



Performance Management Report

2020-2021

Constantly Improving

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1.0 Introduction

This was a year like no other in NCDC history. A global pandemic, which began in March 2020, drastically changed the way we live, work and deliver our service. Following provincial health orders our staff worked at home with remote access and our agency switched to providing virtual care to persons served. This abrupt change not only impacted the physical, social and emotional well-being of clients, staff and communities but it challenged us to begin to see a new path for service delivery. The Performance Management Team continues to thoughtfully measure outcome in four main areas; access, efficiency, effectiveness and satisfaction. The data is gathered in the hope that the centre can make informed decisions regarding future service delivery and community needs.

PMT uses a combination of surveys and statistical analysis to measure performance management outcomes. Outcome results are analyzed each year and summarized in this report which outlines our successes and shortfalls. Through this challenging year, some of our usual measures were put on hold, COVID questions were added to the family survey and data collection saw new trends emerge.

This report includes demographic and outcome data collected for the year of April 1, 2020 to March 31, 2021 as well as an update on actions taken as a result of the previous year's report – it is through this process that you know we are listening and adapting to your comments.

Copies of this report will be distributed to staff, clients, the Board of Directors, parents and our funding partners. It will also be posted on our website.

The data collection and reporting is done by our internal Performance Measurement Team (PMT) following CARF accreditation standards. The information presented is accurate, valid, and replicable for future years' reference.

We want to acknowledge the time and effort of the members of the PMT. This includes Vicky Boyd, Nicole Waugh, Kathryn Dawlings and Cheryl Booth.

2.0 Follow Up to 2019-2020 Improvement Plan

A number of improvements from last year's PMT report were implemented. Here is an update:

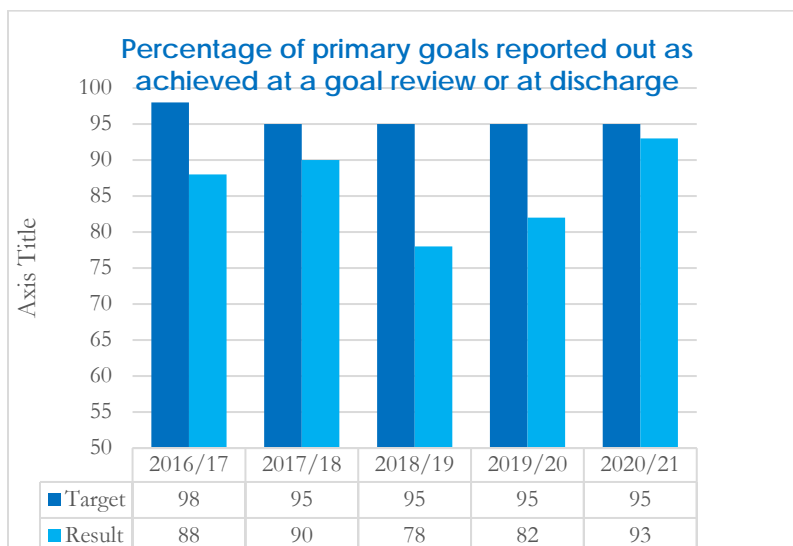
Action	Program Area	Person Responsible	Timeline
Advocate for increased program funding	All programs	NCDC Board	Ongoing
Enhance NCDC website	All programs	Management and Leadership	In-Progress
Schedule staff survey during department meetings, use Survey Monkey.	All programs	PMT/Department Leads	Achieved
Measure length of time clients waitlisted for active service	Early Intervention Programs	PMT	Ongoing
Regular update emails from management team.	All Programs	ED/PD	Achieved
Monthly internal newsletter	All programs	Administration	Ongoing
Email family satisfaction using Survey Monkey link.	EI/SAT/SCD	PMT	Achieved
Provide staff opportunities to increase wellness.	All programs	PMT	Ongoing

How these efforts made us better:

The overall objective of PMT is to gather relevant data related to access, satisfaction, efficiency and effectiveness. It is through the gathering and analyzing of data that we make informed decisions about improvements to staff, client and stakeholder experiences with the Centre. As we begin to find our new normal in pandemic life, the role of PMT is more important than ever to ensure we are providing access to service for those who are experiencing isolation. A strong voice from families and staff is an important factor for both service delivery and advocating both at the local and provincial levels. We continue to ask difficult questions and assess the best way to move forward collectively.

