Providing services in a digital world

Ottawa Children's Treatment Centre
Centre de traitement pour enfants d'Ottawa
Founded in 1951 Fondé en 1951

Creating opportunities today.
Maximizing independence
tomorrow.

2012–13 Performance Report

Knowledge: A touch away

Providing services in a digital world

It's hard to believe that year one of OCTC's five-year strategic plan is behind us! Amid continuing challenges, we have made much progress. For the purpose of this annual report, we have chosen to focus in particular on our efforts and goals linked to harnessing technology to provide excellence in service delivery, to nurture and develop strategic partnerships, to enhance communications, and to make the most effective and efficient use of our resources amid increasingly tight financial and human challenges.

To help us realize our objectives and broad timelines from now until 2017, we are centering our overarching goals and key strategies on four directions.

1. Excellence in service delivery: To promote family-centred care and involvement, we launched, with strategic partners Ottawa Rotary Home and Roger's House, the family Joint Advisory Group (JAG) in fall 2012. Families have responded favourably to this initiative and to the parent education sessions on JAG, mobilized by family member participants, such as the well-attended education session in February on confronting the challenges of clients transitioning to adult services. Increasing the utility of and reliance on electronic communications, including social media, is a key facet of promoting and supporting JAG members in their defined goals and priorities.

Also directly supporting improvements in service delivery excellence, we continue to pursue and nurture clinical research, and to expand the use of evidence-based clinical and organizational practices. A singular accomplishment has been the successful launch of GoldCare, a new and more robust electronic client information system, which was similarly adopted by 13 children treatment centres across the province in a collective project code-named "CRISP" (Children's Rehabilitation Info System Project).

2. Partnerships: A key initiative this year involved working with our partners at the Children's Hospital of Eastern Ontario (CHEO) to offer an 'e-scription' service for physicians — saving us many staff hours of transcription time and eliminating the need to outsource this work. We are now reviewing our clinical partnerships with CHEO to assess how we can better use our resources and improve the coordination of care.

3. Communications: Much progress has been made on simplifying and expediting our electronic processes (i.e., intake processes, educational and clinical sessions, and staff intranet). Thanks to our Board's Communications and Branding Committee, ably led by Keith Coulter, we developed a strategic communications plan with a comprehensive social media strategy that has already seen dividends: the use of social media tools such as Facebook, FlickR and Vimeo; an increase in the number of videos posted and viewed on our newly developed website; and a greater awareness and presence in the community at large about the work we do.

4. Effective use of resources: We have engaged with CHEO to provide IT services — a move that has already demonstrated improved cost efficiencies and less staff time on our part in terms of negotiating purchasing contracts. With the collaborative support of the Ministry of Child and Youth Services and other CTCs, we are proceeding to adopt and implement sector-wide outcome measures, which will support enhanced comparability, accountability, and best practice and outcomes across the sector and beyond. Realizing such an ambitious work plan and how we will benefit optimally from it will be critical.

While we are enthusiastic over the progress realized this past year, we continue to be concerned by the fiscal constraints binding our publicly funded system and eroding resources. Our commitment to maximizing the benefits of technology spurs us to an even more demanding pace of progress ahead; we will require the same ambition to pursue further innovation and partnerships, and sustainably enhanced client service excellence and outcomes.

We are very proud to note that Anne Huot, our long-time Director of Client Programs and Information, has been honoured with the Ontario Association of Children's Rehabilitation Services' Leadership Award. She has been a driving force in the success of the provincial CRISP project, as chair of the steering committee and project director, since its inception.

In closing, we would like to thank board members, volunteers, staff, and the countless families and community partners and supporters, with whom we are privileged to connect, for their continued commitment to create opportunities today in order to maximize independence tomorrow for OCTC's current and future clients and their families.

Sincerely,

Jack Hunt, Chair, OCTC Board of Directors

Kathleen Stokely, CEO

Adapting and adopting technology in the classroom

In today's fast-paced world, technology is more crucial than ever.

In the case of the students who attend the OCTC School, technology — in the form of interactive tools in the classroom, webcasts, iPads, Smart Boards and so on — opens up new doors to learning. It helps them learn at their own pace, enhances their experience and broadens their world. For learners with challenges, technology equals the playing field.

