



Ontario  
Association of  
Children's  
Rehabilitation  
Services

# Children's Rehabilitation by the Numbers

Access · Engagement · Every Child and Youth · Excellence



# Key Performance Indicators

## Sector-wide Reporting Results

Children's Treatment Centres (CTCs) in Ontario were originally established to serve children and youth with physical disabilities. Over the past 65 years, this service has fully evolved into a system that serves children and youth with physical, neurodevelopmental, communication and complex medical needs. Services and supports are provided at home, at school and in the community, based on capacity and local community need.

Ontario's CTCs provide a broad range of 'core' services, which include physiotherapy, occupational therapy, speech and language therapies, social work and recreation therapy. Many centres provide additional services including audiology, augmentative communication, nursing, psychology, seating/mobility, orthotics and prosthetics, cleft lip/palate and dental treatment. In addition, many centres offer specialized medical services. Developmental pediatricians, who work in partnership with community-based pediatricians, family physicians, physiatrists and numerous other visiting medical consultants, provide expert medical care and leadership. Some CTCs are also the Lead Agencies for the province's Autism Programs including Early Intervention Programs, Intensive Behavioural Intervention (IBI) and Applied Behavioral Intervention (ABA). CTCs may also be the Lead Agency for Preschool Speech and Language Programs.

Children's Treatment Centres in Ontario have taken an important step to enhance their sector-wide accountability and their commitment to better outcomes for children and youth with special needs and their families, through the identification and reporting on an initial set of sector-wide performance indicators.

Collecting data and reporting on sector-wide performance supports effective planning, improvement, and supports communications with funders and policy makers. An initial set of sector-wide objectives and indicators has been developed based on key frameworks that are fundamental to the work of Ontario's CTCs:

- the International Classification of Functioning and Disability - Child Youth version (ICF-CY)
- family-centred care
- quality dimensions of access, efficiency and effectiveness

Beginning with this report, CTCs will report publicly on 4 sector-wide objectives and their indicators for the period April 1, 2015 to March 31, 2016:

### Access to Service

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- total number of children and youth served
- total number of children and youth waiting
  - i. achievement of performance targets for initial assessment
  - ii. achievement of performance targets for initiation of service

### Engaged Families

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- measurement of family-centredness

### Every Child and Youth

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- client profile of who accesses services and what services they seek

### Integrated Pediatric Rehabilitation Excellence

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- the use of evidence informed care

# Access to Service

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## Definition

Snapshot indicators of *access to service* provide a fiscal year-end summary of sector activity. Key areas of utilization and performance include:

- number of children and youth served
- number of visits provided
- number of children and youth waiting

Wait times are key elements that impact the satisfaction of families with the responsiveness of services their children receive. As a result, the CTC sector has taken the initiative to develop performance targets associated with wait times and are measuring their performance against the following benchmarks:

- 100% of children and youth receive an initial assessment within 90 days of referral
- 100% of service for children and youth was initiated within 60 days of assessment

## Why is this important?

For families in need, a responsive system is required. How quickly service is provided and how long children and youth wait for service are important measures that reflect access to service. CTCs are committed to moving children and youth from 'waiting' to 'service' as quickly as possible and also improving the experience of families who are waiting.

## Data Considerations

- 100% of MCYS funded Children's Treatment Centres (20) reported on this data
- 18 of 20 CTCs are on the same electronic client record platform
- reporting is based on the Management Information Systems (MIS) standard definitions within the Ontario Healthcare Reporting System (OHRS) maintained by the Ministry of Health and Long-Term Care, Health Data Services Branch
- the profile of services delivered by each CTC has been shaped over time by community partnerships, community need, historic contract decisions and funding envelopes

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### OVERALL NUMBERS AS OF MARCH 31, 2016

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CTCs served over **74,355** children and youth



