

# PSDHH

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**CQI**  
*Continuous Quality Improvement*  
**Annual Report**

**March 2005**

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## **Introduction**

The 2005 PSDHH Annual CQI report is designed to be a summary of information gathered by the CQI activities such as the External Stakeholder's survey, the Organizational Health Survey, and the summaries from CQI reviews. The intent of the Annual report is to provide the Leadership Team with information to evaluate the past year's performance and to consider the themes in the development in the coming year's service plan. The Leadership Team utilized this document during the 2005 Leadership Retreat on April 6 & 7, 2005.

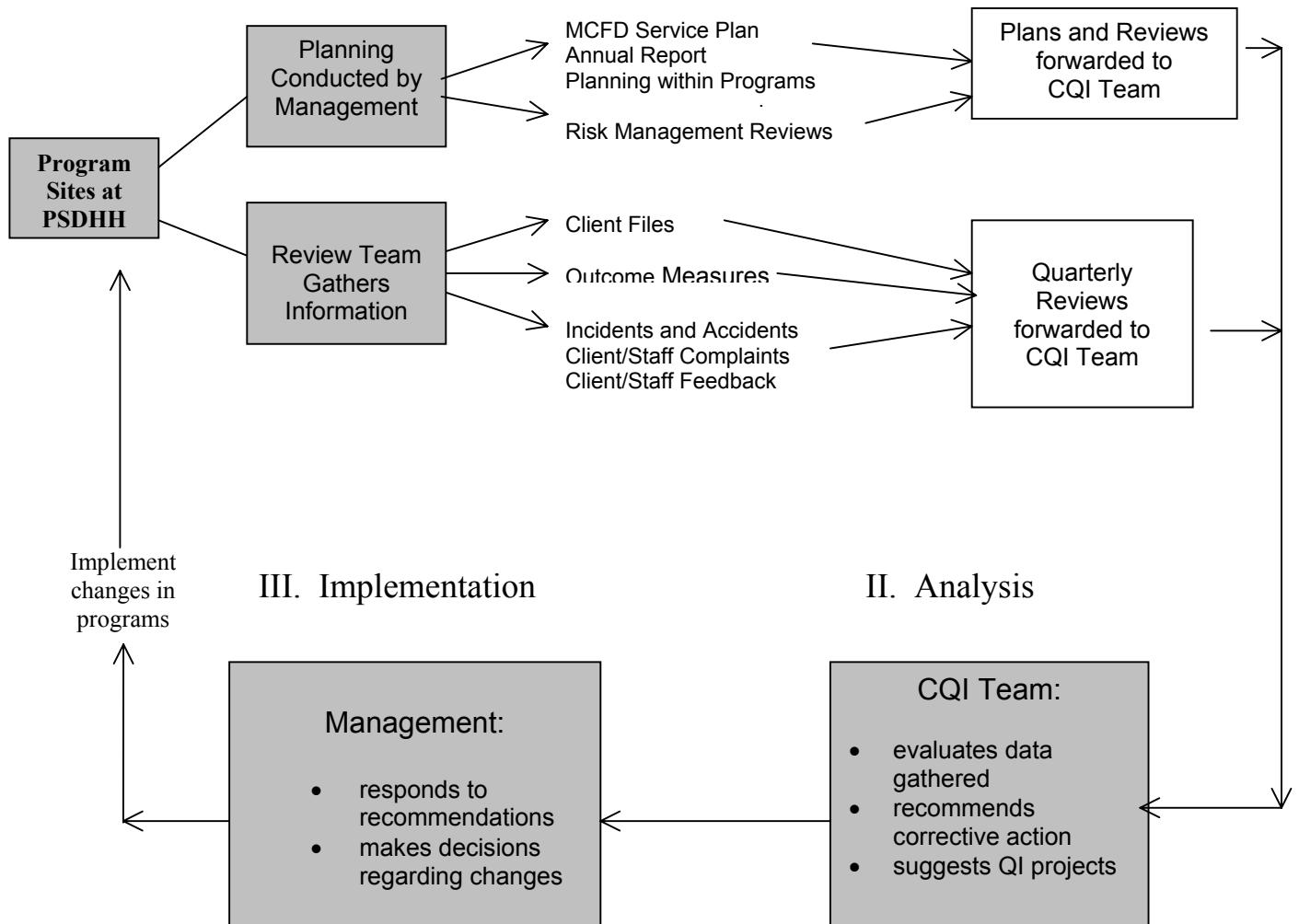
**Mandate**

The objective of Continuous Quality Improvement is to support excellence and quality in Provincial Services for the Deaf and Hard of Hearing. CQI promotes striving for excellence in PSDHH services and programs.

