

EARLY INTERVENTION THERAPY PROGRAM

OUTCOMES MANAGEMENT REPORT 2016-2017



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PROGRAM DESCRIPTION

The Early Intervention Therapy Program (EIT) is a community-based service for children with special needs from birth to age five, and their families living in the Vancouver, Burnaby, Richmond and North and West Vancouver regions. The program assists children to realize their full potential using specialized knowledge in assessment, therapy, consultation and family support.

We are committed to providing evidence informed practice that is clinically effective, goal directed and fiscally responsible to promote each child and family's health and participation in community life.

We believe that every child has the right:

- To enjoy life;
- To be celebrated; and
- To be provided with the support needed to achieve their goals.

We further believe that:

- Collaboration with the family and community partners is the most effective way to support children; and
- The family's community is the best place for a child to grow, develop and contribute.

The EIT program provides:

- Occupational Therapy, Physiotherapy, Speech Language Pathology, and Social Work services;
- Home, community and clinic-based services;
- Information and resources for families;
- Parent education and customized home programming;
- Continuum of therapy services, from initial screening assessments to workshops , groups and individual therapy services; and
- Extensive resources and services to assist children and their families; including Toy Lending Library, Equipment Lending Library, educational workshops and specialty services such as casting and splinting and treadmill training.

2016/2017 PROGRAM SUMMARY

Highlights:

- Started offering more networking opportunities for families – Family Fun Night and Parent’s groups in Richmond & North Shore
- Creating Process for Tier III feeding team – to respond to urgent needs for children with feeding challenges and to support their families
- Increased efficiency of staff by expanding mobile technology to more staff

Community Partnerships

- Participation on North Shore, Burnaby and Vancouver Early Intervention Community Partners Tables
- Participation on Richmond, Vancouver and North Shore Supported Child Development Advisory Committees
- Participated in a coalition of service providers initiated by the BC Centre for Ability, Richmond Society for Community Living and Inclusion BC to create a provincial strategy to bring the early intervention needs of children with special needs to the attention of the Provincial Government of BC

Academic Partnerships:

- Proctored students in all therapeutic disciplines: Physiotherapy (3), Occupational Therapy (2), Speech Language Pathology (1), Social Work (1)
- Department of Physical Therapy – UBC: 5 PT’s appointed as Clinical Instructors and 1 PT appointed as Clinical Assistant Professor
- PT Department Head appointed Clinical Associate Professor
- Membership on Admissions and Clinical Faculty Committees at UBC

