# Performance Measurement Project

## South West Community Support Services

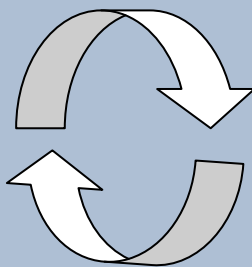Final Report

March 2009

Prepared by:

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*for*

*Steering Committee – Performance Measurement Project*
*Community Support Services of Southwest Ontario*

2009

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## EXECUTIVE SUMMARY

The project began in March of 2008, with the overall goal of developing a performance measurement framework for Community Support Services (CSS) in Southwest Ontario. All 64 CSS agencies funded by the Southwest Local Health Integration Network  (SWLHIN) were invited to participate. Throughout the course of the project 50% of the agencies participated. The total number of programs delivered by these agencies totaled approximately 197.  A project plan was developed by the consultant in discussion with the steering committee and work began immediately.

The key deliverables and results are as follows:

a) Development and Implementation of a Performance Measurement Framework for South West CSS agencies. Completed – basic performance measurement framework for CSS agencies is now defined with 26 indicators covering 5 performance domains. First reporting year will include 5 indicators as well as client perspective indicators.

b) Development of a grouping methodology to classify CSS agencies to allow for more effective review of financial and service performance. Completed – first level grouping methodology is now defined by grouping by programs and service type. Future focus may include a focus on population served as well.

c) Conduct workshops to educate and train CSS agency staff and/or volunteers on methodology and the performance measurement framework. Completed – education of senior level managers and directors was delivered through various activities throughout this phase, including all agency and individual agency meetings.  The focus was on learning through engagement of all participants – defining performance management and what that means in the context of CSS. This must be planned as an ongoing annual activity.

d) Coordinate implementation and administration of a standardized client survey across all SW CSS agencies. Completed – 1830 Surveys received, collated, analyzed and reported, representing 99 individual programs of 24 different service types. Return rate estimated at 50-60%. Overall satisfaction rate of 93%.

In an effort to develop a sustainable performance framework it was necessary to trial the indicators identified by the participating agencies. A three month trial (Oct-Dec 2008) resulted in two distinct and planned outcomes. First, it allowed agencies to identify baseline data and develop an internal methodology for collecting and recording the data. Secondly, and more importantly, the trial was instrumental in developing an understanding and appreciation for the role performance measurement can and will have in the future of Community Support Services, within our region and beyond.

Although the project charter did not include an analysis of the data (other than the client satisfaction indicators) some interesting results were found. One indicator that the agencies who rely on volunteers felt was very

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appropriate was the concept of 'volunteer equivalency'. This was meant to measure the dollars saved through the use of volunteers to deliver service. The data collected, demonstrates that $605,000 or 15% of the total required to deliver service is provided through volunteers.

Other interesting results for all agencies included:

- Average % of government funding  =                        59 %
- Total $ required to maintain current service levels =    $11,101,922.00
- Total $ provided by funder =                             $7,764,801.75
- Total $ provided by Agencies =                           $3,292,120.25

By far the most telling results came from the client satisfaction survey. These results clearly demonstrate the value the community has placed on these services, and how many of these services can and do have a positive impact on our extended health care system.

- Overall satisfaction rating = 93%
- 94 % indicated program or service contributed to their independence
- 97 % indicated program or service contributed to their quality of life
- 88 % indicated program or service contributed to their ability to stay at home
- 93 % indicated they would recommend program or service

The results, tangible and intangible, represent an incredibly valuable investment in the future of agencies that provide services and the funder. The success of this project sets a strong precedent for future work in this area. It is very clear from the research undertaken early in this project that we have come much further than most who have attempted to develop a performance framework, and we are beginning to develop a culture of performance management necessary for agency accountability.  Another very important outcome of this project is the development of stronger relationships within our broader CSS community.

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## STEERING COMMITTEE TEAM MEMBERS

- Sue Hillis – Dale Brain Injury Services, London   Co-Chair
- Agnes Soulard – Lambton Elderly Outreach, Wyoming
- Kristy McQueen or Angela McMillan – VON Middlesex Elgin, London
- Bonnie Rowe – West Elgin Community Health Centre, West Lorne
- Judi Fisher – Cheshire Homes of London, London   Co-Chair
- Laurel Vallance – Meals on Wheels London, London
- Maureen Vanderberghe – Multi Service Centre, Tillsonburg
- Shelley McPhee Haist – Town and Country Support Services, Wingham

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## PERFORMANCE MEASUREMENT FRAMEWORK

### PURPOSE OF A PERFORMANCE MEASUREMENT FRAMEWORK FOR CSS

The purpose of a Performance Measurement Framework is to design a consistent approach for systematically collecting, analyzing, utilizing and reporting on the specific indicators of performance of a community support agency's programs and activities.  This framework is intended as a tool that will support the further development of performance measurement activities, processes and policies within Community Support Services.

### PERFORMANCE MEASUREMENT AND EVALUATION

In April, 2001 Treasury Board of Canada issued an Evaluation Policy that clearly demonstrates the connection between performance measurement and evaluation - "*to ensure that the government has timely, strategically focused, objective and evidence-based information on the performance of its policies, programs, and initiatives to produce better results for Canadians*".

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Although this policy statement is directed at federal departments, we can easily apply its message to any publicly funded agency, including community agencies. The outcome of any such directive or initiative should be to encourage and require the incorporation of evaluation into every agency's management practices. This is needed in order to help design policies, programs and initiatives that clearly define expected results and that embody sound performance measurement, reporting and accountability provisions at their outset.

The inclusion of performance indicators within accountability agreements currently being developed and implemented by the ministry, demonstrates a clear commitment by the funder to the concept of transparent public accountability.

## PERFORMANCE MEASUREMENT AND FINANCIAL INFORMATION

Performance measurement is linked to financial information in a variety of ways.  An agency receives an appropriation from the funder to carry out a specific mandate.  By measuring performance towards achieving the outcomes that flow from the agreed mandates, agency management will be in a better position to objectively assess and report on results.

On a program/service level, performance information should be linked to financial information so that managers have more objective information available on which to manage expenditures within a specific program and/or between programs.  There are numerous costing methodologies that can be used to link financial and performance information, some of which are currently being used by various CSS agencies. Examples include activity based costing methodologies, direct allocation, average costing, etc.  What is critical is that small agencies ensure that the benefits derived from the information generated by a particular costing methodology, outweigh the cost of developing, implementing and sustaining the methodology selected. This can be a challenge for a region with agencies that vary in size and program scope.

## WHY MEASURE PERFORMANCE

Many of us have heard the phrase 'You can't effectively manage what you don't measure'. There are many benefits to an organization that develops and implements an effective performance measurement system.   Although CSS agencies constantly monitor their programs and activities against their mandate, many do not currently utilize a formal, objective process or system to systematically collect, analyze, deploy and report performance information. Although agencies are required to report program statistics to the ministry, feedback and the ability to use the information in a strategic way is hit and miss at the best of times. By engaging agencies in the development of the key performance indicators and the design of the reporting system, agencies and the funder will be in a position to utilize concrete, objective information and data on which to make sound management decisions and strengthen reporting the payer – the Ontario public.

The ability to consistently improve, plan, manage and measure performance, both within a program, across programs and across regions, through the development and use of performance indicators and evaluation frameworks, is a key benefit of such a system.  This provides senior management, boards and the funder with timely information on the relevance, success and cost-effectiveness of programs and activities.

A final and highly important benefit of a well defined and effective performance measurement system is that it results in a set of "best practices" and "lessons learned" that can be used to improve management practices and program activities on a local, regional and provincial level.

## CHALLENGES AND LIMITATIONS OF PERFORMANCE MEASUREMENT

First it must be stated that despite the various challenges or limitations of performance measurement, the benefits of developing a more systematic process for gathering, analyzing, and reporting performance clearly outweigh the limitations and challenges that may be encountered.

Secondly, performance measurement is not an exact science nor should it be viewed as such. In many cases accurate data may not be available to tell the whole story. Also the cost of obtaining more refined information could easily outweigh the benefits of such information. Performance measurement should be viewed as management tool that along with others is intended to provide decision makers with information to support effective decision making and continuously improve performance. An agency should utilize, wherever possible, data and information that is already collected and available, such as what is currently reported through other means such as MIS. Currently the reporting requirements of many CSS agencies can include boards, ministry MIS, United Way, LHIN accountability agreements and Aging at Home. At this point, this is not a cost-effective or practical approach, unless common indicators can be shared with each funder.

Effective performance measurement systems should be used to identify problems within the program, agency or system; however, the information doesn't always provide the reason. Many performance measurement systems provide quantitative performance indicators that may indicate that you are not achieving your statistical targets; however, it may not reveal the root cause. The use of qualitative indicators can be difficult as the collection and interpretation may be open to bias and subjectivity. It is important for agencies to further investigate each problem area identified by the quantitative data in order to properly diagnose and address the issue.

## PRINCIPLES OF PERFORMANCE MEASUREMENT

Throughout this project the following principles helped guide our work. It is our belief that in order to measure performance on a consistent basis, the following five principles should be followed. These will also guide us through future phases of the development of performance measurement methodologies.

1. Outcomes and results must be clearly defined;
2. The performance measurement system, including data collection, should be simple and cost-effective;
3. The performance measurements system should be positive, not punitive.
4. Performance indicators should be simple, valid, reliable, affordable and relevant to the activity or process being measured; and
5. Performance indicators will be reviewed and improved on an ongoing basis. It is only by gaining experience measuring performance that you can really refine and improve the process.

## MEASURING PERFORMANCE WITHIN CSS AGENCIES

There is no one correct way to measure performance. In our community of service providers there are many variables that could impact the type, frequency and availability of data to support the measurement of performance. Given that there are also 64+ agencies, some delivering multiple programs, measuring and comparing performance, even at a very basic level, can be challenging.

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We have taken the approach to ensure this effort remains 'grass roots' developed and implemented by the various agencies providing service within the LHIN. The development of reporting tools, framework design and implementation has been completed with the needs, abilities and resources of the various agencies in mind. Although not all agencies have resources technological or otherwise to support the capture and reporting of indicators, the first phase of this project was successful in helping individual agencies identify future requirements in these areas.

