



# Performance Management Report

2022-2023

Constantly Improving

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# 1.0 Introduction

The Performance Management Team (PMT) has an integral role within the Nanaimo Child Development Centre (NCDC). PMT continues to thoughtfully measure service outcomes in four main areas access, efficiency, effectiveness and satisfaction. It is important to understand if we are meeting 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.

This report includes demographic and outcome data collected for the year of April 1, 2022 to March 31, 2023 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, Desiree Webber and Cheryl Booth.**

## 2.0 Follow Up to 2021-2022 Improvement Plan

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

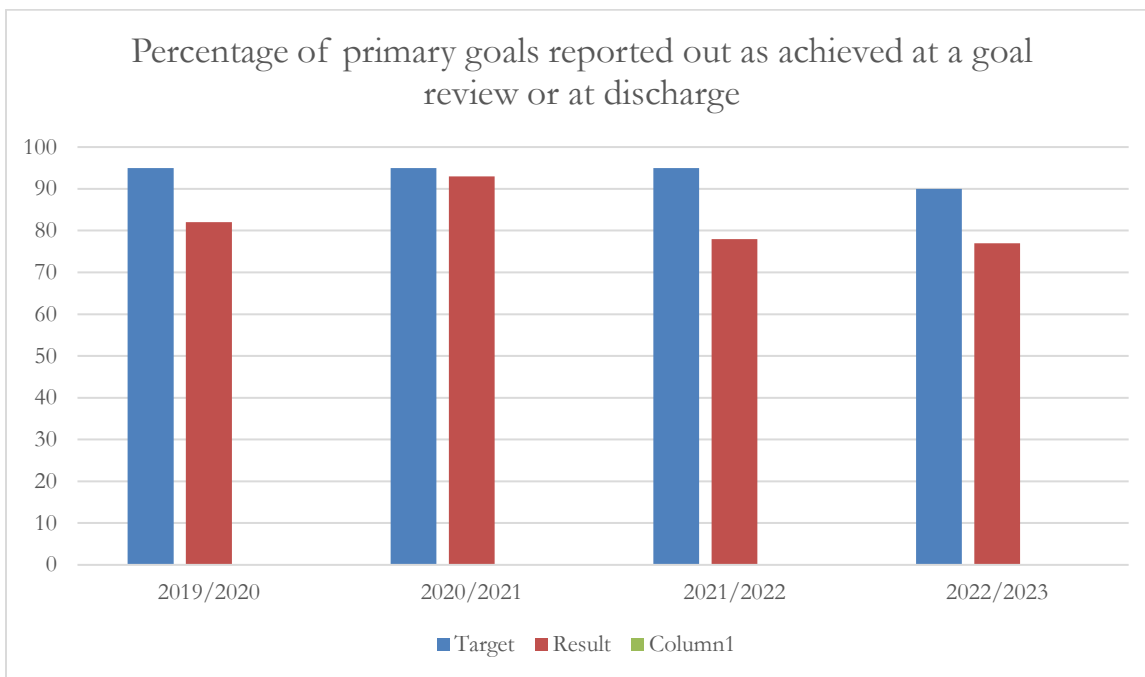
Action	Program Area	Person Responsible	Timeline
Advocate for increased program funding for mental health services	All programs	NCDC Board	Ongoing
Families contacted within 2 weeks of referral	All programs	Intake Worker	Achieved
All staff will complete quality assurance checks on files to ensure that goals achieved by children are being captured in the ECR	All programs	PMT/Department Leads	Ongoing
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. 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 100 goal reviews. We achieved a 77% average of goals achieved for the goal documents that were reviewed. It is important to note that 100 goal documents is a sample of our annual goal documents. Our target for this measure has been steadily declining since the global pandemic. This decline has been discussed and planned with Department Leaders and continues to be an area to work and focus on. 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 84%. This result is 14% higher than last year, and just below our target of 85%. Overall, there is a general feeling of beginning again (post covid) from teams. It will be beneficial to continue to measure this area to gather data on the continued impact of a hybrid work schedule on team collaboration. The staff have a better balance of work from home and in-office options, this may have positively impacted on this measure.

### 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 January 2023, 22 kids were discharged as service complete within six months of service start. In May of 2023, it was 22 children. This is a promising result. It continues to demonstrate 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.