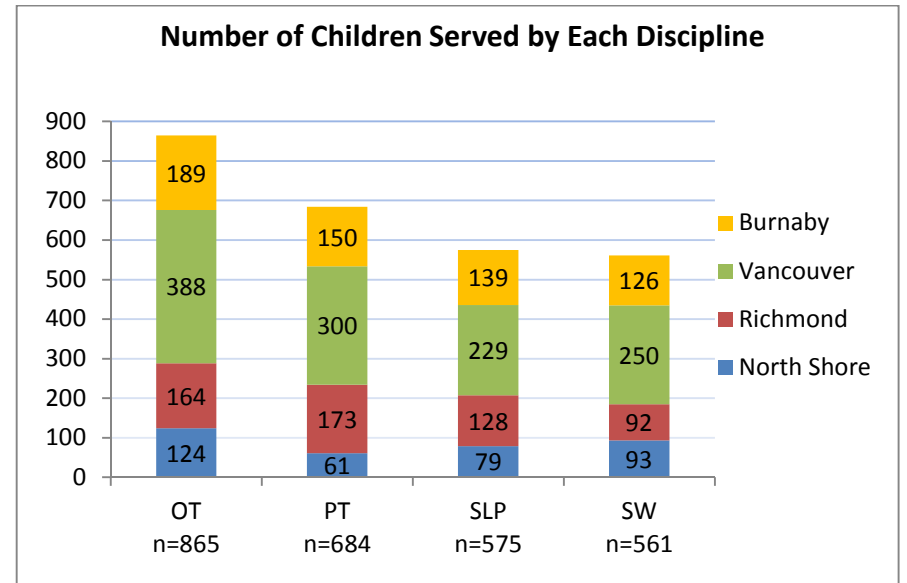
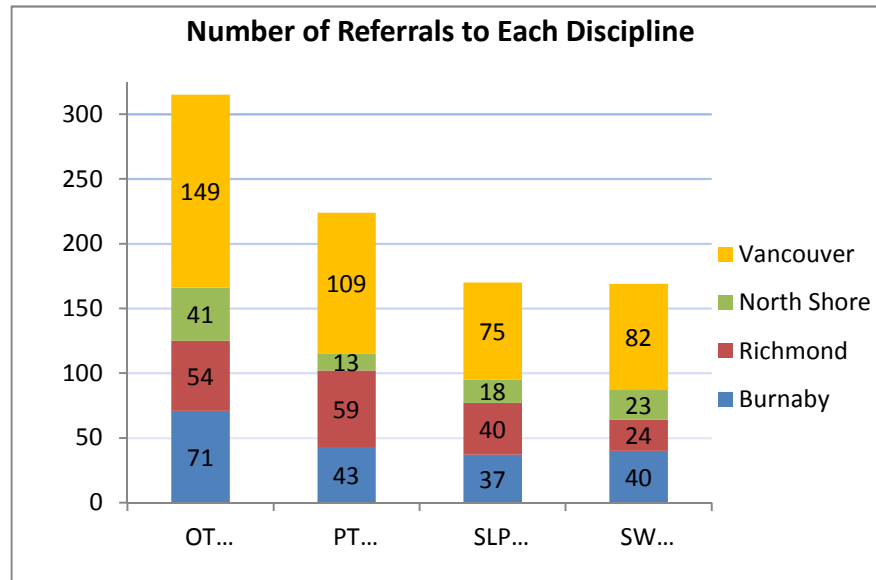
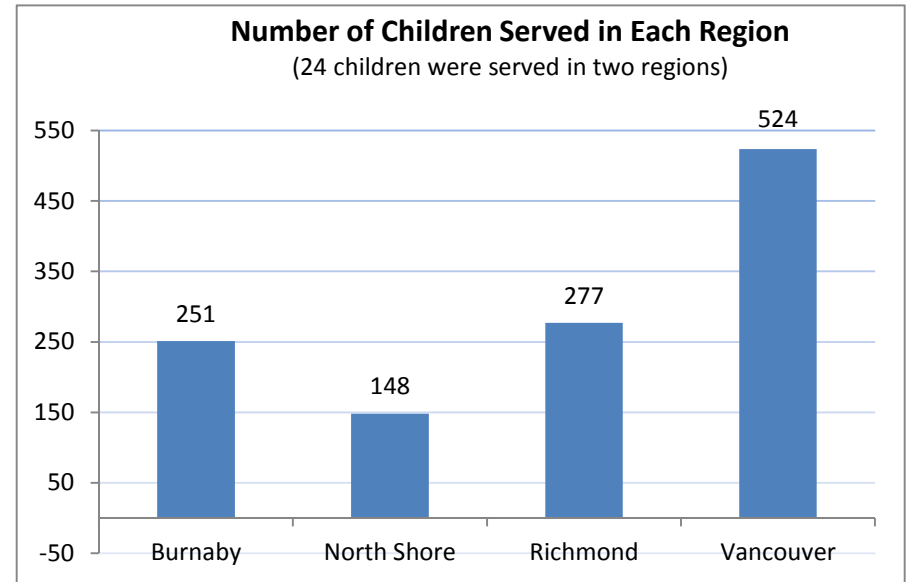
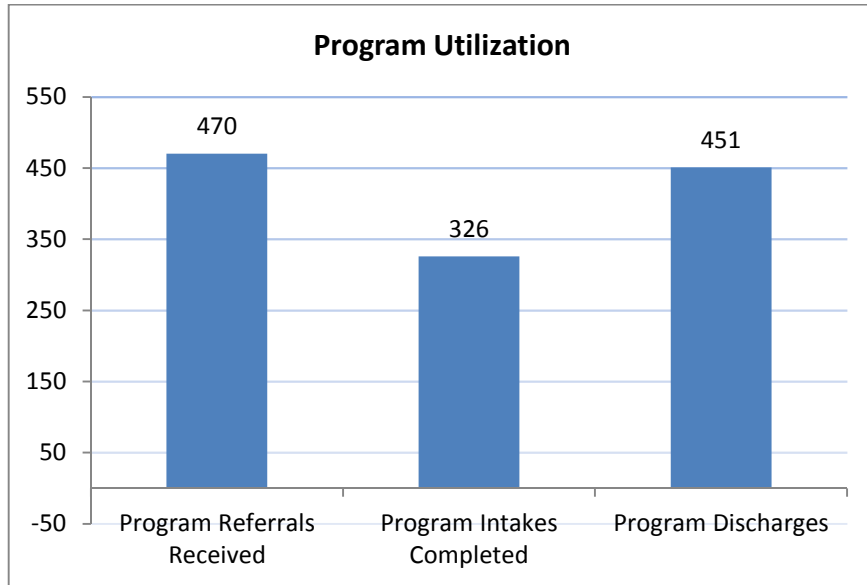
Positive Program Outcomes:

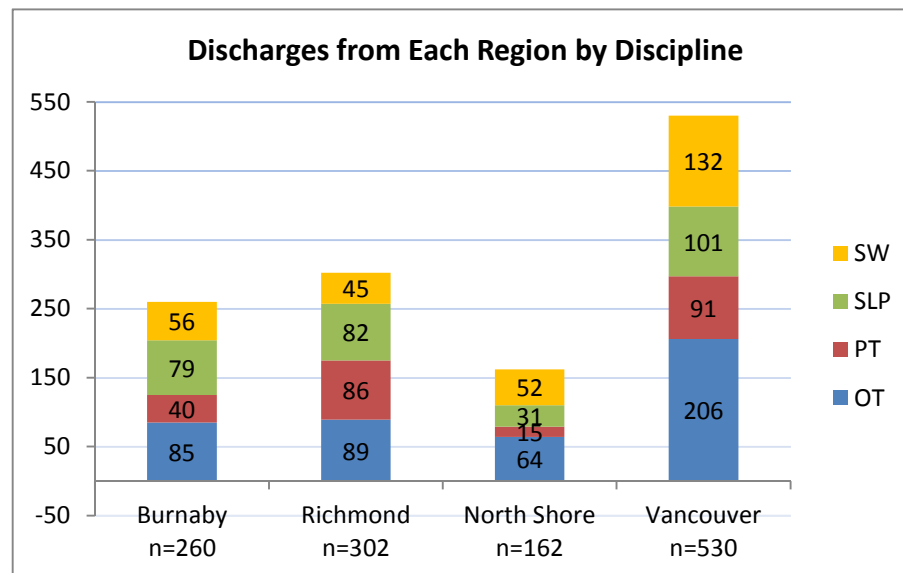
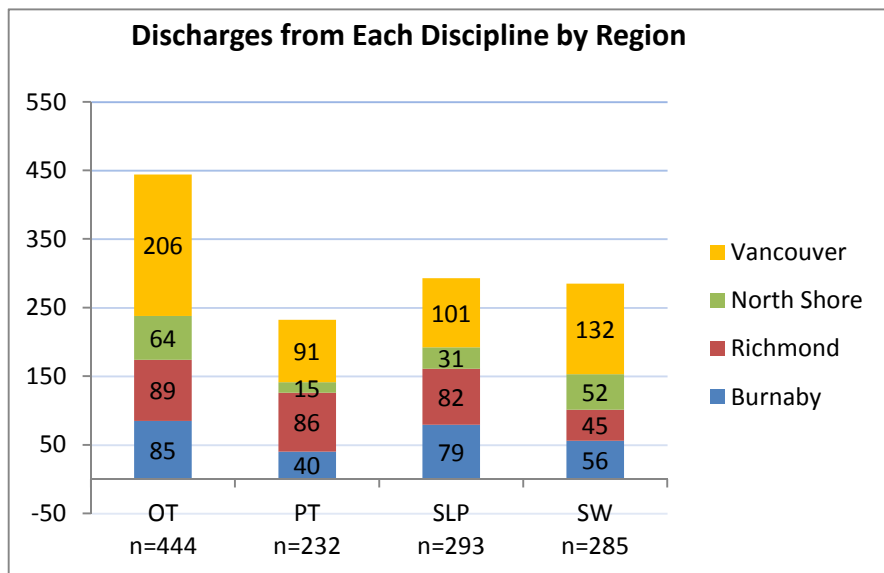
- Families continue to experience positive outcomes with a high level of satisfaction as a result of involvement with EITP
- Urgent Feeding Pilot Project was started in response to high volume of referrals for “At risk feeders under 1 Yr old” being referred from Hospitals
- Increased awareness of our expertise in Early Childhood Centres., as evidenced by increase in requests for In-services

