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PEDIATRIC OUTREACH THERAPY PROGRAM

OUTCOMES MANAGEMENT REPORT 2024-2025

The Pediatric Outreach Therapy Program receives funding from BC Ministry of Children and Family Development

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PROGRAM DESCRIPTION

The Pediatric Outreach Therapy Program (POTP) provides therapy services for children with or at risk for developmental delays in underserved communities throughout the province.

The POTP includes Coordination, Occupational Therapy (OT), Physiotherapy (PT), Speech Language Pathology (SLP), and Behavioural Consultation (BC) services. Services are provided through community visits and virtual services.

Five principles guide the team and the services they provide:

- **Community Led:** Each community knows their needs and gaps best. Co-creation of therapy services is essential for effective service delivery.
- **Relationship Centered:** Relationships are central to effective caregiver coaching. While our team may take time to build relationships, local partners can enhance our ability to connect and have a meaningful impact.
- **Sustainable:** Incorporating strategies to support recruitment and retention, as well as building local capacity, is essential.
- **Evidence-Based:** Therapy services should be evidence-based to ensure a high quality of care is provided to all families.
- **Advocacy:** We are already uncovering more gaps than our team can support, requiring ongoing advocacy for increased funding and resources locally.

Highlights:

- Recruited members of each discipline within 3 months of obtaining the contract
- Our first outreach visit occurred 1 month after full onboarding of the team
- Developed and tested a needs-based assessment to prioritize communities
- Completed a pilot project with one community while launching services
- 244 children were served in the first six months of the program
- Mentorship has been provided to new graduates in sole-charge positions and in specialty scope areas such as feeding

