


# Outcomes Management Report 2009-2010



## MESSAGE FROM THE CONTINUING QUALITY IMPROVEMENT OFFICER

We make differences in people's lives. The people we support, their families, our community partners, and each other. We proceed from sound philosophy and values and mold those into mission and best practices. We are deliberate of intention and act so as to enhance the lives of others.

Building healthy relationships requires heavy lifting. Sometimes the work we do seems impossible, success unlikely, yet we push ourselves to continue to do better knowing that there is really no alternative. Reflection serves to reveal the need for change and allows for rest and repair. We are ready again...we see **posAbilities!**

Thanks to William Kent, Clinical Director of Laurel Behaviour Support Services for completing the Laurel outcomes and to Bouwe Wierdsma and Sarina Ram for completing the Business Functions reports.

Thanks again this year to Corinne Stockford for data entry work, and special thanks to our summer student Brianne Beaudoin for her data mining and wonderful chart making.

Make a difference; it starts with you!

David Livingstone  
Continuing Quality Improvement Officer

*"There can be no  
difference anywhere  
that doesn't make a  
difference elsewhere."*

William James

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## SATISFACTION SURVEYS: PERSONS RECEIVING SERVICE

**RESPONDENTS:** 186

**SURVEY METHOD:** Satisfaction Surveys are distributed during annual Individual Service Planning (ISP) meetings.

**OBJECTIVE:** To increase satisfaction in each domain each year.

### RESPONSE DISTRIBUTION

Community Housing (Residential):	17.2% (32)	Male:	62.9% (117)
Community Integration (Day program, life skills):	70.4% (131)	Female:	36.0% (67)
Supported Living:	0.0% (0)	Not Identified:	1.1% (2)
Family Care Network:	0.5% (1)		
Not Identified:	11.8% (22)		

Detail	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not sure how to answer
<b>RESPECT</b> At <i>posAbilities</i> ...	48.6%	45.2%	1.1%	0.5%	4.7%
1. Staff listen to what I have to say.	49.5%	43.0%	1.1%	0.5%	5.9%
2. Staff are nice to me.	50.0%	46.2%	0.0%	1.1%	2.7%
3. Staff accept me for who I am.	46.2%	46.2%	2.2%	0.0%	5.4%

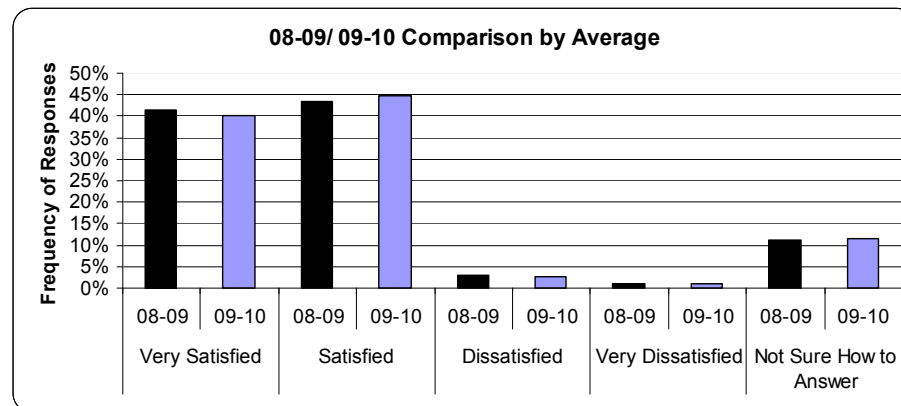
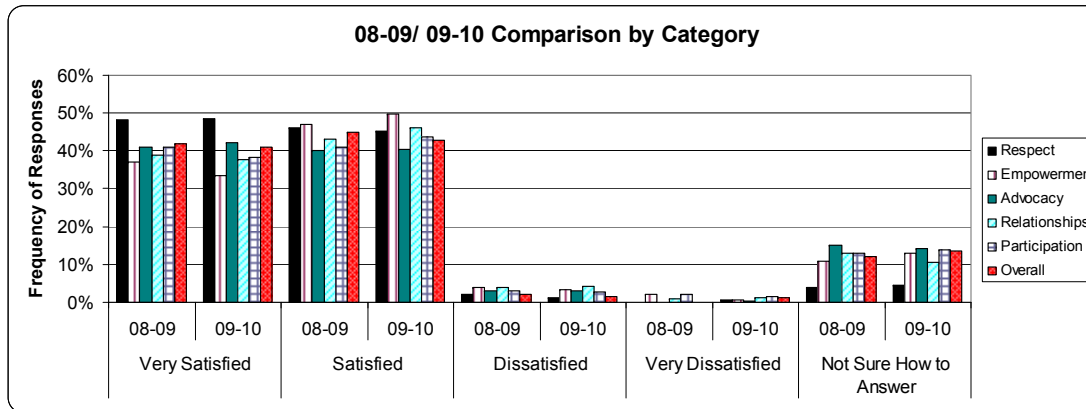
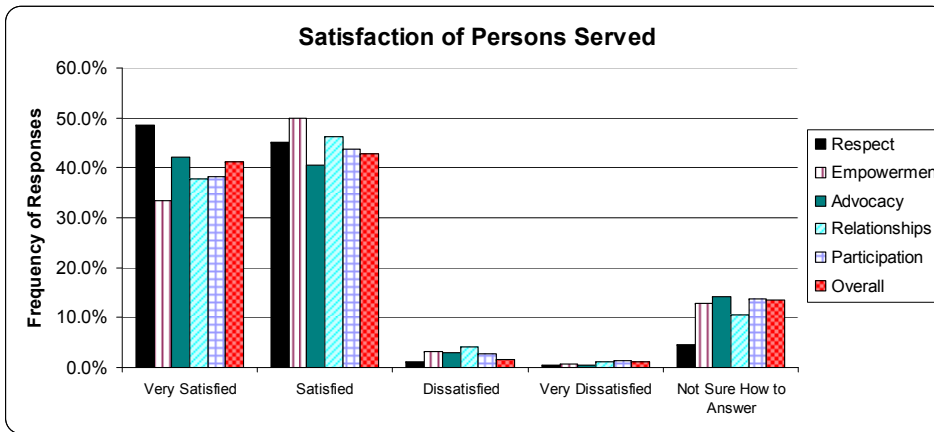
<b>EMPOWERMENT</b> At <i>posAbilities</i> ...	33.3%	49.8%	3.2%	0.7%	12.9%
4. I make my own decisions.	39.2%	46.2%	2.7%	1.1%	10.8%
5. I can do the things I want to do.	29.6%	57.5%	3.2%	0.5%	9.1%
6. I have a say in what happens to me.	31.2%	45.7%	3.8%	0.5%	18.8%

<b>ADVOCACY</b>	<i>At posAbilities ...</i>	42.1%	40.5%	2.9%	0.4%	14.2%
7.	I am learning to speak up for myself.	41.4%	43.0%	2.7%	0.5%	12.4%
8.	My staff speak up for me when I want them to.	41.4%	44.1%	3.2%	0.5%	10.8%
9.	I know my rights.	43.5%	34.4%	2.7%	0.0%	19.4%

<b>RELATIONSHIPS</b>	<i>At posAbilities...</i>	37.8%	46.2%	4.1%	1.3%	10.6%
10.	There is someone I can talk to about personal things.	38.2%	41.4%	3.2%	1.1%	16.1%
11.	I am happy with the number of friends in my life.	39.8%	45.7%	6.5%	1.1%	7.0%
12.	I can meet more people if I want to.	35.5%	51.6%	2.7%	1.6%	8.6%

