

# Performance Measurement Project

South West Community Support Services

Final Report

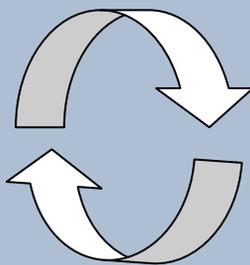
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2009

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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

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.

## 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*".

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 to 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.

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.
  - **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.
  - 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
  - Early in the project, all participating agencies were asked to submit and describe their current data collection tools and methodologies.
  - **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
  - Agencies were asked to submit samples of the tools they used to measure customer satisfaction.
  - **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
  - 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)
  - 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.
  - Individual meetings were held with agencies in London, Seaforth, Walkerton and Reeces Corner.
  - 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
  - A small group of agencies collecting data using the indicators for 3 months
  - 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
  - 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.
  - 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:

- a. Primary Indicators – 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. Secondary Indicators – 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)			
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')



% 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
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## 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 TECHNIQUES 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.

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## 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.

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.

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## 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.

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## 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.

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## 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
<b>Identifying Outcomes</b>	Define outcomes and desired results	System Outcomes – Funder Program Outcomes – Agencies with similar programs Local Outcomes – Agency/Board/Community
<b>Performance Indicators</b>	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 Secondary Indicators – Agencies with similar programs
<b>Data Sources</b>	Both existing and potential new data sources should be reflected.	Agencies, Funder and other.
<b>Collection Methods</b>	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
<b>Frequency</b>	Determine frequency of reporting.	System Reporting – Funder Program Reporting – Agencies with similar programs Local Reporting – Agency/Board/Community
<b>Reporting</b>	Determine the person(s)/program responsible for collecting, analyzing and reporting performance information and data.	System Reporting – Funder Program Reporting – Agencies with similar programs Local Reporting – Agency/Board/Community

## 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



## RECOMMENDATIONS FROM FOCUS GROUPS / PARTICIPATING 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<sup>rd</sup> 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