Our kindergarten students have begun the process of becoming good digital citizens. Our non-verbal students are aware of the power of a Dynavox system to be their voice, and gravitate to the interactive, engaging apps on an iPad. In short, they face time in real time with their fellow students and their families.

Teachers and therapists strive to adapt and adopt technology in the classroom and for therapeutic purposes. Speech-language pathologists often apply best practices in their clinical domains using iPad apps that reinforce speech and language development. The Clinic for Augmentative Communication prescribes voice output systems and devices that interface via Bluetooth to Smart Board applications.

Learning today is interactive, not solitary — and offers opportunities to students and their teachers. Together, teachers, therapists and students are learning together in this fast-paced environment.

Our goal is to enrich learning, increase independence and celebrate technological opportunities that enhance creative and innovative minds.

Isabelle: exploring independently.

OUR BIGGEST CHALLENGES IN THE SCHOOL

- **With limited monetary and human resources, we find it challenging at times to provide necessary in-services and optimal training on new technologies to our teachers.**
- **Older computers limit opportunities for our students, and our School budget restricts our ability to upgrade our computers.**

"I love my laptop, which is connected to WiFi, because I can sit at my desk with my friends and do the same work they do." (student)

"I know our Smart Board has added value to our classroom. My students are able to interact with their learning in ways they could not with more traditional learning methods. Many of our students cannot hold a pencil but they can point, click and drag objects independently on the Smart Board." (teacher)

"My students are more engaged than ever before. They find huge rewards in being able to participate more actively in their learning." (teacher)

"Can you imagine using eye gaze to tell a story and share what you are thinking? This is what happens each day in our classroom during circle." (teacher)

Thanks to the TELUS Community Foundation for its contribution in helping the OCTC School equip each of our five classrooms with a 27-inch desktop Mac, an iPad and iPod, and adapted wheelchair arms to hold the iPads.

OCTC Foundation dollars have provided Smart Boards in every classroom.

Clinic for Augmentative Communication: Giving children and youth with severe disabilities a "voice"

For those with severe physical disabilities, eye gaze technology can give them a "voice." These high-tech systems have an in-built camera that tracks where your eyes are looking, enabling you to move the mouse pointer around. You can 'click' by blinking, dwelling (staring at the screen for a certain length of time) or using a switch.

There are different systems available, including the Alea, TM4, Tobii CEye, Dynavox Eyemax (the product that OCTC owns) and LC Edge — and they can be used to control a computer or speech-generating device by looking at letters, symbols or words on the screen.

One young client is using eye gaze technology to independently and spontaneously share his thoughts and ask the questions that would be hard for those around him to understand otherwise. He moves through the many pages of picture choices that are available on the device.

Another of our clients uses her device to participate out loud during shared story reading with her mother and therapy team. She also uses it to indicate what she wants to play and to complete puzzles and crafts. In her case, eye gaze technology allows her to expend a minimal amount of energy while communicating.

Oliver: sharing thoughts and opinions.

CHALLENGES

- **Dynavox Eyemax technology is very expensive. We currently own one device; the other is on loan from the vendor.**
- **This technology is not successful for every child with severe physical disabilities.**
- **We need to increase support and funding for focused research to help us determine who will benefit best from specific technology, applications and clinical interventions.**

Michelle shares a funny experience with her mother.

The upside of using iPads

For children

- Ability to focus longer than with standard toys or pictures.
- More tolerance for looking at pictures or words.
- Encouraged to reach out and touch.
- Able to place objects in front (like a mini-light box).
- Those with limited vision find it easier to pick out objects.
- More motivated.

For early childhood vision consultants, therapists and teachers

- Easier to observe tracking, shifting of the eyes, visual motor and discrimination patterns.
- More positive outcomes during sessions and assessments.
- Fun, engaging tool.