PROGRAM UTILIZATION

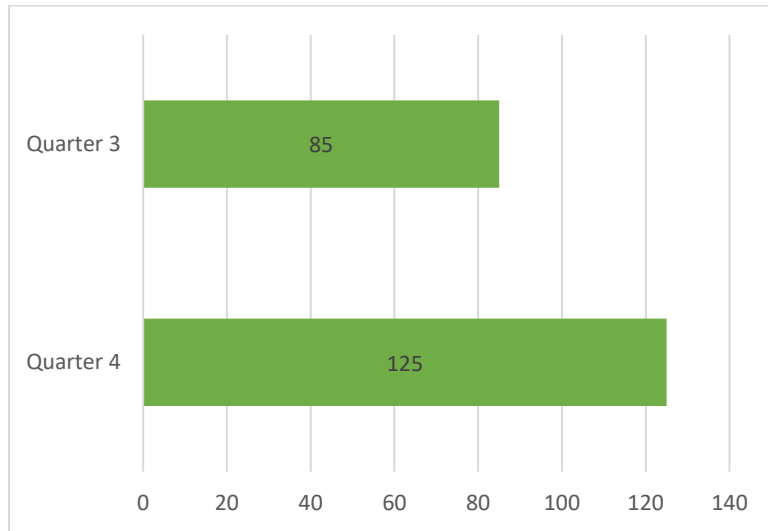


FIGURE 1: Referrals Received Quarter to Quarter

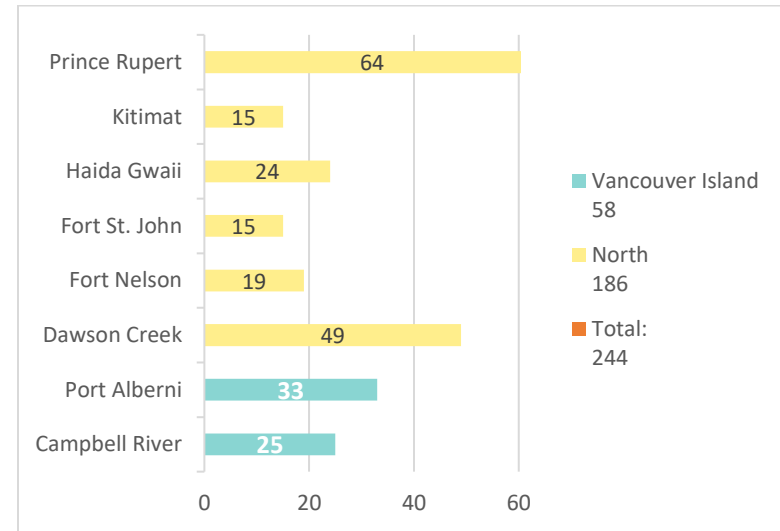


FIGURE 2: Number of Unique Children Served by Region



FIGURE 3: Number of Children Served by Discipline

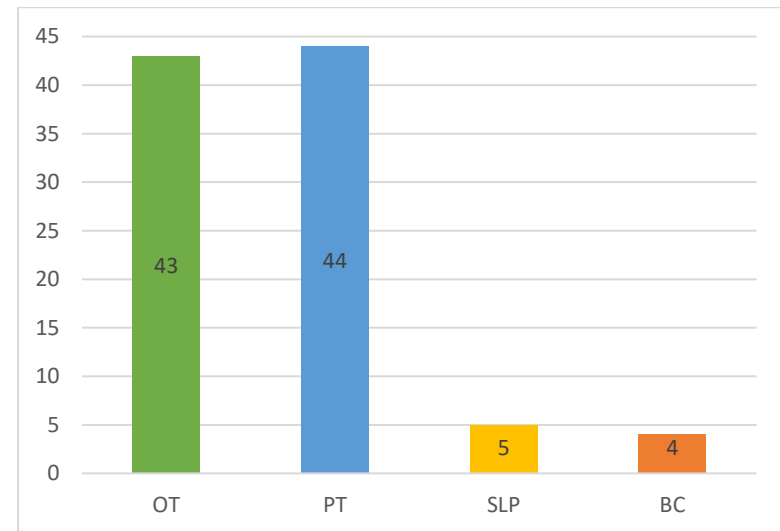


FIGURE 4: Caseload Discharges by Discipline

Program Utilization Analysis

- The POTP provided services to 244 clients.
- There was a significant number of client referrals in the third quarter and an even greater number in the fourth quarter as agencies became more aware of our service.
- The North requested the most support, with six communities self-referring. These agencies have reported ongoing challenges with recruitment and retention.
- Dawson Creek and Prince Rupert have the highest number of children served. Dawson Creek, as they were part of our Pilot Project and had the most visits in our first 6 months, and Prince Rupert, as they had recently experienced vacancies in all their therapy positions, and their agency serves children and youth aged 0-19 years old.
- POTP served two communities on the island. Port Alberni received services for school-aged children with immediate equipment needs that do not require further follow-up.
- Occupational therapy has the most significant number of unique children served, as many were referred, received a consultation and did not require follow-up.
- SLP service is the most requested service, which also requires more frequent follow-up and ongoing service with fewer discharges.
- The program had 41 full discharges (discharged from all disciplines) in the first six months, which are not illustrated above.

DEMOGRAPHICS

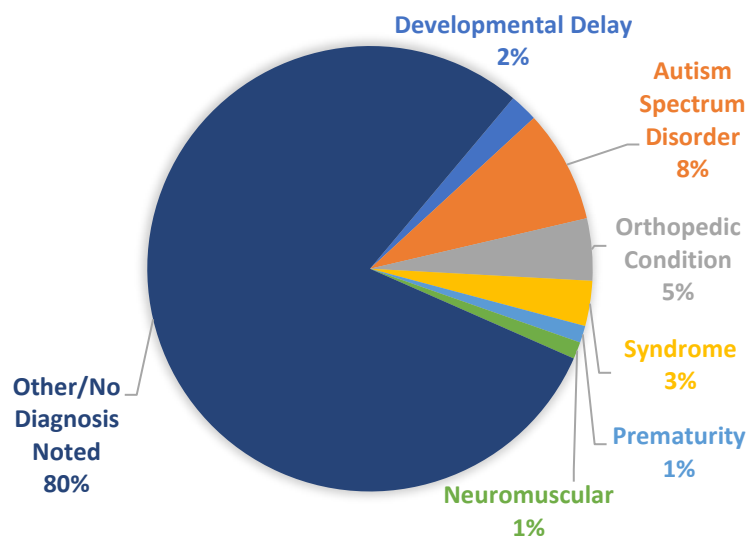


FIGURE 6: Global Diagnosis of Children Served

Demographic Analysis:

The majority of children served do not have a diagnosis noted in their file or one communicated to the team during referral or service. This category also includes children undergoing assessment or waiting for results to determine a diagnosis. The noted categories are likely underrepresented, as all children eligible for service will demonstrate a developmental delay.

