

Nanaimo Child Development Centre



Information Management Report for Stakeholders

April 1, 2011 to March 31, 2012

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INTRODUCTION

The Nanaimo Child Development Centre (NCDC) Information Management System collects information about what we do, how we do it, and what the people using our services think about it. Designed to be responsive to the needs of the children, youth and families we serve, it provides valuable information to help management and the Board of Directors monitor and improve our programs and operations. It will help us make decisions about resource allocation and priorities for the coming year, and informs the updating of our strategic plan. The Board of Directors reviews the Information Management Report each year.

This is the ninth Information Management Report for our organization, and it covers six of our program areas: Early Intervention, Family Support, Preschool, School Age Therapy, CDBC, and Supported Child Development. It includes demographic and outcome data collected for the year April 1, 2011 to March 31, 2012, as well as an update on actions taken as a result of the previous year's report. Satisfaction results are included from families who received services, including those who were discharged during the year, along with other stakeholders.

The Nanaimo Child Development Centre strives to have accurate and consistent data by having systems that produce reliability, validity, competencies and accuracy in its results.

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

SERVICES

We offer seven programs areas. While they all support children, youth and families, they have distinct mandates, eligibility criteria and services as follows:

Preschool Program

Mandate: To provide licensed, high quality, inclusive and developmentally appropriate preschool education.

Admission Criteria

- Children 30 months to school age entry
- Fee for service

Services Provided

- Preschool experience for child focusing on education and facilitation of child development through play
- Family support and advocacy
- Early identification of developmental delays and referrals for services

Professional Staffing

- Early Childhood Educators

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 school entry with early intervention support needs
- Reside within Lantzville to Ladysmith, including Gabriola and Protection Islands
- Developmental delay or at risk of a developmental delay

Services Provided

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

Family Support Program (FSP)

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

Admission Criteria

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

Services Provided

- 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, behavioural supports

Supported Child Development Program (SCD)

Mandate: To support children in inclusive child care settings that support a child's developmental goals

Admission Criteria

- Open referral system with parent approval
- Children birth – 12 years with development issue(s) requiring extra support to be included in a childcare setting because they have a developmental delay or disability in physical, cognitive, communicative or social/emotional behavioural areas

Services Provided

- Consultation with staff, family members, childcare settings, and professionals regarding services and support in childcare settings
- Education and training
- Advocacy and referral to community resources
- Development of support guide, including assessment and screening for 1:1 support
- Providing extra staffing supports to a child for inclusive child care where needed

School Age Therapy Program (SAT)

Mandate: To provide OT and PT services to school age children to assist in health maintenance; provide education to increase the benefit of educational and community programs

Admission Criteria

- Referrals meeting SD 68 Guidelines and with parent consent

- Students within the School District 68 catchment area who have a “low incidence” designation and meet at least one of CDC school age therapy criteria: see document “Revised Guidelines”

Services Provided

- Client focused consultation to School District support personnel
- Advocacy and Education

Professional Staffing

- Physiotherapy and Occupational Therapy

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)

Complex Developmental and Behavioural Conditions (CDBC)

Mandate: To provide tier 3 assessment services for children birth to 18 years with a query of ASD, FASD, or CCY.

Admission Criteria

Referral catchments include communities of Cowichan Valley, Nanaimo, Ladysmith, Parksville, Qualicum, Port Alberni, Ucluelet, Tofino, and the west coast with a referral from a physician, paediatrician, or psychiatrist.

Services Provided

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

Professional Staffing (as required)

- Psychology
- Program Coordinator and Admin Support
- Speech Language Pathologist and Occupational Therapist
- Paediatric and Psychiatric consults

OUTCOMES DATA TABLE

Part of our Information Management System is the description of the outcomes, or results, we are hoping to achieve through our programs and services. The table on the following pages sets out these outcomes, along with the targets or goals, and the indicators and data collection process we use to measure these outcomes in four areas: Effectiveness, Efficiency, Service Access and Satisfaction.