NUMBER OF VISITS

**753,471**



## Total Number of Kids Waiting

# kids waiting, Physiotherapy	# kids waiting, Occupational Therapy	# kids waiting, Speech and Language	# kids waiting, Audiology*	# kids waiting, Social Work	# kids waiting, Psychology*	# kids waiting, Rehab Engineering*	# kids waiting, Therapeutic Recreation*
<b>1,951</b>	<b>4,504</b>	<b>4,836</b>	<b>1,923</b>	<b>1,238</b>	<b>707</b>	<b>222</b>	<b>489</b>



## Number of Kids Waiting for Assessment

# kids waiting @ wait 1, Physiotherapy	# kids waiting @ Wait 1, Occupational Therapy	# kids waiting @ wait 1, Speech and Language	# kids waiting @ Wait 1, Audiology	# kids waiting @ wait 1, Social Work	# kids waiting @ wait 1, Psychology	# kids waiting @ wait 1, Rehab Engineering	# kids waiting @ wait 1, Therapeutic Recreation
<b>1,448</b>	<b>3,402</b>	<b>3,494</b>	<b>1,113</b>	<b>876</b>	<b>653</b>	<b>214</b>	<b>374</b>



## Number of Kids Waiting for Service Initiation

# kids waiting @ wait 2, Physiotherapy	# kids waiting @ wait 2, Occupational Therapy	# kids waiting @ wait 2, Speech and Language	# kids waiting @ Wait 2, Audiology	# kids waiting @ wait 2, Social Work	# kids waiting @ wait 2, Psychology	# kids waiting @ wait 2, Therapeutic Recreation
<b>513</b>	<b>1,102</b>	<b>1,342</b>	<b>810</b>	<b>362</b>	<b>362</b>	<b>152</b>



## % of Assessments within 90 days of referral

Physiotherapy	Occupational Therapy	Speech and Language	Audiology	Social Work	Psychology	Rehab Engineering	Therapeutic Recreation
<b>79.2%</b>	<b>65.2%</b>	<b>66.1%</b>	<b>79.6%</b>	<b>75.5%</b>	<b>60.4%</b>	<b>70.4%</b>	<b>81.3%</b>



## % of Service Initiations within 60 days post assessment

Physiotherapy	Occupational Therapy	Speech and Language	Audiology	Social Work	Psychology	Rehab Engineering	Therapeutic Recreation
<b>89.9%</b>	<b>32.1%</b>	<b>82.5%</b>	<b>92.4%</b>	<b>92.1%</b>	<b>87.8%</b>	<b>86.4%</b>	<b>91.4%</b>

\* these services not available at all CTCs

# Engaged Families

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## Definition

CTCs are dedicated to providing family-centred services and have committed to measuring the degree to which their services are family-centred through use of the *Measure of Processes of Care* (MPOC), a survey which measures parents' perceptions of the care they and their children receive.

## Why is this important?

Research shows that outcomes for children and youth with special needs are improved when families are at the centre of care and that parents who perceive services as more family-centred are more satisfied with the services they receive.

## Data Considerations

- 11 out of 19 centres are using the MPOC tool and are able to report on it
- the survey was distributed to 6,956 families; 2,090 surveys were completed (estimated response rate of 30%)

## What did we learn?

The MPOC-20 has five scales as listed in the table below. The possible range for each scale score is 1 to 7, with 7 indicating higher levels of family-centred service. There is no overall summary score for the MPOC. When the responses for all 11 centres are aggregated, the average mean score for each scale is:

Enabling & Partnership	Providing General Information	Providing Specific Information	Coordinated & Comprehensive Care	Respectful & Supportive Care
<b>5.95</b>	<b>5.18</b>	<b>5.88</b>	<b>6.07</b>	<b>6.13</b>

We can also look at the percentage of families who respond to the questions in a certain way. The following table provides the percentage of families whose mean scores on each of the MPOC scales was between 5 (to a fairly great extent) and 7 (to a very great extent).