		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not sure how to answer
<b>PARTICIPATION</b>	<i>At posAbilities ...</i>	38.4%	43.7%	2.7%	1.4%	13.8%
13.	I can go to the places I want.	37.6%	48.4%	2.7%	2.2%	9.1%
14.	I can join in the activities I like.	42.5%	47.3%	1.6%	0.5%	8.1%
15.	Staff will help me if I want to find work or to volunteer.	34.9%	35.5%	3.8%	1.6%	24.2%

<b>OVERALL</b>	<i>At posAbilities ...</i>	41.1%	42.7%	1.6%	1.1%	13.4%
16.	I have a say in the services I get.	37.1%	41.4%	1.6%	1.1%	18.8%
17.	I am happy with the services I get.	45.2%	44.1%	1.6%	1.1%	8.1%



**DISCUSSION**

- More than 20% of respondents were unsure how to answer question 15.
  - Most dissatisfaction occurs in the areas of relationships and empowerment.
  - The highest rate of dissatisfaction was prompted by the statement, "I am happy with the number of friends in my life". 7.6% of respondents reported being either dissatisfied or very dissatisfied.
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**FOLLOW-UP**

- Due to the process of organizational rebranding we chose to revise this survey for next year.
  - Rather than set percentage targets related to satisfaction we have chosen as an objective to increase satisfaction annually.
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**PROPOSED ACTION**

- This survey will be revised for 2010-11.
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## SATISFACTION SURVEYS: LAUREL BEHAVIOUR SUPPORT SERVICES

### SURVEY METHOD:

Satisfaction Surveys are distributed throughout the year.

Total Respondents  
April 1, 2009 to March 31, 2010

50

Average Child's age: 11.6 years old

Preferred  
language:

English (86.0%)

### A. SERVICE OUTPUTS (VISITS, REPORTS, BEHAVIOUR PROGRAMS, INTERACTIONS WITH CONSULTANTS)

Your consultant:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
	68.0%	20.3%	3.4%	2.2%	6.2%
1. Consistently schedules monthly meetings/visits.	64.0%	24.0%	0.0%	4.0%	8.0%
2. Is responsive to your phone calls, email and/or requests for support.	80.0%	16.0%	0.0%	4.0%	0.0%
3. Works well within a team (of professionals and family)	84.0%	6.0%	4.0%	0.0%	6.0%
4. Is polite, courteous, and on-time for appointments.	82.0%	16.0%	2.0%	0.0%	0.0%
5. Creates reports:					
(a) in a timely manner	58.0%	26.0%	4.0%	4.0%	8.0%
(b) that are clear	66.0%	22.0%	2.0%	0.0%	10.0%
(c) that are relevant and appropriate	62.0%	20.0%	8.0%	0.0%	10.0%
(d) that contain useful and helpful information.	64.0%	20.0%	4.0%	2.0%	10.0%
6. All reports are sent to you for review (Initial, 6-month, discharge report)	50.0%	22.0%	4.0%	4.0%	20.0%
7. Creates behavioural programs that:					
(a) are clear and straightforward	72.0%	22.0%	4.0%	2.0%	0.0%
(b) include goals that address your priorities	76.0%	16.0%	6.0%	2.0%	0.0%
(c) are age appropriate	70.0%	22.0%	4.0%	2.0%	2.0%



8. Provides sufficient training and hands-on demonstrations of behavioural programs to facilitate success on identified goals.	56.0%	32.0%	2.0%	4.0%	6.0%
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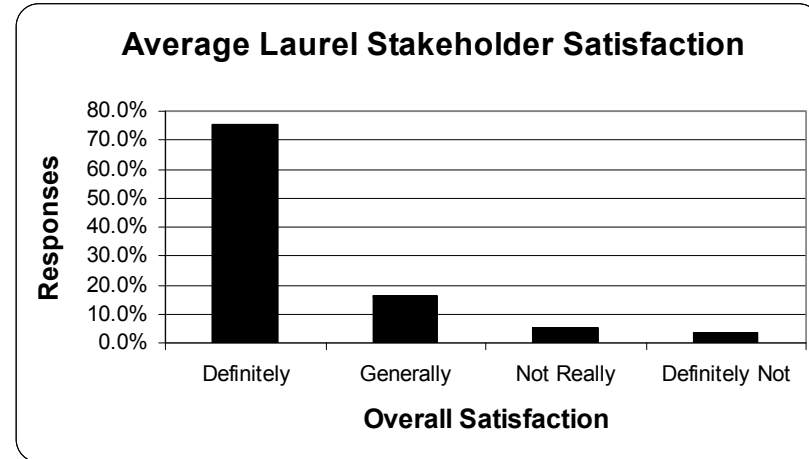
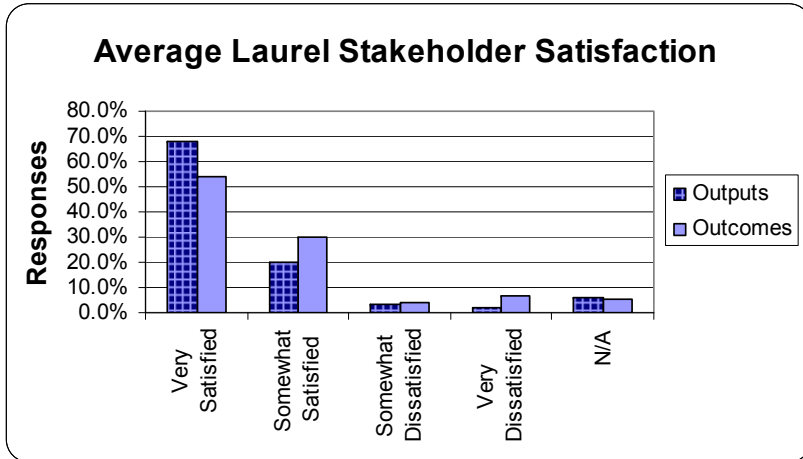
**B. SERVICE OUTCOMES (SERVICE RESULTS, EFFECTIVENESS)**

The services provided by LBSS has resulted in:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
	54.0%	30.0%	4.0%	6.7%	5.3%
1. Positive changes in your child’s behaviour.	52.0%	30.0%	4.0%	6.0%	8.0%
2. Improvements in your ability to work with and relate to your child.	54.0%	34.0%	4.0%	6.0%	2.0%
3. A reduction in some of the stress and anxiety you might feel as a parent of a child with autism or developmental disability.	56.0%	26.0%	4.0%	8.0%	6.0%

**C. OVERALL SATISFACTION**

	Yes, definitely	Yes, generally	No, not really	No, definitely not
	75.3%	16.0%	5.3%	3.3%
1. Would you recommend this service to another family with a child with autism or developmental disability?	78.0%	14.0%	6.0%	2.0%
2. If you were looking for a similar service again, would you come back to our service?	74.0%	16.0%	4.0%	6.0%
3. In an overall sense, are you satisfied with the services you received from us?	74.0%	18.0%	6.0%	2.0%

**OUTCOME (RESULTS):**



## SATISFACTION SURVEYS: STAKEHOLDERS

**RESPONDENTS:** 80

**SURVEY METHOD:** Satisfaction Surveys are distributed during annual Individual Service Planning (ISP) meetings.

### RESPONSE DISTRIBUTION:

Family Member: 88.8% (71)

Friend/Advocate: 1.3% (1)

Funder/Case Manager: 1.3% (1)

