

COMMUNITY BRAIN INJURY PROGRAM FOR CHILDREN & YOUTH IN BC

OUTCOMES MANAGEMENT REPORT 2015 - 2016



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Program Overview

Program Goal:

To fund and coordinate short-term rehabilitation services in the child/youth's home and community, when returning from hospital after an acquired brain injury.

Target Population:

Children and youth with recently acquired brain injuries who do not have third-party funding and need acute rehabilitation to facilitate their return to home and community.

Eligibility Criteria:

1. Children and youth from birth to 19 years old
2. Residents of British Columbia
3. Primary diagnosis of acquired brain injury requiring acute rehabilitation
4. Referral to the Program within 12 months post injury

Services offered by CBIPCY

- ⇒ Home/community-based intervention including the following:
 - Family centered service coordination
 - Therapy Services – Physiotherapy, Occupational Therapy, Speech/Language Therapy
 - Neuropsychological Assessment
 - Family support
- ⇒ Access to resource information - family-focused newsletter; toll-free consultation line; library resources; website
- ⇒ Follow-up support

2015/ 2016 Program Highlights:

- 25 parents/caregivers of children with acquired brain injuries were sponsored to attend the international conference on *Social Learning: why it matters for children and youth with special needs*, presented by the Social Emotional Enhancement and Development Project.
- Program Coordinators delivered informational workshop to Neurology residents at BC Children's Hospital.
- The program developed a 3 Part Special Edition newsletter for parents to update and inform them about Social emotional Learning and Development and how this will affect their children in School.
- From a family donation, the program designed and created "Transitioning to High School: A Guide for Parents of children with extra needs." The booklet is to assist parents in planning for their child's entry into Secondary school. The booklet will be provided to all parents with children preparing for high school.
- The Program Coordinator presented a Brain Injury education workshop for grade 5 students and a subsequent workshop for teachers in the Vancouver school district.
- The BC Centre for Ability honored a former CBIPCY client with a Hero of Ability Award at the 2015 Dining for Dreams Gala.

Status Report

2015 - 2016 Performance Improvement Plan

Areas for Improvement	Plan	Update on Completion
<p>Access</p> <ul style="list-style-type: none"> Key referral sources from around the province will have ongoing information and knowledge of the CBIPCY and how to refer to the program despite constant changes in their personnel. 	<ul style="list-style-type: none"> Engage in outreach to acute care hospitals and clinics outside of the lower mainland. Do face to face lunch and learns/meetings with local acute care hospitals and rehabilitation centers to continue to build and foster positive and collaborative working relationships. Develop an annualized communication plan with therapists in key referring facilities around the province. 	<ul style="list-style-type: none"> Completed in October, 2015, e.g.) Central and Northern BC: Kelowna General, Prince George Hospital and local Paediatricians, Dawson Creek CDC. Complete. Went to Royal Columbian Hospital & met with SW and OTs, Surrey Memorial Family Place, Paed Medicine, GF Strong Adolescent and Young Adult Program. Complete. Therapists from around BC are contacted annually to determine their availability to work with the program.
<p>Effectiveness</p> <ul style="list-style-type: none"> Expand educational opportunities for new therapists. In line with recent changes at the Ministry of Education, contracted therapists will increase their understanding of the impact of a brain injury on a child's social/emotional development. Increase the opportunities for families to learn about the impact of a brain injury on children's social emotional development. 	<ul style="list-style-type: none"> The program will provide training for contracted therapists (educational material, articles, books, webinars) with a focus on goal writing and evaluation skills (SMART goals). Provide contracted therapists with professional development opportunities in the area of social/emotional learning and development. Provide consultation and education about social emotional learning and development goals for students to have included in their school IEPs (phone consultation, books, articles, groups, webinars). 	<ul style="list-style-type: none"> Complete. A flyer on Writing Smart goals was sent out to new therapists. Complete. 7 Newsheets sent out to service providers; 3 focused on SEL Information sent to inform therapists and notice & an invitation to attend the SEED conference April 20, 21, 2015. Complete. 3 part Special Edition parent newsletter sent to all families.