### HOW WE DEVELOPED A PERFORMANCE MEASUREMENT FRAMEWORK

- Researching other jurisdictions, nationally and internationally, to see if there have been any similar projects or initiatives undertaken  including the National Health Service in the UK, regional health authorities in BC, Alberta and Manitoba, as well as individual researchers.
    - o Results: Research into other jurisdictions has shown that although similar projects of various scope and size have been undertaken, there is no standardized methodology as to the development of a performance measurement system. Many are specific to the communities they serve. The National Health Service in the UK, undertook the largest of such projects realizing moderate success, but also realized the largest number of indicators.
    - o The findings demonstrated that the type, number and success of the indicators varied between jurisdictions, so much so, that the best approach seemed to start from scratch in the development of methodology, indicators and process. As the collection and use of this type of information may be new to some agencies, it was important that they be engaged in the development of them.

- Review of current data and data collection methodologies of CSS agencies in LHIN
    - o Early in the project, all participating agencies were asked to submit and describe their current data collection tools and methodologies.
    - o Results: Of the many submissions received it became very clear that the type of data collected, how it was used and the frequency, varied from agency to agency. Although almost all agencies regularly submitted reports to the Ministry, some did not collect any other data, nor did they use it for planning purposes. Some larger, more established agencies had very comprehensive performance measurement strategies, whereas others were in the early stages of developing them, and a few seemed to have no strategy whatsoever.

- Review of current client survey tools being utilized by CSS agencies
    - o Agencies were asked to submit samples of the tools they used to measure customer satisfaction.
    - o Results: Many organizations use a mail out survey, and a few supplement that with phone surveys. The number of questions ranged from 4-5 to 30+. Most questions were directly related to the quality of the service and solicited suggestions for improvement. Although there were common themes among many, no two were alike and varied in terms of complexity and length.

- Development of initial set of primary indicators
    - o 3 workshops were developed and presented in early June 2008 in an effort to discuss and refine a set of primary indicators which all agencies could report on. All workshops were well attended and supported. Many different agencies from the region were represented resulting in great discussion and engagement. As a result of the sessions, some 40 primary indicators were developed and defined. (attached)
    - o Agencies were also presented with various tools to support their development and assessment of secondary indicators specific to their service such as: workshop manual

with guidelines for indicator development, and an indicator checklist used to test the appropriateness of the indicator. (attached)

- Individual meetings with various agencies to understand current reporting activities, challenges and operations.
  - o Individual meetings were held with agencies in London, Seaforth, Walkerton and Reeces Corner.
  - o Results: The complexity of the project once again became very evident, as the individual organizations were considerably different in their structure, service type, service delivery, reporting, performance measurement activities and resourcing.

- Trial and Refinement of Primary Indicators
  - o A small group of agencies collecting data using the indicators for 3 months
  - o Results: Using the indicators developed at the June workshops, a few agencies collected data for a three month period, as a trial. This work continued into October, at which point all the indicators were reviewed by all the agencies, and refined to about 20-25.

- First draft of Client Satisfaction Survey completed
  - o Based on the primary client satisfaction indicators developed the 1<sup>st</sup> draft of the Client Satisfaction Survey was completed and shared with all agencies for input and refinement. Following some minor adjustments, the tool was trialed by a few agencies to assess responses from clients, and also ask for staff input.
  - o Results: All agencies participated in the development of and wording within the client satisfaction survey. The survey was completed in November 2008 and included 10 questions. Further information, and a sample of the survey used is found at the end of this report.

## THE DOMAINS OF PERFORMANCE

Early in the project, the agencies clearly identified five performance domains within which each indicator would be placed.

1. **High Quality Health Services** – units provided, wait lists, # of clients

2. **System Perspective** – CCAC referrals and appropriateness

3. **Financial Health** – govt. funding, $ required, volunteer equivalency

4. **Organizational Health** – staff turnover, days lost, job satisfaction

5. **Client Perspective** – overall satisfaction, contribution to independence, quality of life and ability to stay at home, and others.

## IDENTIFICATION AND SELECTION OF PERFORMANCE INDICATORS

In order for agencies to measure performance on an ongoing basis, we needed to identify and select performance indicators that would not only reflect whether we provide a quality service targeted at a specific outcome, but also be comparable against other agencies providing similar services. Due to the number and variety of programs and services offered it was imperative that we developed two distinct types of performance indicator categories as follows:

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a.  <u>Primary Indicators</u> – these are in most part quantitative indicators that are common to most if not all agency programs, regardless of size, scope or service type. These are numeric or statistical measures that are often expressed in terms of unit of analysis (i.e. the number of, the frequency of, the percentage of, the ratio of, the variance with, etc.).
b.  <u>Secondary Indicators</u> – these can include both quantitative and qualitative indicators that are common only to a specific type of service. For example, quality of food for meals on wheels.

For the purposes of this phase of the project, the intent was to focus on Primary Indicators only, as they would be included within the LHIN accountability agreements.

Although standard practice in the development of performance indicators would suggest the use of the following five criteria to determine the most appropriate indicators to measure performance, the project went a step beyond and attempted to calibrate each indicator against an indicators checklist.

1.  Validity – Does the indicator allow you to be precise in measuring the results (quantity, quality, timeframe)?
2.  Relevance – Is it relevant to the activity, product or process being measured?
3.  Reliability – Is it a consistent measure over time?  This is particularly important when selecting quantitative indicators.
4.  Simplicity – Is the information available and will it be feasible to collect and analyze it?
5.  Affordability – Can we afford to collect and analyze the information?

The following tool was designed to be used not only to develop indicators but also to conduct a regular review of the indicators currently in use.

## Indicators Checklist

| Name of Indicator: | | | |
|---|---|---|---|
| Definition: | | | |
| Performance Domain (circle one)<br><br>Quality     Client     System     Financial     Organizational | | | |
| Type of Indicator:     Primary (report to users)     Secondary (service specific) | | | |
| **Checklist for Performance Indicators** | **Met** | **Needs Work** | **Action to be taken** |
| Relevant to the aims and objectives of the organization | | | |
| Clearly defined, to ensure consistent collection | | | |
| Easily understood and used | | | |
| Comparable and accurate to allow for comparison between organizations over time | | | |
| Verifiable by managers and independent auditors to prevent manipulation of data | | | |
| Statistically valid (ensuring adequate sampling procedures, | | | |

| | | |
|---|---|---|
| appropriate statistical tests, and reliable measurement procedures) | | |
| Cost effective to collect | | |
| Unambiguous | | |
| Attributable, so that the responsibility for achieving good performance is clear | | |
| Responsive such that it can reflect changes in performance | | |
| Avoids incentives that can lead to skewed outcomes, and encourage behaviors leading to service improvement | | |
| Allows innovation in service delivery | | |
| Timely to ensure information is not out of date | | |
| | | |
| Date Review Completed : | | |
| Review Completed by : | | |

Following much communication and discussion among groups, the following indicators were developed by all participating agencies in the SW LHIN region. They form the basis of the 3 month trial – Oct, Nov and Dec 2008.

## High Quality Health Services

| | |
|---|---|
| # units of service provided | total units of paid or unpaid service provided by agency |
| # persons waiting for first service (new clients) | total persons on waiting list for service (potential clients) |
| average number of days on wait list | total number of days all clients were on wait list  / total number of all persons on wait list |
| # of clients waiting for additional service | total number of clients waiting for more of the same type of service |
| # of different clients served | total number of different clients receiving this type of service from agency |

## Client Perspective

| | |
|---|---|
| % of clients satisfied with service | clients indicating satisfied or very satisfied / total number of clients responding |
| % of clients indicating service was affordable to them | clients indicating that they could afford the service / total number of clients receiving service |
| % of clients/caregivers recommending service to others | total number of clients/caregivers who have indicated they would recommend this service to others / total number of clients/caregivers responding |
| % of clients reporting wait time was reasonable | total number of clients who indicated they had to wait to receive service and felt the time was reasonable / total number responding |
| % of clients reporting difficulty in accessing service | clients who indicate having difficulty accessing service / total number of clients responding |
| client independence | number of clients/caregivers who state that the provision of this service has contributed to their (the client's) ability to remain independent / total number of clients or caregivers responding |
| clients ability to remain at home | number of clients/caregivers who state that the provision of this service has contributed to their (the client's) ability to remain at home  / total number of clients or caregivers responding (allowed to report 'not applicable' |
| % of clients reporting that services provided met their needs | total number of clients indicating services met needs / total number of clients responding |

## System Perspective

| | |
|---|---|
| average number of CSS partners involved with client care | total number of CSS agencies involved in client care as reported by clients or caregivers  /  total number of clients |
| total number of referrals in by CCAC | total number of client referrals made to this agency by the CCAC (allowed to report 'not applicable') |

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| % of referrals deemed inappropriate | total number of client referrals that were made to this agency but deemed inappropriate due to disconnect between client need and agency service / total number of referrals in |
|---|---|

## Financial Health

| % of government funding | total value of government funding / total value of funding required to maintain current service level |
|---|---|
| $ value of unpaid staff hours committed to fundraising to sustain programs | average hourly staff wage X total number of staff hours committed to fundraising |
| volunteer service equivalency (cost avoidance) | $12.50 X total volunteer hours (volunteer time is defined as those hours worked for which a staff person would normally have been hired to provide that service. This would include both direct and indirect client contact.) |
| total $ required to maintain current service levels | the total $ amount required to maintain current service levels irrespective of where funding comes from |
| # of outstanding accounts | client accounts which have not been paid after 90 days |
| $ value of outstanding accounts | total value of client accounts that have not been paid |
| total $ value of client subsidies | total value of client subsidies (allowed to report 'not applicable') |

## Organizational Health

| % of staff reporting moderate to high job satisfaction | total number of staff reporting moderate to high job satisfaction / total number responding (annually) |
|---|---|
| % of staff turnover | # of staff leaving the organization |
| # of staff day lost | # of staff days lost due to injury resulting in WSIB claim |

### SETTING THE PERFORMANCE TARGETS OR BENCHMARKS

Performance targets or benchmarks are the "goals" against which you measure actual performance. In order to set targets which are realistic and achievable, it is necessary to identify program specific benchmarks. This activity, although not contemplated in phase one of the project, will be required by the LHIN within future accountability agreements. The data collected during phase one of the project may serve as a baseline for future comparison.