EFFECTIVENESS Measures	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Result
Maximize parent's ability to facilitate their child's development	% Parents (active clients) surveyed who report being involved with decision making for child's goals	Families from all CDC programs	Survey week May 2-6, 2011	Satisfaction survey (d/c clients) question 4c	OMS team	95 %	98%
Maximize the clients attainment of skills and abilities	% of 'goals achieved' at goal review or discharge	CDC clients participating in /reviewing goal setting (CFSP 2/SAT goal)	April 11 to Feb 2012	ECS data base – goal outcomes	PD	95%	270 goal reviews 94% achieved
Maximize the effectiveness of the screening process	% parents who report screening strategies useful	OT/SLP clients receiving a screening and report	April – Mar	Survey mailed out with screening report	Admin, OMS Team	75%	100%
Increase the social skills of preschool clients	% of preschoolers who demonstrate an increase in social skills	Pre K clients. (Attending preschool from Sept 09 Mar 10)	Sept 10 to March 11	Preschool Checklist completed Oct /March	Preschool teacher	90 %	91%
EFFICIENCY Measures	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Result
Decrease expenditure for assessment protocols	Decrease number of resent protocol packages provided to families	CDBC referrals post receipt of consent	June - January	Monthly income statements	PD	15% decrease of protocol costs	undetermined
Increase staff use of "CC" client cancel and "N" no show codes	Tracking of stat entry of "cc" and "n" on nucleus	All clinicians	April 2011- March 2012	Ecr report 6, daily stats number instances	PD	Increase stat use from 3%/2% baseline	5% increase in 'cc' and 7% decrease in 'n'
Reduce budget for paper and photocopy supplies	Decrease of paper/photocopy budget fiscal	All centre programs	April 1/11 - March 31- 2012	Finance	PD	20%	undetermined
Maximize parents timely access to reports	Number of assessment reports mailed to guardian within 6 wks of assessment	SCD/SLP/OT/ IDP/PT/CDIBC	Alternate months April to Feb	Measure # days from date of Ax to date of mailing	Admin	90%	CDIBC 82% EI &SA 97%

ACCESS Measures	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Result
Maximize community knowledge of CDC services	Increase number of self-referrals from last fiscal from a baseline of 612 referrals	All centre referrals	March 31, 2012	ECR report #29, board summary report	PD	10% increase	2% increase of self-referrals
Minimize the number of new clients waiting for CDC service	The number of clients on the last day of the month who have been deemed eligible to receive initial program services but who have yet to receive any service	All clients of the CDC referred to EIP, FS, SAT, SCD	Monthly April 11 to March 12	Monthly ECR data base waitlist	PD	Decrease # of clients waiting by 10%	Increase of 117 children on the waitlist increase of 37%- comparing mar 2011 and mar 2012- from 295 to 412 children waiting
SATISFACTION Measures	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Result
Family-Maximize satisfaction of children and families	% of families surveyed who report satisfaction with CDC services impacting positively on their child's life.	Families of CDC active clients	May 2011 – Survey week	Survey hand delivered to clients receiving service week of May 2-6, question #4a	All direct service providers	100%	100%
Family Support Program	% FSU clients who report satisfaction with program	Clients of family support program attending groups	December 2011 at family bowling party	Survey clients directly (verbal and nonverbal options for responses).	Family Support Program	95%	93%
OT/SLP screening satisfaction	% of parents reporting satisfaction with screening process	New clients receiving either OT or SLP screens	Mail out of screening report	Survey of parents receiving screenings	OT/SLP	90%	100% satisfied – 8 responses
Maximize satisfaction of External Stakeholders							
a)EIP/CDBC/FS	% of referral source who report satisfaction with the collaboration with CDC	Referring Physicians / Pediatricians Public Health/ NICU/CYSN social workers	October 2011	External Stakeholders Survey mail/fax, survey stakeholder	OMS Team	95%	93%