Challenges for the Program:

- Increased referral numbers and number of children served, paired with no increases to FTE’s
- Client families want quicker access and increased frequency
- Less time for team work/staff crossing multiple teams
- Children’s Charities – less funding available generally and eligibility changes
- Lack of necessary therapy/assessment equipment - e.g. AAC options

DEMOGRAPHICS: 2016 – 2017 Active Clients (n = 1176 unique individuals)





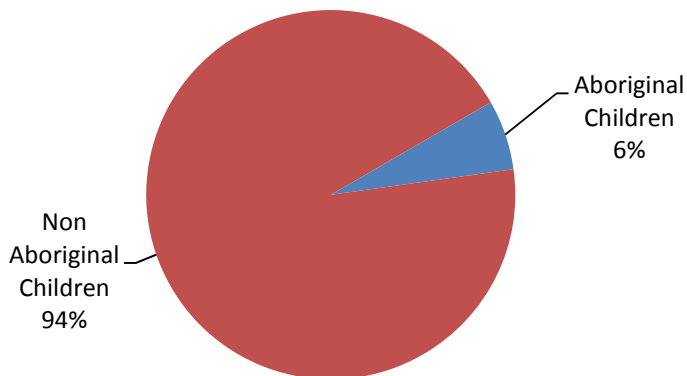
Analysis of Program Utilization:

There continues to be an upward trend in the number of children accessing services, and the demand for services continues to outpace the capacity of the number of funded staff:

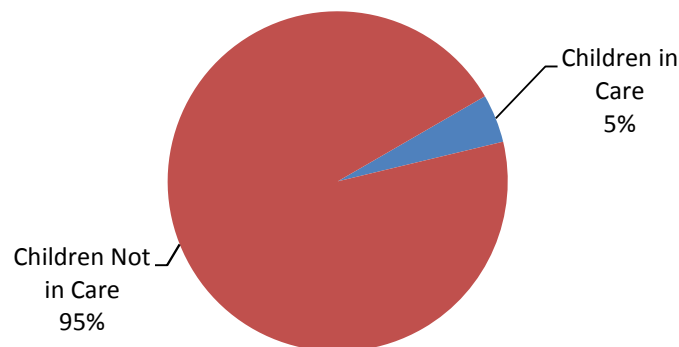
- Total number of program referrals is up by 21% over 2015/16
 - 30% increase in referrals for OT services
 - 8% increase in referrals for PT services
 - 6% increase in referrals for SLP services