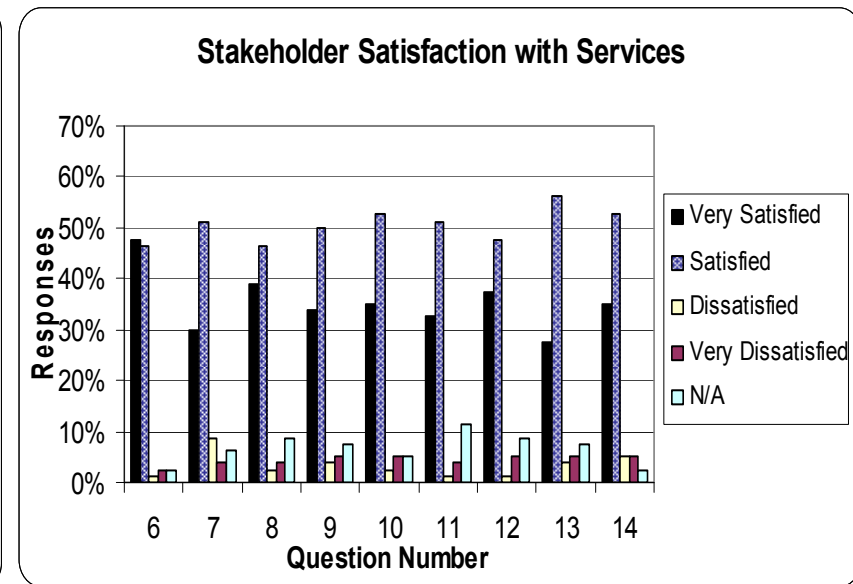
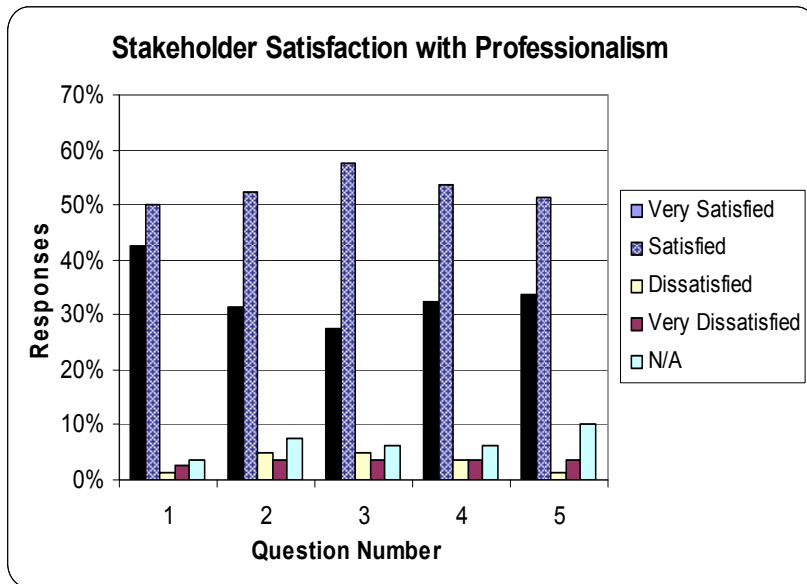
Host Family Care Provider: 6.3% (5)

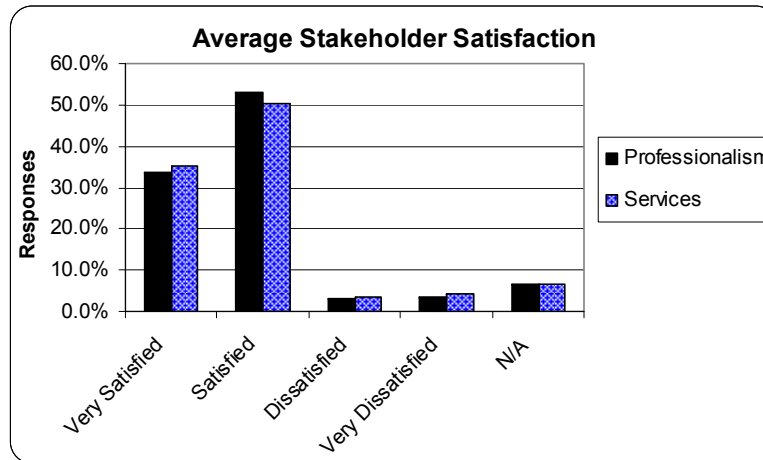
Not Identified: 2.5% (2)

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N/a
<b>PROFESSIONALISM</b>	33.5%	53.0%	3.3%	3.5%	6.8%
• I am treated with courtesy and respect by the Association.	42.5%	50.0%	1.3%	2.5%	3.8%
• My concerns are dealt with in a timely manner.	31.3%	52.5%	5.0%	3.8%	7.5%
• My concerns are satisfactorily addressed.	27.5%	57.5%	5.0%	3.8%	6.3%
• The Association provides me with the information I need.	32.5%	53.8%	3.8%	3.8%	6.3%
• The Association's staff are knowledgeable.	33.8%	51.3%	1.3%	3.8%	10.0%
<b>SUPPORT TO PERSONS RECEIVING SERVICES</b>	35.3%	50.4%	3.3%	4.3%	6.7%
• Persons receiving services are valued, respected and treated with dignity.	47.5%	46.3%	1.3%	2.5%	2.5%
• Persons receiving services have opportunities to learn worthwhile skills.	30.0%	51.3%	8.8%	3.8%	6.3%
• Persons receiving services are supported to participate meaningfully in the community.	38.8%	46.3%	2.5%	3.8%	8.8%

• Persons receiving services are helped to strengthen their present relationships and to develop meaningful ones.	33.8%	50.0%	3.8%	5.0%	7.5%
• The Association promotes safety and health for persons receiving services.	35.0%	52.5%	2.5%	5.0%	5.0%
• The Association effectively advocates for supported individuals/their families.	32.5%	51.3%	1.3%	3.8%	11.3%
• The Association supports persons receiving services to make their own decisions.	37.5%	47.5%	1.3%	5.0%	8.8%
• The Association provides services that are individualized.	27.5%	56.3%	3.8%	5.0%	7.5%
• The Association's services are flexible and responsive.	35.0%	52.5%	5.0%	5.0%	2.5%

### OUTCOME (RESULTS):





**DISCUSSION**

Response rate is up this year by 23% compared to last (from 65 to 80). Overall satisfaction in both broad categories (Professionalism and Service) dropped this year. In the area of Professionalism 86.5% of respondents report being either "Very Satisfied" or "Satisfied" (92% in 2008-9). In the area of Service 85.8% of respondents report being either "Very Satisfied" or "Satisfied" (90.4% in 2008-9). The number of respondents who reported being "Very Satisfied" with both Professionalism and Services fell by 27.7% and 24.4% respectively. The number of respondents who reported being "Satisfied" rose by 27.8% and 19.6% respectively. The highest level of satisfaction in the category of Professionalism (92.5%) was prompted by the statement, "I am treated with courtesy and respect by the Association." The lowest level of satisfaction in the category of Professionalism (83.8%) was prompted by the statement "My concerns are dealt with in a timely manner." The highest level of satisfaction in the category of Service (93.8%) was prompted by the statement "Persons receiving services are valued, respected and treated with dignity." The lowest level of satisfaction in the category of Service (81.3%) was prompted by the statement "Persons receiving services have opportunities to learn worthwhile skills."

**PROPOSED ACTION**

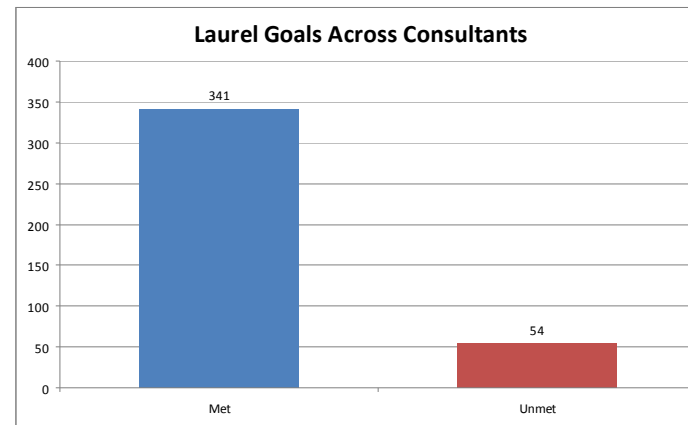
This survey will be revised for 2010-11.