SATISFACTION Measures	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Result
b) SAT	% of SD staff participating in screening clinic who report satisfaction with SAT program	School based teams	February 2012	Survey monkey through SD Student Support Services	PD	80%	89%
b)SCD	% SCD community partners who report satisfaction with SCD course presented	Child care providers completing education group	Annual June, Fall	Registrants completing the course	OMS Team	80%	100% - May/June
Staff- Maximize satisfaction of other stakeholders	% of CDC staff who report satisfaction with communication between programs	Survey monkey	Annually Nov. 2011	Staff Satisfaction Survey	IT/OMS Team	80%	74%
Discharge Satisfaction Measures	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Result
Maximize satisfaction of children and families	% of families who report satisfaction with the service received from CDC (excluding Preschool)	Sample of families discharged from all CDC programs from Apr. 11–Mar. 12	August to February Discharges	Include survey in mail out of Discharge Summary	OMS Team Admin	95%	100% satisfied
Maximize satisfaction of PS families	% report satisfaction with PS program	Preschool families	Preschool end of year celebration	Preschool survey question 5c	Preschool staff	95%	100% satisfied 12/30 surveys returned
Post Discharge: Maximize satisfaction of children and families	% of families who report satisfaction with the services improving child's skills & abilities since discharge from services	Random sample of families discharged from CDC six months post discharge	Phone survey in July (Dec/Jan discharges) Nov/Dec (May/June discharges)	Post Discharge Family Satisfaction telephone Survey-question 1	Staff	90%	19/ 46 surveyed 100% Satisfied

FOLLOW UP TO 10/11 IMPROVEMENT PLAN

Based on the results of the last OMS cycle, a number of actions were identified. These include organizational and program improvements for the next reporting period. The table below documents the completed tasks.

Organizational and Program Improvements Actions	Program Area	Person Responsible	Completed
Family Development Program to incorporate post discharge follow up to parent education groups into practice	Family Development	FD team	May 2011 completed
Incorporate effectiveness measure in satisfaction survey to improve return rate (survey week)	All Program areas	OMS team	April 2011 and ongoing
Reinforce staff knowledge of standard of 6 week access to reports by parent	All programs	PD, Department Leaders	March 2012
Promote paperless practices at department, zone, and department leader level	All programs	Management Team	March 2012
Continue with business case using the data, and advocate for increased funding for SLP, OT and FD programs.	SLP, OT, FD	Board of Directors, ED, PD	Ongoing
Continue to actively recruit staff Psychologist for CDBC program	CDBC	ED, PD	Unsuccessful
Survey discharge clients through email data base (nucleus system) using Survey Monkey	All programs	OMS team	2011/12 and ongoing
Continue to address issue of waitlists for services through advocacy and service model and delivery	All programs	ED, PD, Department Leaders	Ongoing
Meet with Public Health Nursing team or team leader	Early Intervention programs	PD, IDP Department Leader	Outstanding- unable to complete due to VIHA staffing changes-
Consult with departments re: communication	All programs	Management team	March 2012
Review therapy service models to minimize waitlists	EI therapy	PD, Dept. Leaders	Sept 2011
Coordinate meeting time for zones	All staff	PD/OMS team	April 2011 Completed

CLIENT CHARACTERISTICS

The following demographic information was collected about children and youth served by the CDC, so we can better understand their characteristics and how best to provide support.