### 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

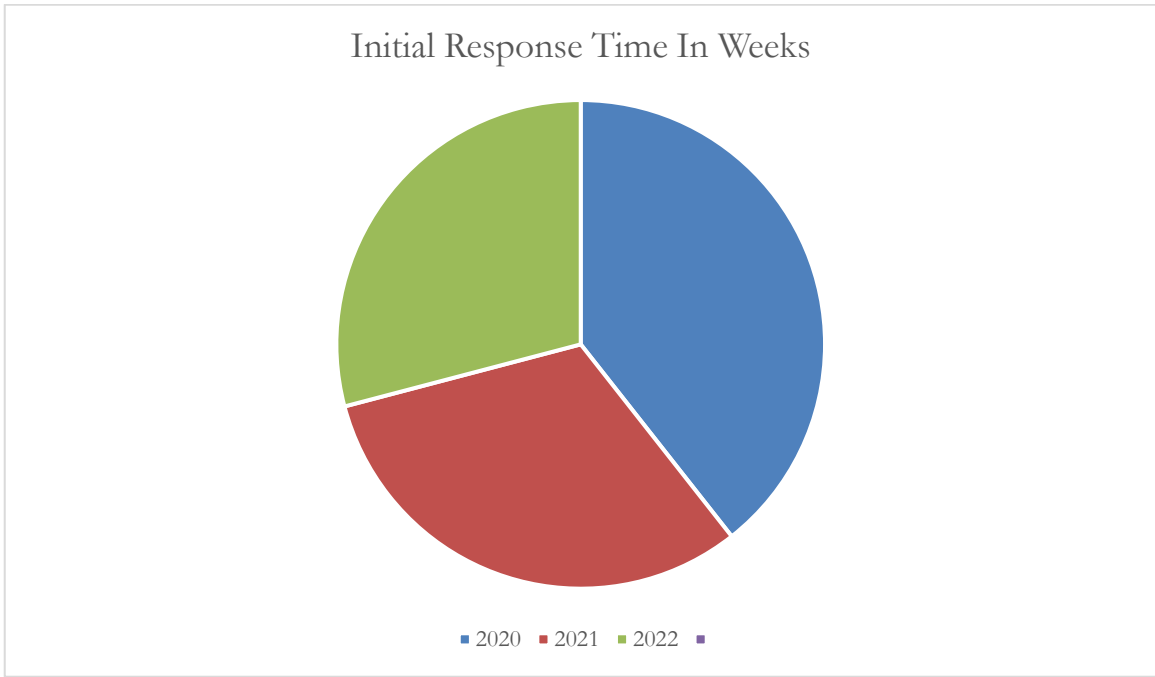
## 4.0 Efficiency measuring resources used compared to results achieved

### 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, September, December 2022 and March 2023. In May, children waited an average of 2.65 months for service start and in September children waited an average of 1.75 months. In December children waited an average of 2.2 months for service start. Lastly in March 2023, children waited an average of 1.75 months for service. 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 meet our goal of 3 months to service. This is an improvement over 2021 which saw wait times of 5 months in May 2021 and 4 months in September 2021.

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

This fiscal year, new referrals were contacted within 2.4 weeks of their referral date, this is an improvement from last year when it was 2.6 weeks of referral date. This average was calculated over the fiscal, which saw some intake worker illness that impacted response time. We are seeing a positive trend toward the 2-week response time. In 2020, there was an average response time of 3.25 weeks. It is beneficial to continue to track this measure to ensure that the current intake system continues to support the positive move towards a 2 week response rate.