- Total number of unique children served is up by 5% over 2015/16
 - 10% increase in the number of children receiving OT services
 - 7% increase in the number of children receiving PT services
 - 6% increase in the number of children receiving SLP services
 - 6% increase in the number of children receiving SW services

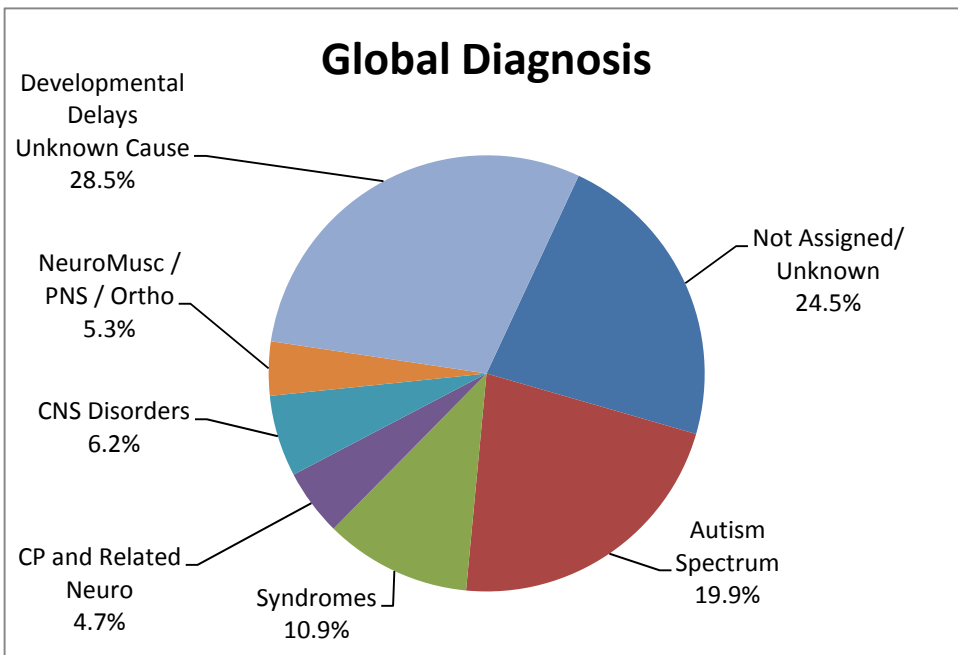
Aboriginal Children vs. Non-Aboriginal Children



Children in Care vs. Children Not in Care



Global Diagnosis



Analysis:

Aboriginal children: 6% of clients served self-identified as Aboriginal, which is a slight decrease from last year at 7%

Children in Care: Of the total children served by the Centre, 5% were identified as being in care. Among the sub-set of Aboriginal children (n =72) served by the Centre, 33% were in care.

Diagnoses: “Developmental Delays without a known cause” makes up the largest number of children. Children with Autism Spectrum Disorder comprise a significant portion of therapy caseloads (from 1 in 5 children to almost 1 in every 3 children in Social Work services). BCCFA services are in addition to their access to other government-funded services.

STATUS REPORT

2016/2017 Performance Improvement Plan

Area for Improvement	Action Plan	Update on Completion
<p>Improve the stability of staffing in Early Intervention program.</p>	<p>Offer Professional development opportunities including:</p> <ul style="list-style-type: none"> ○ Stress Management workshop ○ Working with Caregivers experiencing mental health concerns <p>Offer Support for individual staff time management</p> <p>Create formalized mentorship plans for new staff</p>	<p>Complete – both in-service topics were presented to staff</p> <p>Complete and Ongoing – EIT Directors continue to provide support to staff in these areas.</p>
<p>Aligning accessibility and equity of services across all regions</p>	<ul style="list-style-type: none"> ● Introducing standard clinical pathways across all regions ● Minimum standards for screening and group availability 	<p>Incomplete: Time has not allowed for full completion of this project, however standardization for screening availability within 3 months has been implemented across regions</p> <p>Equitable access continues as a concern in the area of Group/workshop opportunities for families and children across regions.</p> <p>See 2017/18 Performance Improvement Plan</p>
<p>Improving the community presence and awareness of the EITP</p>	<ul style="list-style-type: none"> ● Distribution of Physician and Community Service provider Handbook ● Contributing to regional service pathway maps and outreach campaigns ● Offer more community workshops 	<p>Complete and Ongoing Handbook is provided on a continual basis as new physicians are identified Speaker request for the BC Paediatrics society meeting Vancouver Early Intervention Round table participant</p>