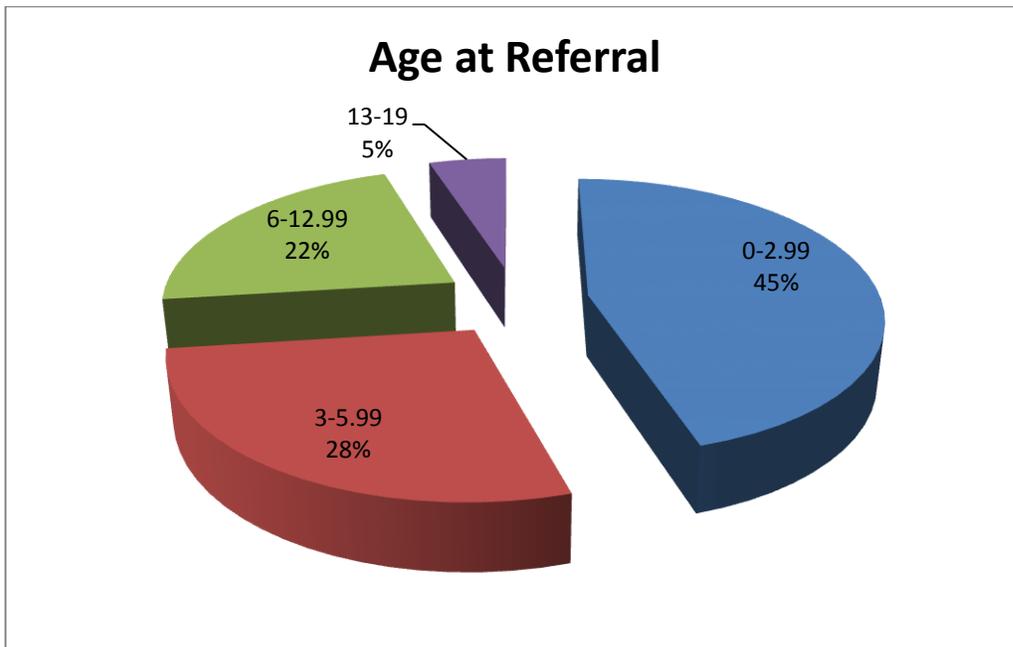


Figure 1 – Age at Referral Apr 2011-Mar 31 2012

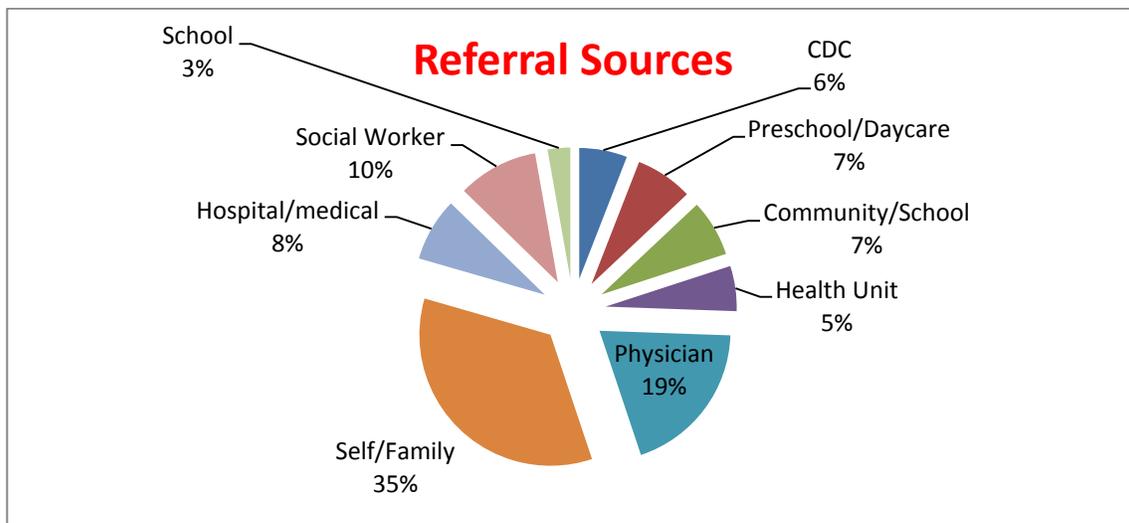


Figure 2 – Referral Sources April 1, 2011 – March 31, 2012

EFFECTIVENESS

Outcome Measure	Expected Goal	Actual Results
Maximize parents ability to facilitate child’s development	90% of parents report involvement in decision making for child’s goals	98%
Maximize clients attainment of skills and abilities	95% of clients (participating in and reviewing goal setting – CFSP2) report goals achieved at time of goal review or discharge	94%
Increase preschool students social skills	90% of preschool students demonstrate an increase/maintenance in their social skills	91%
Maximize effectiveness of screening process	75% of parents report the screening information was helpful while remaining on the waitlist (OT/SLP)	100%

Summary of Results

During the period of measurement, 98% of parents surveyed reported improved ability to facilitate their child’s development. To increase the number of responses received for this measure, this question was included on the satisfaction survey handed to active clients during survey week. The number of received surveys was 50 which was a decrease from last year. For the upcoming year, survey week will run for 2 weeks to maximize the return rate.

During the period of measurement 94% of clients reached at least one of their goals (as documented in the client’s chart) shown below in Figure 2.



Figure 3 – Clients who have achieved goals

Preschool teachers tracked the social skill level of 33 Pre K students. 30 children (91%) demonstrated a maintenance or improvement in social skills such as turn taking in conversation, resolving simple conflicts, turn taking, sharing, initiating, and independently following classroom routines (skills identified as required for success in Kindergarten).

