



# Performance Management Report

2021-2022

Constantly Improving

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# 1.0 Introduction

On the heels of a global pandemic, the Performance Management Team (PMT) had an integral role within the Nanaimo Child Development Centre (NCDC). As our service changed to meet the safety needs of the community, we sent staff to work from home and began providing virtual service. With this abrupt change in service, PMT continued to thoughtfully measure service outcomes in four main areas access, efficiency, effectiveness and satisfaction. It is now more important than ever to understand if we continue to meet the needs of families, staff and the community with virtual, and in-person service and work from home options. The data gathered in this report supports the centre to make informed decisions regarding future service delivery. In addition, the data reflects the needs of staff and the community.

PMT uses 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 while 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, 2021 to March 31, 2022 as well as an update on actions taken as a result of the previous year's report. It is through this process that we can listen and adapt 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 2020-2021 Improvement Plan

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

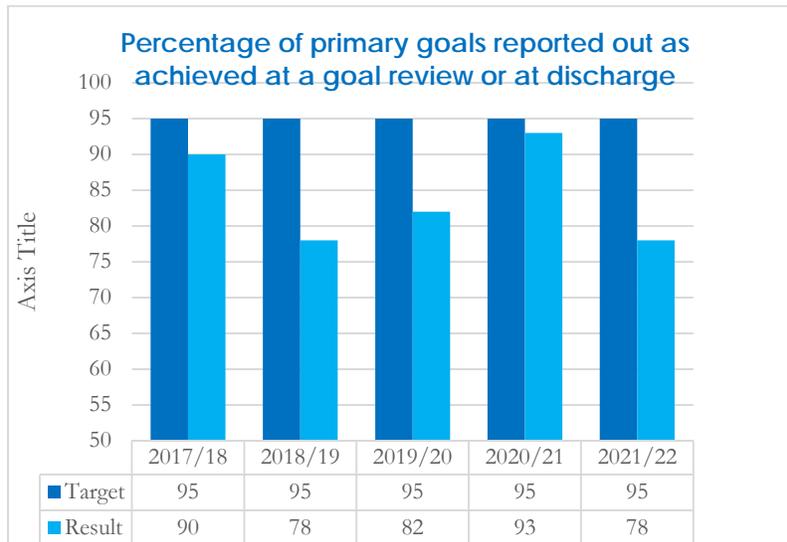
Action	Program Area	Person Responsible	Timeline
Advocate for increased program funding for mental health services	All programs	NCDC Board	Ongoing
Families contacted within 2 weeks of referral	All programs	Intake Worker	Achieved
All staff will complete quality assurance checks on files to ensure that goals achieved by children are being captured in the ECR	All programs	PMT/Department Leads	Ongoing
Update Survey Monkey to include a 'skip' for staff survey	All staff	PMT	Complete
Survey parents to record effectiveness during the pandemic	All Programs	PMT	Achieved
Increase access to mental health resources	All Staff	Management	Ongoing
Measure access to the Family Resource Navigator (FRN)	FRN	FRN/PMT	Achieved
Continue to monitor family access to service post pandemic	All programs	PMT	Achieved
Team leads and management will continue to look at ways to recognize staff	All programs	Department Leaders	Achieved

### 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 recover from the pandemic, the mental health of our staff and the families we serve continues to be an area that requires support. The Board of Directors are searching for grants to expand programming to further support this. There is work to do within our client files as we transition back into the office. A new normal will emerge and we must continue to use our data to strengthen the system. A strong voice from families and staff is an important factor for both service delivery and advocating 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 clients' 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 84 goal reviews. We achieved a 78% average of goals achieved for the goal documents that were reviewed. It is important to note that 84 goal documents over 4 months is a low result considering the amount of current goal documents on file. Our target for this measure has been steadily declining since the global pandemic. Last year we brought this to the Department Leader table for review and will next discuss it at the staff level to encourage more engagement in this area in the upcoming year. This is a required area of improvement.

### 3.2 Outcome Measure: Maximize collaboration between programs in the zone model

The intent of this question was to measure the level of collaboration between members of a zone team since the shift to proximity seating in multidisciplinary teams. Since 2018, 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 70%. This result is the same as last year, and below our target of 85%. Overall, there is a general feeling of disconnect from teams due to the effect of the pandemic and teams moving away from the office to work from home. It will be beneficial to continue to measure this area to gather data on the continued impact of the pandemic on staff collaboration. As staff have a better balance of work from home and in-office options, this measure may have different results next year.