<p><u>Efficiency</u></p> <ul style="list-style-type: none"> • Develop a communication strategy to recruit and maintain qualified service providers around BC. • Achieve a balanced budget at the end of the fiscal year and maximize dollar usage of rehabilitation services to achieve targeted outcome. 	<ul style="list-style-type: none"> • Review our system of gathering qualifying documents from service providers that improves efficiency for the service provider and for CBIPCY staff. • Consult with the Accounting Department to explore a streamlined system for projecting the cost of individual client service plans and facilitate tighter control of the budget. • Meet regularly with CFA Accounting Department to identify strategies that will assist in monitoring program spending of services to families. 	<ul style="list-style-type: none"> • Partially Complete. To be carried forward into next year. • Complete June, 2015. Transaction spreadsheet and regular meetings have assisted to meet this target. • Complete. Meeting monthly
<p><u>Satisfaction</u></p> <ul style="list-style-type: none"> • Key stakeholders will have multiple opportunities to provide regular feedback to the program. 	<ul style="list-style-type: none"> • Develop a system to obtain regular feedback during consultations with stakeholders. • Obtain regular feedback. 	<ul style="list-style-type: none"> • Completed for Families and caregivers with regular feedback being gathered throughout the year.

Demographics & Outputs

Fiscal Year Totals (2015/2016):

- Total Acute therapy clients served 87
- Total School transition clients served 28
- Total Follow-up clients served 16

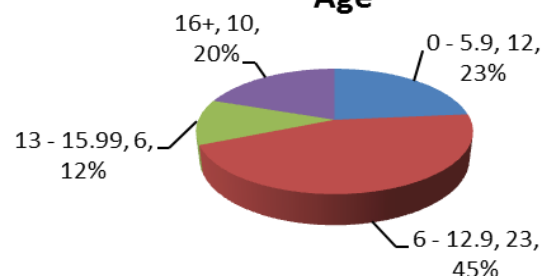
Total clients served (April 1st, 2014 – March 31st, 2015) **131**

Acute Therapy clients served New referrals n=51

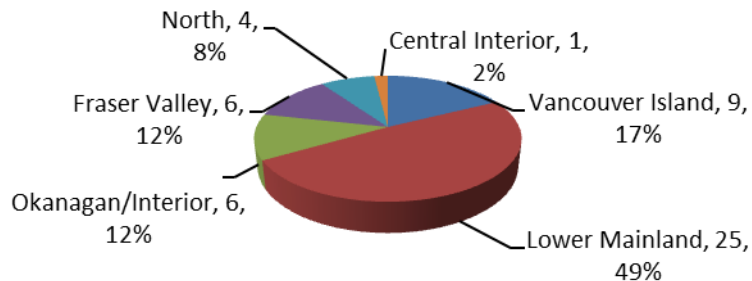
Gender



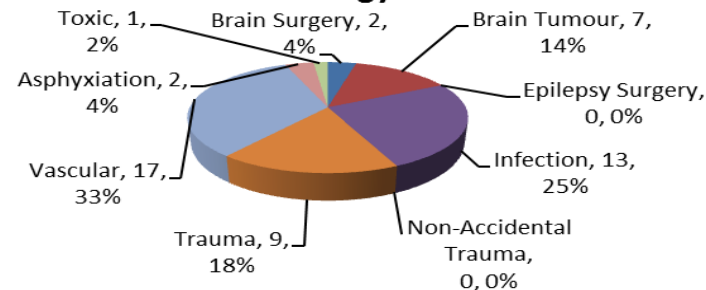
Age



Location



Etiology



Program Outcomes

Access

Outcome	Indicators	Time of Measure/Sources	Target Level	Achieved Outcome		
				2015 / 2016	2014 / 2015	2013 / 2014
Children/youth receive timely services	Coordinators will conduct an intake interview (in person or phone) within 14 working days after the referral has been accepted. *	Electronic Client Record (ECR)	90%	88% (36/41)	98% (53/54)	96% (58/60)
	An individualized service plan will be in place two weeks after initial contact.	ECR		92% (44/48)	93% 50/54	95% (57/60)
	Parents articulate the services were provided in a timely manner.	Sessional feedback; Online Parent Satisfaction Survey		94% (33/35)	92% (23/25)	100% (32/32)
Services are accessible to families in their home	Services are provided in the child/youth's home community **	ECR	100%	82% (42/51)	100%	98%

Analysis:

* Staff changeover in the coordinator position was unfilled for 6 months until yearend, causing a small backlog of intakes. It is anticipated that the results will increase back to previous years' results as the position is now filled and there is no longer a backlog of intakes.

**The majority of therapy services were provided in the client's home community however 9 clients travelled to clinics for therapy because their home communities did not have the needed services available.