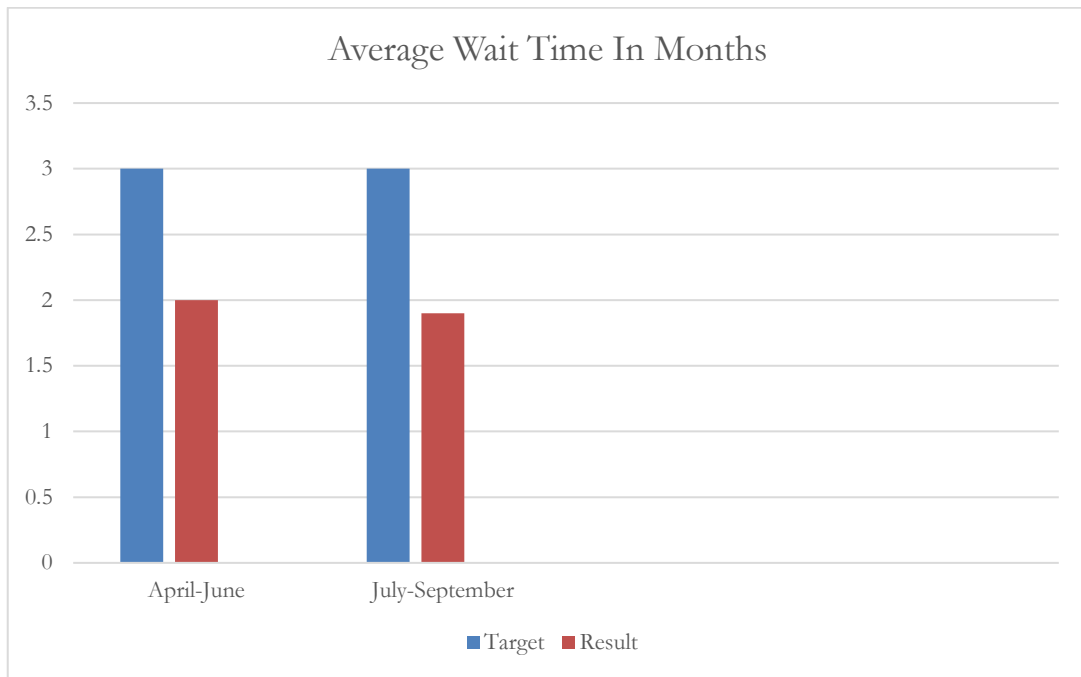
**Action Plan to Improve Efficiency**

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*

**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 November of 2022, 88% of caregivers reported that their needs are met with their service delivery. Preferred methods of service were as follows, 75% preferred in person service, 4.5% preferred virtual, 11% preferred phone, and 33% preferred a combination of virtual and in person service. Families were invited to select multiple methods that were acceptable for service.

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. Compared to 2021 numbers there is a slight move toward in-person service preference. As NCDC moves farther away from the time when virtual service was essential, it will be important to continue to measure methods of accessing NCDC services to ensure we continue to strive for best practice.

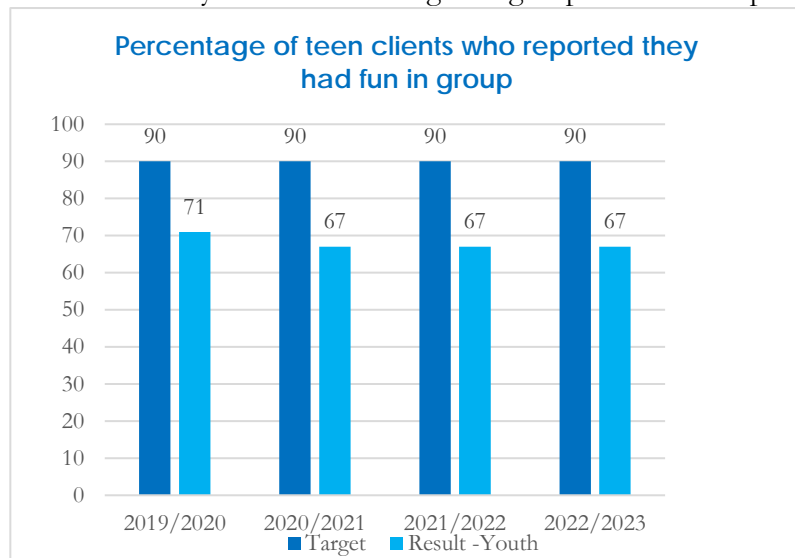
### Action Plan to Improve Access

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. 100% of teens replied yes when asked if they had fun attending teen group. This is compared to last year when only 67%



reported having fun, while 33% replied they sometimes had fun. During the reporting period, the Child and Youth Development team provided support to teens in person vs 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 expected this increase when programming went back to fully in person groups.