3.0 Effectiveness the quality of service results

3.1 Outcome Measure: Maximize the client’s attainment of skills and abilities



One way to measure effectiveness is through a child’s attainment of their goal areas which are identified by parents in our child and family service plan. Goal documents are reviewed at least once a year and outcomes are reported using our electronic client records (ECR). The results were measured in May, September, December and March and included a total of 74 goal reviews. The average indicated that 93% of the goal documents reviewed had clients achieve their goals. It is important to note that 74 goal documents over 4 months is a low result considering the amount of current goal documents on file. It will be important to remind staff to track goals to get a better understanding of the centre effectiveness of service. This is a required area of improvement.

3.2 Maximize collaboration between programs in the zone model

During this reporting period, staff were asked if they agree with the following statement ‘There is effective communication between programs in Zone.’ All agree and strongly agree responses were counted which gave us a result of 71%. Twenty-five percent of staff scored this question as neither agree or disagree. This neutral response is difficult to interpret as it could mean the question did not apply to the staff member, or they simply don’t agree. In 2019, a variation of this question gave a result of 58%, which means this year we had an increase of 13%. This is not quite our target of 85% but we are trending in the right direction. In future, PMT will provide an option to skip a question if it does not apply which will help us to interrupt the neutral responses. This new measurement is in reference to a service delivery model change to a proximity seating approach in 2018 and should continue to be measured.

3.3 Outcome Measure: Family Knowledge Nights maximize caregiver knowledge and skills

Since the last reporting period, Family Knowledge sessions became virtual and included Sexual Health, a 5 week ADHD seminar, Kids Who Worry, Childcare 101, a 7 week Advocating in the BC Education system and two 7 week parenting groups. There was a total of 194 participants. Post session surveys were sent out via Survey Monkey with a 100% of participants stating they felt an increase in their knowledge and skills after attending the sessions. An excellent result!

Action Plan to Improve Effectiveness

Task	Responsibility	Timeline
All staff will complete quality assurance checks on files to ensure that goals achieved is being captured in the ECR	Program Director/Department Leaders	Monthly
Update Survey Monkey to include a 'skip questions' on the staff survey	PMT	November
Survey parents to record effectiveness during the pandemic	PMT	June and December

4.0 Efficiency measuring resources used compared to results achieved

4.1 Outcome Measure: Minimize wait time for early intervention therapies.

We recently updated our therapy (OT, PT, SLP) service delivery model to include an initial consult within 3 months of a therapy referral. The goal of an initial consult is to ensure all clients have access to the right stream of service to meet their developmental needs. The measure was taken in May of 2020 and January of 2021. In May of 2020 children waited an average of 3.5 months for an initial consult and in January of 2021 clients waited an average of 3 month. This meets our goal of 3 months to an initial consultation.

Living through a global pandemic, delays in service would be expected especially in the early months when we were still learning virtual care. It may be of benefit to continue to measure this outcome in the coming year to see how the trend continues post pandemic.