### 3.3 Outcome Measure: Maximize initial and waitlist consultation to decrease length of short-term service

The PMT wanted to find out if receiving an initial or waitlist consult would meet the immediate need of a child and family. To do this, we counted how many children were discharged from service with a service complete within six months of service start. In September of 2021, 41 kids were discharged as service complete within six months of service start. In February of 2022, it was 25 children. This is a promising result. It demonstrates that when children and their families receive initial consultation within a few months their concerns are often addressed quickly without the need for further service. As this was the first year of the measure, we will count this year as a baseline and create a target goal for the next reporting period.

#### Action Plan to Improve Effectiveness

Task	Responsibility	Timeline
All staff will complete quality assurance checks on files to ensure they are recording a child or family's goal achievements.	Program Director/Department Leaders	Monthly
Continue to measure collaboration between programming staff in the zone model	PMT	November
Continue to measure the effectiveness of initial consults	PMT	4 times per year

## 4.0 Efficiency measuring resources used compared to results achieved

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

This measure looks at the average length of time families wait to receive service from referral to service start in early intervention. This includes Occupational Therapy, Speech and Language, Physiotherapy, Family Development and Infant Development. The measure was taken in May and September 2021. In May, children waited an average of 5 months for service start and in September children waited an average of 4 months. It is important to note that this measure is taken from the date the service was assigned to a program to the date the service started. This does not meet our goal of 3 months to service. However, when compared with the date measured in Access to Service, it should be noted that all referrals receive an initial or waitlist consult within 2 months of intake.

### 4.2 Outcome Measure: All families will be contacted within 2 weeks of referral

This fiscal year, new referrals were contacted within 2.6 weeks of their referral date. As this was calculated throughout the year, there were a few discrepancies identified. Firstly, there was a delay in the referrals being processed and sent to the intake worker when there was a staff absence. Secondly, there was an

issue with how the intake worker entered daily stats after the first contact was made with a family. Lastly, in November of 2021, we created an intake section in our electronic records system so we could track intakes more effectively by having all intakes in one place. Once these were addressed, the time from referral to first contact dropped from 3 weeks to 2 weeks in this reporting period. It will be beneficial to continue to monitor this area as we anticipate a spike in referrals post pandemic and with population increases in Nanaimo. It is noted that on average last fiscal it took 3.25 weeks to make first contact with families. Although we have not met our intended target of 2 weeks, we are trending in the right direction.

**Action Plan to Improve Efficiency**

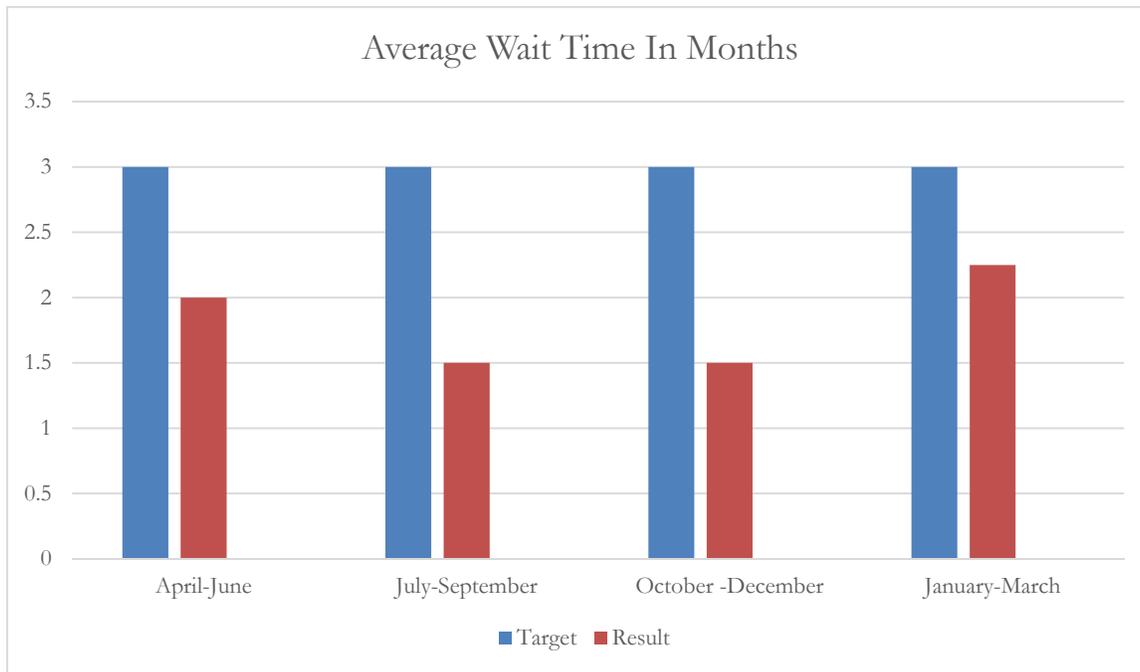
Task	Responsibility	Timeline
Management to advocate for additional funds to increase staffing to early intervention programs	Management	Ongoing
Families will be contacted within 2 weeks of referral.	Intake Worker/PD	Monthly