## EFFECTIVENESS: LAUREL BEHAVIOUR SUPPORT SERVICES

**OBJECTIVE:** The help families meet the goals they set with their children.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
% of goals achieved	Families referred to Laurel Behaviour Support Services	March 31, 2010	Consultant reports	Clinical Director Laurel Behavioural Support Services	90%

**OUTCOME (RESULTS):** Consultants reported 86% success rate with families over the last fiscal year. The target was not met.



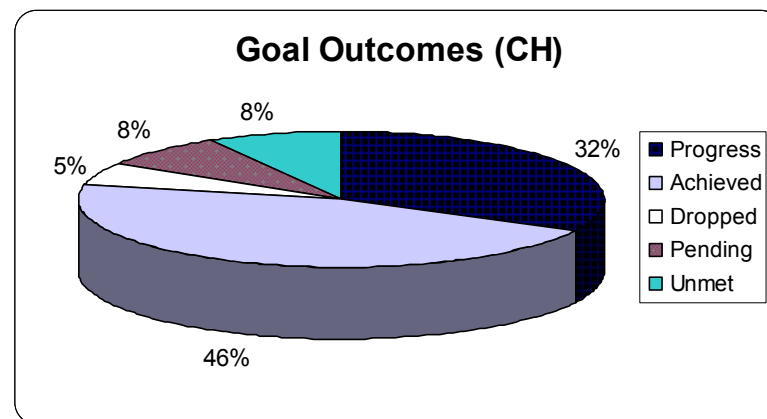
<b>LIMITATIONS</b>	These goals are reported by consultants based on initial long term and short term objectives that were prioritized by families. Families did not sign off on all goals which limit interobserver reliability.
<b>KEY FINDINGS/TREND</b>	<ul style="list-style-type: none"><li>• For this report 9 consultants reported on 395 goals that were worked on over the course of contracts which were completed during 2009-10.</li><li>• 3 consultants reported 100% achievement. The lowest rate reported by one consultant was 75%.</li><li>• The average number of goals reported on per consultant was 43.8. The highest number of goals reported on was 88. Two consultants reported on less than 10 goals each.</li></ul>
<b>INTERPRETATION OF RESULT</b>	This report represents about half of all Laurel consultants. A few of these consultants are relatively new to the organization and therefore carry small caseloads and require more direct clinical support than others. This may account for the target not being achieved.
<b>PROPOSED ACTION</b>	<ul style="list-style-type: none"><li>• Forms have been changed to capture parent signatures to increase consultant/family reliability.</li><li>• Parent stress and quality of life indicators will be incorporated into future outcome measures. This will allow Laurel Behaviour Support Services to evaluate whether achieving goals decreases family stress indicators and increase quality of life measures. By continually analyzing the effects of goals achieved with pre and post measures of family stress and quality of life indicators, Laurel Behaviour Support Services can continually adjust programming to achieve optimal levels</li><li>• It is recommended that Laurel Behaviour Support Services incorporate 6 month and annual follow up contact of discharged families to evaluate whether family capacity to incorporate strategies last over time.</li><li>• This measure will be applied to all cases (all Laurel consultants) in 2010-11.</li></ul>

## EFFECTIVENESS: COMMUNITY HOUSING

**OBJECTIVE:** To assist persons served in meeting or making progress toward ISP goals.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
% of total goals wherein clients reported that they "got what they wanted" or "made progress on what they wanted"	Persons served	March 31, 2010	Goal data collection sheets; meeting minutes; client files; log notes	CQI	75%

**OUTCOME (RESULTS):** 78% - The target was achieved.





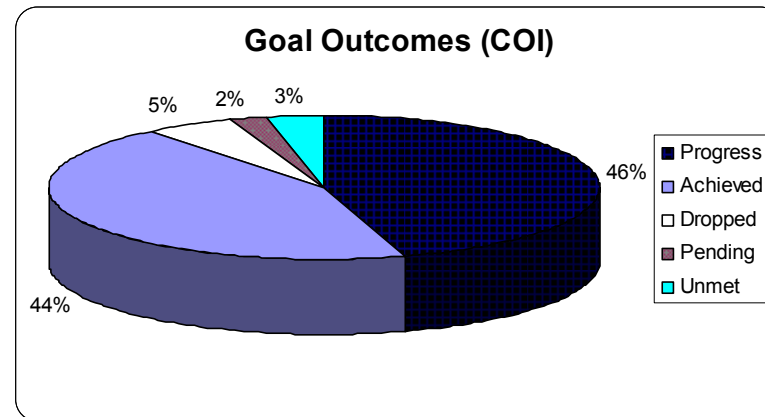
<b>LIMITATIONS</b>	Though the data is to be collected from one source (ISP forms) there is reason to believe staff require more training related to the writing of and reporting on goals.
<b>KEY FINDINGS/TRENDS</b>	Of the 108 persons supported in Community Housing programs, 99 (91.7%) are represented in this report. 46% (170) of all goals reported on (370) were achieved. Progress was made 32% (120) of total goals.
<b>INTERPRETATION OF RESULTS</b>	Dropped goals are included in the measure for the purpose of transparency. This artificially reduces our performance (it is not possible to achieve or make progress on a goal that has been dropped).
<b>FOLLOW-UP</b>	All proposed action items from 2008-9 were completed.
<b>PROPOSED ACTION</b>	Develop a new outcome measure for 2011-12 Deliver Goal Measuring in-service to programs as requested
<b>MONITORING</b>	Supervisors, Assistant Supervisors and Senior Support Workers will review progress on ISPs on a quarterly basis.

## EFFECTIVENESS: COMMUNITY INTEGRATION

**OBJECTIVE:** To assist persons served in meeting or making progress toward ISP goals.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
% of total goals wherein clients reported that they "got what they wanted" or "made progress on what they wanted"	Persons served	March 31, 2010	Goal data collection sheets; log notes; client files; monthly reports	CQI	75%

**OUTCOME (RESULTS):** 90% - The target was achieved.



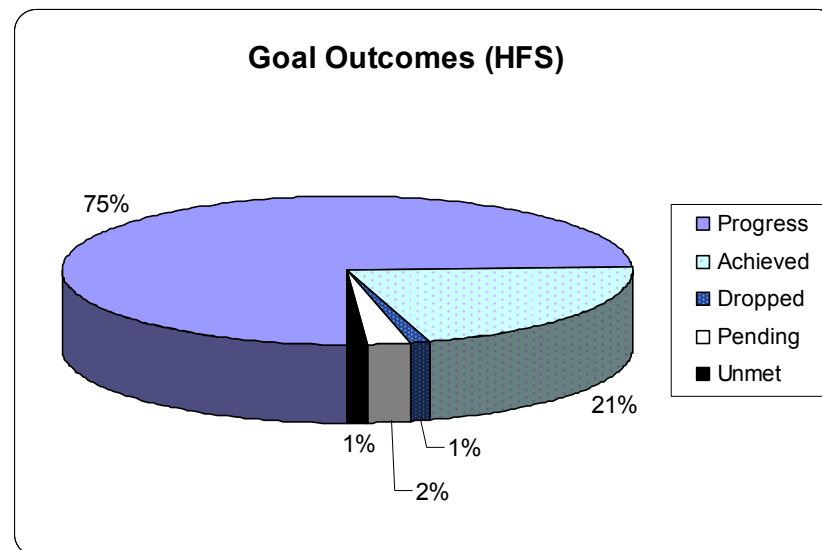
<b>LIMITATIONS</b>	Though the data is to be collected from one source (ISP forms) there is reason to believe staffs require further training in the writing of and reporting on, goals.
<b>KEY FINDINGS/TREND</b>	<ul style="list-style-type: none"><li>• Of the 359 persons supported in Community Integration programs, 316 (88%) are represented in this report.</li><li>• 44% (281) of all goals reported (641) were achieved.</li><li>• Progress was made in 32% (145) of total goals.</li></ul>
<b>INTERPRETATION OF RESULT</b>	Dropped goals are included in the measure for the purpose of transparency. This artificially reduces our performance (it is not possible to achieve or make progress on a goal that has been dropped).
<b>FOLLOW-UP</b>	All proposed action items from 2008-9 were completed.
<b>PROPOSED ACTION</b>	Deliver Goal Measuring in-service to programs as requested.
<b>MONITORING</b>	Supervisors, Assistant Supervisors and Senior Support Workers will review progress on ISPs on a quarterly basis.

