

COMMUNITY BRAIN INJURY PROGRAM FOR CHILDREN & YOUTH IN BC

OUTCOMES MANAGEMENT REPORT 2017 - 2018



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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
- ⇒ Transition support
- ⇒ Follow-up

2017-2018 Program Highlights:

- 43 Alumni youth were contacted and the program provided follow-up therapy support and accommodations for 31 youth who are transitioning to adulthood within 2 years, to discuss their current service needs and future plans
- Created a summary report of the needs of youth with acquired brain injuries who are transitioning to adulthood for the Provincial Government to use in planning
- Updated the website and created new fact sheets and resources on topics that are of concern to families
- Translated Program brochures into Farsi and Arabic and the Consumer Handbook into Simplified Chinese
- 1 staff attended the North American Brain Injury Society conference in Houston, Texas, which had a focus on Pediatrics.

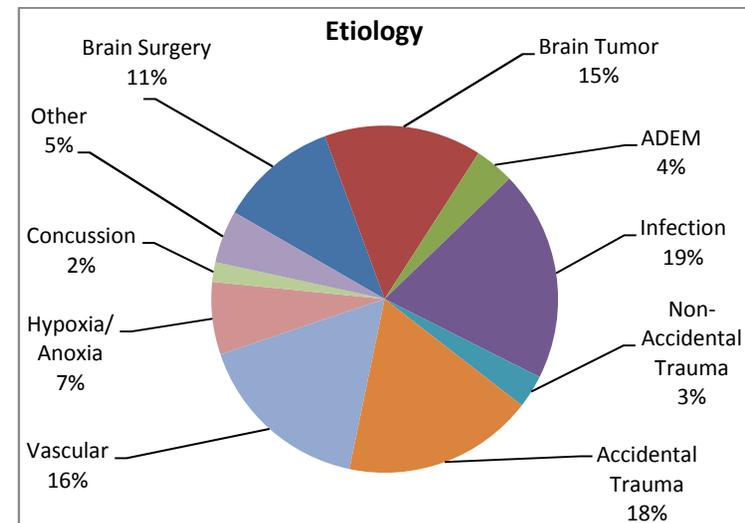
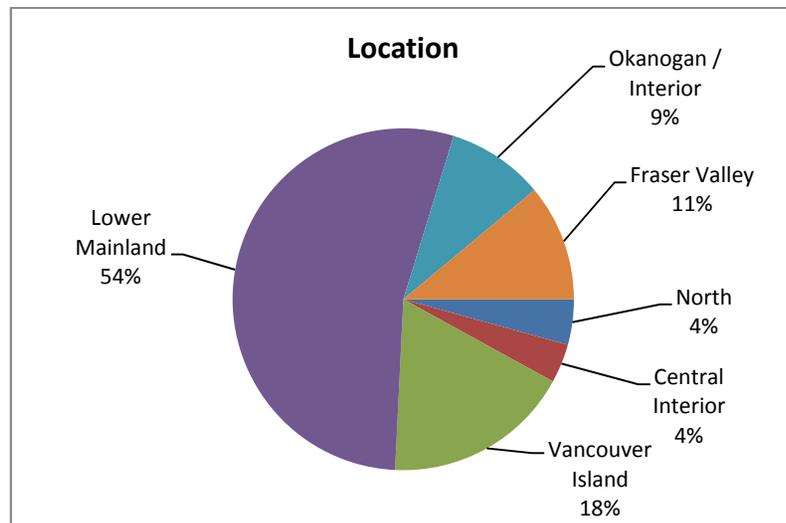
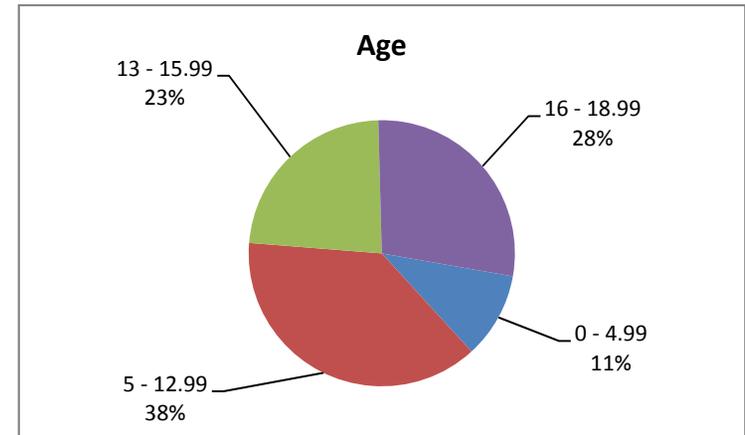
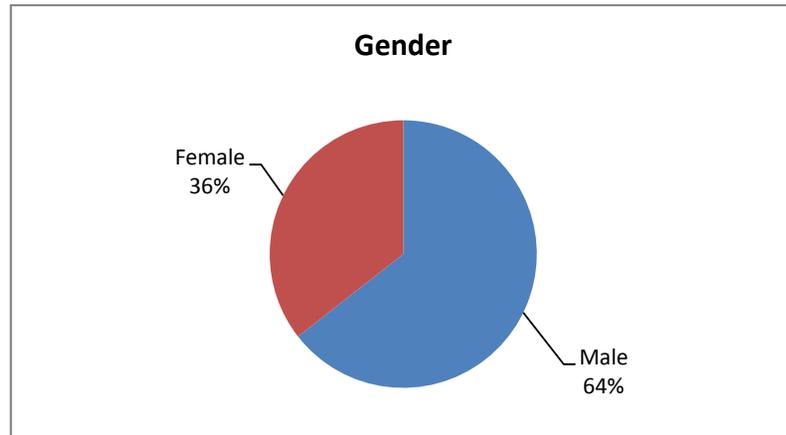
Status Report
2017 - 2018 Performance Improvement Plan