**Activity**

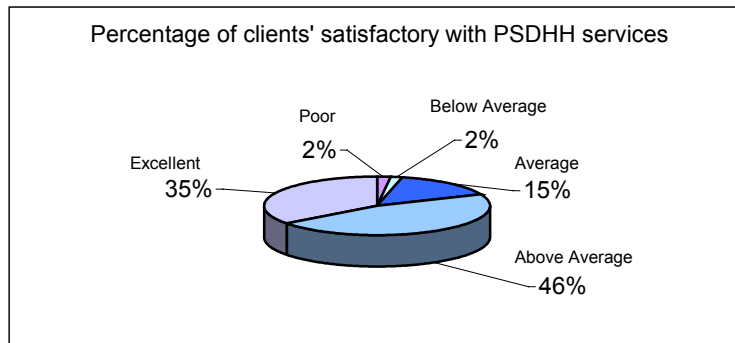
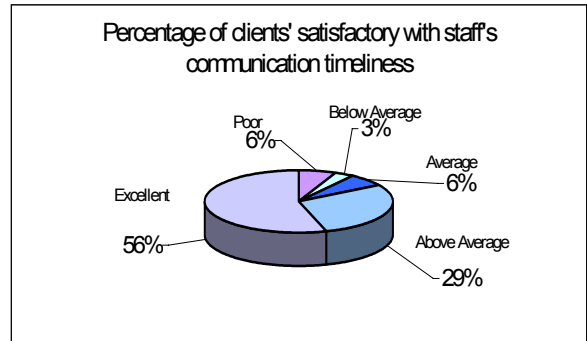
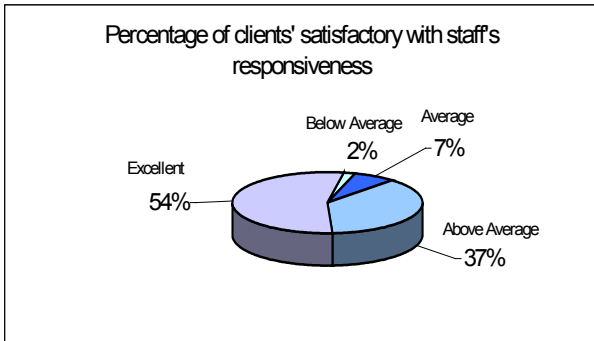
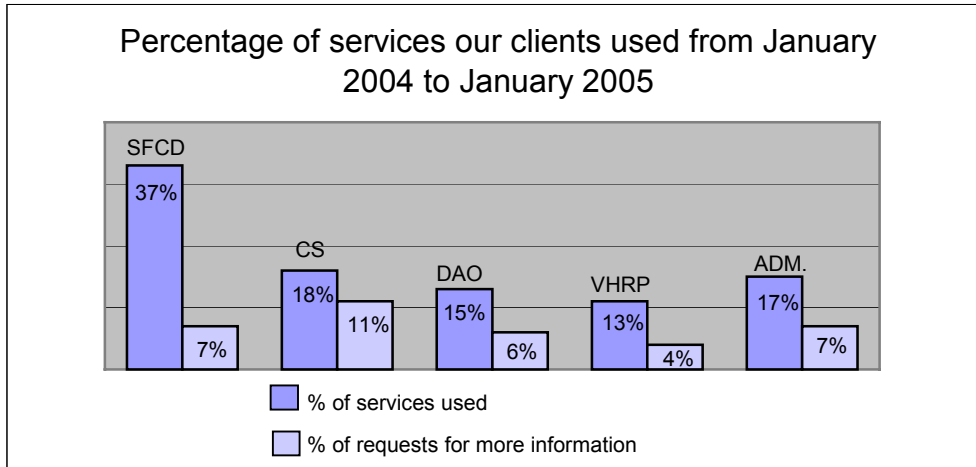
CQI activity leads PSDHH to thoroughly gather data regarding client and staff satisfaction, client and staff complaints, incidents and accidents, case record review, and program outcomes. In addition, information from long and short-term planning activities as well as risk management is forwarded to the CQI team. CQI provides PSDHH with a means to evaluate its program and services in an effort to maintain best practices as well as a positive working environment for staff.