Analysis of the results by the preschool staff indicates a need to track social skills over a longer period in order to measure effectiveness of the classroom program particular to the development of social skills. It was suggested that a two year cycle be used, targeting the children who enter the preschool program at a younger age and stay for 2 years.

Families were provided a survey along with their screening report asking them to indicate whether or not they found the screening to be helpful while continuing to be on the waitlist. While the number of surveys returned was low (9 surveys), the satisfaction response rate was 100%.

Action Plan: Effectiveness

Task: To increase the rate of return for surveys the survey week will be extended for an extra week.

Responsibility: OMS team/all CDC staff **Timeline:** May 2012

Task: Measure effectiveness of preschool program over a 2 year period.

Responsibility: Preschool staff **Timeline:** Oct 2012-March 2014

EFFICIENCY

Outcome Measure	Expected Goal	Actual Results
Increase staff use of client cancel and no show codes to reflect actuals	Increase from a baseline measurement of 3% client cancel and 2 % client no shows	5% Increase in client cancel 7% Decrease in no shows
Maximize parents timely access to reports	90% of reports will be mailed to parents/guardian within 6 weeks of completion of assessment	82% CDBC and 97% EIP/SA
Decrease expenditure for assessment protocols	15% decrease of protocol costs	Undetermined
Reduce paper/photocopy cost	Decrease of paper/ photocopy budget by 20%	Undetermined

Summary of Efficiency Results

An analysis of the client cancel (cc) and client no-show (n) use by staff indicated that measuring the impact on service delivery could provide data to increase efficiency. A staff orientation was provided in order to maximize accurate reporting and use was measured for the first time. The results will be discussed with Department Leaders to consider in service delivery planning.

Maximize parent/guardian timely access to reports: data was collected measuring the number of weeks from date of assessment (as stated on report) to date mailed/reviewed with parent /guardian. There was an increase in results for the EIP and school age programs from 84% to 97% meeting the guidelines. The CDBC program results indicated 82% meeting the standard. Results for this program are influenced by the use of contracted Psychologists and the multidisciplinary nature of the assessments, increasing the timelines for completion of the reports (for example, subsequent assessments added during the process). Due to these challenges, the CDBC program results are being reported separately.

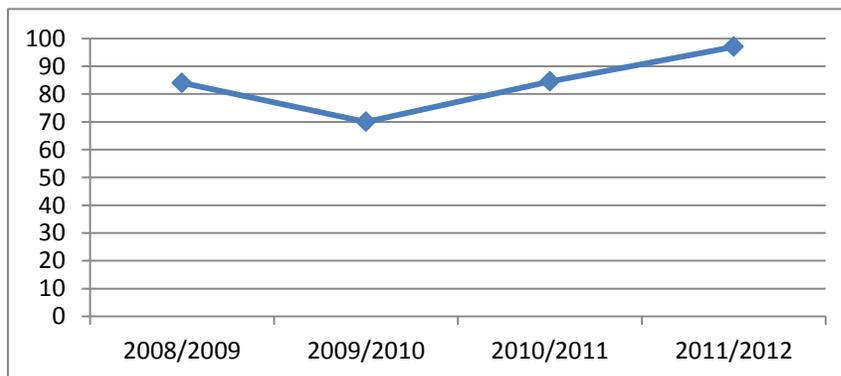


Figure 4 – Parent access to reports (EIP and SA only for April 1, 2011- March 31, 2012)

A result for CDBC assessment protocols costs was undetermined. The baseline of test protocols became redundant during the fiscal year as changes to the program resulted in an increasing number of protocols used and an increase in the number of contracted assessments.

Paper and photocopy costs were measured again this cycle, however due to an amalgamation to a central copy machine to reduce toner costs, figures could not be measured against the baseline. Next year paper costs will be measured using the new data base system created by the Accounts department to more accurately capture costs this for next fiscal year.

Task: Review client cancel (cc)/client no-show results at Department Leader table

Responsibility: Program Director

Timeline: June 2012

Task: Promote paperless practices at department, zone, and department leader level

Responsibility: Management team

Timeline: fiscal year

Task: To measure paper costs only for next fiscal year.