**5.0 Access** measuring how and when families reach our services

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**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. Completing an initial consultation with each family allows us to assess a family's individual needs and assign them a service stream which includes one to one service, group intervention or access to additional services. Early intervention programs include Family Development, Infant Development, Support Child Development, Speech and Language, Occupational Therapy and Physiotherapy. As demonstrated below, we are well within our target of 3 months. It should be noted that the Family Development Program was consistently over 4 months to first contact, all other EI programs averaged between 1-2 months.



## 5.2 Outcomes Measure: Families report continued access to services through in-person or virtual service

Throughout the course of the pandemic, services at the NCDC worked hard to balance access to service with the health and safety of the community. The PMT wanted to ensure we had data to support the ongoing need for hybrid service delivery. We wanted to know how caregivers preferred to engage in our services and/or receive information. In September of 2021, caregivers reported they preferred to receive information as follows: text 52%, virtual 56%, email 90.5%, and in-person 37%.

For the March 2022 survey, we updated the answers to better reflect our service delivery at that time. Only 7% of participants preferred a service with virtual appointments only, 67% chose a combination of virtual and in-person sessions, 16% wanted to continue with telephone calls. The few people who chose virtual services only left comments saying that they would prefer in-person but had extenuating circumstances such as location and virtual met their needs. It appears that a combination of in-person and virtual services moving forward is the best way to meet the unique needs of the children and families that we serve. It will be important to continue to measure methods of accessing NCDC services to ensure we continue to strive for best practice.

## 5.3 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 after 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. The FRN program has effectively reached this target for the previous 3 years. This will be the last year that timely access to FRN service is measured.

## Action Plan to Improve Access

Task	Responsibility	Timeline
Continue to advocate with funding sources to specifically target program wait time	Management and RD	Ongoing
Continue to measure access to hybrid service for families	PMT/All staff	Ongoing

## 6.0 Family Satisfaction

### 6.1 Outcome Measure: Maximize fun had by youth attending teen group.

The Child and Youth Development team surveyed youth during an in person teen group. 67% of teens replied yes when asked if they had fun attending teen group, while 33% replied they sometimes had fun.



During the reporting period, the Child and Youth Development team provided support to teens through a hybrid model of service delivery due to the pandemic. The hybrid model included virtual groups and in person sessions. Virtual programming created challenges in providing teens with the engaging program activities available during in person sessions. Since the overall goal of the Child and Youth Development Program is to create peer connections for the youth who attend, we would expect this measure to increase with the continuation of in-person programming.

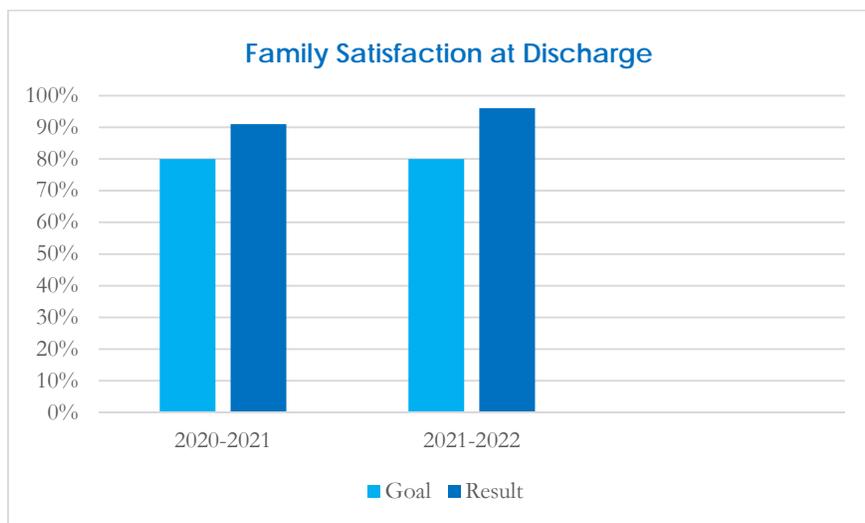
### 6.2 Outcome Measure: Families report satisfaction with how they received NCDC services (virtual or in-person).