## EFFECTIVENESS: HOST FAMILY SERVICES

**OBJECTIVE:** To assist persons served in meeting or making progress toward ISP goals.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
% of total goals wherein clients reported that they "got what they wanted" or "made progress on what they wanted."	Persons served	March 31, 2010	Goal data collection sheets; Team Leader	CQI	75%

**OUTCOME (RESULTS):** 95% - The target was achieved.



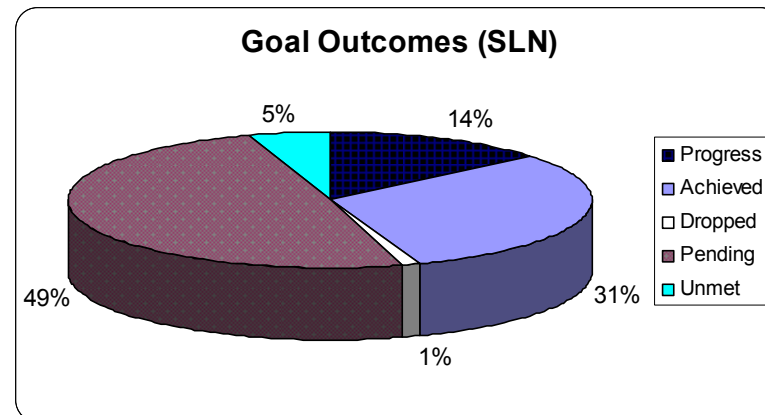
<b>LIMITATIONS</b>	Goal tracking and monitoring are completed by the Host Family Services (HFS) contractors. Some contractors require training in this area.
<b>KEY FINDINGS/TRENDS</b>	<ul style="list-style-type: none"><li>• Of the 68 persons supported in Host Family Services, 57 (83.8%) are represented in this report.</li><li>• 21% of all goals reported (85) were achieved.</li><li>• Progress was made in 75% (63) of total goals.</li><li>• The % of goals achieved and progress made is the inverse of other programs.</li></ul>
<b>INTERPRETATION OF RESULT</b>	The proportionally higher rate of goals where “progress” was made compared to “achieved” is likely due to the fact that most caregivers are not trained to the level of <i>posAbilities</i> staff with respect to ISPs.
<b>FOLLOW-UP</b>	The action item from 2008-9 was not achieved. Caregiver training and support occurred informally with the HFS Coordinators.
<b>PROPOSED ACTION</b>	Create a new Effectiveness measure for HFS 2011.
<b>MONITORING</b>	The Host Family Services Team Leader and Coordinator will continue to monitor ISPs through quarterly visits and monthly reports.

## EFFECTIVENESS: SUPPORTED LIVING NETWORK

**OBJECTIVE:** To assist persons served in meeting or making progress toward ISP goals.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
% of total goals wherein clients reported that they "got what they wanted" or "made progress on what they wanted"	Persons served	March 31, 2010	Goal data collection sheets; log notes; client files; monthly reports	CQI	75%

**OUTCOME (RESULTS):** 45% - The target was not achieved



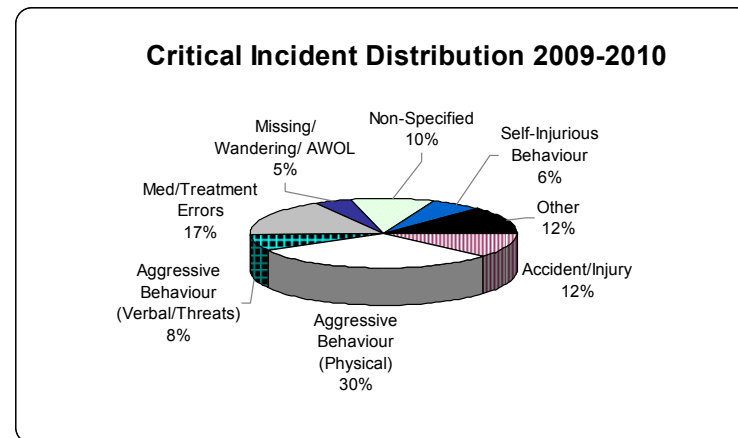
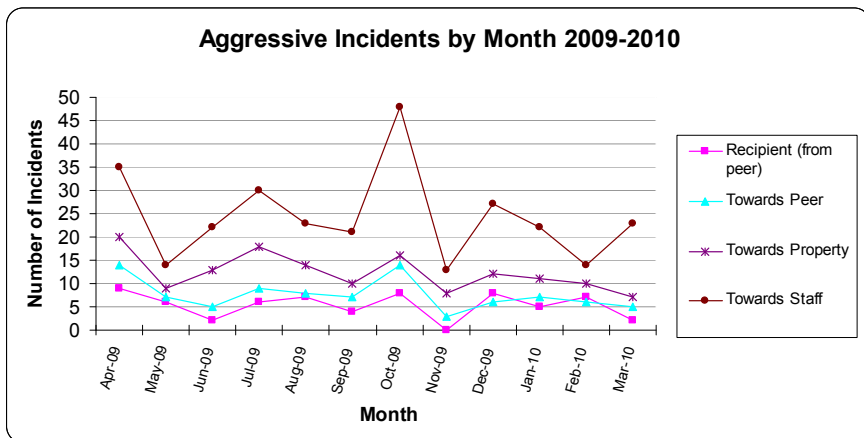
<b>LIMITATIONS</b>	Though data is to be collected from one source (ISP forms) there is reason to believe staffs require further training in the writing of and reporting on goals.
<b>KEY FINDINGS/TREND</b>	<ul style="list-style-type: none"><li>• Of the 60 people supported by SLN, 57 (95%) are represented in this report.</li><li>• 31% (31) of all goals reported (101) were achieved.</li><li>• Progress was made on 14% (14) of total goals.</li></ul>
<b>INTERPRETATION OF RESULT</b>	SLN staff have been well trained and supported in helping persons served express goals and writing ISPs in measurable terms which accounts for the high percentage representation of persons served in this measure. SLN staff spend significantly less time in direct support of persons served as compared to Community Housing (CH) and Community Integration (COI) programs. The drop in “made progress” from 2008-2009 may be attributed to the implementation of a new assessment tool which meant less time spent on goals.
<b>FOLLOW-UP</b>	All action items from 2008-2009 were completed.
<b>PROPOSED ACTION</b>	As this measure is somewhat unreliable, SLN will develop a new measure for next year based on the newly implemented Assessment Tool.
<b>MONITORING</b>	Supervisors, Assistant Supervisors and Senior Support Workers will review Assessment Tool results on a quarterly basis.