Responsibility: Accounting

Timeline: fiscal year

SERVICE ACCESS

Outcome Measure	Expected Goal	Actual Results
Maximize community knowledge of CDC services	10% increase in self referrals	2% Increase
Minimize the number of clients waiting for service	10% reduction in number of clients waiting for initial program service	31% Increase

Summary of Results

To increase community knowledge of CDC services we measured the number of self-referrals. Last year CDC posters were distributed to medical offices and community venues promoting service access through direct referral by parents. The posters highlighted the ability to self-refer.

There was an increase of 5% self-referrals, from 612 to 640. Measuring all centre referrals, there was 2% increase from 36% to 38% of all referrals being made by parents and caregivers.

Access to services as reflected by waitlists continues to be measured as an ongoing and significant barrier to service. This measure tracks the number of clients waiting for initial program service, pertaining to all programs except the Preschool program. The goal of this measurement was to show a decrease of the number of children waiting by 10%. The results demonstrate an increase in the number of new clients waiting for initial service by 31% in March 2012 compared to March 2011 (see graph below). This is significantly higher overall than the past two fiscal years. Influences include a large increase in referrals for Family Development Program, transitioning of new staff (i.e. maternity leave replacements), increased sick time usage and an increasing number of complex SLP screenings.

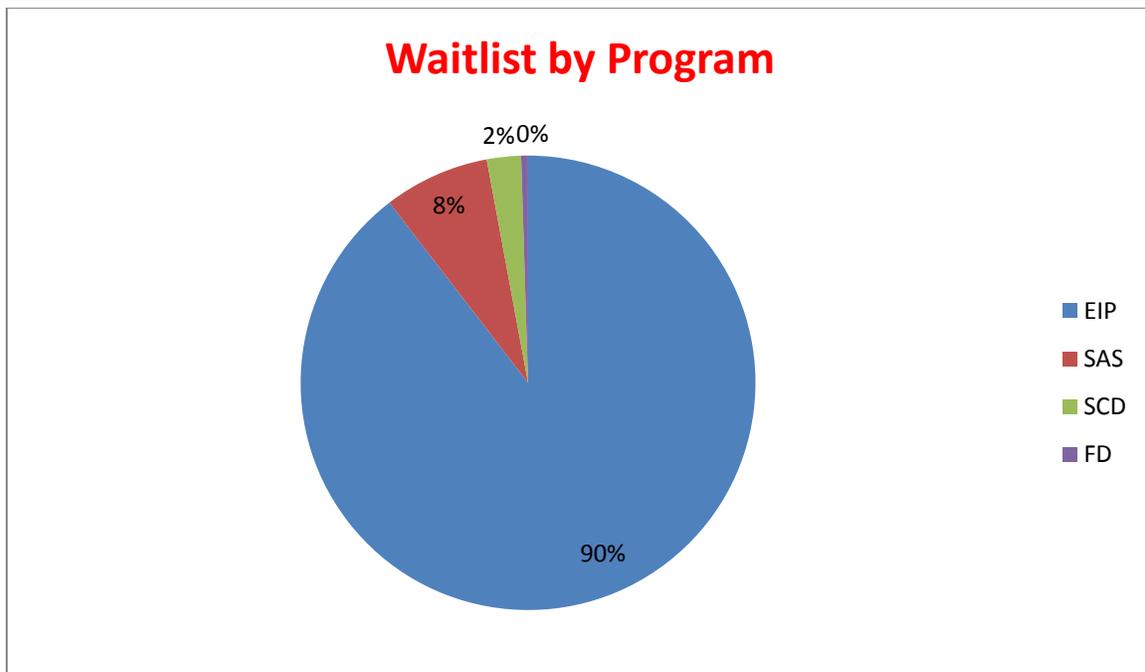


Figure 6 – Waitlist by Program

Action Plan: Service Access

Task: Continue to provide therapy screenings while families are on the waitlist
Responsibility: OT, SLP **Timeline:** March 2013

Task: Modify Occupational Therapy service model to increase # children receiving service
Responsibility: OT department **Timeline:** March 2013

Task: Continue to actively recruit staff Psychologist for CDBC program
Responsibility: PD/ED **Timeline:** June 2012

Task: Advocate with funding sources to specifically target program waitlists
Responsibility: Management **Timeline:** March 2013