Area for Improvement	Action Plan	Update on Completion
Improve efficiency in the intake process	<ul style="list-style-type: none"> • Revamped referral and consent forms • Improved process for triage and transfers between HU SLP and BCCFA SLP • Meetings with IDP leadership and staff • Triageing of more specialized needs (feeding – sensory, etc.) to staff with specialized expertise 	Complete
Support accountability in program delivery	<ul style="list-style-type: none"> • Improved monitoring of rates of completion for staff workload statistics • Workshops and individual staff training on accurate completion of workload statistics • Increased access to remote technology to support timely entry of statistics 	Complete and Ongoing – EIT Directors continue to monitor stats entry and follow up with specific staff as necessary

2016 - 2017 PROGRAM OUTCOMES

1. Access to Services

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2016/17	2015/16	2014/15
Families referred to the EIT Program receive timely services.	Percentage of children who have an initial service plan within 3 months of referral.	Referrals accepted into program before December 31/17.	75%	83.3% (394/473)	71% (331/469)	81% (297/369)
Families referred to the EIT Program receive timely services	Percentage of families who receive recommended therapy services within 3 months of service plan recommendation	Departmental intakes and ECR data	75%	Vancouver Coastal Region		
				OT 56% (141/252)	OT 80% (188/236)	OT 70% (300/429)
				PT 75% (142/189)	PT 86.5% (174/201)	PT 73% (237/325)
				SLP 76% (98/129)	SLP 85.8% (127/148)	SLP 75% (237/317)
				Simon Fraser Region		
				OT 23% (19/82)	OT 65.3% (49/75)	OT 49% (53/108)
PT 76% (37/49)	PT 96.2% (50/52)	PT 70% (75/107)				
SLP 75% (33/44)	SLP 75.9% (41/54)	SLP 69% (40/58)				

Analysis - Access to Services:

The program continues to be able to meet the target of ensuring new families who are referred to the EIT program have a service plan within three months of referral. However, the OT Department struggled to meet the target of starting recommended services within three months of the recommended date. In 2015/16, there were an unusually high number of unexpected and prolonged staff leaves in the OT department, particularly in the Burnaby region. This resulted in a backlog of referrals and a longer than usual waitlist for OT services. In 2016/17, there was a 30% increase in OT referrals, which also increased the wait time for children. These two factors impacted the ability of staff to pick up children referred in 2016/17 within the three month target, as they worked through the backlog of children who were referred in 2015/16, and the high number of referrals received in 2016/17. We expect to see this trend continue into 2017/18 as there continues to be a long waitlist for OT services, and children will not likely be seen within three months of being recommended for OT services. All departments ensure that families on the waitlist receive a consult visit within three months to ensure they are correctly waitlisted for the services the child needs, and to provide intervention strategies to the family on the issue that is most pressing for them.