Areas for Improvement	Plan	Status Report
<p><u>Access</u></p> <ul style="list-style-type: none"> Transition and aging out client resources. A parent feedback survey said: “where to turn for help for our son turning 19 years” 	<ul style="list-style-type: none"> Create a Transition Resource list targeting clients who are aging out and have been in the program. Increase access to educational documents, along with transition resource information that can be made available to families. 	<p><u>Postponed</u> until completion of Follow-up project in April 2018, This item will be carried forward into next year. See 2018-2019 PIP.</p>
<p><u>Effectiveness</u></p> <ul style="list-style-type: none"> Increase parent’s knowledge and skills in managing the challenges related to their child’s injury. 	<ul style="list-style-type: none"> Create best practice documents on key areas of concern that have been identified by families: e.g. managing fatigue and sleep needs, supporting their child to maintain positive mental health during recovery; post these documents on the website for ongoing reference. 	<p><u>Complete:</u> Documents are in final editing before being posted to website.</p>
<p><u>Efficiency</u></p> <ul style="list-style-type: none"> Utilize transaction spreadsheet to assist in managing delivery of client services 	<ul style="list-style-type: none"> Efficiencies related to financial resource management include a 6- month trial of adjusted procedures for the financial tracking sheet. The team will meet periodically with the Director of Finance to review efficiency of procedures. 	<p><u>Complete.</u> Commenced April 1, 2017, procedures were reviewed in June 30. Revised practice is in place and is working satisfactorily</p>

Demographics & Outputs

Fiscal Year Totals (2017/2018):

- Total Acute therapy clients served 47
- Total School transition clients served 32
- Total Follow-up clients served 31
- Clients carried forward into new fiscal year 53
- **Total Clients served 163**



Program Outcomes

1. Access to Services

Outcome	Indicators	Time of Measure/Sources	Target Level	Achieved Outcome	
				2017-2018	2016 / 2017
Children/youth receive timely services	Coordinators conduct an intake interview (in person or phone) within 14 working days after the referral has been accepted.	Electronic Client Record (ECR)	90%	93% (87/94)	95% (57/60)
	An individualized service plan is in place two weeks after initial contact and Coordinator is actively involved in setting these goals.	ECR		89% (56/63)	88% (53/60)
	Parents articulate the services were provided in a timely manner.	Sessional feedback; Online Parent Satisfaction Survey		91% (51/56)	91% (40/44)
Services are accessible to families in their home	Services are provided in the child/youth's home community, in locations that worked for them.	Online Agency survey; ECR	90%	90% (18/20)	95% (37/39)

Analysis – Access to Services:

The majority of therapy services were provided in the client's home or location of choice; however 8 clients travelled to other locations/clinics for therapy services. An additional 3 travelled to counselling and 8 for neuropsychological assessments, as these services are not available as a homebased service.

Favourable results do not indicate any necessary remedial action. The program will continue to focus on providing services that are easily accessible to children, youth and families using the services.

2. Effectiveness

Outcome	Indicators	Time of Measure/Sources	Target Level	Achieved Outcome	
				2017-2018	2016 / 2017
Increase families' knowledge about brain injury	% 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%	96% (23/24)	97% (32/33)
	% of parents who articulate that they have gained skills in managing the challenges related to their child's brain injury.*	Sessional feedback; Online Parent satisfaction survey	85%	97% (32/33)	86% (32/37)
Children and youth achieve their desired outcomes	% of short term desired outcomes for children and youth that are rated as "achieved, better than expected or excelled" in the following categories: a. Community Participation and Social Life b. Communication c. Mobility d. Self-Care e. Emotional Well-Being - Child	ECR Program Outcome Measures at time of discharge (POMs)**	70%	a. 75% (68/91) b. 56% (14/25) c. 79% (35/44) d. 65% (17/26) e. 83% (20/24)	a. 83% (79/85) b. 76% (26/34) c. 91% (40/44) d. 75% (15/20) e. 80% (16/20)
Parents and caregivers achieve their desired outcomes	a. Learning and Applying b. Emotional Well-Being – Parents and Caregivers	ECR Program Outcome Measures at time of discharge (POMs)**	70%	a. 95% (61/64) b. 100% (10/10)	a. 97% (89/92) b. 96% (23/24)

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

** A total of 284 outcomes were measured for 64 discharged clients

Analysis - Effectiveness:

Increase families’ knowledge about brain injury: Favourable results do not indicate any necessary remedial actions. The program will continue to work with families to provide information and resources that increase their knowledge and skills in managing the challenges related to their child’s injury.