## EFFECTIVENESS: COMMUNITY LIVING SERVICES

**OBJECTIVE:** To reduce the number of incidents involving aggression.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
# of aggressive incidents to average # of persons served	Persons served	April 2010	Critical Incident Database	Director of Administration	0.6

**OUTCOME (RESULTS):** 0.63 the target was not achieved





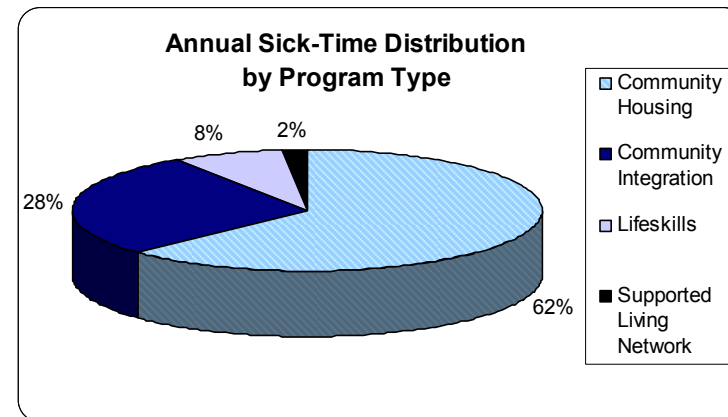
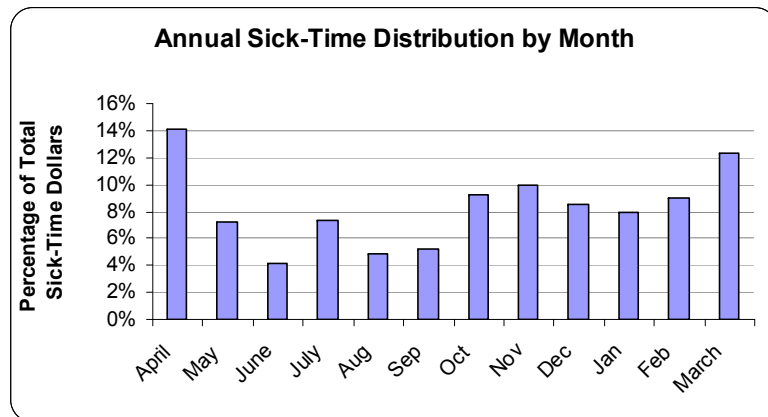
<b>LIMITATIONS</b>	<ul style="list-style-type: none"><li>• While there is always a margin of error relating to consistently categorizing and accurately entering critical incidents into our data base system, we have done what we can to mitigate this effect by having one person responsible for these activities, by meeting on a regular basis with continuing quality improvement and central files management to discuss hard-to-categorize reports, and by refining and clarifying the written definition of categories.</li></ul>
<b>KEY FINDINGS/TRENDS</b>	<ul style="list-style-type: none"><li>• The number of serious incidents involving physical aggression decreased from 668 in 2008-9 to 637 this year.</li><li>• April and October show the highest numbers of incidents involving aggression including a significant increase of incidents towards staff in October. November shows a significant decrease from October and is the month with the least number of incidents involving aggression overall.</li><li>• 7 programs accounted for 64.7% of all incidents involving physical aggression. 2 programs accounted for 31.7%.</li><li>• 1 person served accounted for 12.5% of all incidents involving physical aggression.</li><li>• Of the 1693 incidents reported, the highest number in terms of category was physical aggression at 637 or 38%, accident/injury/self-injury accounted for the next highest number 204 (18%). There were 293 medication errors reported, 106 (36%) were staff errors. 40 (38%) of those were "dose omitted". A further 33% were documentation errors.</li><li>• The spikes in aggression in the months of April and October can be attributed to 3 individuals.</li></ul>
<b>INTERPRETATION OF RESULTS</b>	<p>This year we changed the target from 0.5 to 0.6 as we added Laurel Behaviour Support Services clients into the overall measure thereby significantly increasing the number of persons served the measure is applied to. In 2008-09 we were over the target by 0.3%. This year we are over the target by 0.03%. The drop in incidents involving physical aggression could be attributed to the presence of Laurel Behavioral Consultants in 6 of our more challenging programs.</p>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"><li>• All action items from 2008-9 have been achieved.</li></ul>
<b>PROPOSED ACTION</b>	<p>Program Directors and Team Leaders will continue to review trends in critical incidents on a quarterly basis.</p>

## EFFICIENCY: COMMUNITY LIVING SERVICES

**OBJECTIVE:** To reduce the cost of sick time.

Measure	Applied To	Time of Measurement	Data Source	Obtained By	Target
% of sick time premiums paid	All unionized staff	April 2010	Payroll Database	Payroll Supervisor	N/A <sup>1</sup>

### OUTCOME (RESULTS):



<sup>1</sup> Payroll system changes/conversions midyear made setting a meaningful reliable target for this year unrealistic.

<b>LIMITATIONS</b>	During the course of this past fiscal year, we changed payroll systems which made data collection challenging. Though percentage proportions as reported herein are reasonably accurate, we found precise dollar values were not.
<b>KEY FINDINGS/TRENDS</b>	<ul style="list-style-type: none"> <li>• 62% of all sick time premiums paid out in 2009-10 were within the Community Housing programs (55.9% of all FTEs).</li> <li>• Of the 35 Community Housing programs (205.52 FTEs), 12 (73.6 FTEs or 35.8%) accounted for 44.3% of sick time premiums paid out in 2009-10.</li> <li>• 5 Community Housing programs (28.5 FTEs or 13%) accounted for 23.9% of sick time premiums paid out in 2009-10.</li> <li>• 28% of all sick-time premiums paid out in 2009-10 was within the Community Integration programs (23% of all FTEs).</li> <li>• Of the 65 Community Integration programs/departments (90.3 FTEs), 6 programs (24.8 FTEs or 27.5%) accounted for 71.5% of sick time premiums paid out in 2009-10.</li> <li>• 2 programs (12.4 FTEs or 13.7%) accounted for 27.3% of sick time premiums paid out in 2009-10.</li> </ul>
<b>INTERPRETATION OF RESULT</b>	Notwithstanding issues related to the increased stress and risks associated with working in certain programs (for example those programs where there is an increased risk of injury due to the need for behavioral intervention) there does appear to be disproportional representation of sick time premium payouts in several Community Housing programs and a few Community Integration programs.
<b>FOLLOW-UP</b>	N/A
<b>PROPOSED ACTION</b>	<ul style="list-style-type: none"> <li>• A detailed coding exercise will be undertaken by the payroll department to increase both the fidelity of this report and its value/utility related to managing sick time use more effectively.</li> <li>• Change the metric for efficiencies in sick time to days lost per FTE.</li> <li>• Team Leaders and Supervisors will review sick use quarterly to identify high use programs and develop plans to address this issue.</li> </ul>
<b>MONITORING</b>	Supervisors and Team Leaders will continue to complete routine reviews of staff sick time use.