### DEVELOPMENT OF A PERFORMANCE MEASUREMENT STRATEGY

In order to effectively measure actual performance against the set targets or benchmarks, you need to establish a strategy for collecting and analyzing the necessary performance information. At a minimum, this strategy should focus on five key elements:

1. the methods and techniques of collection
2. the methods of analysis
3. the frequency of collection
4. the communication of results
5. the roles and responsibilities for each of these tasks

The following outlines the steps taken to date to address each of these elements, the results of which can be seen in the data reports found within this report.

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## METHOD AND TECHNIOQUES OF DATA COLLECTION

In this phase of the project, it was decided to make use of a common platform and methodology for collecting data from the various agencies. A template was developed in MS Excel to allow agencies to complete and submit the required information. Templates, along with instruction for completion and a sample, were emailed to each agency at the beginning of the reporting period. The spreadsheet was designed to roll up monthly entries into a quarterly report. The Excel software platform was used for two reasons: 1) it was a common and widely used program and 2) it provided for easy reporting and analysis.

Results of the indicator reporting methodology used were promising, with 99 programs submitting completed spreadsheets. Although there were some minor reporting irregularities, most of the data reflected what had been asked.

Analyzing performance data is a critical element of the performance measurement strategy and process, but it is an area that can be very challenging due to the time and effort required to review, and often aggregate the raw data and information provided by agencies. If performance information is being gathered by means of a survey as was the case with client satisfaction, the data on the completed survey forms must be aggregated and reviewed in order to gain a full picture of the raw data collected.

Both the client satisfaction survey completed in this phase and the employee satisfaction survey to be completed in phase 2 are examples of how some performance indicators are reliant on secondary processes such as survey. Agencies will not have a clear picture of their performance until such indicators can be captured and reported. In this case the client survey was completed in December, but could only be combined with last quarter results of 2008, as only that time period was covered in the trial. In future years, a complete performance report will only be available once all indicators have been reported on.

The client satisfaction survey was completed through a third party, in this case the consultant, to ensure an unbiased approach and increased validity. To ensure anonymity, participants were not asked for names or any identifying information. Survey questions were developed in consultation with all agencies, through web based communication and focus groups. Questions related to overall satisfaction, contribution to ability to stay at home, contribution to quality of life and others. A copy of the questionnaire is found at the end of the report.

To ensure results remained unbiased, agencies were asked to send questionnaires to clients and have the clients return them directly to the consultant. Surveys were then sorted, tabulated and input to a database. Only data from quantitative questions was captured in the database. All surveys were then returned to respective agencies, along with a report indicating rolled up results for that program.

A web based version of the survey was also developed, and all survey participants had the option of either completing the paper survey or the web based survey. Out of all surveys returned less than 2% were completed through the web portal.

## METHODS OF ANALYSIS

Development of methods of analysis of the data collected is an ongoing process that will proceed into phase two. Now that the project has collected and collated the indicator data, further development and testing of comparison criteria can continue.

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At the outset of the project, the groups clearly identified the need to compare indicators within like programs and services. There was also some discussion related to geography and demographics, but this investigation was found to be beyond the scope of what this first phase could realistically accomplish. Comparison criteria will continue to develop during the next phase and will become more relevant once the project moves to provincial scope.

In the future the analysis may assess whether targets are met or exceeded and whether outcomes are achieved or not. In cases where the objectives aren't being met, the agency will need to develop an action plan to correct this.

## THE FREQUENCY OF COLLECTION

The frequency of collection is an important element in assessing and comparing performance. Although agencies should collect indicator statistics on a monthly basis, reporting for purpose of the accountability agreement should be done quarterly.

The monthly collection of indicators is important for agencies to demonstrate that they are meeting the objectives set out in their strategic plans. Those agencies reporting to boards will need to update members on a monthly basis. Also collecting data monthly will enable agencies to identify trends, seasonal or otherwise that can have an impact on staffing.

## COMMUNICATION OF THE RESULTS

Communicating the results back to agencies is necessary for comparison and self reflection. Agencies must understand how their programs are performing in relation to other like programs. This activity can help facilitate the development and sharing of "best practices" and "lessons learned" that can strengthen management practices and activities on existing and future Agency programs, processes and initiatives.

Results should also be shared with boards, staff and possibly clients. All agencies should have access to a CSS dashboard that would provide up to date performance statistics, by program and other variables.

## ROLES AND RESPONSIBILITIES

Clearly defined roles and responsibilities are critical to the success and sustainability of a performance measurement program, both at the local agency level and the regional level.

At both the local agency level it must be determined who/which area is responsible for gathering, analyzing and reporting on the performance data. Some of the considerations for determining who should be responsible are the logical fit of these responsibilities with staff member's regular responsibilities and existing workload, the timeframe and other budgetary pressures. As the goal is to integrate these processes into the ongoing operations of the organization, it makes sense to try and to keep the responsibility for measuring performance in-house, as much as possible.

The following matrix provides a graphical illustrative summary of the major components of performance measurement roles and responsibilities. There are three key levels of responsibility within the performance measurement framework.

1. System
   - Decisions made at the system level are normally made by the funder or designated agency. An example may be the inclusion of a performance indicator that is needed to identify areas for improvement in the broader health and community care system. (i.e. CCAC referrals)
2. Program Level and Type
   - Decisions made at the program level should be made by those agencies engaged in providing that type of program or service, in consultation with the funder or designated agency. An example may be a secondary indicator that reflects performance of that type of service only. (i.e. Quality of meals)
3. Local Program or Service
   - Decisions made at the local level are made by the agency providing the program or service, its board of directors, and the community it serves. An example may be a localized indicator that reflects activity or concerns within the community. (i.e. Board turnover) Some of these local indicators would not normally be reported up.

**Matrix for the Performance Measurement Roles and Responsibilities**

|  | **Activity** | **Person(s) Responsible** |
|---|---|---|
| **Identifying Outcomes** | Define outcomes and desired results | System Outcomes – Funder<br>Program Outcomes – Agencies with similar programs<br>Local Outcomes – Agency/Board/Community |
| **Performance Indicators** | Selecting and defining performance indicators. Select both quantitative and qualitative indicators, consistent with the 5 criteria noted above as follows: Valid , Relevant, Reliable, Simple, Affordable | Primary Indicators – Agencies / Funder<br><br>Secondary Indicators – Agencies with similar programs |
| **Data Sources** | Both existing and potential new data sources should be reflected. | Agencies, Funder and other. |
| **Collection Methods** | Describe how you will gather the performance information. The collection methods will depend on the data sources, followed by new sources such as surveys, interviews etc. | Tools and methodology to be developed and provided by funder or reporting agency |
| **Frequency** | Determine frequency of reporting. | System Reporting – Funder<br>Program Reporting – Agencies with similar programs<br>Local Reporting – Agency/Board/Community |
| **Reporting** | Determine the person(s)/program responsible for collecting, analyzing and reporting performance information and data. | System Reporting – Funder<br>Program Reporting – Agencies with similar programs<br>Local Reporting – Agency/Board/Community |
|  |  |  |
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## GROUPING METHODOLOGY

Grouping of agencies and programs will be necessary for ongoing performance comparison. Due to the number of agencies and programs grouping is necessary to ensure comparison between like programs.

Grouping based on program type is the most logical and effective criteria for comparison. The following list describes the variety of programs that participated in this phase of the project. An attempt was made to mirror program names with those found in other reporting functions such as the Health Ministry's Management Information System. This will have to be a common approach going forward, in order to ensure proper comparison and consistency.

| |
| --- |
| |
| Adult Day Program |
| Alzheimer Walking Program |
| Assisted Living |
| Attendant Services |
| Caregiver Support - Respite Service (Volunteer) |
| Caregiver Support - Support & Counselling |
| Caregiver Support - Volunteer Hospice Visiting Service |
| Client Intervention and Assistance Service (Seniors) |
| Congregate Dining |
| Foot Care |
| Friendly Visiting |
| Home at Last |
| Home Help/Homemaking |
| Home Maintenance |
| Hospice Volunteer Visiting |
| Independent Training |
| Meals on Wheels |
| Outreach |
| Security Checks/Reassurance Service |
| SMART |
| Social Recreation |
| Supportive Housing |
| Training, Information & Education |
| Transportation |
| Vision Impaired Care Services |
| Volunteer Visiting |

| |
|---|
| |
| Wellness for Seniors |

In identifying these program types, we realized that there may be some programs, due to the nature of service they provide that may not readily fit into any of the Ministry's MIS definitions. Clearly, there needs to be an annual review of these program types, to ensure that new or significantly altered programs are categorized properly. Without this activity, the risk of comparing dissimilar programs remains a possibility.

## PERFORMANCE MEASUREMENT FRAMEWORK FLOWCHART

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## RECOMMENDATIONS FROM FOCUS GROUPS / PARTCIPATING AGENCIES

The following recommendations were presented by participants during the project wrap-up meeting in February 2009. Although not all recommendations can be implemented in the short term, many are already being considered as a positive change in terms of process improvement. These recommendations are verbatim from the round table, and came from individual tables, so there was no discussion to gain consensus.

### Indicators Collection and Reporting

1. Indicators should be rolled up in WERS
2. Review wording and definitions
   a. more clarity, example: volunteer visiting program – not being able to meet language request leaves individual on wait list
   b. volunteer service equivalency – difficult to determine who we would have hired a staff person to replace – cannot run our programs without volunteers.
3. Continue with quarterly submissions in Phase 2
4. Some indicators could be dropped – volunteer turnover
5. Should provide more tools, spreadsheets and formulas for calculations
6. Only capture those indicators required by LHIN – should not be a make work project
7. Process of reporting should be automated ( possibly web based)
8. Tools should be user friendly
9. Need to be able to merge statistical info and put in formulas into spreadsheet
10. Aging at Home indicators should be rolled in.