Effectiveness

Outcome	Indicators	Time of Measure/Sources	Target Level	Achieved Outcome		
				2015 / 2016	2014 / 2015	2013 / 2014
Families increase knowledge about brain injury	Percentage of parents and youth who responded that the program helped them understand the impact of the Acquired Brain Injury (ABI) on development. **	Sessional feedback; Online Parent & youth satisfaction surveys	95%	97% (33/34)	97% (29/30)	89% (24/27)
	Parents articulate that they have gained skills in managing the challenges related to their child's brain injury.	Sessional feedback; Online Parent satisfaction survey	85%	96.8% (31/32)	96% (24/25)	92% (24/26)

** Positive responses are a 3 or 4 on a 4 pt. Likert Scale **

Analysis:

Positive results indicate there are no remedial actions required. The program will continue to work with families to provide information and resources that increase their knowledge regarding the impact of an acquired brain injury on development and their skills in managing the challenges related to their child's injury.

Priority Goal Outcomes for 73/87 (84%) unique clients

Total of 392 outcomes inputted for 73 clients.

Short-term goal categories: (short-term goals determined jointly by parents and therapists)	Indicator	Time of Measure/Source	Target Level	Achieved Outcomes		
				2015 / 2016	2014 / 2015	2013 / 2014
Community Participation & Social Life–Child/Youth	Percentage of short term desired outcomes that are entered as “achieved” in each category. Results of “Better than expected or Excelled” are not included in these results.	ECR Program Outcome Measures at time of discharge (POMs)	70%	89%	83%	87%
Communication				87/98	N = 46	N = 53
Mobility				74%	68 %	81%
Self-Care				20/27	N = 25	N = 22
Learning and Applying Knowledge – Parent & Caregiver				86%	86%	91%
Emotional Well-Being - Parent, Caregiver& Child				31/36	N = 22	N = 38
				65%	81%	91.7%
				11/17	N = 16	N = 12
				97%	98%	86%
				105/108	N = 56	N = 32
				Parent 100% **(41/41)	95% N = 40	97% N = 7
				Child 94.7% **(36/38)		

** Note: POMS data pulled from April 1, 2015 – May 6, 2016 to allow for late input of discharged clients. Self care goals may have been set too high and Smart goal education will be of benefit focusing in learning how to write clear, measurable and achievable rehabilitation goals.

Analysis:

Achievement of priority outcomes remains consistent in most rehabilitation categories. Percentage of achieved outcomes in self-care is lower than previous years and may be due to the focus of OT services in supporting children and youth in their return to school and community programs as noted by the increased number of goals parents set for Community Participation & Social Life-child/Youth.

In the next year, the program will focus on supporting therapists, including speech and language pathologists, in learning how to write clear, measurable and achievable rehabilitation goals. Indicators for language and communication skills can sometimes be less obvious than physical skills thus more difficult to articulate and evaluate. The low achievement rating for communication is not consistent with other data collected through parent and youth surveys.

Efficiency

Outcome	Indicator	Time of Measure/Source	Target Level	Achieved Outcomes		
				2015 / 2016	2014 / 2015	2013 / 2014
Program services are delivered within projected budget	The program provides short-term acute rehabilitation services to eligible clients within its annual budget.	March 31, 2014 financial statements	On budget	On budget	On Budget	On Budget

Outcome	Indicator	Time of Measure/Source	Target Level	Achieved Outcomes		
				2015 / 2016	2014 / 2015	2013 / 2014
Coordinators respond in a timely manner to new referrals.	Percentage of referrals sources (physicians, hospitals, community agencies) that articulate the Coordinators responded to the referrals made by the agency in a timely manner. **	Online Referral Agency Feedback Survey	90%	100% (4/4)	100% (9/9)	100% (7/7)

** Positive responses are a 3 or 4 on a 4 pt. Likert Scale **

Analysis:

The program continues to provide timely services for referrals. This is achieved through weekly meetings to discuss new referrals and Coordinators are able to respond to the referrals immediately by following up with the referral source, gathering relevant information, doing an intake with the family and attending discharge planning meetings as appropriate. Efficiencies related to financial resource management can be found through service partnerships with community organizations (local child development centers or health units), cost sharing travel with therapists doing outreach, cost sharing travel with families and by providing specific individualized and tailored services to our clients based on their needs.