**I. Data Collection**



### External Feedback Summary

216 surveys were mailed in January of 2005. 65 surveys were returned completed and 16 were returned to the sender. The overall results are as follows:



## External Survey: Services for Family and Community Development

<b>THE CLIENTS HAD THEIR NEEDS MET</b>	10% No 17% Not Sure 73% Yes
<b>THE CLIENTS INCREASED THEIR UNDERSTANDING AND KNOWLEDGE OF THEIR CHILD'S NEEDS</b>	16% No 18% Not Sure 66% Yes
<b>THE CLIENTS' CONFIDENCE LEVEL IN THEIR COMMUNICATION WITH THEIR CHILD BEFORE ACCESSING SFC D SERVICES</b>	15% Unsure 47% Reasonably Confident 38% Very Confident
<b>THE CLIENTS' CONFIDENCE WITH THEIR COMMUNICATION WITH THEIR CHILD AFTER ACCESSING SFC D SERVICES</b>	3% Less Confident 42% Same Level of Confidence 55% More Confident
<b>THE CLIENTS' HAD AN IDENTIFIABLE SUPPORT NETWORK.</b>	22% Low 44% Average 34% High
<b>THE SUPPORT NETWORK HAD INCREASED DUE TO INTERACTION IN SFC D SPONSORED SERVICES OR ACTIVITIES.</b>	54% Yes 46% No

### *Recommendations by the respondents:*

- ~ A model similar to autism funding for families to receive.
- ~ Continued development of outreach services for families of deaf children that live outside the Vancouver area
- ~ More teen programs for hard of hearing such as building self-esteem, career planning, mentoring.
- ~ Programs to be provided for Deaf Plus children. Parents need extra support with their Deaf Plus children.
- ~ Improve networking and available resources for small towns.
- ~ Available resources such as websites, books, support groups or classes in rural towns and a chance to meet other families with deaf or hard of hearing children in their communities.
- ~ MCFD should be able to provide easier access and financial support for speech/language pathology, hearing aids, and speech therapy as well as movie theatres, social programs or summer camps.
- ~ Provide de-centralized services and access i.e. parenting programs, behaviour management and support with children's speech delays.

## External Survey: Consultative Services

<b>CLIENTS RECEIVED SUPPORT FROM SERVICE OR INFORMATION.</b>	6% No 22% Not Sure 72% Yes
<b>THE CLIENTS INCREASED THEIR UNDERSTANDING AND KNOWLEDGE OF THEIR DEAF CLIENTS' NEEDS</b>	6% No 28% Not Sure 66% Yes

### *Recommendations by the respondents:*

- ~ Provide de-centralized services and access, ie, parenting programs for deaf parents.
- ~ Develop more teen programs for hard of hearing such as building self-esteem, career planning, mentoring.
- ~ Set up advisory team for cochlear implant programs (doctors need to be educated on benefits of knowing both speech and sign language)
- ~ Bring all hearing loss agencies, organizations and programs together to unify goals to benefit all participants, remove barriers, gain acceptance, increase teamwork and achieve goals together.

## External Survey: Deaf Access Office

CLIENTS RECEIVED ACCESS TO GOVERNMENT OR OTHER SERVICES	35% No 35% Not Sure 30% Yes
CLIENTS RECEIVED HELP AND UNDERSTAND HOW TO ACCESS GOVERNMENT SERVICES	20% No 35% Not Sure 45% Yes

### *Recommendations by the respondents:*

- ~ Available resources,ie, websites or books to learn about ASL (American Sign Language)
- ~ Access funding programs providing TTYs, videophones, d-link, video conferencing (*Note: California provides d-link technology to all deaf FREE!* In addition, many states provide free TTY's and education funding.)
- ~ Increase deaf advocates in government (.0001% government employees are Deaf "1 out of 10,000").
- ~ Increase deaf rights and accessibility similar to ADA (American Deaf Association).
- ~ More funding for interpreters in each city.
- ~ Increase support for deaf parents of hearing children,ie., school meetings, tutorial sessions, speech support and sign language support.
- ~ Cochlear implant recipients should have a consistent rehabilitation program that teaches both speech and sign language.
- ~ Set up an advisory committee for monitoring public schools using money received for deaf students (mainstreaming).
- ~ Provide ASLPI (American Sign Language Proficiency Interview) for mainstream teachers. (Set up a committee to access, monitor and authorize teachers to be qualified to speak ASL).
- ~ Establish a pilot for collaboration between the mainstream schools/student homes and deaf school/residence. For example, part of time at home with parents/mainstream school and part time at deaf school and residence.