Examples of Apps: High Contrast – Fisher Price's Black and White; Lights – Magic Fingers; Visual Discrimination – Find + Learn; Sounds – What's That Sound; Music – Echo Strings, Musical Hands; Touch – Peekaboo Free; Autism iHelp (good for everyone) – Opposites, Sorting; Concepts – Elmo ABCs, My First Book; French – Forms couleur, Premiers mots

Harnessing technology … for the benefit of all

We face a challenge and count on community support to help us acquire resources that enable us to increase client access to technology. We also continue to look for ways to integrate technology into our clinical practice in order to provide more timely, seamless care to clients and their families; to achieve greater integration and coordination of care; and to maximize the services we provide and the volume of clients that we serve given our funding constraints.

Here are some of the ways we have harnessed technology over the past year:

Using telemedicine

- We have increased our use of the Ontario Telemedicine Network (OTN) for clinical, administrative and educational/training purposes.
- As a provider of specialized services across a large region, we are looking at ways to increase our use of OTN to improve access for and reduce the travel time for families and clients who live in remote and rural areas. This will also help us address waiting times.

Receiving information technology support

- In December 2012, we entered into a five-year contract with CHEO to provide information technology support, maintenance and training services to provide support to staff at all of our sites. The transition has been smooth and will result in improved efficiencies.

Providing transcription services for consulting physicians

- Physicians who conduct medical clinics at OCTC will soon be able to transcribe their notes through an electronic transcription service at CHEO and send their reports directly to us. Following a successful pilot over the winter, this new service is being rolled out this spring. This will increase timely access to these medical reports to support quality care.

Establishing wireless capability at all sites

- Looking ahead, we plan to set up wireless capability across our sites — enabling clients and families to use devices in waiting rooms, and staff to access information in treatment rooms and at conferences or in educational settings.

CHALLENGES

- **As part of the province-wide Children's Rehabilitation Info System Project (CRISP), we would like to create a family portal so clients and families can have access to their own health information. To date, we do not have the resources to do so.**
- **Introducing GoldCare as a new tool for regular office use constituted a steep learning curve for staff, and we have not finished learning how to maximize its use.**

GOLDCARE = IMPROVED SERVICE FOR CLIENTS, FAMILIES AND STAFF

Following months of collaboration with 11 other children's treatment centres in Ontario and after training over 150 clinical staff members at OCTC, we launched a new client information system called GoldCare on July 7, 2012.

Benefits:

- We will be able to more easily move toward a fully electronic health record, which will improve communication among team members.
- We are seeing improved efficiencies in the way that we access information in real time that supports how our wait lists are managed, how we access our clinical documentation and how client information is kept up to date.
- Given that GoldCare is the tool now used by 13 CTCs across the province, we are now able to report about our outcomes in a uniform way. This strengthens our ability to advocate for services to meet the growing needs of children and youth with special needs.

Plans are under way to provide web access to GoldCare as so much of our work happens in community settings.

Using social media to get our message out

OCTC recognizes the value and importance of social media in building our brand. As part of our recently formulated social media strategy, we have identified several phases and priorities, with target deadlines established according to the resources we have in-house.

To date, social media tools such as Facebook, FlickR and Vimeo are helping us to create a presence in the community, spread our message, increase our communication and advocacy efforts, recognize donors and drive traffic to the website.

Here are some highlights over the past year:

- We redesigned our website and launched an intranet site for staff.
- We joined FlickR and Vimeo for posting photos and videos (the most popular video to date is Jacob-Emmanuel and Luca's story, with over 2,300 loads from around the world!).
- We joined our Foundation on its Facebook page (where visitors are encouraged to 'like' us).
- Many videos have been produced for us, including one successfully used for volunteer recognition, recruitment and orientation — produced by two of the volunteers themselves.

CHALLENGES

- **We have no resources for a dedicated staff to research or implement new tools.**
- **There are time constraints for staff members taking on extra responsibility relating to the coordination of existing tools.**
- **Implementation of other social media tools, such as blogs and group forums, have been set aside due to these time and resource challenges.**

Visit our website — www.octc.ca — and 'like' us on Facebook!

Technology and concerns about privacy

Privacy of client information. Client confidentiality. Security and protection. These are important concerns, and at OCTC we have implemented measures to address these.