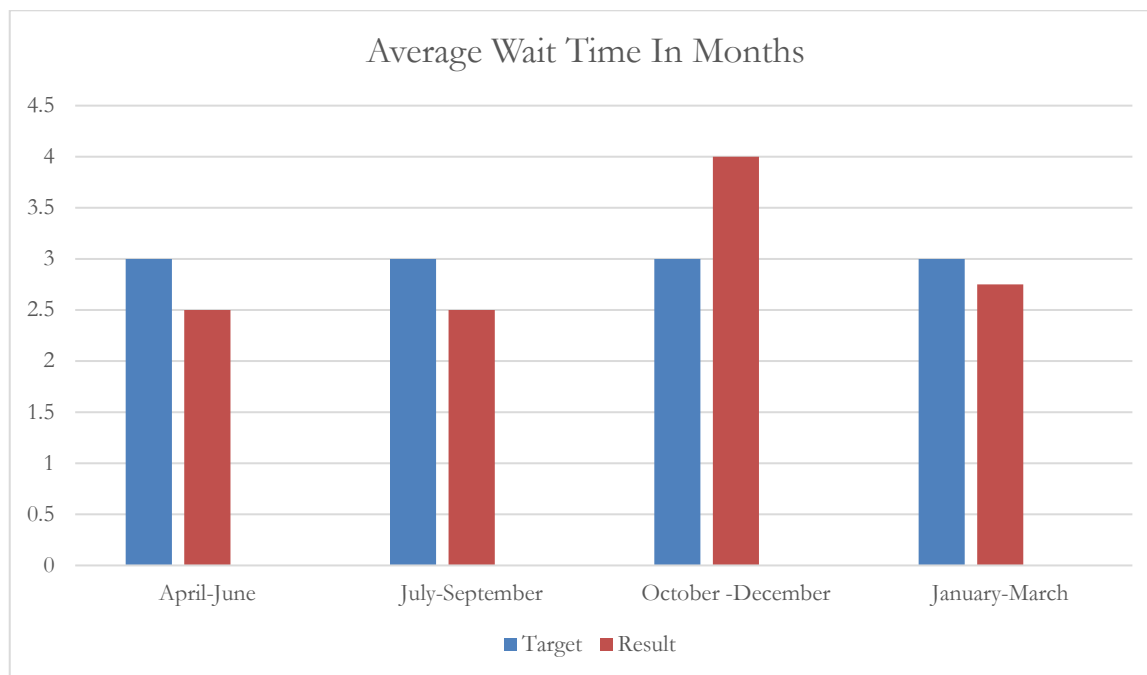
Action Plan to Improve Efficiency

Task	Responsibility	Timeline
Continue to measure therapy wait time	SLP/PT/OT	Twice yearly
Families will be contacted within 2 weeks of referral	Intake Worker	Monthly

5.0 Access measuring how and when families reach our services

5.1 Outcome Measure: Minimize wait time in early intervention services

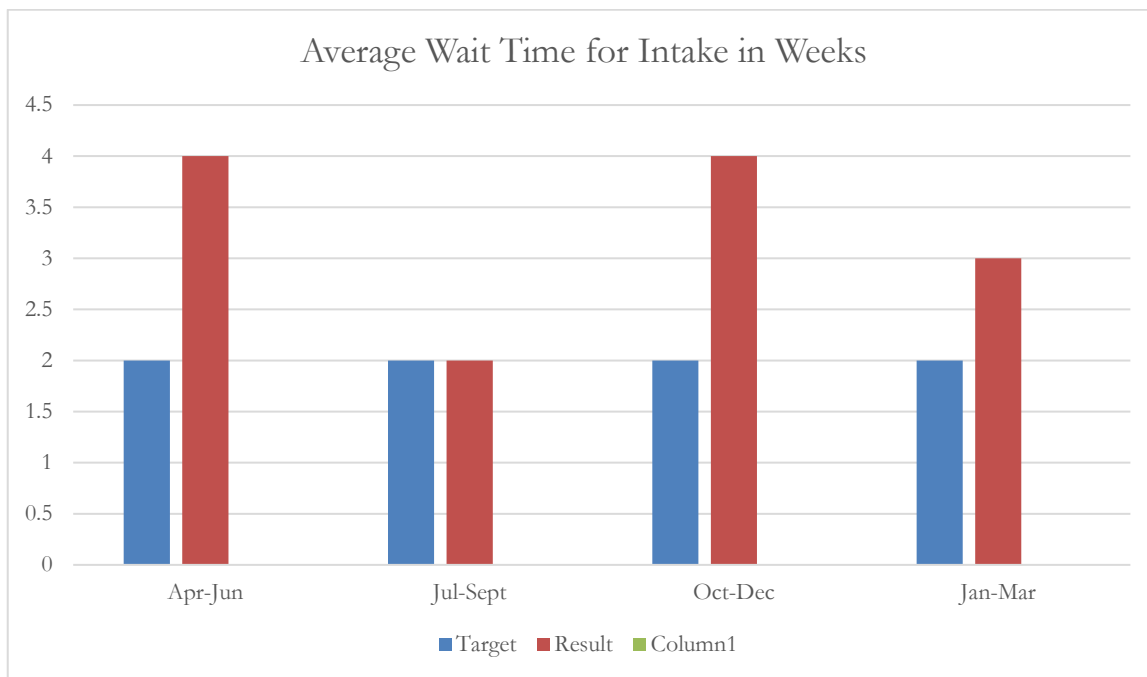
This measure looks at the number of eligible clients who receive initial program service within 3 months of intake. Early intervention programs include Family Development, Infant Development, Speech and Language, Occupational Therapy and Physiotherapy. As you can see below, we are well within our range of achieving this target.