### Client Satisfaction Survey

1. Timing of survey should not conflict with others – United Way, agency, etc.
2. Provide legal note explaining need for third party involvement
3. Ensure that all agencies are aware of the survey
4. Continue with 3$^{rd}$ party delivery, analysis and reporting (x4)
5. Survey should remain a joint initiative with all agencies providing input – reflects partnership and collaborative approach
6. Develop a one page survey with program questions on one side and LHIN info on the other side –this avoids duplication
7. Continue to use same or similar questions
8. Ask clients for recommendations regarding survey and process
9. More time to mail out survey
10. Review messaging to client to ensure they clearly understand

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## STEERING COMMITTEE RECOMMENDATIONS

Submit a Proposal to the SWLHIN to fund Phase II of the Project to continue the work begun in Phase 1 which would include:

- Review of the 21 Indicators in the Ministry LHIN document "Complete Listing of Performance Dimension and Indicators" with the goal to refine definitions, see how they compare with the 25 developed by the Project, and implement further pilot testing to determine the feasibility of ongoing collection, and identify any barriers to, and/or resources required for full implementation

- Assess and recommend how Aging at Home indicators can be integrated into the Performance framework

- Look at the performance corridors for each indicator by service category beginning with the 5 that were included in the M-SAA

- Repeat trials of indicator collection to examine data and trouble shoot where necessary

- Facilitate peer mentoring for performance management system implementation

- Explore systems and solutions for performance data collection, maintenance and reporting.

- Review and revision of Client Satisfaction Survey, implement revised version Spring 2010

- Creation and trial implementation of common employee and volunteer satisfaction surveys with completed surveys sent to a third party for analysis as was done with the client survey in Phase I to determine baseline data

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## CLIENT SATISFACTION SURVEY RESULTS

Overall the client satisfaction survey demonstrated the value of Community Support Services within our communities. The overall results revealed an average **93% satisfaction rate** over all the programs. This rate of client satisfaction is truly unheard of in most industries. Given that this represents an average of 99 participating programs, of varying size, complexity and population served, this result should stand testament to the value these programs provide in the community.

Not only did this survey measure satisfaction, but it also attempted to address specific outcomes the agencies felt were crucial to the ongoing health of our populations. Three questions were added to determine whether the program or service provided contributed to:

1. The clients ability to remain in their home – the ability to live within one's home with or without some assistance

2. The clients quality of life – general well being, including self perceived mental, physical, spiritual and emotional health

3. The clients independence – freedom from dependence, or reliance on others

Based on the recommendations provided by the various agencies, the survey process will continue to need further refinement in terms of question wording, distribution and collection. Overall the survey provided some interesting and revealing data.

- Surveys returned = 1830 completed paper based ( less than 2% were completed online)

- Surveys mailed out or delivered = over 2000 pre-addressed and stamped envelopes were sent out to various agencies. Many agencies used their own envelopes and postage.

- Return rate = we believe that the return rate may be as high as 50-60%. As all surveys were returned to agencies, they will be able to calculate their individual return rates. This rate will be captured in future surveys.

The results of these questions and other are provide in the following pages.

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## Client Satisfaction Surveys Returned

Bar chart titled "Client Satisfaction Surveys Returned" showing survey counts by service type:

| Service | Approximate Value |
|---|---|
| Volunteer Transportation Services... | 5 |
| Volunteer Companion Program Total | 20 |
| Vision Rehabilitation Service Total | 3 |
| Vial of Life Total | 3 |
| Transportation Total | 235 |
| Telephone Reassurance Total | 10 |
| Supportive Housing Total | 25 |
| Supportive Care Services-... | 8 |
| Support and Counselling, Grief and... | 18 |
| Special Steps Alzheimer Walking... | 3 |
| Social Work Total | 15 |
| SMART Exercise Program Total | 83 |
| Service Arrangement Coordinator... | 43 |
| Residential Services Total | 15 |
| Resident Safety Check Program Total | 13 |
| Outreach Service Total | 147 |
| Non-Accessible Van Transportation... | 3 |
| Mobility Bus Total | 10 |
| Meals on Wheels Total | 208 |
| Meals and Transportation Total | 4 |
| Meals Total | 22 |
| Lunch Bunch Total | 5 |
| Journeying Together Total | 15 |
| Information and Discussion Groups... | 30 |
| Individual Support Total | 28 |
| In Home Exercise Program Total | 20 |
| Housekeeping Total | 57 |
| Hospice Volunteer Visiting Total | 6 |
| Homemaking Program Total | 28 |
| Home Help Total | 65 |
| Frozen Meals Total | 26 |
| Friendly Visiting / Telephone... | 18 |
| Foot Care Total | 30 |
| Education Total | 78 |
| Day Break Total | 4 |
| Cornerstone Clubhouse Total | 20 |
| Congregate Dining Total | 205 |
| Breakfast Program Total | 2 |
| Blood Pressure Clinic Total | 6 |

Horizontal axis: 0, 50, 100, 150, 200, 250

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Question 1:

I am receiving assistance from this agency ☐

or, I am a caregiver of someone receiving assistance from this agency ☐

**Client vs. Caregivers**

Caregivers
Responding
398, 24%

Clients
Responding
1228, 76%
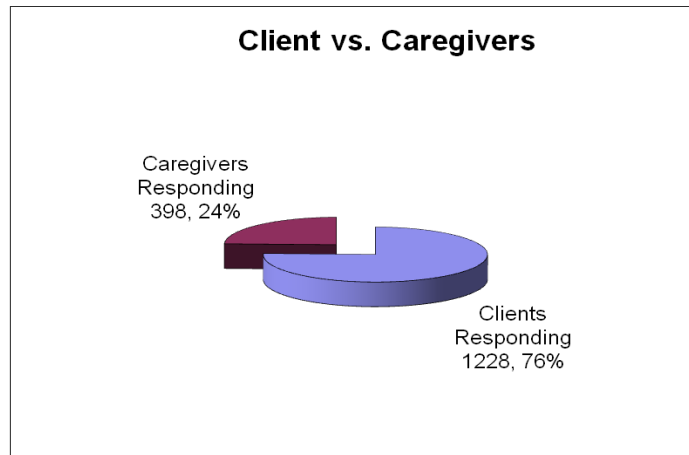
Question 2:

Overall, **how satisfied were you** with the help you or your loved one received from this agency.

☐ Very Satisfied          ☐ Satisfied          ☐ Somewhat Satisfied          ☐ Not Satisfied

**Satisfaction Levels - All Providers**

☐ Not Satisfied
with Service
0%

☐ Somewhat
Satisfied with
Service
6%

■ Satisfied wth
Service
34%

■ Very
Satisfied with
Service
60%

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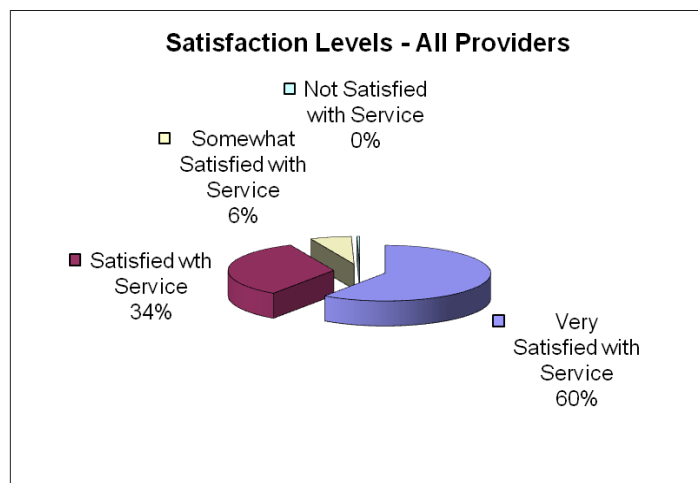
Question 3:

Do you believe the help you received from this agency **met your needs** (or the needs of your loved one)?

☐ Yes, completely          ☐ Yes, somewhat          ☐ No          ☐ Don't know

**Were needs met ?**

- Completely met my needs
- Somewhat met my needs
- Did not meet my needs
- Dont know- needs

28%   0%  1%   71%
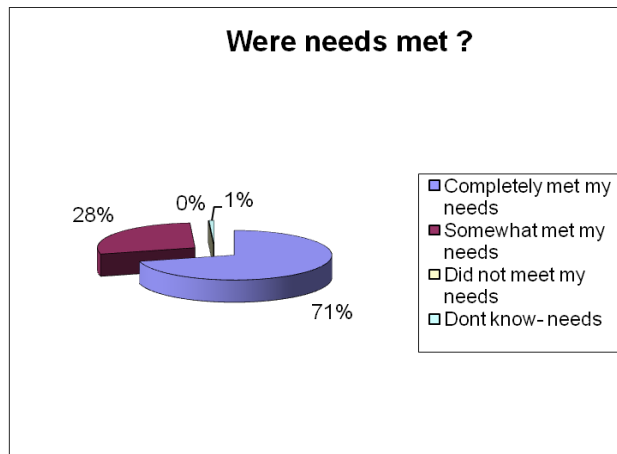
Question 4a:

Did the help you were provided **contribute to** your:

Independence   (freedom from dependence, or reliance on others)

☐ Yes, completely          ☐ Yes, somewhat          ☐ No          ☐ Don't know

**Contribute to Independence**

- Independence-Completely
- Independence-Somewhat
- Independence-No
- Independence-Dont know

5%  1%   45%   49%

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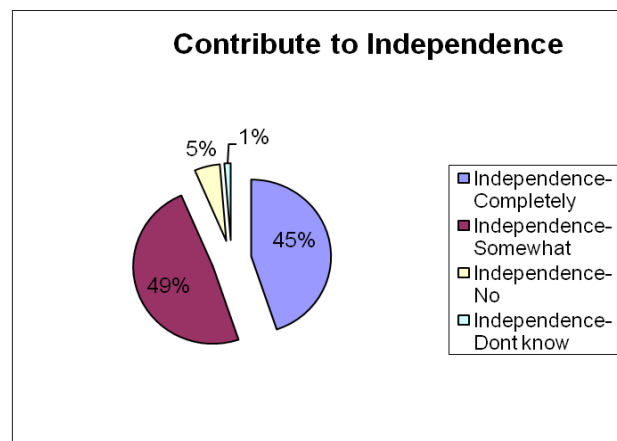
Question 4b:

Quality of Life   (general well-being, including self perceived mental, physical, spiritual and emotional health )

☐ Yes, completely          ☐ Yes, somewhat          ☐ No          ☐ Don't know
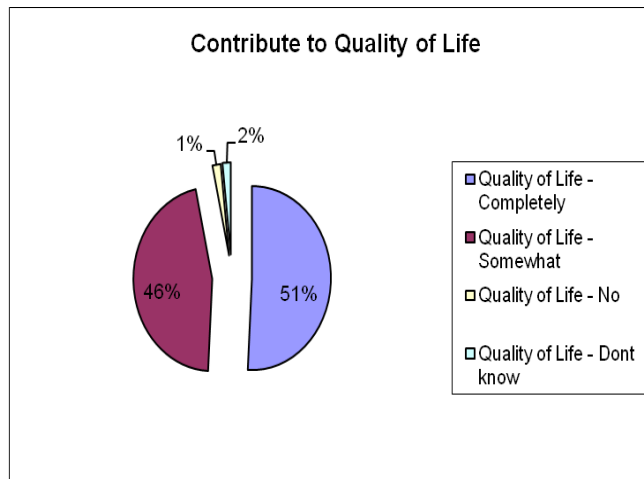


Question 4c:

Ability to Stay at Home   (the ability to live within one's home with or without some assistance.)