In addition to the security and privacy features afforded by our new client information system, GoldCare, we have implemented the following steps over the past year:

- Under a new policy and procedure for staff working from home, staff must complete and review with their supervisor a risk assessment form, which includes listing the anti-virus software they use, the firewall they need to have in place and the latest security patches that must be installed.
- Encrypted USB keys are available at each of our sites. Staff working from home or off-site must sign these out and load them back onto our system when they return to work. This ensures that the integrity of client information and OCTC servers are kept secure.
- A privacy checklist is available at every site to verify that privacy measures are being implemented. This involves such things as making sure that encrypted USB keys are available for signing out and that personal health information is not stored on them when they are returned, and inspecting rooms to ensure personal health information has not been left unattended. As well, posters and information outlining our privacy policy are clearly visible to the public.
- We have improved access to forms online, making it easier for clients and families to correct information or submit a complaint about privacy issues.
- Staff received privacy training on these procedures.

REPORT OF THE INDEPENDENT AUDITOR ON THE 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, 2013 and the summarized statement of operations for the years 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 years ended March 31, 2013 and March 31, 2012. We expressed an unmodified audit opinion on those financial statements in our report dated May 15, 2013.

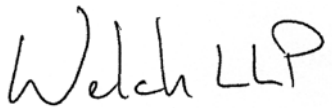
The summarized financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summarized financial statements, therefore, is not a substitute for reading the complete audited financial statements of Ottawa Children's Treatment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

Management's Responsibility for the Summarized Financial Statements
Management is responsible for the preparation of these summarized financial statements which are an extract of the most useful and pertinent information contained in the financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations.

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 years ended March 31, 2013 and March 31, 2012 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

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, 2013

OCTC LEADERSHIP

Board of Directors:
Jack Hunt, Chairperson • John Hartin, Vice-Chairperson; Chair, Governance • Caroline Stone, Treasurer; Chair, Finance • Daphne Fedoruk, Secretary • John Archer, Chair, Capital & Audit; OCTC Foundation Board Liaison • Keith Coulter, Chair, Communications/ Branding • Dwight Delahunt, Chair, OCTC School Authority • Erin Naef, French Language Liaison • Dr. Barbara Foulds, Chair, Quality/Safety
Directors: Michael Church • Raymond Houde • Dr. Peter Humphreys • Dr. Steven Radke • Margot Sevigny

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

BALANCE SHEET

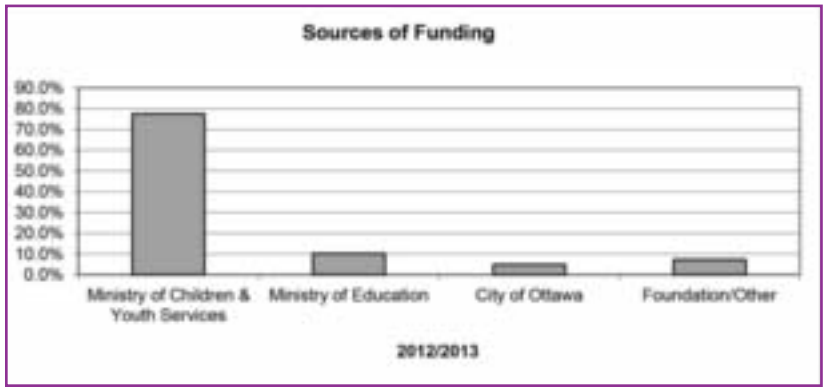
MARCH 31, 2013 AND 2012
(in thousands of dollars)

