



Ottawa Children's Treatment Centre  
Centre de traitement pour enfants d'Ottawa

Celebrating 60 Years of Excellence!  
Célébrons 60 ans d'excellence!  
1951 - 2011

Creating opportunities  
today.  
Maximizing independence  
tomorrow.

2011-12  
Performance  
Report

Looking  
Back,  
Planning  
Ahead

Rick Hansen celebrating with Ashley



## Looking Back, Planning Ahead

This past year has been marked — in equal measure — by careful reflection and preparations, together with celebration and challenge.

We marked our 60th anniversary with a host of events, including a “Cooking Up Sweet Success” event at the OCTC School, where the local Cordon Bleu Culinary Institute and our students prepared truffles with the help of elected provincial government leaders, who were on hand as special guest chefs! We were also proud to have two youth represent OCTC as torch-bearing ‘Difference Makers’ for the anniversary Rick Hansen Relay, which replicated Rick’s historic journey across Canada to make our country more inclusive and accessible. Also as part of our Anniversary Days, former and current clients and families celebrated with staff and volunteers through song, dance and entertainment at our wrap-up gala event, held in the fall.

Other highlights included completing renovations at our Kanata and Thurston sites; launching a revamped website to improve the way we communicate with our clients, families and the community we serve; setting the groundwork towards a new clinical information system that enables us to better track and improve our performance consistently with other CTCs; and receiving highly affirming Accreditation Canada survey results relating to our compliance with national client service, quality, risk, safety and leadership standards.

Amidst these celebrations, we continued to face what seem to be at times insurmountable challenges. More and more children, youth and adults are waiting to access programs and services — a difficult task in light of diminishing resources. Many of our clients require more intensive clinical interventions, but waiting times for specialty services are long. At OCTC, where we are forever committed to making lives better and to creating meaningful impact, we are proud of our ability to gauge the needs of our clients and to arrive at creative and innovative solutions despite the challenges we face.

Throughout this annual report, you will read about some of the initiatives we have taken to respond to the needs of our clients and their families. Some of these initiatives are a result of forging new partnerships with other agencies or health care providers in the community; others are a result of our own staff working across teams to initiate new service models. For example, by partnering with CHEO, we were able to help teens make and keep friends, thanks to a social skills intervention program known as PEERS. Our recreation therapy staff worked with the YMCA-YWCA to bring even more recreational

programming to clients throughout the community. As well, we have looked at different ways we can deliver services to families at our front door by introducing a Wee Start model where more children and families are being seen, expeditiously, in a clinic environment; where children are gaining access to professionals faster; and where families are being given assistance earlier while they wait for a full individualized service plan to be completed for their child and for access to other services.

This past year was an appropriate time to reflect on the needs of our clients and families within the evolving landscape of our community. To help us move forward, we developed a new Strategic Plan for 2012–2017, in collaboration with our stakeholders (including clients and families), staff, volunteers, community partners, and the Ministry of Children and Youth Services.

The cornerstones of this plan are excellence, effective partnerships, communication, outcomes, and ensuring we have the right place and space for providing services. Looking ahead, we are inspired to keep putting our best foot forward on behalf of all those we serve while striving to ensure the effective, efficient use of scarce public resources and developing strategies that can further nurture and expand our capacity to respond to continuing and emerging client needs.

At this time, we’d like to pay special tribute to several individuals who have offered their time and leadership, contributing much to the success of our Centre. J.P. Boisclair has served on the Board for nine years, three as Chair and this past year as Past-Chair and Secretary of the Board. He has also chaired both the Governance and Audit Committees. Jocelyne Contant has been on the Board for three years, serving on the Quality/Safety Committee and acting as our governance French Language Liaison. Finally, Regis Trudel, after two years as Chair of the OCTC Foundation Board, will be handing over the reins to Emily Manolakos. To all, a heartfelt thank you. We wish you well.