5.2 Outcomes Measure: Families will receive timely access to Intake service

The NCDC has a goal of contacting families within 2 weeks of referral to schedule an intake. In May of 2019 a designated Intake Worker was hired with a goal of improving access time for contact and intake appointment for new referrals. It is noted that on average this fiscal it took 3.25 weeks to make first contact with families. Using previous data from the ECR, it is noted that in 2019/2020 it took an average of 6.5 weeks for first contact and in 2018/2019 it took 6 weeks. Although we have not met our intended target of 2 weeks, we are trending in the right direction.

During the pandemic, our Intake Worker moved to telephone and virtual intakes. This created an opportunity to increase the number of intakes completed due to a reduction in travel time. It will be useful to record the number of referrals received in a month to look for trends in timing delays.



5.3 Outcome Measure: Maximize family access to service during COVID-19

Families were surveyed in June 2020 and March 2021 with a total of 121 surveys returned. Participants were asked to choose if they agreed with the following statement; ‘During the pandemic I felt connected to at least one service provider on my CDC team.’ Using a five point agree-disagree scale, only the strongly agree and agree were counted. In June, we received 74% and in March 92%. The lower result in June is most likely the result of challenges getting the centre ready for virtual care. The increase in March is most likely the result of normalizing a pandemic response.

In March, the team additionally asked survey participants to state their preferred method(s) of communication with the centre. Ninety percent of participants chose email, 48% chose text message and 58% chose phone communication.

5.4 Outcome Measure: Timely access to Family Resource Navigator resources

Our Family Resource Navigator (FRN) has a goal of providing information and resources to families within 3 days of their initial contact, 85% of the time. This data is collected by the Family Resource Navigator after each call received. FRN reports that 86% of clients received a call back within 3 days of their initial call to source resource information.

Action Plan to Improve Access

Task	Responsibility	Timeline
Continue to advocate with funding sources to specifically target program wait time	Management and RD	Ongoing
Measure access to the Family Resource Navigator	Family Resource Navigator and PMT	2021/2022
Continue to monitor family access to services post pandemic	PMT	2021/2022

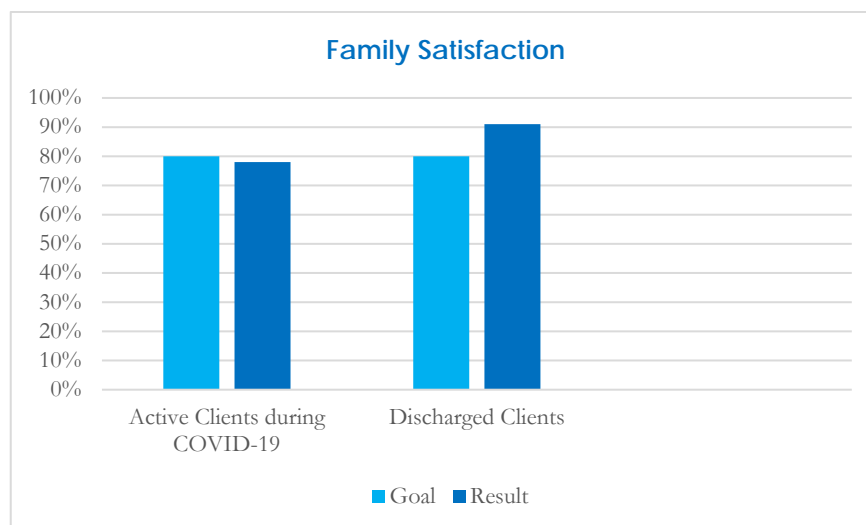
6.0 Family Satisfaction

6.1 Outcome Measure: Maximize satisfaction of clients and families currently receiving services during the COVID-19 pandemic