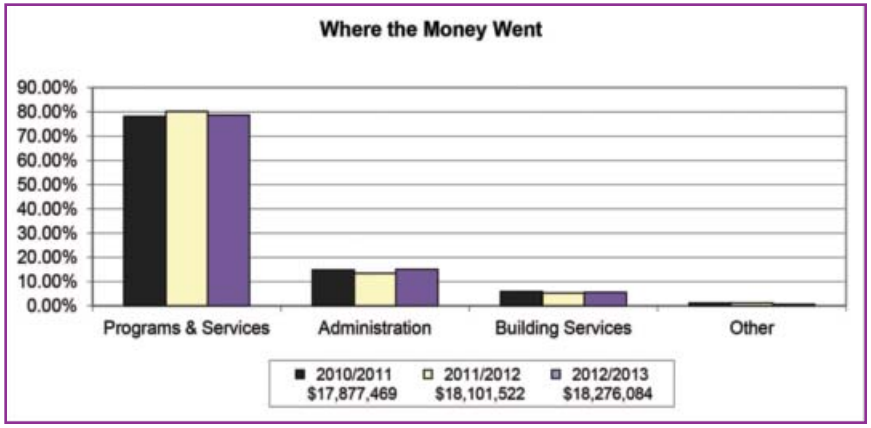
	2013	2012
Current assets		
Cash and investments	$ 2,918	$ 3,083
Receivables and prepaid expenses	175	233
	3,093	3,316
Investments	768	364
Property and equipment – net	1,418	1,601
	$ 5,279	$ 5,281
Current liabilities		
Payables and deferred revenue	$ 3,176	$ 3,019
Deferred grants	1,462	1,638
Net assets (liabilities)		
Internally restricted for property and equipment	$ (44)	$ (37)
Unrestricted	685	661
	641	624
	$ 5,279	$ 5,281

SUMMARY OF OPERATIONS

YEARS ENDED MARCH 31, 2013 AND 2012
(in thousands of dollars)

	2013	2012
Revenue		
Ministry and municipal grants	$ 17,818	$ 17,414
CHEO (salary recovered)	6	6
Preschool	2	2
Other programs	143	127
Donations – Foundation	117	174
Amortization of deferred grants	270	307
Interest and other	243	378
	$ 18,599	$ 18,408
Expenses		
Salaries and benefits	$ 13,597	$ 13,804
Administrative	3,778	3,389
Other	918	916
Amortization	290	320
	$ 18,583	$ 18,429
Net revenue (expenditure)		
Operating Fund	$ –	$ 6
Capital Fund	16	(27)
	$ 16	$ (21)





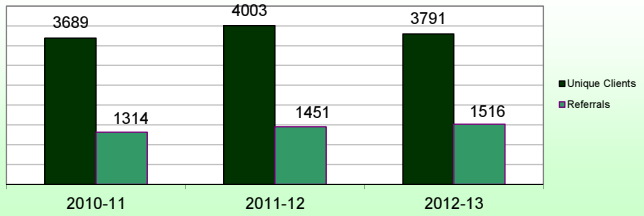
Creating opportunities today. Maximizing independence tomorrow.

Ottawa Children's Treatment Centre (2012-13)

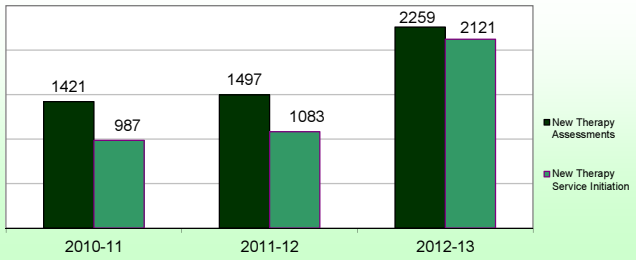
Creating Opportunities Today;
Maximizing Independence Tomorrow.

Clinical Indicators (2012-13)	Target	Actual
a. Unique Clients Served	4000	**3791**
b. Face-to-Face Visits	41792	**30816**