## External Survey: Victory Hill Residential Program

18 out of 19 residents completed the annual survey. 1 declined.

<b>PARENTS WERE INCLUDED IN DECISION-MAKING REGARDING THEIR CHILD.</b>	100% Yes No
<b>PARENTS WERE INCLUDED IN PLANNING CARE PLAN GOALS FOR THEIR CHILD.</b>	90% Yes 10% No
<b>PARENTS WERE CONTACTED IMMEDIATELY WHEN THERE WAS AN EMERGENCY (I.E. THEIR CHILD WAS SICK OR INJURED).</b>	100% Yes No
<b>PARENTS WERE ABLE TO PROVIDE INFORMATION GIVEN BY THE KEYWORKER.</b>	100% Yes No
<b>PARENTS RECEIVED SCHOOL INFORMATION FROM THE KEYWORKER.</b>	46% Excellent 45% Ok 3% Not Enough
<b>PARENTS RATED THE TRAVEL ARRANGEMENTS.</b>	14% Poor 0% Below Average 28% Average 29% Above Average 29% Excellent
<b>RESIDENTS FELT RESPECTED BY THEIR KEYWORKER AND OTHER STAFF.</b>	78% Yes 22% Not Sure
<b>RESIDENTS COULD TALK TO ANY STAFF.</b>	83 % Yes 17 % Not Sure
<b>RESIDENTS VIEWED THEIR RELATIONSHIP WITH THEIR KEY WORKER POSITIVELY.</b>	57 % Yes 29 % Not Sure 14 % No
<b>RESIDENTS VIEWED THEIR RELATIONSHIP WITH STAFF OTHER THAN THEIR KEYWORKER POSITIVELY.</b>	72 % Yes 22 % Not Sure 6 % No
<b>RESIDENTS COULD COMMUNICATE WITH STAFF WHEN NEEDED.</b>	84 % Yes 11 % Not Sure 5 % No
<b>RESIDENTS WERE ALLOWED TO CONTACT THEIR PARENTS ANYTIME.</b>	90 % Yes 5 % Not Sure 5% No
<b>RESIDENTS WERE INVOLVED IN PLANNING THEIR CARE PLAN GOALS.</b>	72 % Yes 22 % Not Sure 6 % No
<b>RESIDENTS' CARE PLAN GOALS WERE HELPFUL.</b>	67 % Yes 33% Not Sure
<b>RESIDENTS' PARENTS HELPED THEM MAKE DECISIONS.</b>	72 % Yes 22% Not Sure 6 % No
<b>RESIDENTS RECEIVED HELP MAKING DECISIONS THAT AFFECT THEM.</b>	59 % Yes 29 % Not Sure 12 % No
<b>RESIDENTS KNOW HOW TO FILE A COMPLAINT IF THEY HAVE A PROBLEM WITH THE DORM OR STAFF.</b>	72 % Yes 28 % Not Sure
<b>RESIDENTS RECEIVED APPROPRIATE DISCIPLINE.</b>	76 % 24 % Not Sure
<b>POSITIVE BEHAVIOUR WAS NOTICED AND RECOGNIZED APPROPRIATELY.</b>	59 % Yes 41 % Not Sure