☐ Yes, completely          ☐ Yes, somewhat          ☐ No          ☐ Don't know
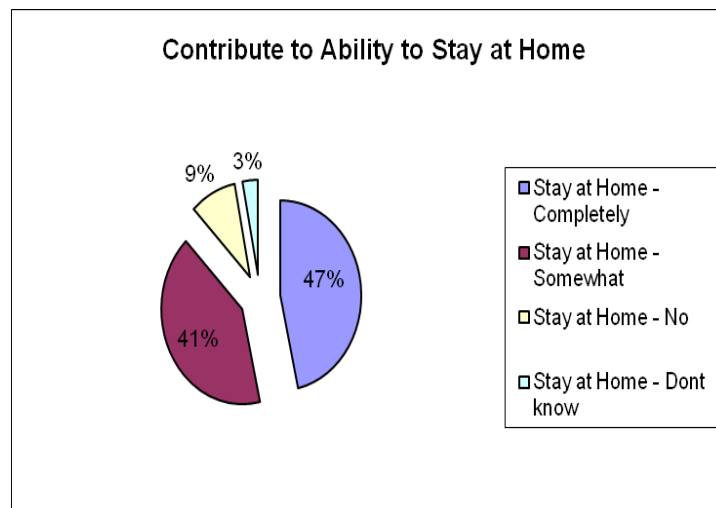
Question 5:

Did you **receive enough information** from this agency about how they could help you?

☐ Yes, completely          ☐ Yes, somewhat          ☐ No                    ☐ Don't know

### Providing Information to Clients and Caregivers



2%
3%
26%
69%

- ☐ Enough Information - Completely
- ☐ Enough Information - Somewhat
- ☐ Enough Information - No
- ☐ Enough Information - Dont know
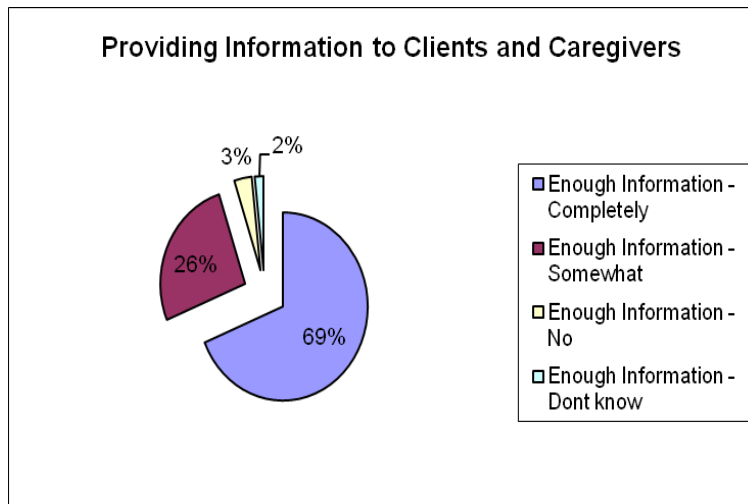
Question 6:

Did you have any **difficulties arranging or getting help** from this agency?

☐ Yes, completely          ☐ Yes, somewhat          ☐ No                    ☐ Don't know

### Difficulties in Arranging Help from Agency



1%
10%
5%
84%

- ☐ Difficulties arranging help - Completely
- ☐ Difficulties arranging help - Somewhat
- ☐ Difficulties arranging help - No
- ☐ Difficulites arranging help - Dont know

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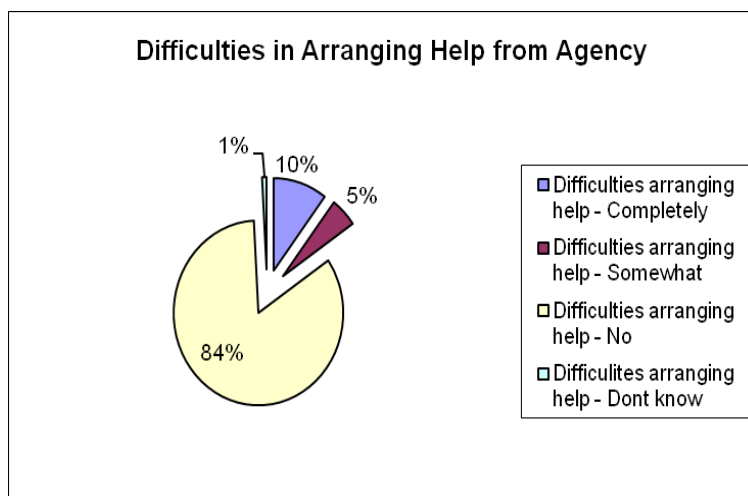
Question 7:

If you **paid this agency** for the help you received, did you find the price affordable?

☐ Yes, completely          ☐ Yes, somewhat          ☐ No          ☐ I did not pay for these services

**Affordability to Client**

2%

35%

63%

☐ Price was affordable - Completely
☐ Price was affordable - Somewhat
☐ Price was affordable - No

586 indicated they did not pay
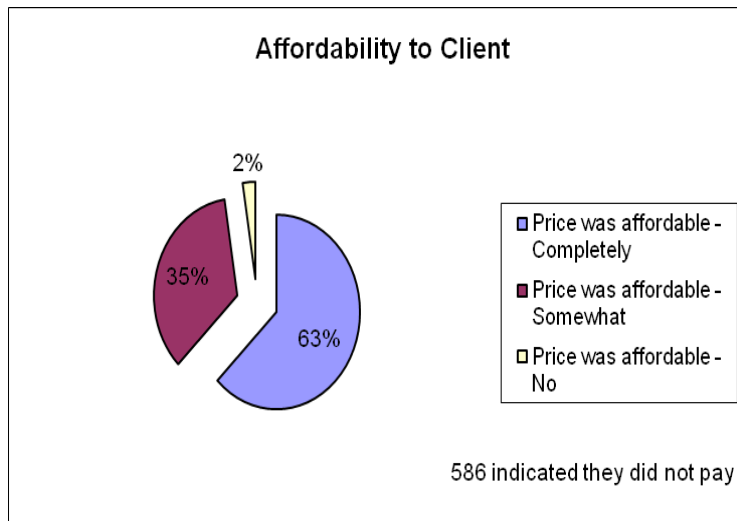
Question 8:

Would you **recommend this agency** to another family member or friend needing this type of assistance?

☐ Yes, absolutely          ☐ Maybe          ☐ No

**Would you recommend this agency?**

6% 1%

93%

☐ Would you recommend this agency - Yes
☐ Would you recomment this agency - Maybe
☐ Would you recommend this agency - No

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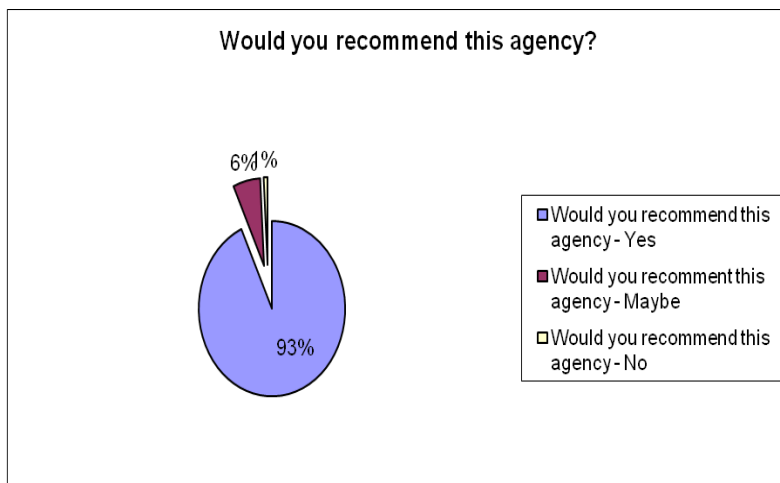
## Client Satisfaction by Service

| Service Type | Very Satisfied | Satisfied | Somewhat | Not Satisfied | Comments |
|---|---|---|---|---|---|
| Adult Day Program | 145 | 83 | 13 | 1 | 123 |
| Caregiver Support - Respite Service (Volunteer) | 20 | 4 | | | 17 |
| Caregiver Support - Support & Counselling | 35 | 14 | | | 25 |
| Caregiver Support - Volunteer Hospice Visiting Service | 7 | 5 | | | 7 |
| Client Intervention and Assistance Service (Seniors) | 3 | | | | 1 |
| Congregate Dining | 104 | 75 | 2 | | 67 |
| Foot Care Services | 23 | 6 | | | 19 |
| Friendly Visiting | 28 | 22 | 3 | 1 | 20 |
| Home Help / Homemaking | 72 | 40 | 6 | | 54 |
| Hospice Volunteer Visiting | 5 | 1 | | | 5 |
| In Home Exercise Program | 7 | 13 | | | 6 |
| Independence Training - ABI Outreach | 16 | 3 | | | 14 |
| Meals Delivery | 17 | 5 | 2 | | 10 |
| Meals on Wheels | 111 | 100 | 12 | 2 | 76 |
| Outreach Service | 65 | 55 | 6 | | 39 |
| Security Checks/Reassurance Service | 7 | 5 | 1 | 1 | 4 |
| Service Arrangement Coordinator | 28 | 14 | 1 | | 24 |
| SMART Exercise Program | 53 | 22 | | | 48 |
| Social Work | 11 | 3 | 1 | | 10 |
| Supportive Housing | 14 | 11 | | | 10 |
| Supportive Living Services | 5 | 4 | 2 | 3 | 3 |
| Training, Information & Education | 89 | 31 | 2 | | 76 |
| Transportation | 171 | 76 | 8 | 1 | 134 |
| Vision Rehabilitation Service | 2 | 1 | | | 1 |
| | | | | | |
| 24 | 1038 | 593 | 59 | 9 | 793 |
| | **60%** | **34%** | **6%** | | |