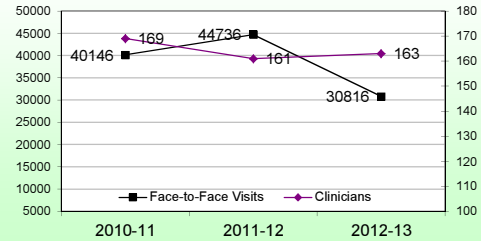
c. Clients Served vs Referrals Received



d. New Therapy Assessments / New Therapy Service Initiation

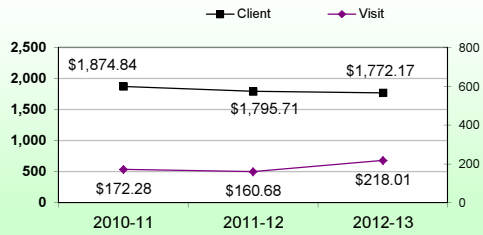


e. Face-to-Face Visits vs Clinicians

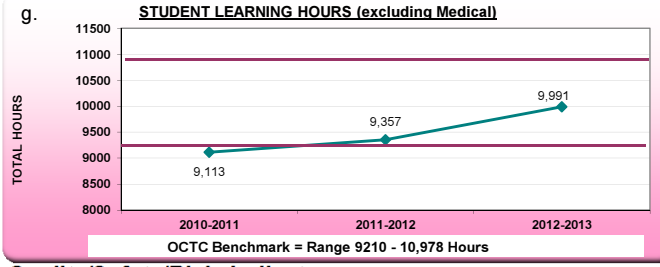


Financial Indicators

f. Cost Per Client & Visit

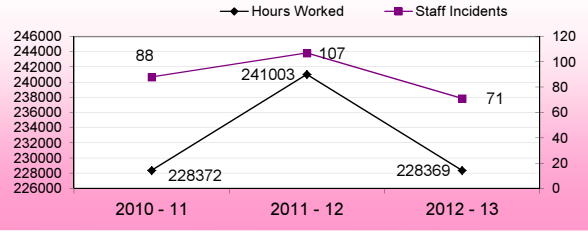


g. STUDENT LEARNING HOURS (excluding Medical)

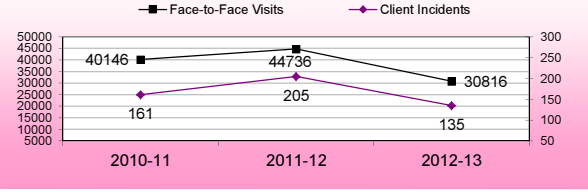


Quality/Safety/Risk Indicators

h. Staff Incidents vs Hours Worked

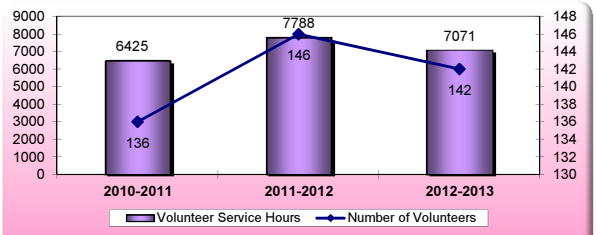


i. Client Incidents vs Face-to-Face Visits

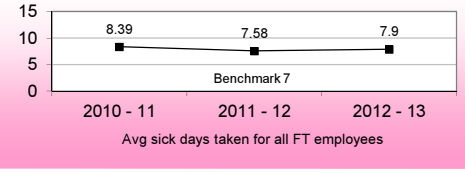


Worklife Indicators

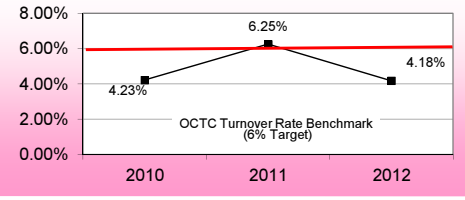
j. Volunteer statistics



k. Staff Absenteeism



l. Staff Turnover Rate



OCTC Balanced Score Card – 2012-2013 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 not achieved. The number of unique clients served in 2012-13 decreased by 5.5% (2o9) when contrasted with 2011-12 figures. Variance can be associated with clinical staff investment in training on new information system and reporting accuracy during learning curve.

b. Face to Face Visits: The number of actual face to face visits is less than projection by 35%. This is primarily related to a change in data definitions for capturing Visits of clients receiving services in groups (2 or more). Delivery of services through groups is common throughout OCTC and 35% to 48% of the variance can be attributed to this one factor. Previously totals included group visits but now exclude them as they are reported separately. Next year OCTC will be able to report face to face and group visits to monitor trends. Another contributing factor relates to how the new clinical info system defines the counting of visits of a child on a given day compared with previous reporting tool which counted number of clients seen by a clinician. Training for all clinical staff took place in summer 2012 as OCTC introduced the new clinical information system resulting in less available worked time for core client services during that period.