2. Efficiency

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2016/17	2015/16	2014/15
EIT staff spend the majority of their daily work in client related activities	Percentage of funded FTE hours that are related to the delivery of client related services. *Client related services include individual and group therapy intervention, documentation, client related travel, email with families (therapy consult content), communication with parents, client related communication with external partner service providers, and preparation that is directly related to a specific child/family.	All EIT therapists and social workers	Therapists 80%	OT 83% (8963/10803)	OT 70%	Data is Not Comparable
				PT 89% (7865/9115)	PT 80%	
		Analysis of all stats entered		SLP 79% (8812/11141)	SLP 72%	
			Social Workers 75%	SW 72%	SW 71%	

Analysis – Efficiency:

All departments showed an increase in the percentage of time spent in client related activities. Program Directors continue to coach staff to accurately enter all stats every day and to discuss strategies on how to efficiently deliver services. The Social Work department was just under their targeted outcome this year. This is mainly due to the fact that the MCFD Contract only accounts for 4 weeks of vacation for staff, however all staff are entitled to more than this in the Collective Agreement. When the target is adjusted to account for the time off that the Social Workers are entitled to, they spent 84% of their time in client related activities.

3. Effectiveness

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2016/17	2015/16	2014/15
Families have increased knowledge and have gained skills to be able to help their child	Percentage of Families who indicate*: a. Staff explain things in ways they understand b. Shared reports and resource materials are easy to understand c. Information and resources provided are helpful d. Their child has made progress toward their goals * Response of 3 or 4 on a 4 pt. Likert Scale	Families who respond to online Agency annual survey	90%	a. 96% (126/131) b. 94% (119/126) c. 94% (126/134) d. 94% (134/142)	a. 92.4% (86/91) b. 92.3% (84/91) c. 93.3% (84/90) d. 94.6% (88/93)	a. 93% (72/93) b. 92% (83/90) c. 89% (80/90) d. 94% (85/90)
	% of short term desired outcomes that are “achieved, better than expected or excelled” in the following category: a. Learning and applying knowledge (Parent/Caregiver)	All children with therapy goals entered into ECR	75%	98% (124/126)	90% 103/115	86% (61/71)
	% of families who complete an evaluation form reporting increased knowledge and skills gained following attendance at information or educational workshop. * Response of 3 or 4 on a 4 pt. Likert Scale	Families who attended a Kindergarten Entry workshop	90%	99% (153/154)	97% (110/113)	94% (111/118)
		Families who attended a Parent Support Group offered by SW department		98% (58/59)*	92% (167/182)	90% (108/120)
		Families who attended a workshop offered by OT or SLP department		OT 100% (39/39)* SLP 100% (7/7)*	OT 98% (121/124) SLP 93.5% (29/31)	OT 96% (65/68) SLP 100% (14/14)

3. Effectiveness (cont.)

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2016/17	2015/16	2014/15
Families have increased knowledge and have gained skills to be able to help their child (cont')	% of families reporting increased confidence to advocate for their child's needs after discharge from EIT program.	Families who attended Parent Support Group or Kindergarten Entry Workshop offered by SW department	85%	92% (156/159)	98% (130/133)	93% (83/89)
	% of families who reported that they learned something new that they could apply with their family.	Families who attended Psychosocial group offered by SW department		98% (190/194)	96% (145/151)	97% (122/126)
	% of parents who reported they had opportunities to network with other parents.	Families who attended SW groups and workshops		93% (100/107)	Not Measured	Not Measured
Children involved in the program make measurable progress toward their desired outcomes	% of short-term desired outcomes for children that are "achieved, better than expected or excelled" in the following categories: a. Posture and Mobility b. Play and Learning c. Self- Care d. Communication	All children with therapy outcomes entered into ECR (Based on 1432 outcomes for 512 unique children)	75%	a. 98% (386/392) b. 96% (357/371) c. 96% 230/240 d. 92% (280/303)	a. 74% (252/342) b. 75% (263/349) c. 81% (168/207) d. 63% (199/317)	a. 72% (239/334) b. 73% (272/375) c. 72% (179/244) d. 65% (235/364)

