and community primary care and chronic disease management – especially diabetes and vascular disease.
External	Revenue threats	Leverage new TransCare brand for differentiation and credibility for new services. Expand Home Care Supplies to be growing, sustainable alternative revenue source. Ensure tight cost control management.
Internal	Capability	Build management benchstrength and operational efficiency as a both a cost control strategy and a platform for growth. Maintain commitment to quality and regulatory compliance.

## 4.0 Strategy Elements

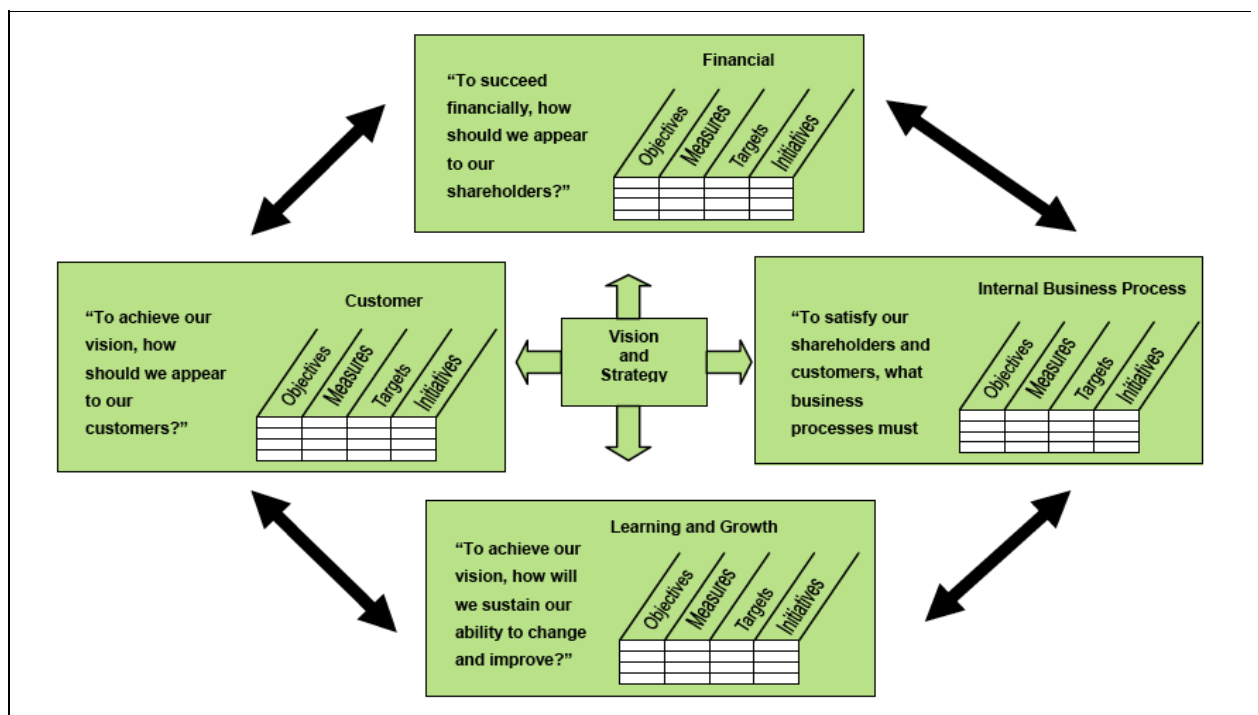
### 4.1 Mission, vision, values

<b>Mission</b>	To provide quality community support services that improve the health and wellbeing of seniors and adults with disabilities and chronic conditions.
<b>Vision</b>	Clients can access a range of services to maintain healthy lifestyles.
<b>Values</b>	Accessible care. A safe environment for client, staff and volunteers. Client centered, best practice processes. Volunteer spirit in the community. Collaboration with other service providers.

### 4.2 Balanced scorecard

We adopted the Balanced Scorecard approach because it is a performance measurement system that considers not only financial measures but also customer business process and learning measures.

Figure 2: The Balanced Scorecard (Kaplan & Norton)



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#### 4.2.1 Client Quadrant – Lead with a culture of client care

##### **Strategic Objectives**

##### ***Strategic Objective #1: To respond to population priority needs***

TransCare recognizes its unique and diverse population base in Scarborough and aims to give special attention to programs and services targeted for specific groups and needs in the region. For example, the Scarborough region includes: higher numbers of South Asian persons and communities, a growing number of seniors as a whole and higher diabetes rates than the Ontario average.