<b>RESIDENT'S RELATIONSHIPS WITH OTHER RESIDENTS WERE VIEWED POSITIVELY.</b>	66 % Yes 28 % Not Sure 6 % No
<b>RESIDENTS HAD ENOUGH FREE TIME EACH DAY.</b>	72 % Yes 17 % Not Sure 11 % No
<b>RESIDENTS WERE OFFERED OPPORTUNITIES TO ENGAGE IN STRUCTURED PHYSICAL ACTIVITIES EACH DAY (SPORTS AND GAMES).</b>	83 % Yes 11 % Not Sure 6 % No
<b>RESIDENTS ARE GIVEN A COMPLETE RANGE OF LIFE SKILLS EXPERIENCES (TIME MANAGEMENT, HYGIENE, BUDGETING, ETC)</b>	77 % Yes 17 % Not Sure 6 % No
<b>RESIDENTS WERE ENCOURAGED TO EXPLORE THEIR OWN INTERESTS I.E. SPORTS, HOBBIES, ETC.</b>	77 % Yes 17 % Not Sure 6 % No
<b>RESIDENTS LEARNED ABOUT DEAF CULTURE.</b>	83 % Yes 17 % Not Sure
<b>RESIDENTS COMFORTABLE WITH THEIR CARE WHEN SICK OR NEEDED SPECIAL HEALTH CARE.</b>	77 % Yes 17 % Not Sure 6 % No
<b>RESIDENTS FELT THEY RECEIVED MEDICAL ATTENTION IN A TIMELY FASHION.</b>	50 % Yes 44 % Not Sure 6 % No
<b>RESIDENTS ARE SATISFIED WITH THE SAFETY PRECAUTIONS AT THE DORM.</b>	94 % Yes 6 % Not Sure
<b>DORM WAS ACCESSIBLE (WHEELCHAIR LIFT, DOOR WIDTH, FLASHING DOORBELLS AND PHONES).</b>	84 % Yes 11 % Not Sure 5 % No
<b>RESIDENTS FELT SAFE WHEN BEING TRANSPORTED BY STAFF.</b>	86 % Yes 14 % Not Sure
<b>THE DORM WAS SAFE.</b>	89 % Yes 11 % Not Sure
<b>RESIDENTS' BEDROOMS WERE SAFE AND COMFORTABLE.</b>	78 % Yes 11% Not Sure 11% No
<b>RESIDENTS WERE SERVED HEALTHY FOOD.</b>	72 % Yes 17 % Not Sure 11 % No
<b>RESIDENTS WERE SERVED THE RIGHT AMOUNT OF FOOD.</b>	72 % Yes 11 % Not Sure 17 % No
<b>RESIDENTS WERE SATISFIED WITH THE INTERPRETING SERVICES PROVIDED BY PSDHH.</b>	71 % Yes 29 % Not Sure