Sincerely,



Jack Hunt  
Chair, OCTC Board of Directors



Kathleen Stokely  
CEO





### 3. Wee Start

Children under 18 months who are referred to us for a developmental assessment and/or therapy wait six to eight months before they can access professional services at OCTC. To address this challenge, we implemented Wee Start Services. This innovative clinic model is the brainchild of the Early Childhood Program staff and is currently offered at our Smyth site every Tuesday.

Similar to the successful Getting Started Services program for children over 18 months, Wee Start's objectives include:

- reduce wait times between referral to OCTC and initial contact
- identify early on the needs and strengths of the child
- make a timely referral to therapy services
- help to ensure early access to community resources.

Through Wee Start:

- Very young children who have been referred to OCTC for a developmental assessment and treatment receive an initial screening.
- The screening helps staff understand the child's needs. Based on this consultation, the child may be directed to therapy services.
- Parents are given strategies they can use at home.

#### HIGHLIGHT:

- Since the service began in mid-January, 22 new clients have been seen within two months of being referred to OCTC.

### 4. PEERS

CHEO-OCTC ABA services and supports, in collaboration with an OCTC Social Worker, introduced a new 14-week program called Program for the Education and Enrichment of Relational Skills (PEERS). Delivered in French, PEERS is designed to teach eligible teens with autism valuable social skills. Individuals with autism can often have significant difficulties in making and keeping friends. PEERS is an evidence-based curriculum that helps individuals gain the necessary social skills for building friendships. Autism Ontario sponsored the training for our staff. Thanks to this training, we now have two certified PEERS instructors who can offer the program in French and English.

#### HIGHLIGHTS:

- 8 francophone teens and their families participated in the first PEERS program, offered in the winter–spring 2012.
- Great partnership experience (it was offered at DeLasalle High School).
- Parents and youth were supported through weekly sessions and homework assignments to help develop key social skills.

### 5. YMCA-YWCA & OCTC Recreation Therapy Team Up

Thanks to a unique partnership with the YMCA-YWCA and our Recreation Therapy service, several of our clients had a chance to take part in recreation and leisure activities right in their own community. Children living in Orleans went to a program at the Ruddy Family Y facility — as did children living in central Ottawa (Taggart Family Y facility downtown) and in the west end (Otonabee Y facility). With other children from their community, they swam, took part in outdoor adventure activities, games, arts and crafts, and went on day trips.

Recreation Therapy staff from OCTC helped staff from the Y accommodate the children with various disabilities.

#### HIGHLIGHTS:

- 27 clients who have physical and/or developmental disabilities, including autism spectrum disorder, attended summer camp for one to two weeks each.
- Clients worked on goals around social integration, communication and independence.
- This program is an example of how OCTC, working in partnership with the YMCA-YWCA, is making our community stronger and more inclusive.
- The program has led to other partnership opportunities. For example, the YMCA-YWCA provided space for our new Run Jump Throw program offered in the spring of 2012.



Taking on new challenges

## USING TECHNOLOGY TO WORK SMARTER

To help us do our job more efficiently and effectively in light of limited resources, we are adopting new technologies. These technologies enable us to:

- communicate among sites and with our partners and stakeholders
- provide clinical assessments
- offer educational opportunities
- reduce travel and costs
- exchange secure personal health information with other health care providers
- streamline client information and reporting processes
- maintain up-to-date and accurate electronic health records

Here are two of the technologies we are using:

**1. Ontario Telemedicine Network** — a videoconferencing solution that supports:

- Clinical Telemedicine
- Distance Education
- Administrative Meetings

Benefits: eliminates distance and time barriers • reduces travel and costs  
• expands our ability to connect with clients and other providers

In our first year, 116 events were scheduled and feedback from participants has been positive. Adopting new technologies strengthens our ability to meet the learning needs of our clients, partners and staff.