FAMILY SATISFACTION

Outcome Measure	Expected Goal	Actual Results
Family Satisfaction: Maximize satisfaction of families (on active caseload) who feel CDC services impact positively on their child's life	100% of families report satisfaction with CDC services impacting positively on their child's life	100% satisfied 49 responses
Family Support Program: Maximize satisfaction of Family Support clients who report satisfaction with the program.	95% of clients report satisfaction with Family Support Program	93% satisfied 28 responses
OT/SLP Program: Maximize satisfaction with screening report	90% families satisfied with screening recommendations are helpful in the home	100% satisfied
Family Discharge: Maximize satisfaction of children and families	95% of families (discharged) report satisfaction with the service received from the CDC at discharge	93% satisfied 29 responses
Preschool Program: maximize satisfaction reported at discharge	95% families report satisfaction with PS program	100% satisfied 30 mailed- 12 returned
Family Post Discharge: Maximize satisfaction of children and families six months after discharge from CDC services	95% of families report satisfaction with the services improving their child's skills and abilities since six months post-discharge from services at the CDC	100% satisfied 19 families surveyed

Summary of Results

Of the six family satisfaction measures, four measures met or exceeded the goal set. A variety of survey methods was used, including mail out, hand delivery, and phone contact. The Family Support program surveyed clients (children and youth) directly. Options for children who were nonverbal were provided.

The OMS team continued with Survey Week this year in order to reach a wide participation base. During Survey Week a satisfaction survey was hand delivered by staff to each family receiving direct service during the one week period. The rate of return was lower than last year. With staff education regarding the importance of outcome measurement and quality improvement it is hoped that this rate will increase in the next cycle. 49 surveys were completed (down from 71 last year) with 100% reporting satisfaction which is a 6% increase from last year.

The waitlists/wait times for service continue to be an issue across programs. Providing initial OT/SLP screenings for those waitlisted is a strategy implemented in response. Those surveyed reported 100% satisfied with the screening report providing them with strategies while they continue to wait for active service.

For the third year, clients in the Family Support Program were surveyed directly. With a goal of 95% satisfaction, 93% of clients reported satisfaction with the program. 28 surveys were completed this year, an increase from 13 last year. 100% of the surveys were independently completed by the client themselves.

Families discharged in May/June/Nov/Dec were each mailed a discharge survey. The results indicated 93% satisfied with the services received from CDC staff. The goal was 95%. Issues arising included waitlist and assessment process. The survey covered discharges for all programs except preschool, which was surveyed separately. Those not contacted included file closures with a discharge code of moved, unable to contact, and client withdrew. An alternative method to distribute this survey was explored (survey monkey), however it was determined in order for this to be successful the current contact information taken at intake would need to be more comprehensive.

Families participating in the Preschool program were surveyed at discharge. Of 30 discharges, 12 completed the survey with 100% reporting satisfaction with the quality of the program. Responses identified the strengths as the teachers and staff, described as respectful, had good communication with parents and offered suggestions to prepare children for kindergarten. Appreciation was expressed for the facility, equipment and toys, and the program. Suggestions for change included offering full day programs, summer programs, and field trips that do not require parent participation.

A sample of families six months post-discharged was surveyed by telephone. This year the number of responses was significantly lower than last year with 19 responses. The results however were 100% satisfied that the services received improved their child's skills and abilities.

Action Plan – Family Satisfaction

Task: Extend survey week to two weeks to improve return rate

Responsibility: Program staff

Timeline: May 2012

Task: Survey clients post-discharge through email data base (nucleus system) using Survey Monkey

Responsibility: OMS team, IT

Timeline: July 2012/January 2013

Task: Continue to address issue of waitlists for services through advocacy and service model and delivery.

Responsibility: Board of Directors, ED, Program Director, Department Leaders

Timeline: April 2012 to March 2013

EXTERNAL STAKEHOLDER SATISFACTION

Outcome Measure	Expected Goal	Actual Results
Maximize satisfaction of external stakeholders		
EIP/CDBC/Family Support Referral Sources	95% of referral sources report satisfaction with collaboration with CDC	94 % 19 Responses
SCD stakeholders	80% Education participants reported satisfaction with the course presented	100 % 16 Responses
SD staff participating in SAT program	80% participants satisfied with the school age therapy program	89% 10 Responses

Survey Process

In response to feedback received from stakeholders last year a presentation was made to MCFD social workers outlining the programs offered at the Child Development Centre. Information packages about the centre were mailed to all doctors' offices in the Nanaimo area as suggested in last year's feedback.