A satisfaction survey was sent out twice during this fiscal, once in June 2020 and once in March 2021. PMT set a target for satisfaction with NCDC services during Covid at 80%. Participants were asked to use a 5 point agree or disagree rating scale with the statement ‘I am satisfied with the service I received during the Covid-19 pandemic.’ Counting the strongly agree and agree responses, the June survey had 68% of participants agree with the statement and March reported 88%. Between the two surveys the result averaged 78%. This result was just shy of our 80% satisfaction goal.

6.2 Outcome Measure: Maximize satisfaction of children and families at discharge

A survey is mailed out to each family with their discharge documents. For this reporting period we had 23 discharge surveys returned to the centre. Of the 23 returned surveys, 21 participants reported satisfied or very satisfied with their NCDC service at discharge resulting in 91% satisfaction. This result is well above our target of 80%.

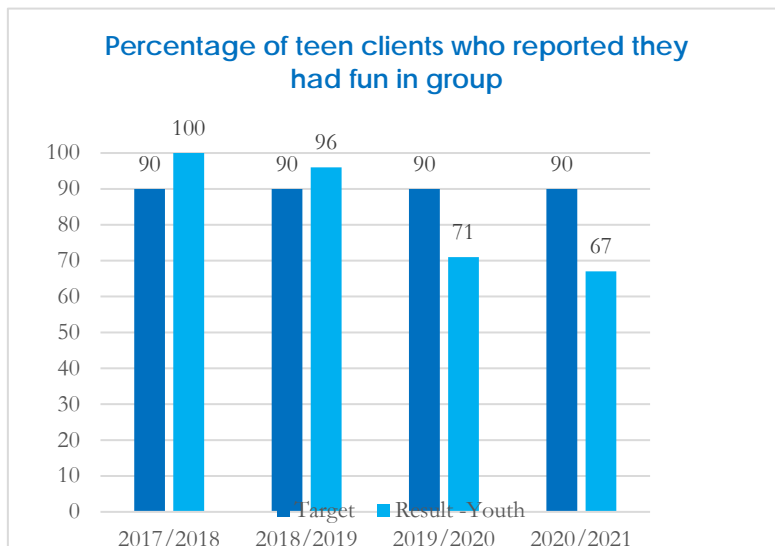


6.3 Outcome Measure: All families experience respect in the NCDC service delivery model

Ninety percent of those surveyed reported experiencing respect during their service with the NCDC. This question was asked on the family survey using a 5 point agree/disagree scale for the following statement: I have been treated with respect by service providers at the center. In June the result was 89%, in March 92%.

6.4 Outcome Measure: Maximize satisfaction of teenagers attending Child and Youth Development groups

CYD services moved to a hybrid model of service delivery as a pandemic response, which is a combination of virtual groups and limited in person sessions. This created challenges providing teens with typical program activities and opportunities to connect with their peers. As a result, 67% of teens surveyed via a Zoom poll stated they had fun in group, which is a significant drop from previous years. Participant ideas for improved 'fun' included more in person sessions and opportunities to cook together. CYD facilitators have been able to incorporate some cooking into their virtual sessions by dropping off simple ingredient packages to teens home and guiding them through virtual cooking.