Achieving desired outcomes: Outcome data was pulled from April 1, 2017 – March 31, 2018 for all discharged clients. The target of 70% was not achieved in the areas of Communication and Self Care. A number of variables contributed to this: variability between Coordinators, new service providers’ skills in writing achievable goals, complexity of clients, and illnesses impacted some clients’ ability to complete the service or achieve their targeted goal. When “partially achieved” is included in the measurement, the results more accurately reflect the clients’ recovery process, and the level of achievement increases in each category to 90% or higher.

3. Efficiency

Outcome	Indicator	Time of Measure/Source	Target Level	Achieved Outcomes	
				2017-2018	2016 / 2017
Program services are delivered within projected budget	The program provides short-term acute rehabilitation services to eligible clients within its annual budget.	March 31, 2018 financial statements	On budget	On budget	On budget
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%	95% (19/20)	100% (7/7)

Analysis - Efficiency:

An infusion of One-time-Only funds assisted the program to provide service without needing to create a waitlist at the end of the fiscal year. This enabled the program to address a range of services including maintaining appropriate levels of therapy for clients with severe injuries needing a longer period of or higher intensity of services. As well, the program was able to address a lengthy waitlist for neuropsychological assessments, and update information and therapy assessments for transitioning clients. Factors that reduced the available dollars for client therapy included having: 1) higher number of referrals in January 2017 being carried forward into the new fiscal year, 2) increased complexity of client referrals 3) an increase in Therapist fee schedules, and 4) less availability of therapist/service providers.

4. Satisfaction:

A. Consumer Satisfaction

Outcome	Indicators	Time of Measure/Sources	Target Level	Achieved Outcome	
				2017-2018	2016 / 2017
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 and Online Parent satisfaction survey	90%	93% (70/75)	94% (50/53)
	Parents and youth articulate they were satisfied with the therapy services they received. *	Sessional feedback; Online Parent & youth satisfaction surveys		91% (69/76)	96% (51/53)
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	95%	90% (18/20)	88% (43/49)

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

B. Referring Agency Satisfaction

Outcome	Indicators	Time of Measure/Source	Target Level	Achieved Outcome	
				2017-2018	2016 / 2017
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%	100% (7/7)	86% (6/7)
Referring agencies have clear understanding of the Program mandate.	Referring agencies articulate that the Program eligibility criteria are clear. *	Feedback Survey	85%	87.5% (7/8)	86% (6/7)

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

C. Therapy Service Provider Satisfaction

Outcome	Indicators	Time of Measure/Source	Target Level	Achieved Outcome	
				2017-2018	2016 / 2017
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%	100% 19/19	77% (30/39)

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

Analysis - Satisfaction:

Favourable results in all areas do not indicate any necessary remedial actions. Coordinators will continue to explain to families the many ways that they are involved in setting the goals in the service plan and directing the care for their son/daughter: through regular conversations with Coordinators and therapy team members, through requests for team members, choosing the location of services, and providing feedback on how the services are going.

2018 - 2019 Performance Improvement Plan

Areas for Improvement	Plan	Timeline
<p>Access</p> <ul style="list-style-type: none"> • Provide easy access for information on ABI, for youth who are transitioning to adulthood. 	<ul style="list-style-type: none"> • Develop educational documents, along with transition resource information that can be made available to families. • Create a Transition Resource list targeting clients who are aging out and have been in the program. • Increase access to educational documents, along with transition resource information that can be made available to families. 	<ul style="list-style-type: none"> • Dec 2018
<p>Effectiveness</p> <ul style="list-style-type: none"> • Improving new Service Provider skills in writing SMART goals • Work more effectively with Indigenous clients 	<ul style="list-style-type: none"> • Provide education for service providers who are new to the program on writing achievable goals via the Service Provider Newsletter • Coordinators will register for and complete the Indigenous Cultural Safety Training; Health Module provided through MCFD 	<ul style="list-style-type: none"> • Autumn 2018 • Jan 2018
<ul style="list-style-type: none"> • Access: increase profile and understanding of scope of the program within the medical and referring community 	<ul style="list-style-type: none"> • Review Oncology protocols that were created in partnership with BCCH 	<ul style="list-style-type: none"> • Autumn 2018

A status report on completion of the 2018 / 2019 Performance Improvement Plan will be included in the 2018/ 2019 Outcomes Management Report.