Stakeholder Satisfaction surveys were distributed by mail, email, or hand delivered directly to external stakeholders. An analysis of annual stats identified public health nursing (PHN), paediatricians and family doctors as a major referral sources and were targeted for feedback regarding the Early Intervention and CDBC program. The Child and Youth Special Needs Team from MCFD were included this year as the sole referral source for the Family Support program. SCD community partners were surveyed through survey monkey 3 months post participation in SCD education. In an attempt to increase response from the School District stakeholders survey monkey was used, targeting the student support services teams.

Summary of Results

This year, a survey of referral sources was repeated, with 94% reporting satisfaction, an increase of 3% over last year's results. While public health remains one of our largest referral sources we received no response for feedback about services. OMS team to target this team specifically in the next OMS cycle.

The Supported Child Development Program (SCD) surveyed education participants to find out how satisfied participants were with the education provided and feedback came in at 100%. Due to high results this will not be measured in next year's plan.

School Age Therapy stakeholders surveyed were representatives of school based teams involved with the screening clinic (teacher, support staff, or student support teachers). Provided through survey monkey, 135 surveys were emailed and 10 responses were received with 89% reporting satisfaction.

Action Plan – External Stakeholder Satisfaction

Task: Meet with Public Health Nursing team or representative to re-establish communication system

Responsibility: PD and IDP Department Leader

Timeline: June 2012

STAFF SATISFACTION

Outcome Measure	Expected Goal	Actual Results
Maximize staff satisfaction	80% of CDC staff report satisfaction with communication between programs	74% Satisfaction

Survey Process

The annual staff survey was conducted using Survey Monkey with a 75% participation rate, 58 of 77 staff (internal and external). 30 full time staff and 16 part time staff and 12 support workers (SCD) responded.

Last year’s survey results indicated an ongoing need to improve communication between programs within the organization, with a result of 68.5% satisfaction rate in 2011. On the recommendation of the OMS team, zone meeting times were coordinated to support cross zone discussion and maximize staff availability for case review. While not meeting the expected goal of 80%, results improved to 74% satisfaction rate and will continue to be measured.

Summary of Results



Figure 7 – CDC Staff Satisfaction

Action Plan - Staff Satisfaction

Task: Consult with teams regarding inter departmental communication

Responsibility: OMS team, Management Team

Timeline: March 31 2013

Task: Established Joint Leadership team table, including zone chair to facilitate improved communication between programs

Responsibility: PD, Zone teams

Timeline: April 2012

IMPROVEMENT PLAN

Based on the results set out in this report, a number of actions have been identified. These include organizational and program improvements for the next reporting period. The tables below set these out, along with responsibilities and timelines. A status update on progress will be included in the next Information Management Report.

Organizational and Program Improvements Actions	Program Area	Person Responsible	Timeline
Complete Post discharge surveys via survey monkey in order to improve return rates	CDC	OMS team and IT	January 2013
Meet with PHN to improve communication between programs	EIP	PD and IDP DL	June 2012
Establish expanded DL management table to include zone chair to facilitate improved communication between programs	CDC	ED/PD	Review December 2012
Establish long term zone chair responsibility	CDC	Zone teams	Review Dec 2012
OMS team to provide orientation to “Survey Week” to improve return rate; provide prize incentive. Increased to 2 weeks to improve return rate.	CDC	OMS team (Vicky and Dani)	April staff meeting
Combine more than one measure on each survey to reduce number of surveys families are asked to complete	CDC	OMS team	April 2012
Continue to compile email client list in order to access families through survey monkey	CDC	Administration and intake worker	ongoing
Review “cc” and “ns” data with Department Leaders	EI/SA/SCD	Management team	June 2012
Measure preschool effectiveness over 2 (school) year period	PS	Vicky	March 2014
Implement new OT service model, early intervention program	EI - OT	OMS team	March 2013