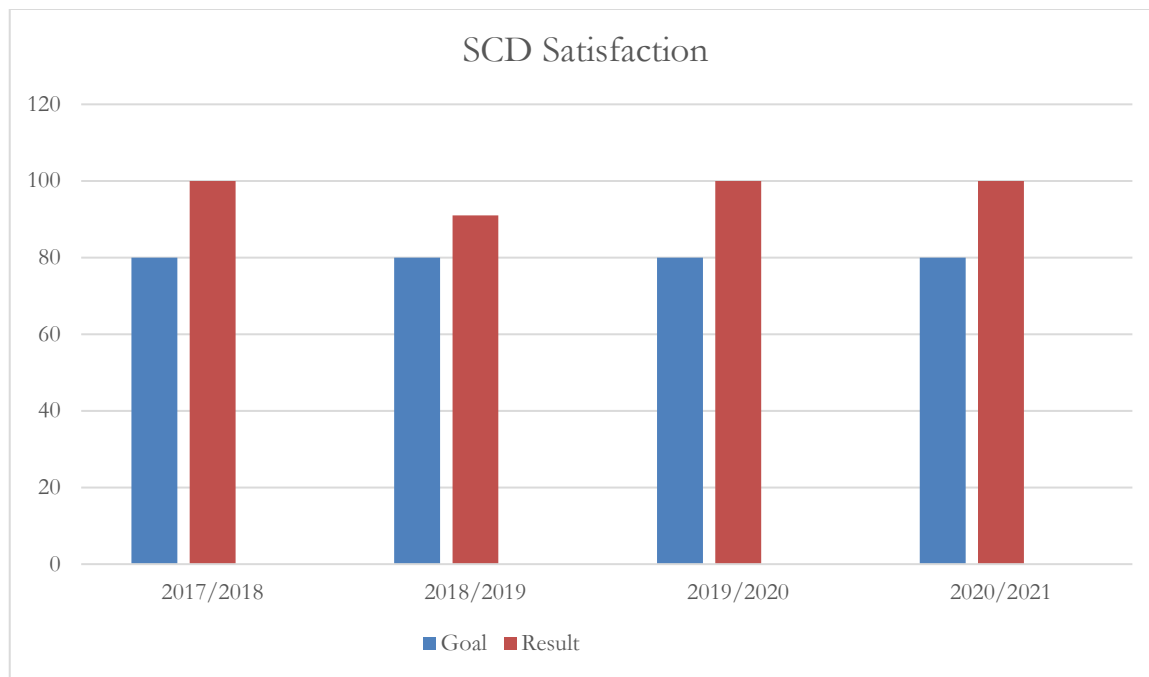
Action Plan to Increase Family Satisfaction

Task	Responsibility	Timeline
Explore grant funding options for program expansion (mental health/school age services)	Board & ED	Ongoing
Encourage participation in family surveys	PMT	Ongoing
Continue to survey families during service and at discharge	PMT	Ongoing

7.0 External Stakeholder Satisfaction

7.1 Outcome Measure: For child care providers to collaborate service with SCD

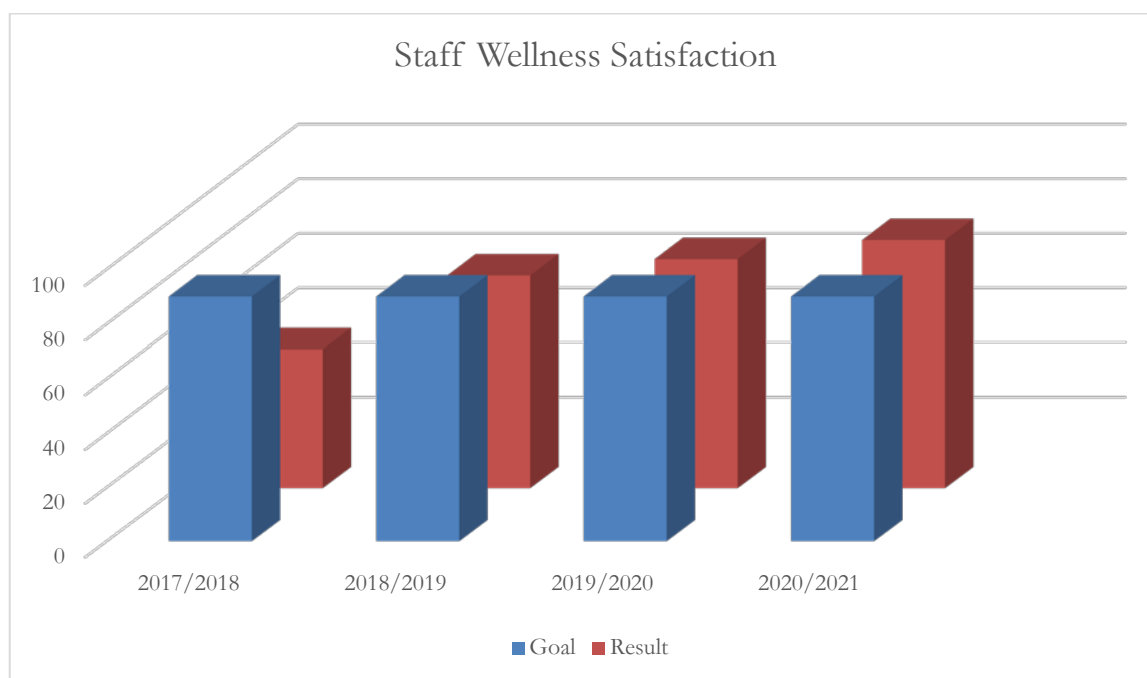
An annual survey was delivered to child care providers that access the Supported Child Development Program. The survey asked child care centers' to report how satisfied they were with collaboration from SCD consultants. With a goal of 80% satisfaction, the result was 100%. PMT received 5 surveys for this reporting period which is low compared to other years. It may be beneficial to include an incentive for survey completion to encourage a more reliable result. This year had the additional challenge of limited opportunities for service providers to complete the paper survey due to Covid restrictions in service delivery.