### 2. Goldcare

- Centralized Client Information System
- Clinical Assessments, Documentation and Care Plans
- Client and Staff Scheduling & Reporting System
- Electronic Health Records

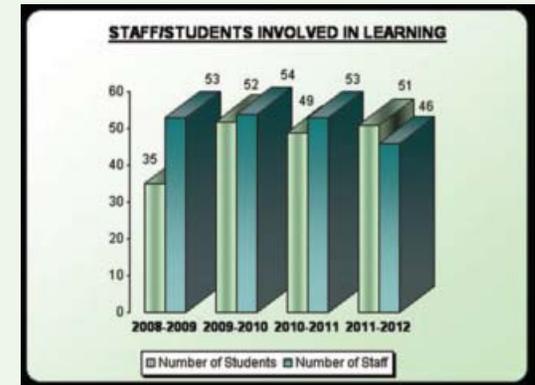
Benefits: paperless records • consistent process • one place for viewing all information



## LEARNING & RESEARCH: A YEAR AT A GLANCE

We continued to foster a culture of learning. This past year:

- 21 staff were involved in research projects
- 9 staff had posters or presentations at conferences
- Marie Brien, physiotherapist, had her paper “An intensive virtual reality program improves balance and functional mobility of adolescents with cerebral palsy” published in the *Pediatric Physical Therapy* journal
- 51 students and 46 staff were involved in student learning



## Volunteer Contributions

During National Volunteer Week in April, we honoured the wonderful team of individuals from our community who contribute their time and skills to improve programs and services across our region. We honoured volunteers celebrating 5, 10 and 15 years of service. Of special note this year:

- Jane Ritchie was named the 2012 OCTC Volunteer of the Year — Jane sews customized, therapeutic products for children, working alongside clinicians to ensure that whatever she makes meets the unique needs of the child. In 2011, Jane also contributed her photography talents to the organization.
- Glen Russell — This past year, our corporate communications received a huge boost when Glen Russell of Immersionography Associates offered his abilities to film and produce professional videos capturing special moments at OCTC (the School’s year-end ceremony, the Rick Hansen Anniversary Relay and our 60th anniversary celebrations). Glen donated 370 hours of his time.



Jane Ritchie (top) and Glen Russell (bottom, in background), with client Peter Trajdos.



## REPORT OF THE INDEPENDENT AUDITOR ON THE 2011–12 SUMMARIZED FINANCIAL STATEMENTS

To the members of Ottawa Children's  
Treatment Centre/Centre de traitement  
pour enfants d'Ottawa

The accompanying summarized financial statements, which comprise the summarized balance sheet as at March 31, 2012 and the summarized statement of operations for the year then ended, are derived from the complete audited financial statements of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa for the year ended March 31, 2012. We expressed an unmodified audit opinion on those financial statements in our report dated May 15, 2012.

The summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summarized financial statements, therefore, is not a substitute for reading the complete audited financial statements of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa.

### Management's Responsibility for the Summarized Financial Statements

Management is responsible for the preparation and fair presentation of these summarized financial statements in accordance with Canadian generally accepted accounting principles, and for such internal controls as management determines is necessary to enable the preparation of summarized financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the summarized financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

### Opinion

In our opinion, the summarized financial statements derived from the complete audited financial statements of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa for the year ended March 31, 2012 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.

### Emphasis of Matter

The auditor's report on the audited financial statements contains an emphasis of matter paragraph relating to the uncertainty of the outcome of possible future settlements with respect to employee related matters. Management's best estimate of the amount that will be owing to employees has been reflected in the audited financial statements. Any difference between the amount accrued and actual results will be charged or credited to operations in the year settled. Our opinion is not qualified in respect of this matter.