## 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

## 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:

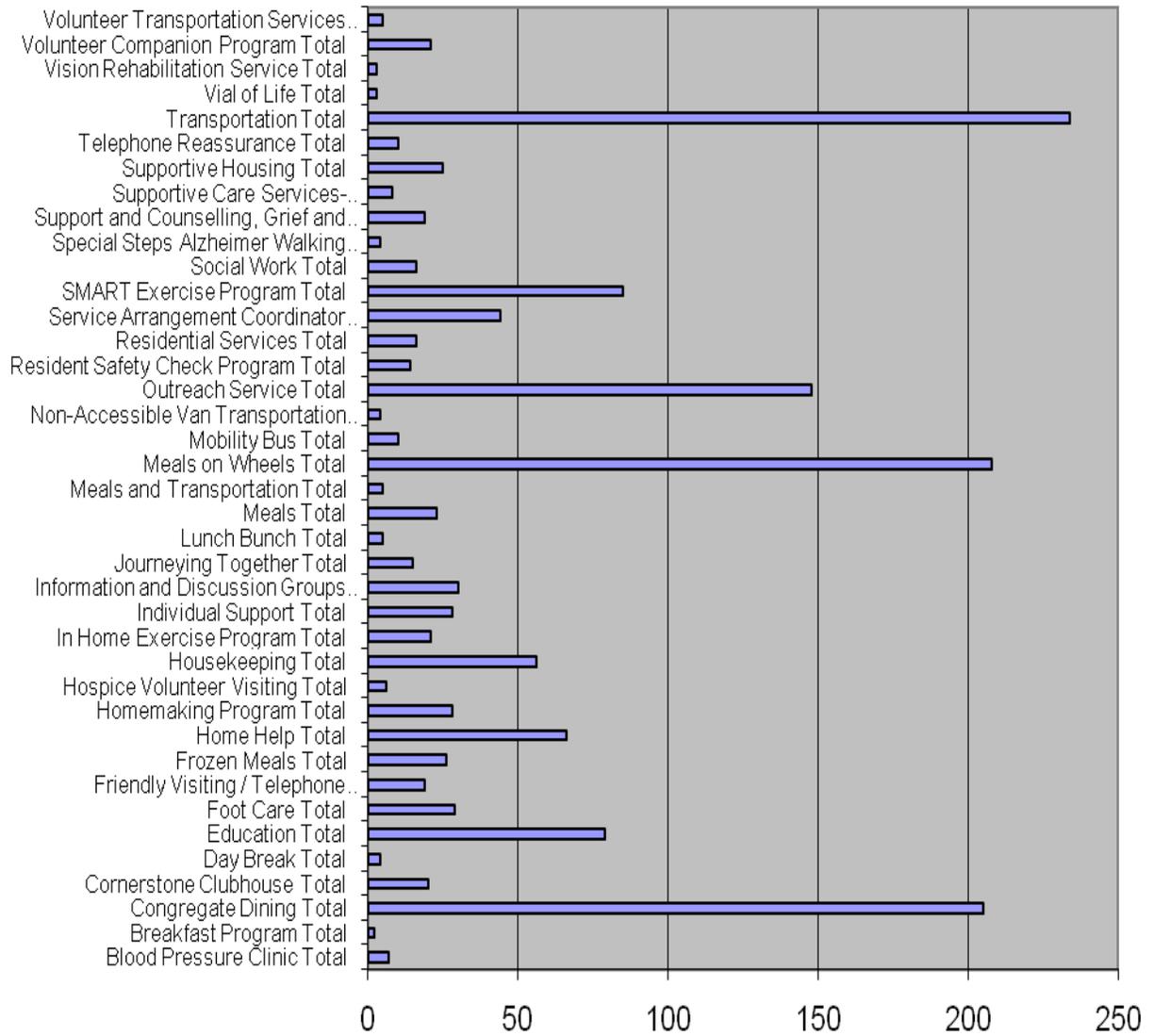
1. The clients ability to remain in their home – the ability to live within one’s home with or without some assistance
2. The clients quality of life – general well being, including self perceived mental, physical, spiritual and emotional health
3. The clients independence – freedom from dependence, 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.

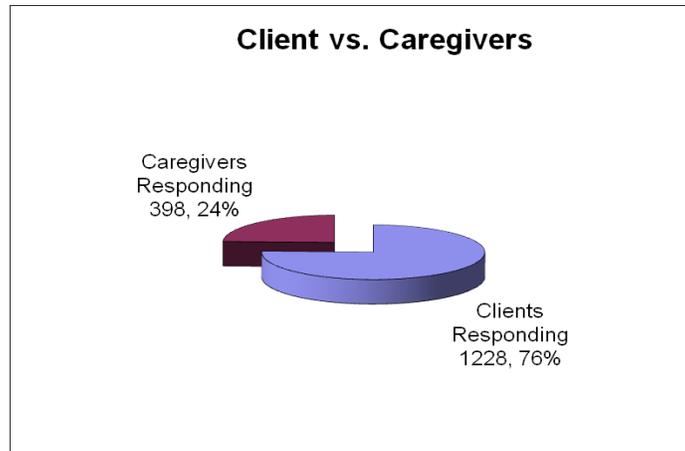
## Client Satisfaction Surveys Returned



Question 1:

I am receiving assistance from this agency

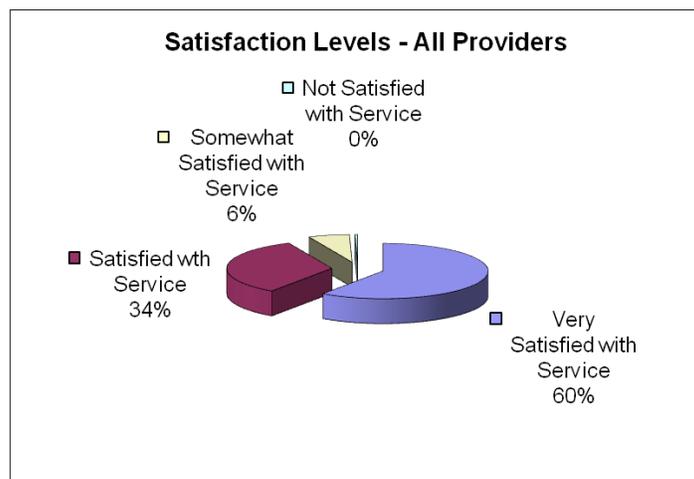
or, I am a caregiver of someone receiving assistance from this agency



Question 2:

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

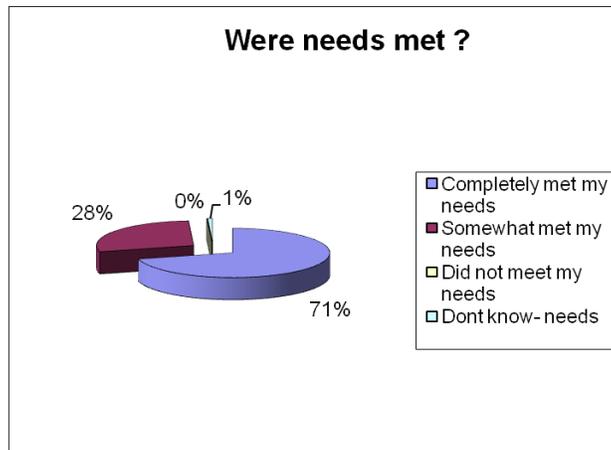
- Very Satisfied     
  Satisfied     
  Somewhat Satisfied     
  Not Satisfied



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

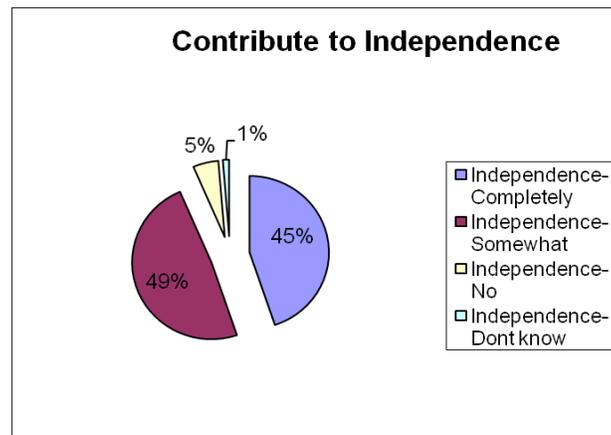


Question 4a:

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



Question 4b:

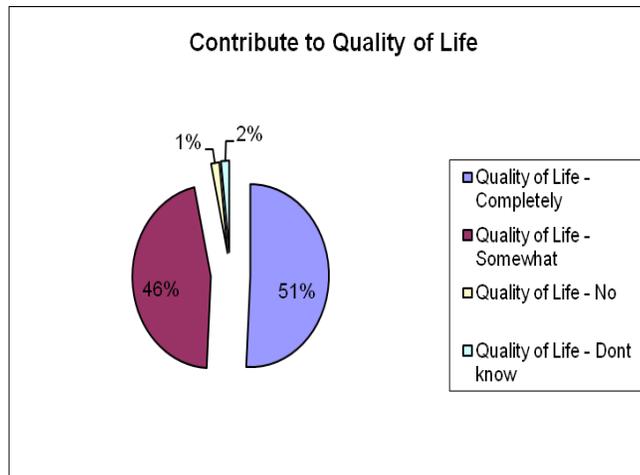
Quality of Life (general well-being, including self perceived mental, physical, spiritual and emotional health )

Yes, completely

Yes, somewhat

No

Don't know



Question 4c:

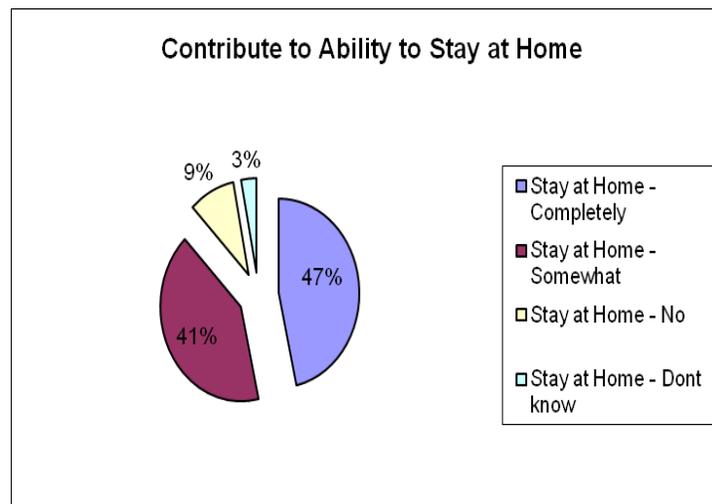
Ability to Stay at Home (the ability to live within one's home with or without some assistance.)

Yes, completely

Yes, somewhat

No

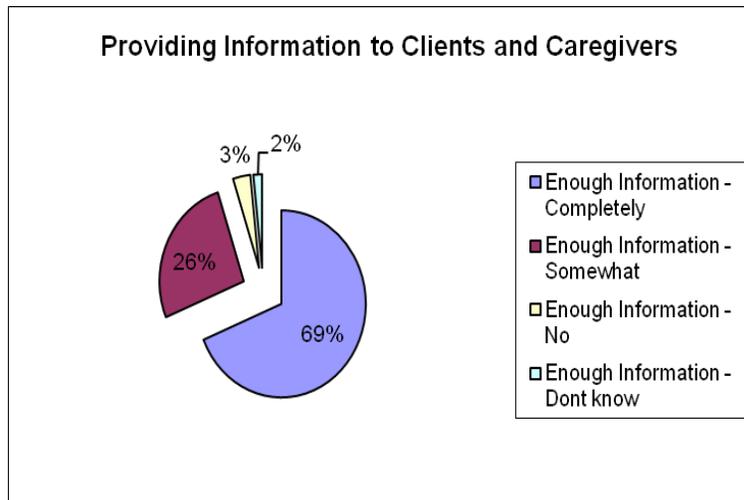
Don't know



Question 5:

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

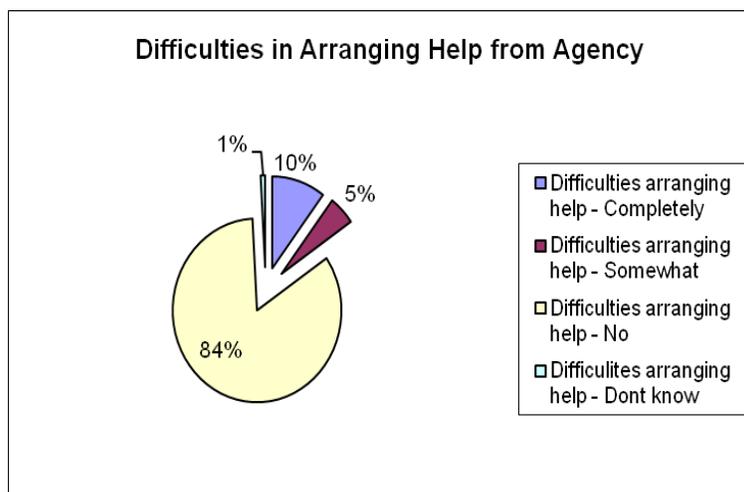
- Yes, completely     
  Yes, somewhat     
  No     
  Don't know



Question 6:

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

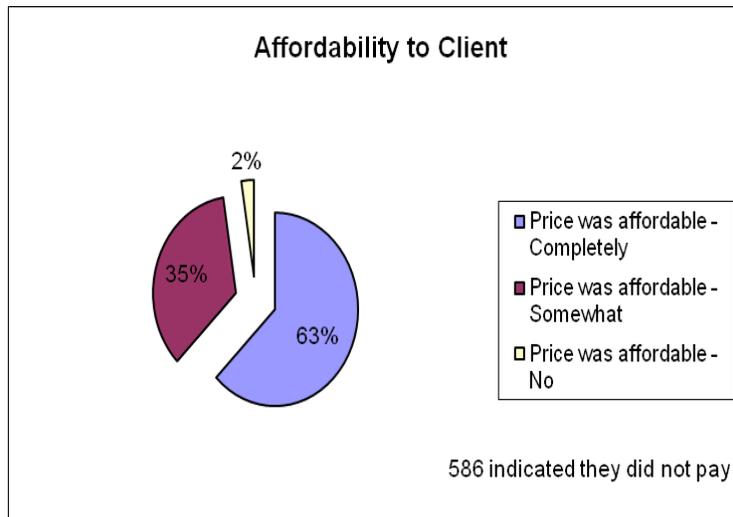
- Yes, completely     
  Yes, somewhat     
  No     
  Don't know



Question 7:

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

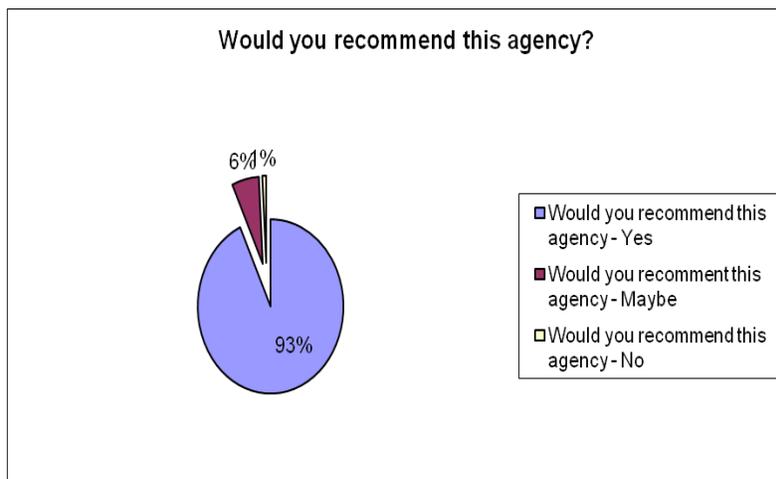
- Yes, completely     
  Yes, somewhat     
  No     
  I did not pay for these services



Question 8:

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

- Yes, absolutely     
  Maybe     
  No



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

## 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
	<b>60%</b>	<b>34%</b>	<b>6%</b>		

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

## 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	
<b>Grand Total</b>	<b>1198</b>	<b>387</b>
	<b>76%</b>	<b>24%</b>

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

## 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
	<b>71%</b>	<b>28%</b>	<b>1%</b>

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

## 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%

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

## 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
	<b>51%</b>	<b>46%</b>	<b>1%</b>

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

## 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%

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

## 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
	<b>63%</b>	<b>35%</b>	<b>2%</b>

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

## 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
	<b>69%</b>	<b>26%</b>	<b>3%</b>

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

## 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
	<b>10%</b>	<b>5%</b>	<b>84%</b>

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

## 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
	<b>93%</b>	<b>6%</b>	

## 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.

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

## Units Provided by Service

<b>Service</b>	<b># of Units</b>
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

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

## 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

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

## 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

## 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

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

## 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

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

**CCAC Inappropriate Referrals**

<b>Service</b>	<b># of referrals in by CCAC</b>	<b>Deemed inappropriate by Agency</b>
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

**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  
Craigwiell 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.

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 know5. Did you **receive enough information** from this agency about how they could help you? Yes, completely Yes, somewhat No Don't know6. 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.

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 \_\_\_\_\_.