8.0 Staff Satisfaction

8.1 Outcome Measure: Percentage of staff who report that the CDC supports the wellness of its employees

An annual staff satisfaction survey was conducted in November 2020. Staff were asked if they agreed with the following statement; ‘The NCDC supports the health and wellness of its employees.’ Ninety one percent of staff reported that they believed their wellness was supported by the CDC. As you can see from the graph below there has been significant growth in this area over the past 5 years. Some contributing factors include wellness committee initiatives, focused improvement of workplace culture and an open door policy from management.



8.2 Outcome Measure: Percentage of staff who are satisfied with internal and external educational opportunities

Results of the staff survey indicated that 83% of staff were satisfied with educational opportunities provided internally. This is the result of increased free education presented to staff during the pandemic. Only 66% of those surveyed reported being satisfied with educational opportunities outside of the NCDC. This is most likely the result of a decrease in funds from \$600 to \$400 (pro-rated) this fiscal due to budgetary restrictions. Thankfully this fund has again been increased to \$600.

8.3 Outcome Measure: Percentage of staff who report satisfaction with centre related collaboration regarding families

This is a new measure used to gather data on the centers ability to collaborate to support the needs of families who receive services. Of the staff surveyed 83% agreed or strongly agreed with the following statement; ‘I am satisfied with centre related collaboration regarding families.’ This exceeded our goal of 80% satisfaction.

The staff survey noted two key areas of improvements suggested by staff, mental health and recognition.

Action Plan to Increase Staff Satisfaction

Task	Responsibility	Timeline
Increase access to mental health resources	Management	Ongoing
Team Leads and Management will continue to look at ways to recognize staff	Department Leaders	Ongoing

9.0 Family Comments – what parents had to say

- Very supportive and knowledgeable staff! Amazing resources!
- Quick response, capable employees.
- Support Workers were amazing!
- Caring, honest, helpful
- Effective, timely service. Had a wonderful approach to handling my child’s care with consideration to the current pandemic.
- The people! I can’t say enough good things about the people who were directly involved in my child’s care!
- Our case worker Chris, he was communicative, kind, helpful and full of good ideas.
- Strong communication, variety of services.
- High level of caring. IDP is amazing!

Consistent themes for areas for improvement:

- Reduce wait time
- Extend service delivery age for early intervention
- Expansion of email content with consent

10.0 Improvement Plan

Based on the results of this report, a number of actions have been identified and are detailed in the table below. These include organizational and program improvements for the next reporting period. A status update on progress will be included in the next Performance Measurement Report.