c. **Clients Served Relative to Referrals Received:** The number of clients served reflects both new clients as well as clients that were seen in previous years but remain in service. There has been a 5.5% decrease in clients served but a 4.5 % (65) increase in referrals since last year. Major changes have been introduced in the intake /referral process which has contributor to the higher rate and is likely to increase over the 13-14 year.

d. New Therapy Assessments/ New Therapy Service Initiation: There has been a 51% increase in new therapy assessments and a 96% increase in new therapy service initiation compared to last year. These represent considerable increases and can be explained based on a number of factors:

> **i)** In previous years only core funded service stats were included but in 12-13 OCTC is now reporting clinical activity funded through all sources of funding to reflect more accurately the level of activity across the organization.
>
> **ii)** With introduction of new clinical information system in 2012-13 there is a change in process for collecting these data elements. It is automated and does not rely as in previous years on 1-1 changes by each staff about the completion of First Assessment. The count is now more reliable as it is captured in the planning calendar entry based on a change in stage for the client.

e. Face-to-face Visits Relative to Number of Clinicians: Clinical staff have remained relatively constant over last 2 years however this year there was a decrease in face-to-face visits as described above.

f. Cost per Client and Cost per Visit: This double-line chart examines the cost per client and cost per visit, when averaged across Fund Type 2 clinical disciplines over the last three years, factoring in all direct costs associated with delivery of clinical care. Cost per client has remained fairly stable compared with last year however Cost per visit has increased due to lower number of visits and clients for this current year.

g. Student Learning Hours (excluding Medical): OCTC's student benchmark is expressed in hours and was established as falling in the range of 9210-10,978 hours. For the 12-13 year, the number of student placement hours reported is 9990.5 hours (equivalent of 5.12 FTEs) which is 8.48% (780.5 hours) above the established low end of benchmark range and is approximately midway in the range. It is also above last year's student placement hours by 6.77% (633.5 hours). In comparison of the swings in student learning hours over the prior two year cycle, this year's data sitting approximately midway on the benchmark range appears to be ideal and continues to represent organizational capacity as it relates to student learning and demonstrates to our educational partners our strong commitment in fostering a culture of learning.

Quality/ Safety/ Risk Indicators

h. Staff incidents vs Hours Worked: This line graph is reflective of reported staff incidents vs hours worked at OCTC over a 3 year fiscal period. For 12/13, there were 71 staff incidents reported, which represents a significant drop compared to the number of incidents reported in 11/12 (107) and 10/11 (88). This can be explained by the gradual decrease in hours worked.

i. Client Incidents Relative to Face-to-Face Visits: There has been a decrease of nearly 35% in incidents involving clients in the 2012-13 year. This figure can be influenced by increased staff training and awareness of risk management strategies related to falls, behavioural challenges and overall client safety. There were no serious occurrences in 2012 (The annual reporting for serious occurrences to MCYS is calendar year).

Worklife Indicators

j. Volunteer Statistics: The number of volunteer service hours and the number of volunteers are both illustrated in one graph for the fiscal trending period of 10/11 to 12/13. For 12/13, the number of volunteer hours served was the second highest for the noted trending period, with volunteers contributing 7,071 hrs in 12/13, compared to 11/12 at 7,788 hrs. The 2011/12 volunteer hours served were an anomaly due to volunteer support for our 60th anniversary celebrations and surrounding events. This year, volunteer hours still (marginally) exceeded the OCTC established benchmark (6,500 to 7,000 hours) at the top end by 71 hrs or 1%, and exceeded 2010/11 hours by 646. In addition, the number of volunteers increased in 12/13 by 2, compared to the established OCTC benchmark of 140.

k. Staff 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 OCTC sick leave (7.9 days) increased from the previous year by .32 day or 4.2 % but it remains lower than in the 10/11 year. Moreover, the average number of sick days taken for all RFT employees is only .9 days or 12.8 % off the established benchmark (7 days). Note: the benchmark used is from 11/12 Stats Canada Data as 12/13 is currently not available.

l. Staff Turnover Rate: For the calendar year 2012, the staff turnover rate was 4.18 %, which is lower than the OCTC benchmark of 6% and lower than the previous two-year trending period.

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