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# Who Responded - Client vs. Caregiver

| | Clients Responding | Caregivers Responding |
|---|---|---|
| Adult Day Program | 133 | 105 |
| Caregiver Support - Respite Service (Volunteer) | 4 | 19 |
| Caregiver Support - Support & Counselling | 18 | 21 |
| Caregiver Support - Volunteer Hospice Visiting Service | 8 | 4 |
| Client Intervention and Assistance Service (Seniors) | 3 | |
| Congregate Dining | 153 | 12 |
| Foot Care Services | 27 | 1 |
| Friendly Visiting | 34 | 15 |
| Home Help / Homemaking | 108 | 6 |
| Hospice Volunteer Visiting | 3 | 3 |
| In Home Exercise Program | 18 | 1 |
| Independence Training - ABI Outreach | 15 | 5 |
| Meals Delivery | 16 | 2 |
| Meals on Wheels | 187 | 27 |
| Outreach Service | 68 | 56 |
| Security Checks/Reassurance Service | 13 | 1 |
| Service Arrangement Coordinator | 20 | 4 |
| SMART Exercise Program | 65 | 3 |
| Social Work | 3 | 12 |
| Supportive Housing | 23 | 2 |
| Supportive Living Services | 15 | |
| Training, Information & Education | 52 | 61 |
| Transportation | 209 | 27 |
| Vision Rehabilitation Service | 3 | |
| **Grand Total** | 1198 | 387 |
| | **76**% | **24**% |

## Client Reporting Needs Met

| Service Type | Completely | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 174 | 64 | |
| Caregiver Support - Respite Service (Volunteer) | 22 | 2 | |
| Caregiver Support - Support & Counselling | 39 | 9 | |
| Caregiver Support - Volunteer Hospice Visiting Service | 8 | 4 | |
| Client Intervention and Assistance Service (Seniors) | 1 | | |
| Congregate Dining | 132 | 37 | |
| Foot Care Services | 26 | 2 | |
| Friendly Visiting | 39 | 15 | 1 |
| Home Help / Homemaking | 101 | 18 | |
| Hospice Volunteer Visiting | 4 | 2 | |
| In Home Exercise Program | 16 | 5 | |
| Independence Training - ABI Outreach | 13 | 5 | 1 |
| Meals Delivery | 20 | 4 | |
| Meals on Wheels | 169 | 48 | 4 |
| Outreach Service | 74 | 46 | 2 |
| Security Checks/Reassurance Service | 11 | 2 | 1 |
| Service Arrangement Coordinator | 37 | 6 | |
| SMART Exercise Program | 60 | 18 | |
| Social Work | 11 | 4 | |
| Supportive Housing | 20 | 5 | |
| Supportive Living Services | 9 | 3 | |
| Training, Information & Education | 87 | 33 | |
| Transportation | 217 | 36 | 1 |
| Vision Rehabilitation Service | 2 | 1 | |
| | 1292 | 369 | 10 |
| | **71%** | **28%** | **1%** |

## Client Reporting Service Contributed to Independence

| Service Type | Completely | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 111 | 111 | 11 |
| Caregiver Support - Respite Service (Volunteer) | 10 | 12 | |
| Caregiver Support - Support & Counselling | 15 | 21 | 4 |
| Caregiver Support - Volunteer Hospice Visiting | 4 | 6 | |
| Client Intervention and Assistance Service | 3 | | |
| Congregate Dining | 104 | 50 | 3 |
| Foot Care Services | 16 | 10 | 1 |
| Friendly Visiting | 27 | 19 | 9 |
| Home Help / Homemaking | 71 | 45 | 1 |
| Hospice Volunteer Visiting | 2 | 2 | |
| In Home Exercise Program | 7 | 11 | 1 |
| Independence Training - ABI Outreach | 9 | 9 | 2 |
| Meals Delivery | 12 | 10 | 1 |
| Meals on Wheels | 120 | 90 | 4 |
| Outreach Service | 59 | 53 | 7 |
| Security Checks/Reassurance Service | 7 | 6 | |
| Service Arrangement Coordinator | 27 | 9 | 3 |
| SMART Exercise Program | 39 | 24 | 8 |
| Social Work | 5 | 8 | 2 |
| Supportive Housing | 18 | 7 | |
| Supportive Living Services | 8 | 2 | 2 |
| Training, Information & Education | 44 | 43 | 8 |
| Transportation | 165 | 68 | 4 |
| Vision Rehabilitation Service | 2 | 1 | |
| | 885 | 617 | 71 |
| | **45%** | **49%** | **5%** |

# Client Reporting Service Contributed to Quality of Life

| Service Type | Completely | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 127 | 107 | 3 |
| Caregiver Support - Respite Service (Volunteer) | 14 | 10 | |
| Caregiver Support - Support & Counselling | 17 | 23 | |
| Caregiver Support - Volunteer Hospice Visiting Service | 5 | 7 | |
| Client Intervention and Assistance Service (Seniors) | 3 | | |
| Congregate Dining | 101 | 50 | 3 |
| Foot Care Services | 18 | 9 | |
| Friendly Visiting | 26 | 19 | 3 |
| Home Help / Homemaking | 67 | 40 | 2 |
| Hospice Volunteer Visiting | 1 | 3 | |
| In Home Exercise Program | 8 | 11 | |
| Independence Training - ABI Outreach | 9 | 10 | 1 |
| Meals Delivery | 12 | 8 | 1 |
| Meals on Wheels | 102 | 100 | 2 |
| Outreach Service | 59 | 58 | 2 |
| Security Checks/Reassurance Service | 7 | 6 | |
| Service Arrangement Coordinator | 22 | 12 | 4 |
| SMART Exercise Program | 41 | 35 | |
| Social Work | 4 | 10 | |
| Supportive Housing | 17 | 8 | |
| Supportive Living Services | 10 | 1 | 3 |
| Training, Information & Education | 52 | 45 | 1 |
| Transportation | 134 | 69 | 10 |
| Vision Rehabilitation Service | 1 | 2 | |
| | 857 | 643 | 35 |
| | **51%** | **46%** | **1%** |

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## Client Reporting Service Contributed to Ability to Stay at Home

| Service Type | Completely | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 113 | 91 | 19 |
| Caregiver Support - Respite Service (Volunteer) | 11 | 4 | 3 |
| Caregiver Support - Support & Counselling | 15 | 11 | 9 |
| Caregiver Support - Volunteer Hospice Visiting Service | 5 | 4 | 1 |
| Client Intervention and Assistance Service (Seniors) | 3 | | |
| Congregate Dining | 100 | 39 | 6 |
| Foot Care Services | 21 | 4 | |
| Friendly Visiting | 22 | 13 | 12 |
| Home Help / Homemaking | 76 | 34 | 2 |
| Hospice Volunteer Visiting | 1 | 3 | |
| In Home Exercise Program | 11 | 6 | 1 |
| Independence Training - ABI Outreach | 8 | 8 | 2 |
| Meals Delivery | 13 | 8 | |
| Meals on Wheels | 131 | 75 | 7 |
| Outreach Service | 64 | 42 | 10 |
| Security Checks/Reassurance Service | 10 | 3 | |
| Service Arrangement Coordinator | 22 | 12 | 3 |
| SMART Exercise Program | 42 | 7 | 4 |
| Social Work | 2 | 8 | 1 |
| Supportive Housing | 18 | 6 | 1 |
| Supportive Living Services | 3 | 7 | 2 |
| Training, Information & Education | 42 | 32 | 12 |
| Transportation | 135 | 57 | 22 |
| Vision Rehabilitation Service | 1 | 1 | |
| | 869 | 475 | 117 |
| | **47%** | **41%** | **9%** |

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# Was the Service Affordable?

| Service Type | Completely | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 121 | 67 | 5 |
| Caregiver Support - Respite Service (Volunteer) | 1 | | |
| Caregiver Support - Support & Counselling | 6 | | 1 |
| Caregiver Support - Volunteer Hospice Visiting Service | 2 | 1 | |
| Client Intervention and Assistance Service (Seniors) | 1 | | |
| Congregate Dining | 100 | 31 | 3 |
| Foot Care Services | 11 | 10 | 3 |
| Friendly Visiting | 11 | 6 | 1 |
| Home Help / Homemaking | 46 | 22 | |
| Hospice Volunteer Visiting | | | |
| In Home Exercise Program | 12 | 2 | |
| Independence Training - ABI Outreach | 1 | | 1 |
| Meals Delivery | 4 | 3 | |
| Meals on Wheels | 116 | 46 | 6 |
| Outreach Service | 32 | 12 | 1 |
| Security Checks/Reassurance Service | 2 | 1 | |
| Service Arrangement Coordinator | 24 | 9 | 2 |
| SMART Exercise Program | 56 | 3 | |
| Social Work | 3 | | 1 |
| Supportive Housing | 7 | 1 | 1 |
| Supportive Living Services | | | |
| Training, Information & Education | 15 | 2 | 3 |
| Transportation | 145 | 49 | 10 |
| Vision Rehabilitation Service | | 1 | |
| | 716 | 266 | 38 |
| | **63%** | **35%** | **2%** |

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# Clients Reporting Enough Information

| Service Type | Completely | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 167 | 63 | 9 |
| Caregiver Support - Respite Service (Volunteer) | 18 | 5 | |
| Caregiver Support - Support & Counselling | 37 | 9 | |
| Caregiver Support - Volunteer Hospice Visiting Service | 9 | 2 | 1 |
| Client Intervention and Assistance Service (Seniors) | 2 | 1 | |
| Congregate Dining | 125 | 36 | 5 |
| Foot Care Services | 25 | 2 | 1 |
| Friendly Visiting | 38 | 13 | 3 |
| Home Help / Homemaking | 91 | 25 | 2 |
| Hospice Volunteer Visiting | 4 | 2 | |
| In Home Exercise Program | 16 | 4 | |
| Independence Training - ABI Outreach | 12 | 5 | 2 |
| Meals Delivery | 18 | 6 | |
| Meals on Wheels | 165 | 50 | 3 |
| Outreach Service | 79 | 36 | 4 |
| Security Checks/Reassurance Service | 9 | 5 | |
| Service Arrangement Coordinator | 31 | 10 | 2 |
| SMART Exercise Program | 58 | 12 | 1 |
| Social Work | 11 | 4 | |
| Supportive Housing | 22 | 3 | |
| Supportive Living Services | 8 | 2 | 2 |
| Training, Information & Education | 86 | 24 | 1 |
| Transportation | 177 | 50 | 9 |
| Vision Rehabilitation Service | 1 | 2 | |
| | 1209 | 371 | 45 |
| | **69%** | **26%** | **3%** |