## BUSINESS FUNCTIONS: STAFF UTILIZATION

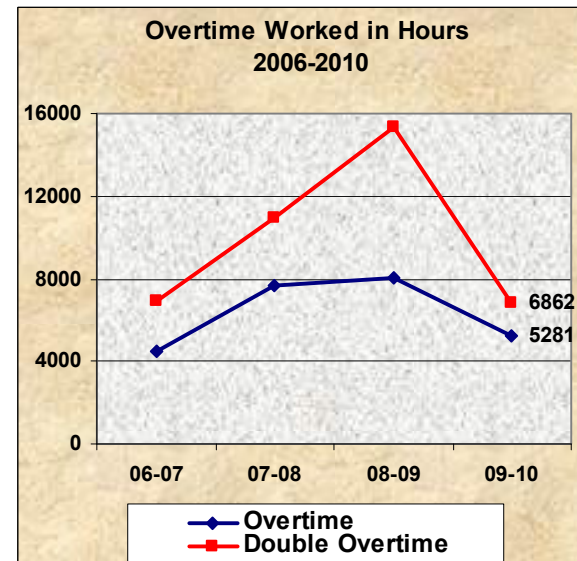
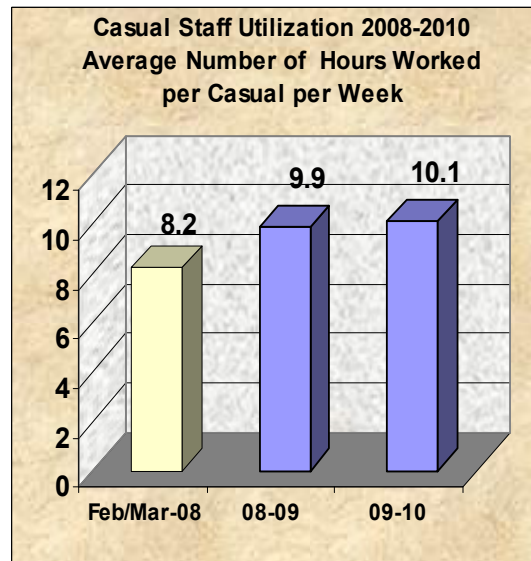
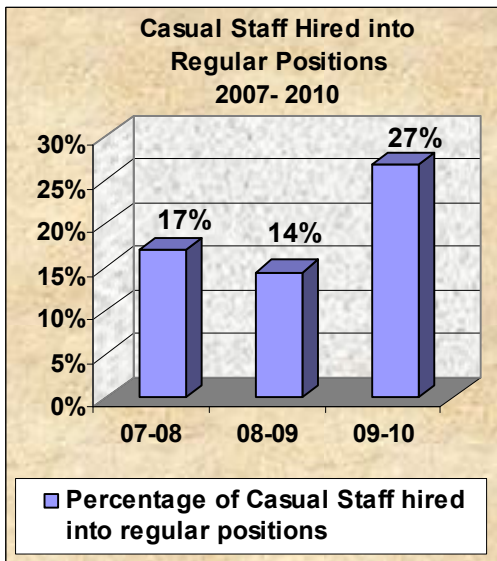
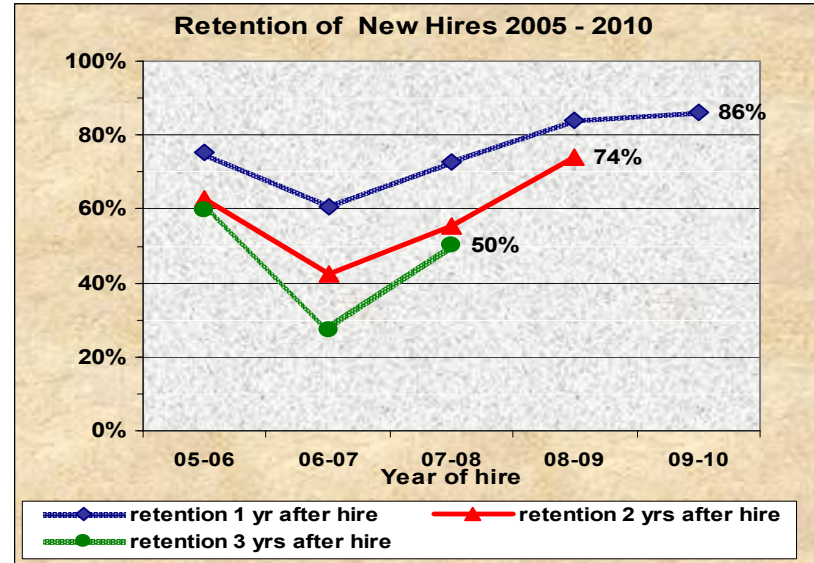
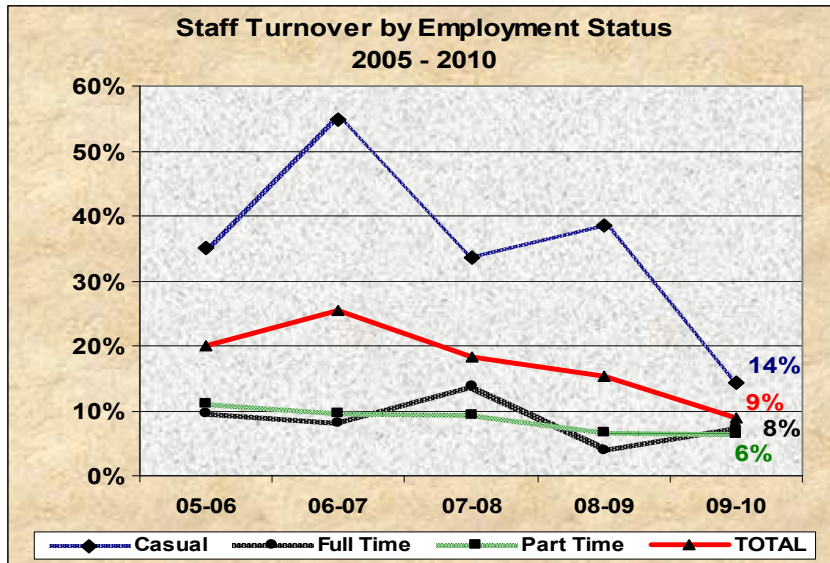
**OBJECTIVE:** To increase the efficient utilization of our staff.

**TIME OF MEASUREMENT:** April 2010

**OBTAINED BY:** Human Resources

Measure	Applied To	Data Source	Target 2009-10	Outcome 2009-10	Target 2010-11*
% of staff exits	All staff in 2009-10	HR Database	10%	9%	9%
% of new hires retained	All staff in 2009-10	HR Database	40% after 3 years	50% after 3 years	50% after 3 years
average number of hrs worked by casuals	All casual staff 2009-10	Payroll System	10 hours per week	10.1 hours per week	10 hours per week
% of casual staff hired into regular positions	All casual staff 2009-10	HR Database	20%	27%	27%
Overtime worked in hours	All staff in 2009-10	Payroll System		5281 hrs OT 6862 hrs double OT	Reduction by 90%

\* The effect of the redesign process in the Community Living sector on the outcomes of the coming year is as of yet unknown. Therefore targets for 2010-11 have been set at 2009-10 outcome level, with the exception of overtime.



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**KEY FINDINGS/TRENDS**

The turnover rate of casual employees dropped significantly from 38% in 2008-09 to 15% in 2009-10. The turnover of regular full time staff rose from 4% last year to 8% in 2009-10. For part time staff this year the turnover was 6%, compared to 8% in the previous year. Overall, turnover fell from 15% in 2008-09 to 9% in 2009-10.

Retention of new hires: of staff hired up to one year ago, 86% are still with us. For staff hired between 1-2 years ago retention is at 74%, 2-3 years ago at 50%. Over the last four years the trend is that significantly fewer staff are leaving within their first 3 years of employment with **posAbilities**.

The average number of hours worked by casual staff has increased from 8.2 hours per week in the last two months of the fiscal year of 2007-2008 (when we first started measuring this) to 10.1 for the year 2009-2010, an increase in efficiency of 23% over a two year period.

In 2009-10, 27% of casual staff was hired into a regular (part time or full time) position, an increase by 13 percentage points compared to 2008-09.

The number of included employees steadily grew in the year 2009-10 and now stands at 627. This is an increase of about 5% compared to the three previous years, when the number of employees remained virtually unchanged at around 600. We hired 88 new staff in 2009-10, virtually the same number as the year before.

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**INTERPRETATION OF RESULT**

We have included one additional key measure this year: the number of overtime hours worked. After a record high in 2008-09, overtime was significantly reduced in 2009-10. More casual hours were made available to reduce the use of overtime. Some of the contributing factors were:

More casual staff hired into regular positions, reducing the amount of time to fill open positions, which in turn increased the availability of casual hours to backfill shifts.