Enabling & Partnership	Providing General Information	Providing Specific Information	Coordinated & Comprehensive Care	Respectful & Supportive Care
<b>87.0%</b>	<b>72.8%</b>	<b>87.0%</b>	<b>89.3%</b>	<b>90.8%</b>

## What does this mean?

The findings from this MPOC evaluation indicate that CTCs are providing services that parents perceive to be highly family-centred, particularly in areas related to being respectful and supportive of families, and offering services that are coordinated and holistic. Though the MPOC results demonstrate positive feedback from families, the CTC sector recognizes there is room for improvement in ways that are supportive to families.

Future evaluation of family-centredness across all CTCs using a consistent approach to administration and data analysis will improve the sector's ability to make strategic recommendation for service delivery and to evaluate the impact of changes that are implemented.

# Every Child and Youth

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## Definition

To define a client profile of who access services and what services they seek, it is important to understand data on the age of children and youth served, what kind of services they access and how many services they require.

## Why is this important?

Understanding who is seeking service and the type of services they access is important for sector effectiveness, clinical decision making, understanding the complexity of children and responding to the needs of a community. This information is shared with funders and policy makers to support planning and inform decision making.

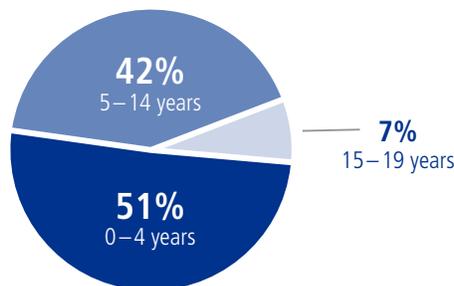
## Limitations of the data

- data reflects those receiving services at Ontario CTCs
  - data provided is reported as a point-in-time number
  - data provided is collected from submissions to the Ministry of Health and Long-Term Care through the Ontario Healthcare Reporting System (OHRS)
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### % Served by Age

**74,355**  
children and youth  
served under the age  
of 19 in 2015–2016



### Accessing Professional Disciplines

on March 31, 2016

**53.4%** of children needed  
the services of  
**one professional discipline**

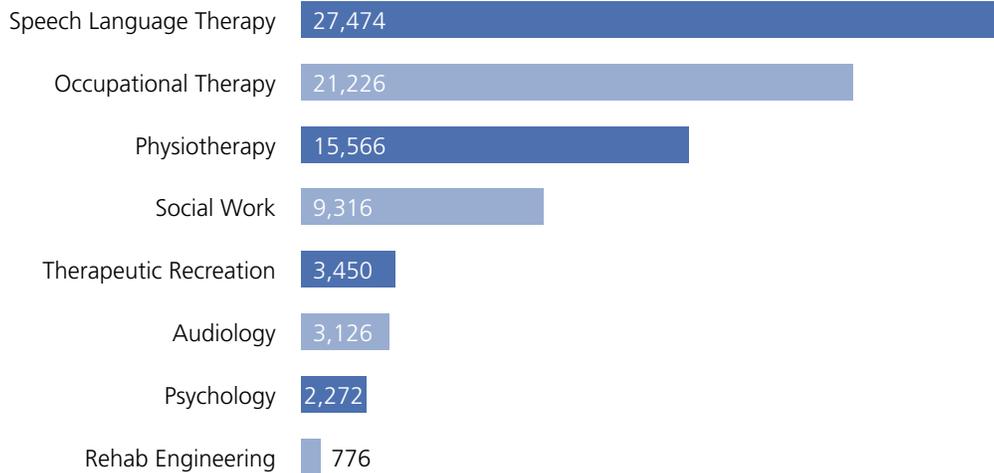
**46.6%** of children needed  
the services of  
**more than one professional discipline**



## Accessing Rehabilitation Services

(many centres also provide and support additional services that are not reflected in this data collection)

### Number of Children and Youth served



## Number of Visits and Group Sessions

During 2015–2016  
**CTCs provided over  
 753,471** visits



Over  
**40,000**  
 group sessions  
 were provided

# Face to Face Visits

**522,830**

# Telephone Visits

**89,637**

# Group Sessions

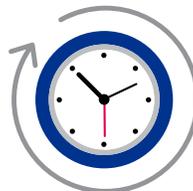
**40,743**

# Group Participants

**141,004**

**Total time spent working  
 with Children, Youth and Families**

**5,525,321** hours



# Integrated Pediatric Rehabilitation Excellence

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## Definition

The use of evidence informed care leads to better outcomes.