Action	Program Area	Person Responsible	Timeline
Advocate for increased funding	All programs	CDC Board	2021/2022
Families will be contacted within 2 weeks of referral	All programs	Intake Worker	Monthly
All staff will complete quality assurance checks on files to ensure that goals achieved is being captured in the ECR	All Programs	Program Director/Department Leaders	Monthly
Update Survey Monkey to include a 'skip questions' on the staff survey	All staff	PMT	November
Survey parents to record effectiveness during the pandemic	All programs	PMT	June and December
Increase access to mental health resources	All Staff	Management	Ongoing
Team Leads and Management will continue to look at ways to recognize staff	All Programs	Department Leaders	Ongoing
Measure access to the Family Resource Navigator	FRN	Family Resource Navigator and PMT	2021/2022
Continue to monitor family access to services post pandemic	All Programs	PMT	2021/2022

11.0 Services

While all programs support children, youth and families, each has distinct mandates, eligibility criteria and services as follows:

C.A.R.E. Program (Child & Community Advocacy, Resources and Education)

Mandate: To provide child and community advocacy opportunities, parent and community education, along with access to resources and materials.

- Child Health Promotion & Prevention (Outreach Clinics, playgroups)
- Community Advocacy & Capacity Building (Workshops, Volunteers)

- Therapeutic Toy, Equipment and Book Lending Libraries (Resources)
- Lending Library for parents and community professionals
- Parent /Community Education (Parenting Groups)

Vancouver Island Children’s Assessment Network (VICAN)

Mandate: To provide assessment services for children aged birth to 18 years with a query of ASD, FASD, or other complex conditions.

Admission Criteria: Referral catchments of central and northern Vancouver Island with a referral from a physician, pediatrician, or psychiatrist.

Services Provided: Assessment, functional recommendations, referrals to other resources as needed and a post-assessment family conference.

Professional Staffing:

- Administration Staff
- Assessment Coordinator
- Occupational Therapist
- Contracted clinical staff from Queen Alexandra Centre for Children’s Health

Early Intervention Program (EIP)

Mandate: To provide early intervention services in a family-centered model

Admission Criteria:

- Open referral with parent’s approval
- Birth to 6 years
- Reside within Lantzville to Ladysmith geographic area including Gabriola Island.

Early identification and intervention, referral and resources, developmental assessments, consultation with families, care providers, professionals and community members; advocacy, education & training, supportive services.

Professional Staffing:

- Physiotherapy, Speech Language Pathology, Occupational Therapy
- Family Development
- Infant Development

Child and Youth Development Program (CYD)

Mandate: To build family capacity by providing opportunities for clients and families to increase their knowledge and skills to maximize social skills, independence and community integration

Admission Criteria:

- Children birth – 19 years old with identified support needs
- Referral and eligibility criteria set by MCFD - CYSN.

Therapeutic and skill-based individual and group support sessions, education and training, consultation with families and community members - range of topics includes safety, social skills, behavioral supports.

Professional Staffing:

- Child and Youth Care

School Age Therapy Program (SAT)

Mandate: Through SD68, provide OT and PT services to school age children who to assist in health maintenance and education to increase the benefit of educational programs

Admission Criteria:

- Referrals from SD 68 and with parent consent

Client focused consultation to School District support personnel, advocacy and education

Professional Staffing:

- Physiotherapy and Occupational Therapy

Supported Child Development Program (SCD)

Mandate: To support inclusive child care for children from birth to 12 years of age (and to age 18 in exceptional circumstances) who require extra supports.

Admission Criteria:

- Open referral system with parent approval
- Children with developmental issue(s) requiring support in a childcare setting

Services Provided:

Consultation with staff, family members, childcare settings, and professionals regarding services and support in childcare settings, assessment and screening for 1:1 support, resources, education and advocacy

Professional Staffing:

- Early Childhood Educators, Child and Youth Degree

Family Resource Navigator

Mandate: To provide referral and networking services to clients receiving NCDACS services, community partners and the general public. This includes supporting program staff and families to navigate community systems, including social, financial, advocacy resources, education and health related services.

Admission Criteria:

- Open to the general public
- Children birth to 19 years

Professional Staffing:

- Family Resource Navigator- diploma in human services field