It is projected that more than 10% of Ontario adults will be diagnosed with diabetes this year. Diabetes has many related complications. It is one of the leading causes of blindness and end-stage renal disease and is the cause of numerous cardiovascular complications. Total direct Canadian healthcare costs associated with diabetes are expected to increase to over \$8 billion annually by 2016 from the current \$5 billion – which already represents 15% of direct healthcare costs.

Currently, the Rouge Valley Health System and The Scarborough General Hospital (General Division) offer diabetes programs for the Scarborough region. West Hill Community Services and Community Health Centre also offers a diabetes program in Scarborough.

There are numerous options for the addition of diabetes related services. There is much discussion in the healthcare filed regarding inter-professional team models to be able to handle the sheer volume of diabetes patients/clients in Ontario. A recent ICES report suggests that group/population and community-based prevention approaches have the most potential impact on overall disease burden to the system, by working with high risk groups, pre-diabetic persons).

Potential opportunities for TransCare (not mutually exclusive): are:

1. Diabetes Education Centre – Self-Care Management Focus
2. Extended Foot Care Clinic
3. Primary Care Clinic/Family Health Team – Diabetes Focus
4. Diabetes Clinic/Centre with an Inter-Professional Team

Family health teams (FHTs) have been identified as potential new programs and enhancements that may fit or combine well with existing programs and services. TransCare will continue to build on the relationships it made during its recent FHT application to be ready to respond should there be another funding call.

It will also explore the opportunities of an extended foot care clinic and partnering to provide an onsite clinic, with wound care expertise.

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### ***Strategic Objective #2: To improve quality of care***

In order to continue to focus on delivering the best care possible to clients, TransCare recognizes the importance of identifying quality of care as a strategic objective. Tangible efforts aimed at investigating and tracking the quality of TransCare's major programs and services is clearly viewed as a priority. This focus involves giving special attention to each of the major programs and services leading to specific program level enhancements and improvements.

TransCare aims to develop and implement program specific care plans with targeted outcomes. As well, the standardized (and Ministry of Health and Long-Term Care endorsed) InterRAI Community Health Assessment tool will be important in assessing and reassessing clients in a standardized way to ensure that the appropriate care is being provided and that clients are able to maintain a high quality lifestyle in the community for as long as possible.

In addition, TransCare views the level of satisfaction as directly reported from TransCare clients themselves an important quality piece and critical success factor for future growth and sustainability.

### ***Strategic Objective #2: To improve client safety***

Improving client safety has been identified as a key area of focus; involved staff members are universal in seeing this objective as a priority. Current best practices, safety plans, incident reporting structures and various initiatives aimed at preventing incidents (in particular falls) are all seen as specific areas for enhancement and reasons for identifying client safety as a strategic objective. A focus on client safety is in direct alignment with TransCare's accreditation expectations and goals.

#### **4.2.2 Learning and Development Quadrant – Foster a positive worklife and volunteer experience**

TransCare, in recognizing the value of its staff, staff happiness and staff productivity, has clearly envisioned its overarching goal for the learning and development quadrant as the following: "fostering a positive work-life". It also knows and values the important contribution volunteers make in achieving client service goals. Within the umbrella of creating a positive work-life, TransCare has outlined 3 strategic objectives as the main focus for the upcoming 3 years.

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#### ***Strategic Objective #4: Provide clear expectations and feedback***

One component to creating a successful staff team is to set and provide clear performance expectations and feedback. This strategic objective relates directly to staff perceptions and opinions regarding how they are expected to perform and grow in the work environment. Staff members are clear on their roles, responsibilities, what will be provided to them, when to ask for help and how TransCare can support them on a daily basis. TransCare fully believes that clear expectations and clear professional communication mechanisms/pathways will lead to a high level of staff productivity.

In support of personal and professional development, TransCare aims to offer an environment for staff to grow, feel challenged and continue to strive. TransCare aims to create structure and more formal documentation of the performance appraisal process which currently is captured at a minimal and basic level. This strategic objective is strongly linked to the following two objectives and aims to better recognize the individual needs of each staff member.