Consumer Satisfaction

Outcome	Indicators	Time of Measure/Sources	Target Level	Achieved Outcome		
				2015 / 2016	2014 / 2015	2013 / 2014
Parents are satisfied with the services received from the Program	Percentage of parents who articulate that the services provided were helpful to their child. **	Sessional feedback; Online Parent satisfaction survey	90%	95% (42/44)	100% (25/25)	94% (30/32)
	Parents and youth articulate they were satisfied with the services they received. **	Sessional feedback; Online Parent & youth satisfaction surveys		96.8% (62/64)	100% (30/30)	94% (31/33)
Parents and children are key members of the team	Parents and youth are involved with the development of the client's service plan. **	Online Parent & youth satisfaction Surveys; chart audit	95%	93.7% (15/16) online survey. 92% (47/51) chart audit	100% (30/30)	100% (24/24)

** Positive responses are a 3 or 4 on a 4 pt. Likert Scale **

Analysis:

Positive results indicate there are no remedial actions required. The program will continue to work with families to ensure they are actively involved and satisfied with the services delivered.

Referring Agency Satisfaction

Outcome	Indicators	Time of Measure/Source	Target Level	Achieved Outcome		
				2015 / 2016	2014 / 2015	2013 / 2014
Referring agencies are satisfied with their working relationship with the Coordinators.	Referring agencies articulate that Coordinators work collaboratively with them to facilitate discharge of the child from their agency. **	Satisfaction Survey of discharged clients	90%	75% (3/4)	89% (8/9)	100% 7/7
Referring agencies have clear understanding of the Program mandate.	Staff from referring agencies articulate that the Program eligibility criteria are clear. **	Feedback Survey	85%	100% (4/4)	89% (8/9)	100% 7/7

** Positive responses are a 3 or 4 on a 4 pt. Likert Scale **

Analysis:

Referring agencies responded strongly that Coordinators were accessible making it easy to share information about a child/youth prepared for returning to the community. Due to an extremely low n of 4 primary referring agencies/hospitals, one respondents not being satisfied results in a 25% change in satisfaction level.

Therapy Service Provider Satisfaction

Outcome	Indicators	Time of Measure/Source	Target Level	Achieved Outcome		
				2015 / 2016	2014 / 2015	2013 / 2014
Therapy service providers are satisfied with the support they receive from the Program.	Percentage of therapy service providers who articulate that Coordinators provided assistance and support to them as needed. **	Online Satisfaction Survey	85%	96% (24/25)	100% (24/24)	100% (31/31)

** Positive responses are a 3 or 4 on a 4 pt. Likert scale**

Analysis:

Positive results indicate there are no remedial actions required. The coordinators will continue to work closely with service providers to provide assistance and support as needed.

2016 - 2017 Performance Improvement Plan

Areas for Improvement	Plan	Timeline
<p><u>Access</u></p> <ul style="list-style-type: none"> Retain full complement of staffing. Review referral documentation requirements. 	<ul style="list-style-type: none"> Ongoing recruitment to achieve full complement of staff Update referral form; ensure sufficient documentation is received to determine eligibility and for timely provision to service providers. 	<ul style="list-style-type: none"> Ongoing until fulfilled. August 31, 2016
<p><u>Effectiveness</u></p> <ul style="list-style-type: none"> Support families to acquire more knowledge about the implementation of the new BC Ministry of Education Curriculum in 2016-2017, and how this will affect their child. 	<ul style="list-style-type: none"> Provide consultation and education about social emotional learning and development goals for students to have included in their school IEPs (phone consultation, books, articles, groups, webinars). Review needs of clients transitioning to secondary school and provide families with new booklet created by the program: "Transitioning to High School: A Guide for Parents of children with extra needs." 	<ul style="list-style-type: none"> Information in Tri-annual newsletters: September, February, May. November 30, 2016
<p><u>Efficiency</u></p> <ul style="list-style-type: none"> Retain a full complement of service providers throughout BC. Efficient collation of ongoing feedback. 	<ul style="list-style-type: none"> Review and update the service provider database to ensure their continued availability and qualification to provide services with the program. Review the database and chart regional coverage of therapy services in major population areas in BC. Utilize a scanner/collator and create a sessional outcomes survey compatible with this system to track data. 	<ul style="list-style-type: none"> August 31, 2016 September 30, 2016 June 30, 2016
<p><u>Satisfaction</u></p> <ul style="list-style-type: none"> Expand opportunities for continuous feedback from all stakeholders throughout the year. 	<ul style="list-style-type: none"> Develop a system to obtain regular feedback during consultations with stakeholders; service providers and referring agencies in addition to families (which was implemented in 2015) throughout the year. provide multiple modalities and opportunities for feedback. create an online questionnaire for consumers, service providers, referring agencies and other stakeholders to gather feedback throughout the year. 	<ul style="list-style-type: none"> June 30, 2016 September 30, 2016

A status report on completion of the 2016 / 2017 Performance Improvement Plan will be included in the 2016 / 2017 Outcomes Management Report.