***The worst aspects of the dorm identified by respondents were:***

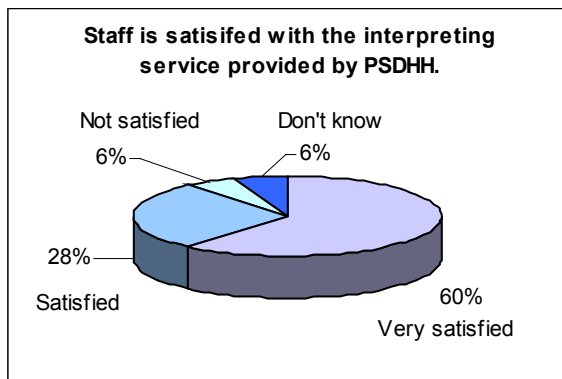
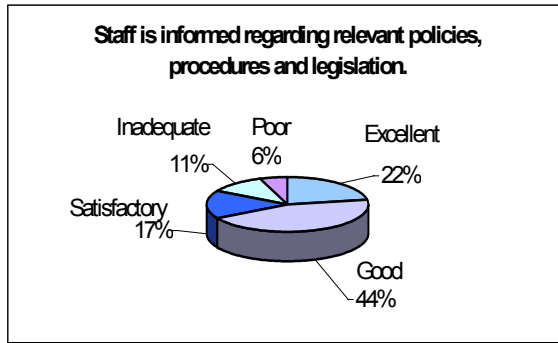
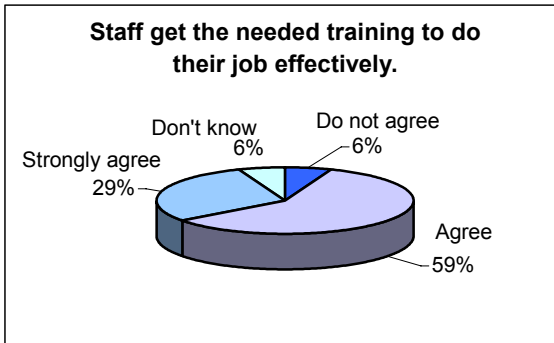
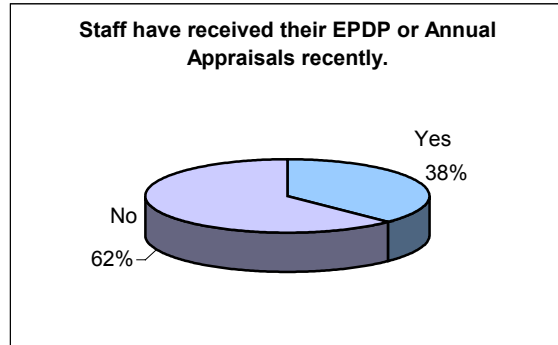
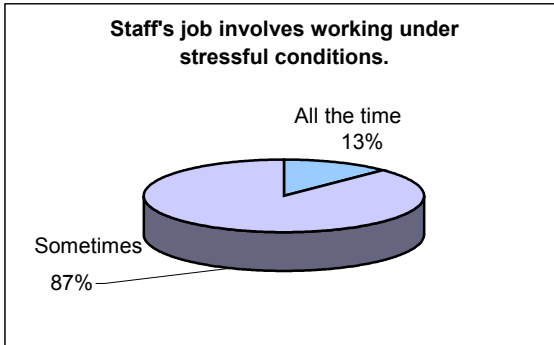
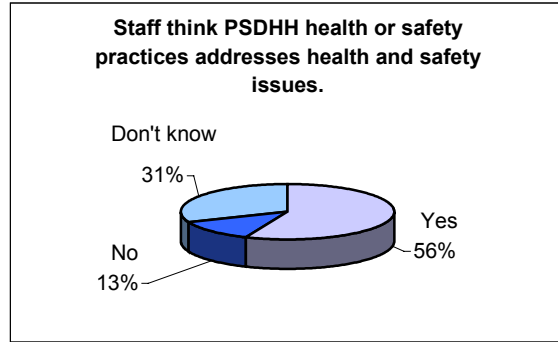
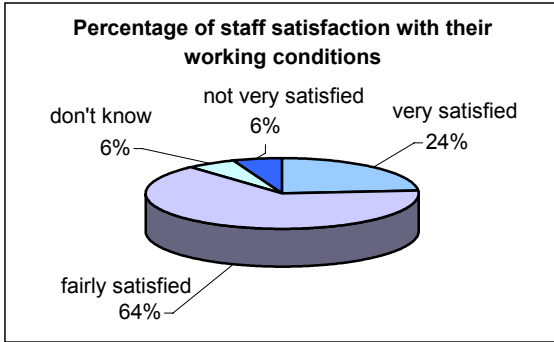
- ~ Mattress
- ~ Staff under stress
- ~ Loud music
- ~ Homework
- ~ Unsatisfied with meals

***The best aspects of the dorm identified by respondents were:***

- ~ Friends
- ~ Own bedroom
- ~ Outings (social, sports, games)
- ~ Food

## Organizational Health Survey

18 out of 38 PSDHH staff responded to the Organizational Health Survey. The survey was based from 2004 January to 2005 January.



<b>MY COORDINATOR/SUPERVISOR</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
Gives me recognition when I do my job well.	-	12%	18%	29%	41%
Makes it clear what is expected of me.	6%	-	25%	38%	31%
Treats me with respect.	6%	-	6%	33%	55%
Asks for input before making decisions that affect my work.	6%	-	17%	38%	39%
Gives me regular feedback on how I do my job.	6%	11%	22%	28%	33%