#### ***Strategic Objective #5: Provide training opportunities***

Developing and maintaining staff teams that are confident, prepared and equipped to care for TransCare clients is crucial to both staff happiness, organizational success. And the realization of TransCare's strategy. TransCare aims to continue to create a standard of high quality training that directly translates into high quality care provided by professional and capable staff.

To attract and retain the best staff possible, training and knowledge of best practices has been identified specifically as a priority and strategic objective. Providing training opportunities, as a strategic objective, is also in alignment with accreditation goals. TransCare aims to offer training opportunities for volunteer staff specifically as they are also an important component of the TransCare staff team.

#### ***Strategic Objective #6: Improve communication and recognition***

TransCare has consistently maintained a satisfied workforce and shown a high level of job satisfaction across the organization. Striving to maintain and recruit the best and staff, TransCare will continue to highlight this priority in its new strategic plan. In response to staff comments and wishes, this strategic priority will focus on 2 key areas: offering more consistent and regular communication of organizational progress and events (eg the new newsletter) and new ways to recognize staff accomplishments and efforts, whether it be through social/extracurricular events or specific acknowledgement/rewards for individuals and groups.

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### 4.2.3 Internal Business Processes Quadrant – Integrate and strengthen operations

TransCare, in recognizing the importance of continued efforts to become more efficient and effective, has stated its overarching goal for the internal business processes quadrant as the following: “To integrate and strengthen operations”. Under this umbrella, TransCare has identified 3 strategic objectives as the main focus for the upcoming 3 years.

#### ***Strategic Objective #7: Communicate new vision, brand and strategy***

Having just recently completed a rebranding exercise to move from the previous organizational name of “Scarborough Support Services for the Elderly” to become “TransCare”, there is an important strategic objective around communicating and promoting this new “face” that TransCare must include in its strategic plan. It will be crucial to the organization’s success and longevity to create general awareness and develop a rapport with staff members and clients as “TransCare” (and the community as a whole). As well, this will be an opportunity to present any new programs, services and initiatives under the new branding and strengthen the perception and awareness of what TransCare offers.

#### ***Strategic Objective #8: Build operational platform for growth***

To create further integration and simplify internal business processes so that they are more efficient, TransCare has identified a need to standardize policies, procedures and reporting practices. Standardization will allow TransCare to integrate various processes and strengthen data quality and reporting abilities. Standardization may enhance TransCare’s ability to communicate and demonstrate demand and program success to its funders and partners. Particularly around reporting practices, TransCare aims to create internal systems that allow for quick and accurate reporting of data at varying levels of the organization (program level, management level, intake level etc.).

#### ***Strategic Objective #9: Deliver process efficiencies***

Streamlining operating processes are key to:

- Client satisfaction
- Cost management
- Capability building for growth

TransCare will review and re-engineer all its client service delivery and administrative processes for improved efficiency and effectiveness.

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#### 4.2.4 Finance Quadrant – Manage Risk

In recognizing the continued financial constraints witnessed by the healthcare field in general and more specifically, the potential financial risks for the CSS sector and individual agencies with undetermined funder contracts, TransCare has stated its overarching goal for the finance quadrant as the following: “To manage risk”. Under this umbrella, TransCare has identified 3 strategic objectives as the main focus for the upcoming 3 years.

##### ***Strategic Objective #10: Control costs and reduce expenses***

As a non-profit organization operating in uncertain times, TransCare recognizes the need to operate with a balanced financial position. Tight cost management is important considering the various initiatives, potential cost changes and partnership/contract changes that the organization may face in upcoming months and years. The agency’s risk management plan will highlight key financial risks and actions to mitigate that risk.

##### ***Strategic Objective #11: Continue to invest in quality and compliance***

TransCare recognizes there is a very real cost of quality, and risk management in terms of regulatory compliance. Further, the expectation of funders with respect to quality and reporting continues to increase, even though funding does not. The agency is committed to building operational benchstrength within an externally recognized accreditation standard of excellence process.