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## Clients Reporting Difficulty Arranging Help

| Service Type | Alot of Difficulty | Somewhat | No |
|---|---|---|---|
| Adult Day Program | 25 | 14 | 197 |
| Caregiver Support - Respite Service (Volunteer) | 1 | 3 | 21 |
| Caregiver Support - Support & Counselling | | 2 | 45 |
| Caregiver Support - Volunteer Hospice Visiting Service | | 1 | 10 |
| Client Intervention and Assistance Service (Seniors) | 3 | | |
| Congregate Dining | 5 | 6 | 141 |
| Foot Care Services | 1 | | 26 |
| Friendly Visiting | 2 | 2 | 50 |
| Home Help / Homemaking | 3 | 6 | 106 |
| Hospice Volunteer Visiting | | 1 | 5 |
| In Home Exercise Program | | 1 | 19 |
| Independence Training - ABI Outreach | 14 | 3 | 1 |
| Meals Delivery | 1 | | 19 |
| Meals on Wheels | 11 | 2 | 207 |
| Outreach Service | 2 | 15 | 98 |
| Security Checks/Reassurance Service | | 1 | 13 |
| Service Arrangement Coordinator | | | 43 |
| SMART Exercise Program | | 2 | 72 |
| Social Work | | | 16 |
| Supportive Housing | | | 25 |
| Supportive Living Services | | 5 | 10 |
| Training, Information & Education | | 5 | 107 |
| Transportation | 5 | 19 | 214 |
| Vision Rehabilitation Service | | 1 | 2 |
| | 73 | 89 | 1447 |
| | **10%** | **5%** | **84%** |

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# Would Client Recommend Service

| Service Type | Yes | Maybe | No |
|---|---|---|---|
| Adult Day Program | 223 | 14 | 1 |
| Caregiver Support - Respite Service (Volunteer) | 24 | | |
| Caregiver Support - Support & Counselling | 46 | 1 | |
| Caregiver Support - Volunteer Hospice Visiting Service | 8 | 1 | |
| Client Intervention and Assistance Service (Seniors) | 2 | | |
| Congregate Dining | 162 | 8 | |
| Foot Care Services | 26 | 2 | |
| Friendly Visiting | 49 | 3 | 2 |
| Home Help / Homemaking | 107 | 7 | 2 |
| Hospice Volunteer Visiting | 6 | | |
| In Home Exercise Program | 18 | 1 | |
| Independence Training - ABI Outreach | 17 | 2 | 1 |
| Meals Delivery | 18 | 2 | |
| Meals on Wheels | 201 | 18 | 2 |
| Outreach Service | 109 | 10 | |
| Security Checks/Reassurance Service | 13 | 1 | |
| Service Arrangement Coordinator | 41 | 3 | |
| SMART Exercise Program | 76 | 3 | |
| Social Work | 16 | | |
| Supportive Housing | 25 | | |
| Supportive Living Services | 11 | 3 | 1 |
| Training, Information & Education | 112 | 1 | |
| Transportation | 228 | 13 | |
| Vision Rehabilitation Service | 2 | 1 | |
| | 1540 | 94 | 9 |
| | **93%** | **6%** | |

## PERFORMANCE INDICATOR REPORTING RESULTS

The following are results of a 3 month trial of 16 performance indicators identified by the participating agencies. Data shown is based on what was reported by the various agencies. It must be noted that there were a few instances where an agency did not provide information for a specific indicator. One example is that of the indicators related to Organizational Health, where agencies were asked to report on staff turnover and # of staff days lost.  Very few agencies reported on these indicators, either because the value was nil or their agency did not track these indicators. You will not find a report dedicated to Organizational Health, due to this fact. This is one of the indicators that require review in phase 2 of this project.

Within the reports there will appear blank data fields. These are a result of data not being provided.

Programs Responding = 99

Different Programs = 24

Analysis of this data is the responsibility of the funder and agencies accountable for delivery of the services and programs, and thus was not contemplated as part of the project.

Indicators 18-20 related to client perspective are reported separately within the client satisfaction section of this report.

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## Units Provided by Service

| Service | # of Units |
| --- | --- |
| Adult Day Program | 14569 |
| Alzheimer Walking Program | 151 |
| Assisted Living | 12327 |
| Attendant Services | 81735 |
| Caregiver Support - Respite Service (Volunteer) | 323 |
| Caregiver Support - Support & Counselling | 625 |
| Caregiver Support - Volunteer Hospice Visiting Service | 185 |
| Client Intervention and Assistance Service (Seniors) | 96 |
| Congregate Dining | 4038 |
| Foot Care | 315 |
| Friendly Visiting | 2906 |
| Home at Last | 170 |
| Home Help/Homemaking | 5441 |
| Home Maintenance | 638 |
| Hospice Volunteer Visiting | 857 |
| Independent Training | 4158 |
| Meals on Wheels | 31222 |
| Outreach | 11848 |
| Security Checks/Reassurance Service | 56492 |
| SMART | 278 |
| Social Recreation | 5232 |
| Supportive Housing | 3416 |
| Training, Information & Education | 1313 |
| Transportation | 25388 |
| Vision Impaired Care Services | 2105 |
| Volunteer Visiting | 1778 |
| Wellness for Seniors | 1446 |

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# Service, Govt Funding, $ Required to Maintain Services

| Service | Avg Of % of government funding | Sum Of $ total required to maintain service levels | Total Govt Funded | Total Agency Funded |
|---|---|---|---|---|
| Adult Day Program | 32 | $646,323.00 | $205,746.16 | $440,576.85 |
| Alzheimer Walking Program | 25 | | | |
| Assisted Living | 85 | $7,260,825.00 | $6,171,701.25 | $1,089,123.75 |
| Attendant Services | 98 | | | |
| Caregiver Support - Respite Service (Volunteer) | 99 | $25,317.00 | $25,063.83 | $253.17 |
| Caregiver Support - Support & Counselling | 42 | $53,606.00 | $22,514.52 | $31,091.48 |
| Caregiver Support - Volunteer Hospice Visiting Service | 18 | $126,249.00 | $22,724.82 | $103,524.18 |
| Client Intervention and Assistance Service (Seniors) | 8 | $9,275.00 | $742.00 | $8,533.00 |
| Congregate Dining | 38 | $41,162.00 | $15,806.21 | $25,355.79 |
| Foot Care | 34 | $9,198.00 | $3,127.32 | $6,070.68 |
| Friendly Visiting | 75 | $6,273.00 | $4,689.07 | $1,583.93 |
| Home at Last | 100 | $38,688.00 | $38,688.00 | $0.00 |
| Home Help/Homemaking | 61 | $151,530.00 | $92,433.30 | $59,096.70 |
| Home Maintenance | 66 | $24,728.00 | $16,369.94 | $8,358.06 |
| Hospice Volunteer Visiting | 90 | $78,813.00 | $70,931.70 | $7,881.30 |
| Independent Training | 100 | $20,124.00 | $20,124.00 | $0.00 |
| Meals on Wheels | 49 | $302,385.00 | $148,168.65 | $154,216.35 |
| Outreach | 76 | $394,003.00 | $299,442.28 | $94,560.72 |
| Security Checks/Reassurance Service | 74 | $48,252.00 | $35,706.48 | $12,545.52 |
| SMART | | $45,000.00 | | |
| Social Recreation | 64 | $34,626.00 | $22,160.64 | $12,465.36 |
| Supportive Housing | 70 | $200,327.00 | $139,561.14 | $60,765.86 |
| Training, Information & Education | 63 | $62,445.00 | $39,090.57 | $23,354.43 |
| Transportation | 53 | $411,366.00 | $218,023.98 | $193,342.02 |
| Vision Impaired Care Services | 12 | $1,048,000.00 | $125,760.00 | $922,240.00 |
| Volunteer Visiting | 30 | $45,779.00 | $13,886.30 | $31,892.70 |
| Wellness for Seniors | 70 | $17,628.00 | $12,339.60 | $5,288.40 |
| | 59 | $11,101,922.00 | $7,764,801.75 | $3,292,120.25 |

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## Cost per Unit of Service

The following report should not be taken as actual unit costs... as these are estimates based on information provided by agencies during the trial period. In some cases they may be close to the actual costs, but in others they may not fairly represent the actual cost.  At this point, it is only meant to illustrate the potential reporting and analysis capabilities.

| Service | Units of Service Provided | $ required to maintain service levels | Unit Cost |
|---|---|---|---|
| Adult Day Program | 14569 | $646,323.00 | $44.36 |
| Alzheimer Walking Program | 151 | | |
| Assisted Living | 12327 | $7,260,825.00 | $589.02 |
| Attendant Services | 81735 | | |
| Caregiver Support - Respite Service (Volunteer) | 323 | $25,317.00 | $78.38 |
| Caregiver Support - Support & Counselling | 625 | $53,606.00 | $85.77 |
| Caregiver Support - Volunteer Hospice Visiting Service | 185 | $126,249.00 | $682.43 |
| Client Intervention and Assistance Service (Seniors) | 96 | $9,275.00 | $96.61 |
| Congregate Dining | 4038 | $41,162.00 | $10.19 |
| Foot Care | 315 | $9,198.00 | $29.20 |
| Friendly Visiting | 2906 | $6,273.00 | $2.16 |
| Home at Last | 170 | $38,688.00 | $227.58 |
| Home Help/Homemaking | 5441 | $151,530.00 | $27.85 |
| Home Maintenance | 638 | $24,728.00 | $38.76 |
| Hospice Volunteer Visiting | 857 | $78,813.00 | $91.96 |
| Independent Training | 4158 | $20,124.00 | $4.84 |
| Meals on Wheels | 31222 | $302,385.00 | $9.68 |
| Outreach | 11848 | $394,003.00 | $33.25 |
| Security Checks/Reassurance Service | 56492 | $48,252.00 | $0.85 |
| SMART | 278 | $45,000.00 | $161.87 |
| Social Recreation | 5232 | $34,626.00 | $6.62 |
| Supportive Housing | 3416 | $200,327.00 | $58.64 |
| Training, Information & Education | 1313 | $62,445.00 | $47.56 |
| Transportation | 25388 | $411,366.00 | $16.20 |
| Vision Impaired Care Services | 2105 | $1,048,000.00 | $497.86 |
| Volunteer Visiting | 1778 | $45,779.00 | $25.75 |
| Wellness for Seniors | 1446 | $17,628.00 | $12.19 |