## Why is this measure important?

The CTC sector is committed to providing evidence based pediatric rehabilitation to standardize the service experience of children, youth and families across Ontario.

## Data Considerations

- inconsistencies in the data capture of professional development and capacity building has resulted in under-reporting in this area
- data does not reflect education or capacity building provided to parents

## Key Considerations

### Listing of Best Practices developed by Children's Treatment Centres

- Assessment and Intervention for Preschoolers with Developmental Co-ordination Disorder
- Coordination of Services for Children requiring Orthopedic Surgery
- Transition to Adult Services
- School Entry/Junior Kindergarten transition
- Post- Surgical Physiotherapy Intervention
- Ventilation Options for Youth with Duchenne Muscular Dystrophy
- Physiotherapy Intervention in School with Ambulatory Children with Developmental Disorders
- AFO's and Stretching Duchenne Muscular Dystrophy
- Seating Clinic Waitlist Priority Ranking
- Teaching Social Skills to Preschoolers
- Constraint Induced Therapy
- Use of Telephone in Social Work Assessment and Counselling
- Idiopathic Toe Walking
- OT Intervention for Children with Sensory Disorders
- Torticollis
- Physiotherapy Management of Lower Extremity Hypertonia Post Botox
- Chronic Pain Toolbox
- Safe Transportation of Children and Youth with Special Needs
- Workload
- Caseload
- Client Volume (attendances)
- Clinical Documentation

**Provincial care plans have been developed for the following areas:**

- Communication
- Augmentative and Alternative Communication
- Mobility
- Occupational Therapy
- Recreation Therapy
- Behaviour Therapy
- Team based service



**Involvement in Research & Learning Opportunities**

11 of 19 centres reported being involved in at least **3 or more research projects**



CTCs provided **715 student learning opportunities**



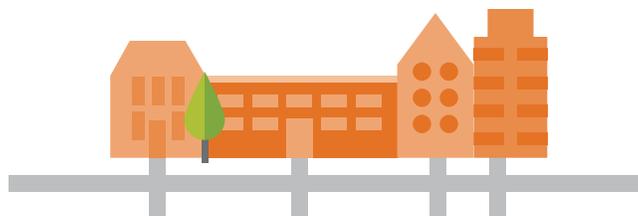
CTC staff were engaged in over **44,630 hours of professional development** in 2015–2016



**Capacity Building**

Community capacity building for service providers and other partners (day cares, school boards, public health units) is an important activity for CTCs:

**27,980 hours** of capacity building with community partners was provided



# What is next for performance measurement across CTCs?

Ontario's Children's Treatment Centres have embarked on the development and reporting of an initial set of sector wide indicators to enhance accountability and demonstrate their commitment to better outcomes for children and youth with special needs and their families.

This initial report lays the foundation for the creation of a performance reporting system that will take years of development and requires an investment of time and resources from service providers and government partners to ensure that the momentum for this work continues and that it is seen as a priority for the sector.

Children's Treatment Centres will strive to report publicly on performance each year, and intend to add the following to the list of performance indicators:

- **Participation and Quality of Life:** children and their families are able to participate in home, school and community activities and experience quality of life
- **Integrated Pediatric Rehabilitation Excellence:** children and families achieve their goals
- **Demonstrated Accountability:** stewardship of public funds

The sector has interest in participating in the national Pediatric Rehabilitation Reporting System, which will enable systematic collection of data about the children and youth that are served by CTCs. Inclusion in this database will allow comparison of outcomes with other providers across Canada.



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