3. Effectiveness (cont.)

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2016/17	2015/16	2014/15
Families of children involved in the program make measurable progress toward their desired outcomes	% of short-term desired outcomes that are “achieved, or better than expected” in the following categories:	All families with Social Work outcomes entered into ECR	75%	a. 84% (90/107)	a. 94% (87/93)	a. 52% (46/89)
	a. Social and emotional well-being	(Based on 289 outcomes for 176 unique children/families)		b. 94% (101/107)	b. 90% (99/110)	b. 66% (37/56)
	b. Learning and applying knowledge			c. 88% (44/50)	c. 91% (52/57)	c. 60% (24/40)
	c. Well-being of client and family			d. 84% (21/25)	d. 63% (17/27)	d. 77% (10/13)
d. Building positive family relationships and interactions						

Effectiveness Analysis:

* This year there was a notable decrease in the number of groups offered by all departments as there was a shift in focus from group work to individualized direct support.

This year all departments surpassed the target for every effectiveness indicator.

- We received 45% more responses over 2015/16 to the family feedback survey in the Early Intervention Therapy program, and received very favourable responses.
- The Therapy departments (OT, PT and SLP) saw an increase in the number of short term desired outcomes measured for children in every category, with an overall increase of 3% in the number of outcomes entered.
- The Therapy departments offered a total of 40 groups and workshops for children and families with a total of 475 participants.
- Facilitating the interconnectedness between families to establish natural and informal supports is a goal of all Social Work groups and events. This year, at the suggestion of CARF surveyors, the Social Workers asked parents about their opportunities to network with other parents and families at SW groups and events.
- The SW department offered a total of 20 groups and workshops for families with a total of 458 participants and a family picnic attended by an additional 105 participants.

4. Satisfaction

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2016/17	2015/16	2014/15
Families are satisfied with the services offered by the EIT program	% families who have received any EIT service for more than 6 mo., had a positive response to the following statements*:	All families responding to Online Agency Feedback Satisfaction survey	90%	a. 94% (126/134)	a. 84.5% (78/92)	a. 81% (76/94)
	a. Information provided is relevant to their needs			b. 94% (132/140)	b. 94.5% (86/91)	b. 93% (84/90)
	b. They are included in determining goals for their child/family			c. 93% (128/138)	c. 94.8% (91/96)	c. 93% (85/91)
	c. Would recommend BCCFA services to a friend or family member					
<i>* Response of 3 or 4 on a 4 pt. Likert Scale</i>						

Satisfaction Analysis: Overall the EIT program continues to be rated highly by families. However, the comments below highlight some areas of frustration for families that are predominately out of the program’s control due to the number of funded positions and the requirements of the Collective Agreement.

- “There were delays with therapy beginning and very limited appointments “
- “Sad to lose our Therapist. Hard to adjust to all the staffing changes “
- “Scheduling was difficult at times. Later appointments would work better for working parents. 3:30 appointments were not always easy to schedule as they are all taken.”
- “Scheduling & rescheduling a therapy sessions sometimes can be challenging”
- “THE WAIT: Services are too minimal. We waited months for OT services and over a year for SLP for our non-verbal GDD child. We lose our SLP 3 months before we're supposed to due to budget. THE FREQUENCY: Our child needed OT & SLP more than once a month. Our child is still non-verbal with many sensory issues. “
- “Long wait lists for some services (up to one year)which is so much if we are considering the age of the child and the importance of early intervention”

2016/2017 PERFORMANCE IMPROVEMENT PLAN

Area for Improvement	Action Plan	Target Dates
Ensure equity of services across all regions	<ul style="list-style-type: none">Develop standards for consistently delivering groups and workshops in all regions	October 2017
	<ul style="list-style-type: none">Identify standard clinical pathways for various diagnosesresearch current CanChild pathways availableExplore clinical partnership with another Agency (e.g. SHARE)	February 2018
Improve efficiency in the intake process	<ul style="list-style-type: none">Urgent Feeding Triage Team - develop proposals for ongoing funding to staff project with specialized expertise	September 2017

A status report on completion of this Performance Improvement Plan will be included in the 2017/18 Outcomes Management Report