Welch LLP – Chartered Accountants  
Licensed Public Accountants  
Ottawa, Ontario  
May 15, 2012

## OCTC LEADERSHIP

**Board of Directors:** Jack Hunt, Chairperson • John Hartin, Vice-Chairperson/Treasurer & Chair, Finance • Jean-Pierre Boisclair, Secretary & Chair, Governance • John Archer, Chair, Capital & Audit • Jocelyne Contant, French Language Liaison • Keith Coulter, Chair, Communications/Branding • Dwight Delahunt, Chair, OCTC School Authority • Dr. Barbara Foulds, Chair, Quality/Safety • Daphne Fedoruk, Director • Dr. Peter Humphreys, Director • Erin Naef, Director • Margot Sevigny, Director • Dr. Steven Radke, Director • Caroline Stone, Director • Debbie Peterson, OCTC Foundation Board Liaison

**Senior Management:** Kathleen Stokely, Chief Executive Officer • Lori Raycroft, Director of Finance and Facilities Planning • Anne Huot, Director of Client Programs and Information • Shirley Rogers, Director of Human Resource Services • Dr. Elizabeth Macklin, Medical Director, Medical Services • **Program Administrators:** Bonnie Grandy, Early Childhood Program • Ann Marcotte, Life Span Program • Susan Mendelsohn, Assistive Technology Program • Sharon Lefroy, Project Administrator • Leslie Walker, Principal, OCTC School

[www.octc.ca](http://www.octc.ca)

## BALANCE SHEET

MARCH 31, 2012  
(in thousands of dollars)

	<u>2012</u>	<u>2011</u>
<b>Current assets</b>		
Cash and investments	\$ 3,447	\$ 4,640
Receivables and prepaid expenses	233	292
	<u>3,680</u>	<u>4,932</u>
<b>Property and equipment – net</b>	<u>1,601</u>	<u>1,879</u>
	<u>\$ 5,281</u>	<u>\$ 6,811</u>
<b>Current liabilities</b>		
Payables and deferred revenue	\$ 3,019	\$ 4,264
<b>Deferred grants</b>	<u>1,638</u>	<u>1,902</u>
<b>Net assets (liabilities)</b>		
Internally restricted for property and equipment	\$ (37)	\$ (23)
Internally restricted clinical education purposes	—	54
Unrestricted	661	614
	<u>624</u>	<u>645</u>
	<u>\$ 5,281</u>	<u>\$ 6,811</u>

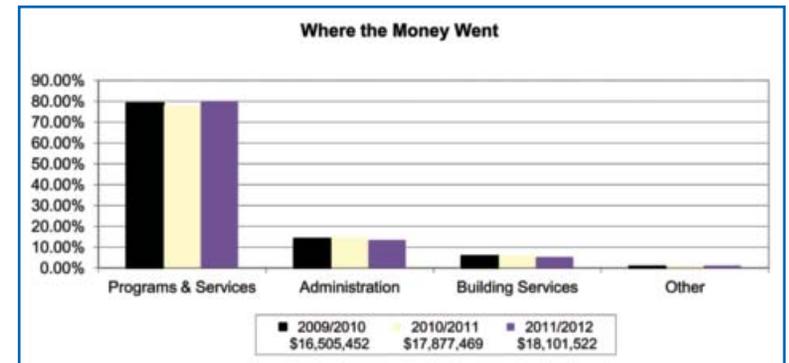
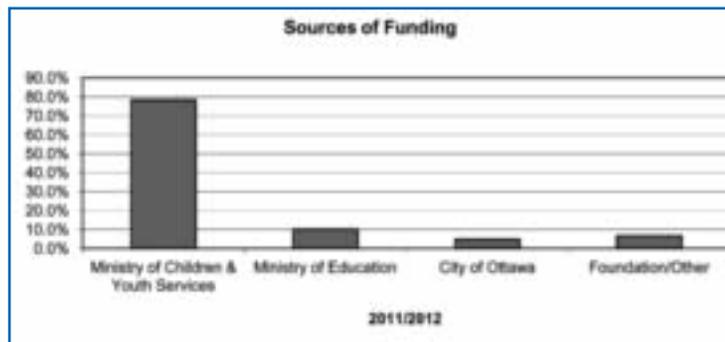
## SUMMARY OF OPERATIONS

YEAR ENDED MARCH 31, 2012  
(in thousands of dollars)