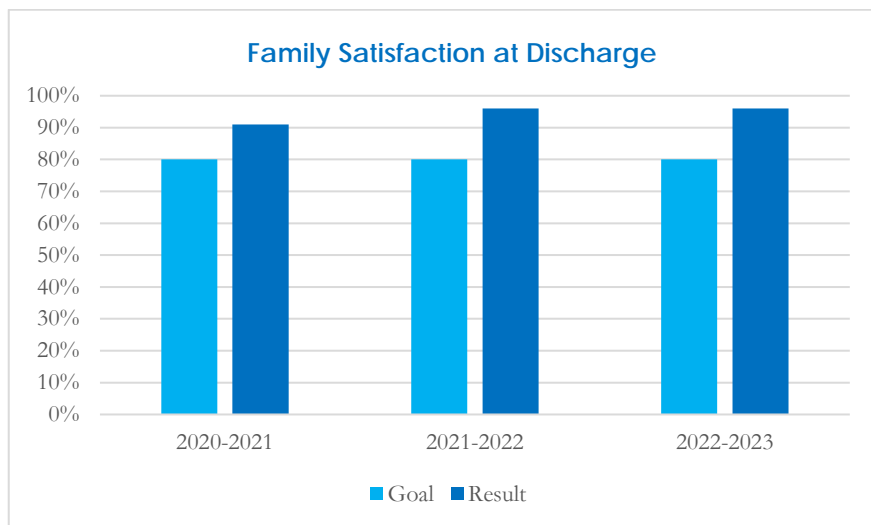
### 6.2 Outcome Measure: Families report satisfaction with how they received NCDC services (virtual or in-person).

Families were asked at discharge about their satisfaction with NCDC services that they received. In March 2023, 96% of families reported being satisfied with how they received the services for their families. This is important to measure as we move forward with a hybrid model of service. We will continue to check in with families on the methods in which service is presented and delivered.

### 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 24 discharge surveys returned to the centre. Of the 24 returned surveys, 23 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% for the 3rd year in a row.



#### 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%. PMT to explore additional ways to deliver surveys to encourage more participation from families in completing post discharge.

#### 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. Look at additional ways to deliver surveys to encourage more responses, such as text or email Survey Monkey	PMT	Ongoing
Continue to survey families during service and at discharge. Investigate an alternative way to deliver surveys (phone via survey monkey)	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. PMT received 7 surveys, which is a considerable decrease from last year when we received 21. The result was 100%, which exceeded our goal of 90% and was an increase of 5% from last year. According to written feedback in the surveys, the childcare centers appreciate the support, knowledge, ideas and feedback that they received from the SCD program. PMT will explore ways to get better return on external stakeholder’s surveys.

## 8.0 Staff Satisfaction

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

An annual staff satisfaction survey was conducted in November 2022. 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 in 2021, 84% of staff agreed that the NCDC supports the mental health and wellness of employees. This question was asked again in 2022 and 85% of staff felt supported in this area. This still does not reach our target of 90%. Comments from staff mentioned positive management support during and post covid, the EAP program was mentioned as an option to support mental health, and concern and worry about potential FCC model. We will continue to make the well-being of staff a priority.

### 8.2 Outcome Measure: Percentage of staff who report satisfaction with center-related collaboration regarding families.

This measure is used to gather data on the NCDC’s ability to collaborate and support the needs of families who receive service. Of the staff surveyed 85% agreed or strongly agreed with the following statement: ‘I am satisfied with centre related collaboration regarding families.’ This is the 2nd year of the measure. In 2021 this measure had a satisfaction rate of 93%, over 2022 we saw this drop to 85%. Although there was a drop, this still met our target in 2022 of 85%.

### 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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- Empathy, responsive, expertise
- They are always helpful and inclusive.
- Well informed and experienced staff.
- So many specialists on the team that can help with a variety of issues.
- Very well organized and attentive to all problems.
- Caring and supportive without judgement
- Free, available to anyone, playgroup drop in, workers have been really great.
- Family-centered, also love the in person at the centre or home or phone options.
- Identifying the needs of the child and family then making individualized plans and ongoing support to help based on their unique situation.

Consistent themes for areas for improvement:

- Increase time allotted for service.
- Decrease wait times.

## 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	2023-2024
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
Survey parents regarding satisfaction with hybrid service	All programs	PMT	Annually
Increase access to mental health resources	All Staff	Management	Ongoing
Provide families with additional ways to access reports (password protected via email)	All Programs	PMT/Admin	Ongoing
Continue to monitor family access to services post pandemic	All Programs	PMT	2023-2024

## 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)

**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