**CSS-SW Ontario Performance Measurement Project 2008-09**

# Service and Volunteer Equivalency

**Based on $12.50 per volunteer hour.     Would have to hire someone to perform activities if no volunteer.**

| Service | $ volunteer service equivalency | $ total required to maintain service levels | Total $ Required without Volunteers |
|---|---|---|---|
| Adult Day Program | $137,067.25 | $646,323.00 | $783,390.25 |
| Caregiver Support - Respite Service (Volunteer) | $4,039.00 | $25,317.00 | $29,356.00 |
| Caregiver Support - Support & Counselling | $6,162.00 | $53,606.00 | $59,768.00 |
| Caregiver Support - Volunteer Hospice Visiting Service | $2,306.00 | $126,249.00 | $128,555.00 |
| Congregate Dining | $12,684.63 | $41,162.00 | $53,846.63 |
| Friendly Visiting | $7,223.50 | $6,273.00 | $13,496.50 |
| Home Maintenance | $8,946.00 | $24,728.00 | $33,674.00 |
| Hospice Volunteer Visiting | $9,270.00 | $78,813.00 | $88,083.00 |
| Independent Training | $1,200.00 | $20,124.00 | $21,324.00 |
| Meals on Wheels | $81,494.00 | $302,385.00 | $383,879.00 |
| Outreach | $15,675.00 | $394,003.00 | $409,678.00 |
| Security Checks/Reassurance Service | $28,909.00 | $48,252.00 | $77,161.00 |
| SMART | $1,200.00 | $45,000.00 | $46,200.00 |
| Social Recreation | $12,273.00 | $34,626.00 | $46,899.00 |
| Training, Information & Education | $9,685.00 | $62,445.00 | $72,130.00 |
| Transportation | $239,733.50 | $411,366.00 | $651,099.50 |
| Vision Impaired Care Services | $500.00 | $1,048,000.00 | $1,048,500.00 |
| Volunteer Visiting | $23,799.00 | $45,779.00 | $69,578.00 |
| Wellness for Seniors | $3,001.00 | $17,628.00 | $20,629.00 |
| | $605,167.88 | $3,432,079.00 | $4,037,246.88 |

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**CSS-SW Ontario Performance Measurement Project 2008-09**

## Clients on Wait List, Avg. # of Days, Waiting for Additional Service

| Service | Total waiting for first service (new clients) | Avg # days on wait list | Total waiting for additional service |
|---|---|---|---|
| Adult Day Program | 92 | 64 | 20 |
| Alzheimer Walking Program | 8 | 27 | 7 |
| Assisted Living | 229 | 1,152 | 8 |
| Attendant Services | 314 | 1,747 | 147 |
| Caregiver Support - Respite Service (Volunteer) | 50 | 348 | |
| Caregiver Support - Support & Counselling | | | |
| Caregiver Support - Volunteer Hospice Visiting Service | | | |
| Client Intervention and Assistance Service (Seniors) | | | |
| Congregate Dining | | | |
| Foot Care | | | |
| Friendly Visiting | 78 | 124 | 25 |
| Home at Last | | | |
| Home Help/Homemaking | 304 | 59 | |
| Home Maintenance | | | |
| Hospice Volunteer Visiting | 8 | 108 | |
| Independent Training | | | 180 |
| Meals on Wheels | 23 | 0 | 0 |
| Outreach | 36 | 72 | 1 |
| Security Checks/Reassurance Service | | | |
| SMART | | | |
| Social Recreation | | | |
| Supportive Housing | 79 | 2,191 | 57 |
| Training, Information & Education | | | |
| Transportation | 32 | 1 | 540 |
| Vision Impaired Care Services | 22 | 7 | 40 |
| Volunteer Visiting | 260 | 498 | 168 |
| Wellness for Seniors | | | |
| | 1535 | 6,397 | 1193 |

# CCAC Referrals by Service

| Service | Referrals in by CCAC |
|---|---|
| Adult Day Program | 86 |
| Alzheimer Walking Program | 3 |
| Assisted Living | 42 |
| Attendant Services | 3 |
| Caregiver Support - Respite Service (Volunteer) | 4 |
| Caregiver Support - Support & Counselling | 15 |
| Caregiver Support - Volunteer Hospice Visiting Service | 3 |
| Client Intervention and Assistance Service (Seniors) | 6 |
| Congregate Dining | 1 |
| Foot Care | 1 |
| Friendly Visiting | 17 |
| Home at Last | 13 |
| Home Help/Homemaking | 15 |
| Hospice Volunteer Visiting | 2 |
| Meals on Wheels | 37 |
| Outreach | 45 |
| Security Checks/Reassurance Service | 8 |
| Supportive Housing | 3 |
| Training, Information & Education | 9 |
| Transportation | 55 |
| Volunteer Visiting | 9 |
| | 377 |

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## CCAC Inappropriate Referrals

| Service | # of referrals in by CCAC | Deemed inappropriate by Agency |
|---|---|---|
| Adult Day Program | 86 | 15 |
| Alzheimer Walking Program | 3 | 1 |
| Assisted Living | 42 | 3 |
| Friendly Visiting | 17 | 2 |
| Hospice Volunteer Visiting | 2 | 1 |
| Outreach | 45 | 5 |
| Transportation | 55 | 23 |
| Volunteer Visiting | 9 | 1 |
| | 259 | 51 |

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## PARTICIPATING AGENCIES - PERFORMANCE INDICATOR REPORTING

**Organization Name**
Alzheimer Society Huron
Alzheimer Society of London & Middlesex
Alzheimer Society of Grey Bruce
Alzheimer Society of Perth County
Canadian Red Cross
Cheshire Homes
CNIB
Craigwiel Gardens
Dale Brain Injury
Dearness
Four Counties Health Services
Home and Community Services of Grey Bruce
McCormick Home
Meals on Wheels London
Mitchell and Area Community Outreach
Mitchell and Community Outreach
Multi Service Centre
North Perth Community Hospice
Over 55 London
Participation House
Salvation Army - Owen Sound
Salvation Army London Village
Stratford Meals on Wheels
VON Middlesex Elgin
VON Oxford
VON Perth Huron
VON Perth-Huron
VON-Perth Huron
West Elgin Community Health Centre

## PARTICIPATING AGENCIES – CLIENT SATISFACTION SURVEY

**Organization Name**
Alzheimer Society of Huron County
Alzheimer Society of London & Middlesex
Alzheimer Society of Oxford
Alzheimer Society of Perth County
Canadian Red Cross
Canadian Red Cross- Woodstock
Cheshire- London
CNIB
Dale Brain Injury Services
Dearness Adult Day Program
Dearness Home Community and Program Services
Four Counties Community Villa
Four Counties Health Services - Newbury
Home and Community Support Services of Grey Bruce
Hutton House-London
McCormick Home
Meals on Wheels-London
Midwestern Adult Day Services
Mitchell & Area Community Outreach
Multi Service Centre Tillsonburg
North Perth Community Hospice
Over 55 London
Red Cross- Woodstock
Stratford Meals on Wheels and Neighbourly Services
The Salvation Army Golden Agers- Owen Sound
The Salvation Army London Village
Town and Country Support Services
VON Grey Bruce
VON Middlesex-Elgin
VON Middlesex-Elgin-St. Thomas
VON Oxford
VON Perth-Huron
West Elgin Community Health Centre

## CLIENT SATISFACTION SURVEY

Community Support Services of Southwest Ontario

This survey has been developed by the agencies providing Community Support Services in Southwest Ontario in an effort to assess client satisfaction. The feedback you provide will help these organizations evaluate and improve upon the assistance provided to you. Your answers and comments are very important to the future development of programs and services designed to support you and your loved ones.  Please take a moment to complete the survey and return it. A postage paid return envelope has been provided for you.

### *Meals on Wheels    provided by Co-op Elder Care*

Please answer the following questions as they relate to the program listed above.

1.   I am receiving assistance from this agency  ☐


          or, I am a caregiver of someone receiving assistance from this agency ☐


2.   Overall, **how satisfied were you** with the help you or your loved one received from this agency.

☐ Very Satisfied          ☐ Satisfied          ☐ Somewhat Satisfied          ☐ Not Satisfied


If you answered "Very Satisfied" or "Not Satisfied" please indicate why.



3.   Do you believe the help you received from this agency **met your needs** (or the needs of your loved one)?

☐ Yes, completely          ☐ Yes, somewhat          ☐ No          ☐ Don't know


If you answered "No" please indicate why you feel your needs were not met.



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4.   Did the help you were provided **contribute to** your:

   Independence   (freedom from dependence, or reliance on others)

   ☐ Yes, completely        ☐ Yes, somewhat        ☐ No        ☐ Don't know

   Quality of Life   (general well-being, including self perceived mental, physical, spiritual and emotional health )

   ☐ Yes, completely        ☐ Yes, somewhat        ☐ No        ☐ Don't know

   Ability to Stay at Home   (the ability to live within one's home with or without some assistance.)

   ☐ Yes, completely        ☐ Yes, somewhat        ☐ No        ☐ Don't know

5.   Did you **receive enough information** from this agency about how they could help you?

   ☐ Yes, completely        ☐ Yes, somewhat        ☐ No        ☐ Don't know

6.   Did you have any **difficulties arranging or getting help** from this agency?

   ☐ Yes, completely        ☐ Yes, somewhat        ☐ No        ☐ Don't know

   If you answered "Yes" please tell us what difficulties you had.

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7. If you **paid this agency** for the help you received, did you find the price affordable?

   ☐ Yes, completely ☐ Yes, somewhat ☐ No ☐ I did not pay for these services

8. Would you **recommend this agency** to another family member or friend needing this type of assistance?

   ☐ Yes, absolutely ☐ Maybe ☐ No

9. Additional comments about this agency and the assistance they provided to you or your loved one.

What date did you complete this survey _____.

(day / month/ year)

What month and year did you last receive help from this agency _____.

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