A family survey was presented to families twice this reporting period using Survey Monkey. Both surveys had a record number of responses with 45 in March 2022 and 63 in November 2021. 92% of those who

responded in November confirmed that they were satisfied with the virtual or in-person service they received. In March, caregivers reported 96% satisfaction. This is an important result and supports the use of a hybrid service delivery model that can be led by the needs of the person served.

### 6.3 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 22 discharge surveys returned to the centre. Of the 22 returned surveys, 21 participants reported they were satisfied or very satisfied with their NCDC service at discharge resulting in 96% satisfaction. This result is well above our target of 80%.



### 6.4 Outcome Measure: Families who report improvements in their child’s skills and abilities six months after discharge.

A post discharge telephone survey is completed once a year with families who are 6 months post discharge. This year, 50 families were called, with 17 participants completing the questions. Of the 17 participants, 16 said ‘yes’ when asked if they noticed an improvement in their child’s skills and abilities since discharge. This is a result of 94% which is above our goal of 90%. It may be beneficial to look at other ways to gather post discharge data, as less people seem to answer the phone than in previous years.

#### 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

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### **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. PMT received 21 surveys which is a considerable increase from last year when we received 5. Consultants were able to go back to in-person observations at early learning centres which meant they could personally drop the surveys off with a self-addressed envelope for confidential return. The result was 95%, which exceeded our goal of 90%. The work of three consultants, Vicky, Kirsten and Chris, was mentioned in stakeholder feedback as being very helpful.

## 8.0 Staff Satisfaction

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### **8.1 Outcome Measure: The NCDC supports the mental health of its employees.**

An annual staff satisfaction survey was conducted in November 2021. On previous surveys staff were asked if they agreed that the NCDC supported the health and wellness of its employees. For five years the results grew from 51% in 2017 to 91% in 2021. Due to this result, PMT changed the question to ask more specifically about mental health, which was identified as an issue on the staff survey. Results showed that 84% of staff agreed that the NCDC supports the mental health and wellness of employees. This does not reach our target of 90%. Three staff comments requested more health and wellness activities, such as Zumba, Yoga or art activities. A few staff stated they were happy with 'The Working Mind' education about mental health. This may be a goal area for the upcoming year.

### **8.2 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 NCDC's ability to collaborate and support the needs of families who receive service. Of the staff surveyed 93% agreed or strongly agreed with the following statement; 'I am satisfied with centre related collaboration regarding families.' This exceeded our goal of 80% satisfaction and showed an increase in satisfaction of 10% from the last reporting period. This was unexpected due to the pandemic increasing the staff work from home options. Some factors that may have contributed to this increase could be the addition of staff cell phones and other virtual options used to connect with team members in a timely manner.

## Action Plan to Increase Staff Satisfaction

Task	Responsibility	Timeline
Increase access to mental health resources	Management	Ongoing
Create more wellness initiatives at the centre	Wellness team	Ongoing
Increase opportunities for staff to connect to each other	Leaders/Fun team	Ongoing

## 9.0 Family Comments – what parents had to say

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- Communication and Qualified employees.
- They work well as a team and have respect for one another.
- Family centered and relationship play based. They show they really care.
- Building relationship and providing fun for peers.
- Provided information for milestones to look for in a child's development.
- A personalized approach for each child's developmental goals and requirements
- Most of our time with the NCDC was during Covid and we were impressed with the lengths staff went to do their jobs effectively while remaining safe. Exemplary dedication.
- Friendly, knowledgeable, lots of resources.
- Really flexible and super friendly.

### Consistent themes for areas for improvement:

- Increase access to early intervention services
- Increase staff and family access to mental health services

## 10.0 Improvement Plan

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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	2022-2023
Families will be contacted within 2 weeks of referral	All programs	Intake Worker	Monthly
All staff will complete quality assurance checks on files (including goal tracking)	All Programs	Program Director/Department Leaders	Monthly
Measure the effectiveness of short-term referrals in SAT program	NCDC SAT	PMT	November
Survey parents regarding satisfaction with hybrid service	All programs	PMT	February
Increase access to mental health resources	All Staff	Management	Ongoing
Provide education in counselling skills to support client mental health	All Programs	Department Leaders	Ongoing
Continue to monitor family access to services post pandemic	All Programs	PMT	2022/2023

## 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 School District 68, provide OT and PT services to school age children 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 childcare for children from birth to 12 years of age (age 18 in exceptional circumstances) who require extra support.

**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