<b>TEAMWORK</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
<b>Clear goals</b> <i>Everyone knows, understands and accepts the goals of the team. Goals and ways of measuring them are in writing. Goals are used to set priorities and team activities. The questions, "How will we know when we're successful?" has been answered clearly.</i>	6%	6%	6%	66%	16%
<b>Clear Roles</b> <i>Everyone knows, understands and accepts what contribution each member brings to the team. Each team member's contribution is important to ensure the team's goals are met.</i>	6%	11%	6%	55%	22%
<b>Good Relationships</b> <i>Everyone listens with respect to others' opinions. There is a relaxed atmosphere where people can be honest with each other. Team members trust each other and criticism is not taken personally. Most decisions are decided by consensus.</i>	6%	6%	6%	58%	24%
<b>Resolution of Conflicts</b> <i>Conflict itself is accepted as healthy. Clear guidelines for resolving conflict have been developed in writing and are used by the team members. Conflicts are resolved quickly and do not result in lingering resentment.</i>	6%	6%	12%	52%	24%
<b>Self-evaluation</b> <i>Once or twice a year, the team evaluates its own performance. This is a formal process resulting in written guidelines for improvement that are taken seriously.</i>	6%	6%	18%	46%	24%
<b>Efficient Team Meetings</b> <i>The Chair keeps the meeting on target, unproductive discussions and interruptions are held to a minimum, the meetings start and stop on time, agendas are normal, minutes are kept everyone knows why the meetings are needed, no person or clique dominates the meeting, everyone attending wants to be there. The meetings result in action.</i>	5%	-	26%	43%	26%
<b>Team Contribution</b> <i>The work of the team is accepted and used. Team members know they make a valued contribution to the organization. They are recognized both formally and informally.</i>	5%	-	5%	66%	24%
<b>Clear Procedures</b> <i>Procedures exist to guide the team in setting goals, solving problems, resolving conflict, making decisions, and ensuring follow-up.</i>	6%	-	6%	70%	18%

**Comments made by the staff were:**

- ~ OSH Committee seeks more active roles from staff.
- ~ Staff receive training opportunities.
- ~ Staff receive support and encouragement from their supervisor.
- ~ EPDP and Appraisals have begun following the annual survey.

## Summary of CQI Committee Activity

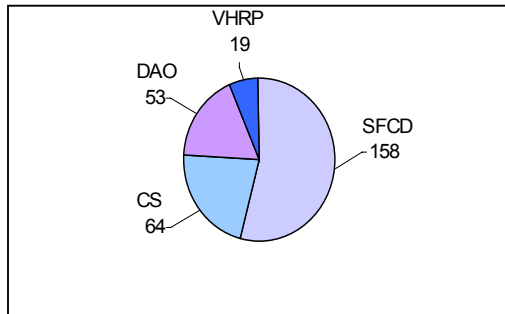
2004 April – 2005 February

For the past 12 months, staff have shown commitment and enthusiasm ensuring every detail is met in order to maintain PSDHH as a safe and healthy organization.

### Client Files

CQI staff have worked closely with their coworkers, ensuring they maintain documentation procedures especially intake and ROI (Release Of Information) forms.

The current numbers of client files from each program as shown:



### Outcome Measurement Analysis

Last November, the leadership team attended the semi-annual meeting to review and analyze the stated outcomes for clients, staff and program. Afterward, the director organized them into a document that matches the MCFD outcomes.

The extent of the outcomes from each program will be brought to the leadership retreat to determine accomplishments and needed improvements, with feedback given by their clients and stakeholders. After determining the areas of accomplishments and needed improvements, the outcomes will be adjusted accordingly for the year of 2005/2006. PSDHH Annual Report included the outcome measurements and strategies. This report will be released to the public in the late spring.

### Incident and Accident Reports

Since VHRP Counselling Team established last Spring, the resident incident reports have declined. The finding was a result of having parents, resident's keyworker and external professionals as requested, participating together to address the needs of the child/youth.

Between April 2004 and March 2005, there were four minor injury reports from staff; none of which resulted in missed days. There were four reports of Violence in the Workplace and actions were taken for each.

### Client & Staff Complaints/Grievances

No report this year.

### **Client & Staff Satisfaction Surveys**

Annual external survey, VHRP Resident Feedback and Organizational Health (staff only) were distributed last January. Please refer to page 1 – 9 for the results.

The majority of DAO clients are ESL (English as Second Language), therefore the feedback instructions, which are kept in the client waiting area, need revision. DAO staff is currently revising.

### **Risk Management**

In a summary of the risk management reviews conducted by the Leadership team, the report shows a satisfactory and safe working place as well as a safe residence for the students. VHRP staff received training as follows:

- Behaviour Management
- Self Harm
- Substance Abuse and Misuse
- Criminal Activity
- Residential Health Care

A Community Care Facility Licensing officer inspected VHRP facilities last June and the overall inspection was satisfactory.

### **Staff training**

PSDHH staff have expressed above satisfactory feedback on the following training provided for the last 12 months:

- ~ Annual Orientation
- ~ Cultural Differences
- ~ Learning Management System
- ~ Accreditation Review
- ~ Emergency Preparedness
- ~ First Aid training