	<u>2012</u>	<u>2011</u>
<b>Revenue</b>		
Ministry and municipal grants	\$ 17,414	\$ 17,193
CHEO (salary recovered)	6	5
Preschool	2	2
Other programs	127	124
Donations – Foundation	174	145
Amortization of deferred grants	307	300
Interest and other	378	423
	<u>\$ 18,408</u>	<u>\$ 18,192</u>
<b>Expenses</b>		
Salaries and benefits	\$ 13,804	\$ 13,168
Administrative	3,389	3,721
Other	916	1,024
Amortization	320	314
	<u>\$ 18,429</u>	<u>\$ 18,227</u>
<b>Net revenue (expenditure)</b>		
Operating Fund	\$ 6	\$ 3
Capital Fund	(27)	(38)
	<u>\$ (21)</u>	<u>\$ (35)</u>



4 hands + learning = success





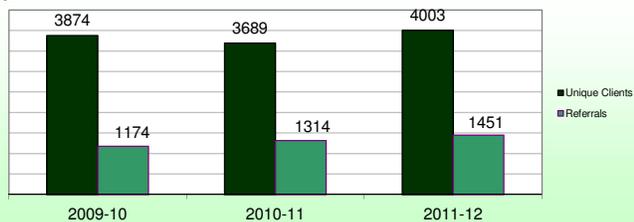
# Ottawa Children's Treatment Centre (2011-12)

Creating Opportunities Today;  
Maximizing Independence Tomorrow.

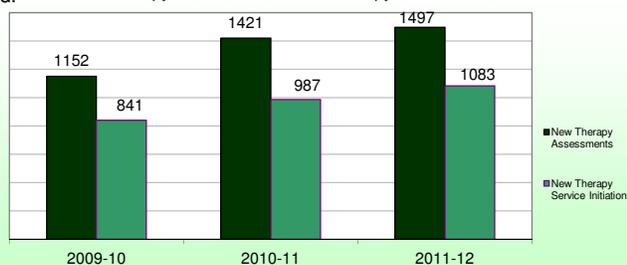
## Clinical Indicators (2011-12) Target Actual

a. Unique Clients Served	4000	<b>4003</b>
b. Face-to-Face Visits	41792	<b>44736</b>
Weeks Waited for Assessment (Avg)	12	<b>14.2</b>

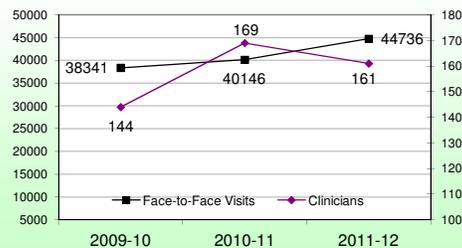
### c. Clients Served vs Referrals Received



### d. New Therapy Assessments / New Therapy Service Initiation



### e. Face-to-Face Visits vs Clinicians



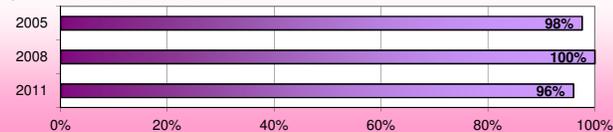
### f. Weeks Waited for Assessment (Centre-wide)



## Volunteer Satisfaction Indicators

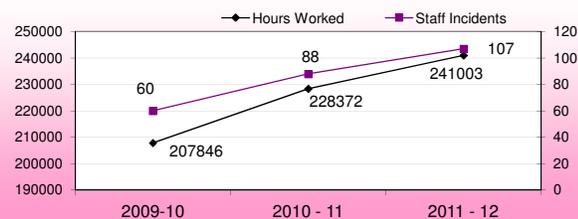
	2005	2008	2011
Response Rate	53%	44%	41%