An increase in the utilization of casual staff: at the beginning of the fiscal year 2009-10, 21% of our casual staff had not worked a shift in two months. At the end of the fiscal year this had been reduced to 8%. On the opposite end of the scale, 66% of casual staff worked at least 16 hours a week, compared to 43% the previous year.

Increased retention of staff while maintaining the level of hiring of new casual workers, resulting in an increase of our casual workforce.

The retention of new hires has increased dramatically in the last two years. Strategic initiatives to develop a vibrant workforce such as our comprehensive employee wellness program and various training and communication initiatives appear to have contributed to this positive development. Another important factor was the uncertainty in the economy where people placed more value on job security and stayed with the agency.

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**FOLLOW-UP**

Key indicators show that we have seen progress and that we have met or exceeded the targets set in the efficient utilization of our workforce. We need to maintain our focus on these areas to sustain and further increase efficiencies. In addition, more needs to be done in the reduction of overtime.

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**PROPOSED ACTION**

Identify the root causes of overtime so steps can be taken toward further reduction.

Evaluate the effects of the restructuring process on staff utilization so action can be taken to maintain and improve efficiency in this area.

Evaluate the effect of key strategic initiatives to develop a vibrant workforce.

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**MONITORING**

Report every pay period on the utilization of casual staff and the use of overtime.

Team Leaders to evaluate all data quarterly.

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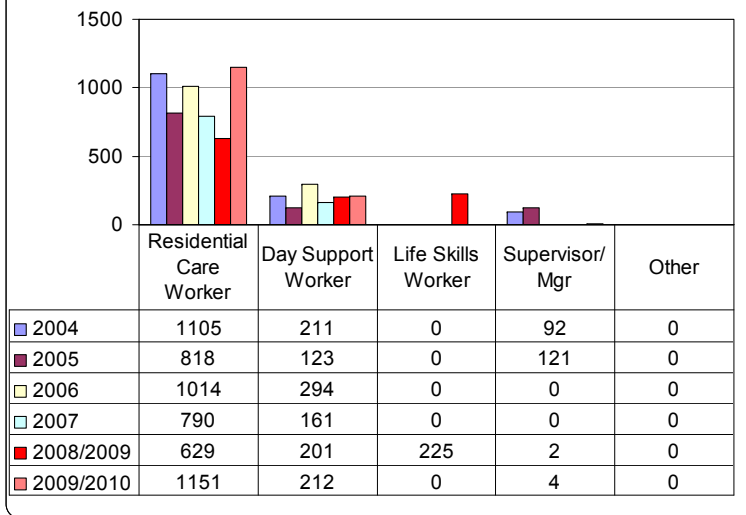
## BUSINESS FUNCTIONS: WORK DAYS LOST

**OBJECTIVE:** To reduce incidents  
**TIME OF MEASUREMENT:** April 2010  
**OBTAINED BY:** Human Resources

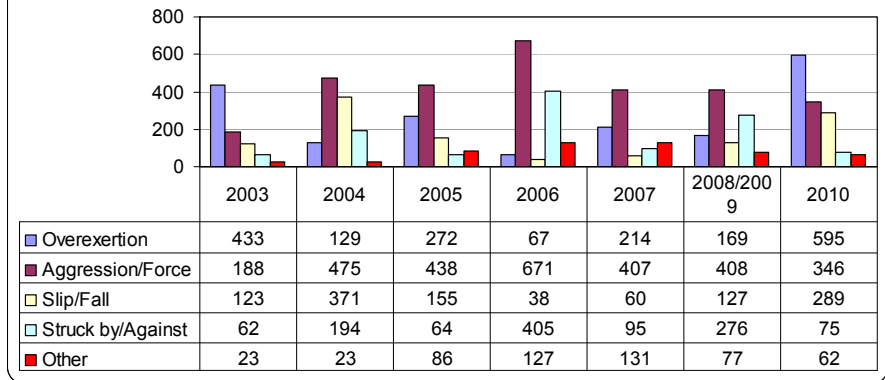
Measure	Applied To	Data Source	Target 2009-2010	Outcome 2009-2010	Target 2010-2011
Average # of work days lost resulting from aggression/force per employee	All staff in 2010	HR Data Base	.54	.55	.52
Average # of work days lost resulting from Overexertion per employee	All staff in 2010	HR Data Base	.23	.94	.76
Average # of work days lost resulting from Slip/Fall per employee	All staff in 2010	HR Data Base	.17	.46	.37
Average # of work days lost resulting from Struck By/ Struck Against per employee	All staff in 2010	HR Data Base	.37	.12	.10
Average # of work days lost resulting from Other per employee	All staff in 2010	HR Data Base	.10	.10	.08



**Work Days Lost by Position**



**Days Lost by Claim Type**



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**LIMITATIONS**

The calculation of a workday is based on the injured employee's schedule. The number of hours in a workday therefore can fluctuate, and does affect the compensation paid by WorksafeBC.

In prior reporting years the total number of days lost in a year were allocated to the year the injury/incident took place. This is no longer the case. The current reporting format calculates days lost in the year the day lost is incurred.

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**KEY FINDINGS/TRENDS**

- Claims involving "Aggression/Force" account for 25.31% of all workdays lost in the fiscal year 2009/2010 (down from 38.59% in 2008/2009).
- "Overexertion" accounts for 43.53% of total lost workdays (up substantially from 15.98% in 2008/2009).
- "Slip/Trip/Fall" has increased to 21.14% from 12.01% in 2008/2009 and
- "Struck by/Against" has decreased from 29.11% in 2008/2009 to 5.49% of all workdays lost in the 2009/2010 fiscal year.
- Overall workdays lost increased from 1057 in 2008/2009 to 1367 in 2009/2010
- Total number of claims filed has been reduced from prior periods; number of claims for this reporting period was 43.
- We did not reach our target from last year of .23 in regards to number of workdays lost resulting from "Overexertion" and .17 in regards to number of workdays lost resulting from "Slip/Fall" to the number of employees.
- We met our target from last year of .10 in regards to number of workdays lost resulting from "other" incidents and surpassed our target of .37 regarding to number of workdays lost resulting from "Struck by/Struck against"

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**INTERPRETATION OF RESULT**

Although the overall number of incidents and reports filed in 2009/2010 has decreased, days lost due to an incident have increased. A significant outcome to note is that "aggression/force" is no longer the leading cause of injuries and time loss throughout the agency. In 2009/2010 we implemented a number of initiatives aimed at reducing and managing incidences of aggression. These included Risk Assessment training, Safety protocols developments, Behaviour Consultation from Laurel Program and, in some cases, the moving of persons served to programs and environments more suited to their needs.

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**FOLLOW-UP**

- There have been significant efforts to become more safety-conscious culture in an effort to decrease the number of lost time incidents. Some of the new initiatives include:
- Program Safety Persons have been appointed to each program/location
- Program Risk Assessments are treated as live documents; they are updated when the programs change
- Safety Inspections are conducted for all programs by an OHS committee member, these inspections are completed once annually.
- A safety talk Process has been created as a training tool to follow up on incidents considered preventable.

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**PROPOSED ACTION**

- *posAbilities* believes that the health and safety of our employees is paramount and that employees have the right and obligation to insure that they are working safely and smartly, in order to do this *posAbilities* will:
- Continue monitoring the impact of DMI services in claims management, monitor on a program-by-program and incident basis.
- Continue to partner with WorkSafe BC to make improvements to our health and safety systems.
- Provide additional training to the Program Safety Persons and OHS Committee Members.
- Design and Implement a better Claims management process.

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**MONITORING**

Continuing review of WCB Injury Reports and Accident/Incident Investigations by Team Leaders, HR, and the OSH Committee to ensure proper follow up is taking place for risk prevention purposes.

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*Empowering people with developmental disabilities*

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