##### ***Strategic Objective #12: Increase productive enterprise revenue***

One of the key findings from the environmental scan includes the need for considering alternate and non-traditional revenue sources to complement existing and traditional funding sources. The agency recognizes that its funding structure may change in upcoming years. TransCare’s current revenue sources and funding contracts may not be relied upon with absolute certainty; as well, relating to increasing revenue, client demand and a need for increased efficiency may suggest that additional service/care models may be preferred and more worthwhile over some current models.

TransCare has identified an increase in productive enterprise revenue as an important strategic objective for 2010-2013. However, we will take a focused and measured approach which looks to consolidate and conservatively expand our current base by:

- building stronger partner relationships and commitments
- leveraging joint marketing opportunities with other productive enterprise activities like foot care and wound care
- putting more focus on higher margin products

# STRATEGIC PLAN 2010-2012 Deliverables

GOAL	OBJECTIVES	INITIATIVES	MEASURE	TARGET	2010	2011	2012
<b>Client</b>							
1.0 <b>Lead with a culture of client care</b>	1.1 Respond to population priority needs	Community needs assessment	Proposals for new programs	7 in 3 yr	1	3	3
		Strategic plan and annual linkage to operating plans	Existing program enhancements	7 in 3 yr	1	3	3
	1.2 Improve quality of care	Evidence-based assessment	InterRAI CHA assessment for Supportive Housing high needs clients	100%	60%	90%	100%
		Care plan management	Care plans implemented (ADP, SH, IHS, MOW) <sup>1</sup> and minimum 1 year reassessment (R)	100%	ADP, SH	IHS, MOW	100% R
		Outcome measurement	Outcome measures defined, measured, and compared year to year (all programs)	100%	100%	100%	100%
		Client satisfaction measurement	Overall client satisfaction survey results	$\geq 4^2$	70%	80%	90%
	1.3 Improve client safety	Falls prevention strategy and client safety plan	Prospective analysis CI projects	1/year	1	1	1
		Incident reporting and followup	Retrospective analysis CI projects	1/year	1	1	1
<b>Learning &amp; development</b>							
2.0 <b>Foster a positive worklife and volunteer experience</b>	2.1 Provide clear expectations and feedback	Performance appraisal process	Staff & volunteer survey results	$\geq 4^2$	75%	85%	95%
	2.2 Provide training opportunities	Training plan	Average annual training hours staff/volunteer	$\frac{7}{2}$	$\frac{7}{2}$	$\frac{7}{2}$	$\frac{7}{2}$
	2.3 Improve communication and recognition	Communication plan	Staff & volunteer survey results	$\geq 4^2$	75%	85%	95%
<b>Internal business processes</b>							
3.0 <b>Integrate and strengthen operations</b>	3.1 Launch new brand; strategy; renewed vision, mission, values	Operating plans & linkage to strategic plan	Brand and service awareness (staff, volunteers, clients, stakeholders, community) - survey	$\geq 4^2$	Staff, vol, 90%	Clients 90%	Stakeholders 75%
		Organizational performance improvement system	Accredited by Accreditation Canada	Achieved		Yes	
	3.2 Build operational platform to support growth	Process methodology (mindset, mapping, measurement)	Deliver measureable improvements in target processes	100%	40%	80%	100%
		3.1 Make our values concrete	Ethical decisionmaking framework	Operationalize for specific issue resolution and subsidy program management	Implemented	Develop	Train
	Fundraise for United Way, as a member agency		Staff pledges and activities $\geq 2009$ (\$8,137.00)	$\geq 2009$ (\$8,137.00)	see target	see target	see target
<b>Finance</b>							
4.0 <b>Manage risk</b>	4.1 Control costs and reduce expenses	Quality & risk plan	\$ variance	$\leq 5\%$	5%	5%	5%
		Accreditation process	Fees; training; management and staff time	vs 2009	=2009	(.50)2009	(.20) 2009
	4.2 Continue to invest in quality and compliance	Health and safety program	Maintain JHSC size and training; Safety Group	vs 2009	=2009	=2009	(.80)2009
		Emergency plan	Annual refresh and four drills	100%	100%	100%	100%
	4.3 Increase productive enterprise revenue	Home Supplies	3-year revenue increase over year-end 2009/10	20%	5%	5%	10%
New ventures		Launch new business initiatives	1	Launch	rev $\geq$ cost	rev $\geq$ cost	