### g. Volunteer Satisfaction

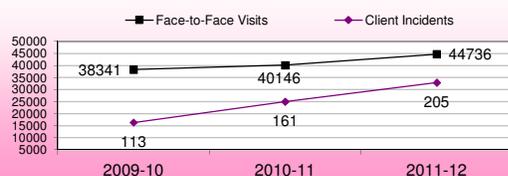


## Quality/Safety/Risk Indicators

### h. Staff Incidents vs Hours Worked

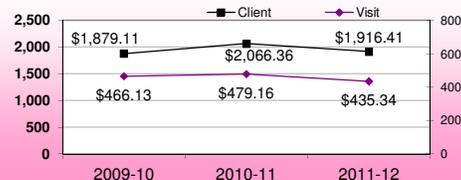


### i. Client Incidents vs Face-to-Face Visits



## Financial Indicators

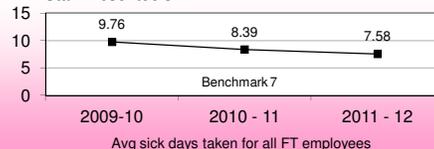
### j. Cost Per Client & Visit



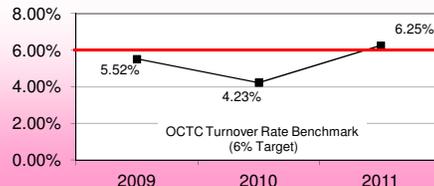
## Worklife Indicators

	Target	Actual
Volunteer Service Hours	6500-7000	7788
Volunteers	136	146

### k. Staff Absenteeism



### l. Staff Turnover Rate





## OCTC Balanced Score Card – 2011-2012 Reference Guide and Analysis

### **Clinical Indicators**

**a. Unique Clients Served:** This indicator represents all clients served over the year by any funded program/service offered. Clients are counted once, even if receiving multiple services. The target of 4,000 unique clients was achieved. The number of unique clients served in 2011-12 increased by 7.8% (314 clients) when contrasted with 2010-11 figures.

**b. Face to Face Visits:** The number of actual face to face visits exceeded the targeted amounts for the year by 7% (2,944) but decreased from the previous year by 11% (4,590), consistent with staffing decreases.

**c. Clients Served Relative to Referrals Received:** The number of clients served reflects both new clients as well as clients that OCTC is continuing to serve from previous years. There has been an 8.5% (314) increase in clients served and 9.7% (96) increase in referrals since last year.

**d. New Therapy Assessments/ New Therapy Service Initiation:** There has been a 5.4 % (76) increase in new therapy assessments and a 9.8% (96) increase in new therapy services compared to last year.

**e. Face-to-face Visits Relative to Number of Clinicians:** Although there has been a 5% decline in the number of available staff there has been an increase of 11% in face-to-face visits indicating that staff members are individually seeing more clients.

**f. Weeks waited for Assessment (Centre-wide average):** The wait time for assessment has fluctuated over the past three years between 15.1 weeks and 13.3 weeks and in 2011/12 was 14.2 weeks. This indicator reflects a centre-wide average of all service wait times. Fluctuations in wait time correlate with staffing increases and decreases across the three years. Wait time figures exceed the provincial benchmark of 12 weeks. A number of strategies have been introduced to decrease wait times including different models of service delivery, streamlining inter-agency protocols and examination of diagnostic assessment processes.

**g. Volunteer Satisfaction Indicators:** Data shown represents the response and overall satisfaction rates from OCTC's 2011 Volunteer Satisfaction Survey. Results of the 2011 survey are compared to OCTC's results of 2005 and 2008. In 2011, 51 (124 distributed) volunteers completed the survey for a response rate of 41% compared to 44% (49/111) in 2008 and 53% (40/76) in 2005. In all three survey periods, the overall volunteer satisfaction rate was extremely high: 96% in 2011, 100% in 2008 and 98% in 2005. All data illustrates a highly engaged volunteer group. A number of strategies have been introduced to decrease wait times including different models of service delivery, streamlining inter-agency protocols and examination of diagnostic assessment processes.

### **Quality/ Safety/ Risk Indicators**

**h. Staff incidents vs. hours worked:** Since 09/10, OCTC has seen a steady increase of reporting by staff with 47 more incidents reported in 11/12 compared to 09/10, for a 78.33% increase. In comparison to the number of hours worked for the same period, hours worked has also increased by 33,157 or 15.95%, thus resulting in an incident rate of .04%. This incident rate is lower than the reported incident rate of 10/11 of .05% and slightly higher than that seen in 09/10 where the incident rate was .03%. Even though the incident rate has remained relatively stable over the trending period, the severity of incidents reported was also analyzed. The source of data utilized was OCTC's Performance Index as calculated and established by Workplace Safety & Insurance Board. OCTC performance index for 2011 was .23 compared with 2010 of .11 and 2009 of .23. The positive performance is a direct correlation to the low number/severity of OCTC's lost time claims experience

– which has resulted in WSIB rebates for the past seven consecutive years. The continued engagement of staff in reporting incidents has been positive allowing for proactive and preventive measures to be deployed.

**i. Client Incidents Relative to Face-to-Face Visits:** There has been a 27.3% increase in incidents and a increase of 11% in face-to-face visits over the past year. Though client incident rates are monitored as an indicator of safety, this figure can be influenced by increased staff training and awareness on the importance of completing incident reports (as occurred in 2010/11) as well as reporting requirement for incidents related to privacy breaches and acts of aggression, regardless how minor. There were no serious occurrences in 2011/12.

### **Financial indicators**

**j. Cost per Client and Cost per Visit:** This double-line chart examines the cost per client and cost per visit, when averaged across all clinical disciplines over the last three years, factoring in all direct and indirect costs. While the costs per client increased by 9.9% between 2009/10 and 2010/11, it decreased 7.3% between 2010/11 and 2011/12. This trend, combined with a decline in the number of clients and the increased number of face-to-face visits indicates that with the infusion of staffing in 2010/11, more time was provided by therapists per client. Between 2010/11 and 2011/12 the number of unique clients seen increased while the total number of face to face visits decreased, indicating less “intense” treatment provided per client, but more clients seen. The changes between 2010/11 and 2011/12 are consistent with the efforts undertaken at OCTC to reduce the wait list. Cost per visit has increased slightly between 2009/10 (\$466) and 2010/11 (\$479) and decreased almost an equivalent amount in 2012 to \$453. This trend combined with a decrease in number of staff and increase in clients seen over the same period indicates that staff members are individually seeing more clients in the same time period in 2011/12.

### **Worklife Indicators**

**k. Service Hours and Number of Volunteers:** The number of volunteer hours served was the highest seen in the past ten years, with volunteers contributing 7,788 hrs in 11/12. This year, volunteer hours also exceeded the OCTC established benchmark (6,500 to 7,000 hours) at the top end by 788 hrs or 11.26%. In addition, the number of volunteers at OCTC increased in 11/12 by 10 (146) compared to established benchmark of 136. These increases are attributed to: volunteer involvement in OCTC’s 60th anniversary celebrations, tripling of hours in health records as volunteers supported quality improvement projects, and new and innovative placements.

**l. Absenteeism Rate:** This bar graph shows the average number of sick days taken for all regular full-time employees relative to the benchmark from Stats Canada, Ontario (professional sector). This year the average usage of sick leave (7.58 days) dropped from prior year by .81 days or 9.65% and is the lowest seen over the prior 2 year trending period, 09/10 to 10/11. In addition, the 11/12 average sick days taken for all FT employees is only .58 days or 8.29% off the established benchmark (7 days).

**m. Staff Turnover Rate:** For calendar year 2011, the staff turnover rate is 6.25%, which is marginally higher than the OCTC benchmark of 6% and higher than the prior two-year trending period. Given the significantly low turnover rate in 2010 at 4.23% and the marginal difference to that of 2009, no business risks are identified.

---

OCTC is pleased to include the Balanced Scorecard as part of our Annual Performance Report and Audited Financial statements to reflect, in meaningful ways, OCTC’s overall contribution to the children, youth, and adults that we serve every day. We would be pleased to provide other context for these highlights to help tell our performance story.

For further information please contact Evelyne Paulauskas, Executive Assistant at 613-688-2126 x 4316 or via email at [epaulauskas@octc.ca](mailto:epaulauskas@octc.ca)