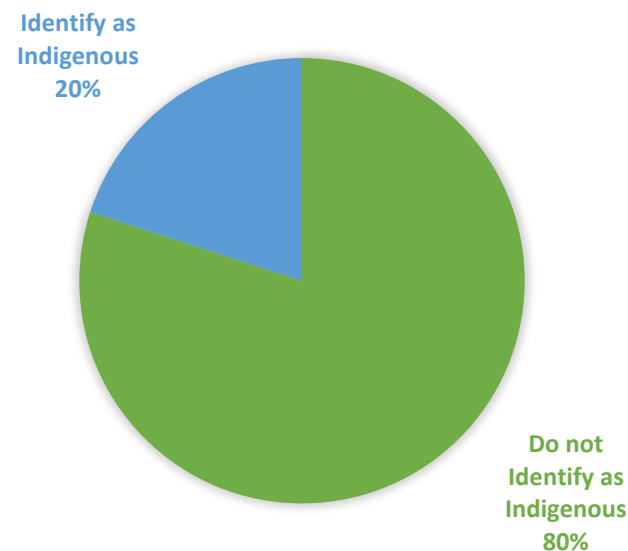


FIGURE 7: Clients Served that Identify as Indigenous

Twenty percent of the clients we've served have self-identified as Indigenous. A core value of this program is relationship building; as such, when families share with us their cultural background and values, the team follows the family's lead in incorporating any practices or learnings as possible into our service.

2024-2025 PROGRAM OUTCOMES

SERVICE ACCESS

Objective/Outcome	Performance Indicator	Target	Measure Applied To	Achieved Outcome
				2024-2025
Referrals are responded to quickly	Number of days from referral to intake call	14	All Agency referrals	2 days
Priority 1 programs receive a service plan quickly	Length of time from intake call to service plan	1 month	All eligible referrals	17 days
Mentorship is available to support agencies in retaining staff	Frequency of mentorship meetings	monthly	All eligible therapists	monthly

**Priority 1 communities are those that have a fully vacant discipline or have experienced long term vacancies.*

Service Access Analysis:

In the first six months of program operations, all referrals have been responded to within a couple of days of receipt and have a preliminary service plan in just over 2 weeks. Preliminary service plans may include the type of service the community will receive, as well as potential dates for an in-person visit, if applicable.

The POTP Physiotherapist is currently mentoring two other physiotherapists who are in sole charge positions. Monthly mentorship meetings have been held virtually with these physiotherapists, and each has received at least one in-person visit to support the mentorship. The POTP OT has also provided feeding support to another OT by joining two visits while on outreach and has shared resources with another community.

RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)

Objective/Outcome	Performance Indicator	Target	Measure Applied To	Achieved Outcome
				2024-2025
Monthly visits are efficient and result in multiple appointments	Average number of children served per visit	12 per discipline	All outreach visits	15
The majority of the staff's time is spent in client-related time	Percentage of time	75%	All program staff	63%

Efficiency Analysis:

The POTP team consistently serves a high number of children during outreach visits. Careful consideration is given to planning outreach trips with the local community to maximize the efficiency of their visits whenever possible.

The percentage of time spent on client-related work is falling slightly short of our target this year. As this program is new, a significant amount of time in the first few months was spent on planning and onboarding staff. Due to these reasons, we are seeing less client-related time than expected.

RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Objective/Outcome	Performance Indicator	Target	Measure Applied To	Achieved Outcome
				2024-2025
Families, caregivers, and staff have increased knowledge and have gained skills to help their child or client achieve their goals	Percentage of respondents who responded 'agree' or 'strongly agree' that they have gained knowledge or skills to support children in the classroom	90%	All daycare/preschools receiving service	100%
	Percentage of respondents who responded "helpful" or "very helpful" to how helpful was our visit?	90%	All agencies receiving in-person visits	80%
	Percentage of short-term outcomes that are rated as 'achieved'	75%	All clients	15 documented as "in progress"

Effectiveness Analysis:

We received feedback from 10 respondents and 8 reported that our visit was very helpful. Those that responded "somewhat helpful" had received consultation to an entire program and gave further feedback that 1:1 individual consultation would have been more helpful in providing specific strategies and modeling them with the child. Short term outcomes have not yet been assessed as the program has visited agencies once or twice, outcomes will be measured on a 6- and 12-month basis and reported in future reports.

EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – PERSONS SERVED

As this program had been in operation for six months at the end of the fiscal year, formal client survey were not yet sent out. However, our staff have received informal feedback from several of the families that they worked with. Below is a collection of themes from the experiences of those who received service.

What went well:

Families have been grateful for the support, which has been provided in collaboration with their local agency. They report that the in-person appointments have been helpful and would like to be seen in person again, while also being open to follow-up using virtual services.

"I would like to book a follow up appointment with [SLP] if that is possible. I think she has improved significantly since the last time that [SLP] was here. She is consistently putting 2 words together especially when talking of herself... "I don't", "not me", "I go" etc. She has also put words together in regards to our schedule and routine such as "mommy, you teach?" Or "wash my hands". I'm looking forward to discussing the next steps for her development and hope we can fit in a time for her to be seen" - Parent

"It was so nice meeting you! Thank you so much for all your help and strategy suggestions. We look forward to trying them. Thanks again for all your help and we would love another appointment during your next visit. I will definitely reach out if I have any question about his behavior." - Parent

What could be improved:

Some families expressed a lack of clarity regarding what each discipline could provide or were unclear about the purpose of the appointment. In addition, the team received feedback requesting better communication of timelines and how long they would be waiting until the next outreach visit.

EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – COMMUNITY PARTNERS

As this program was in the first 6 months at the time of our fiscal end, formal surveys were not yet sent out. However, we collected feedback after every visit from the agencies to ensure we were continuously improving, serving in a way that was helpful and addressing any challenges as soon as they arose. Below are the themes collected from the visit follow-ups.

What went well:

Our community partners reported that visiting for a whole week was valuable as it offered flexibility when scheduling clients, and that many clients were able to be seen in that time. They found it helpful that they were able to contact the families and manage the bookings. They felt the program staff were experienced, collaborative and open to feedback. Many staff reported that the outreach team was very helpful in better understanding their clients' behaviour, providing resources to support clients and demonstrating strategies to support the client. They reported that debrief with a therapist of the same discipline was useful after the visit, an example is the Outreach OT discussing the clients seen with an OT at the host agency.

"Experienced professionals with lots of resources to pass along."

"A lot of clients were able to be seen in a short amount of time, with suggestions given."

"Hands on interactions and observations, debrief and feedback, resources, individual child reports and interventions."

"The visit is very helpful since the consultant was able to meet the client personally and was able to experience the routine and see the behaviour that the client is expressing. Giving such strategies can be beneficial for both the support worker and the client, along with their families."

"Great communication before the visit, I wouldn't change anything."

"Clients waiting to be seen for their first visit were all seen that week and didn't have to wait months, nor did they take up any space on our caseload."

"We had a fantastic week with the clinicians in our community. Thank you for the opportunity to work with you!"

What could be improved:

Community partners shared that some of the families coming for visits did not understand the purpose, and that having documentation ahead of time about the program could be helpful. The timing of the outreach was also noted, as some were around the holidays, which was challenging for the host agency, or the weather could present challenges. Consents were reported to be lengthy, and staff felt it would be helpful to have consultation notes for each visit. It was also stated that knowing when a follow-up visit would occur is helpful for staff and families.

"Having a handout or description of what this outreach was and about BC Center for Ability would be helpful for families. Although our staff did their best to explain the consultation model, some families said yes to an appointment but didn't really understand what they were coming for."

"Consent forms were lengthy."

"I would appreciate a written documentation of the results of the observation among the kids, as a reference for future need."

Based on this feedback, we have made improvements to our consent form and have created documentation to describe the discipline services. We hope these improvements make it easier for families to understand the purpose of the appointments and thereby be able to provide informed consent. We have also improved our timeline for projecting subsequent visits to ensure we can provide staff and families with a realistic timeline for the next in-person visit.

2025/2026 PERFORMANCE IMPROVEMENT PLAN

BCCFA Strategic Priorities	Initiatives	Targets
Delivering Exceptional and High-Quality Services	<ul style="list-style-type: none"> Obtain meaningful input from clients and families Establish processes for gathering and analyzing data to drive continuous service enhancement 	<ul style="list-style-type: none"> Launch yearly surveys to obtain input from clients/families and community partners Review data processes using our CRM to ensure we are capturing information that helps improve services and allows for accurate output and outcome reporting
	<ul style="list-style-type: none"> Expand the program advisory committee to ensure diverse client and family voices are actively shaping services 	<ul style="list-style-type: none"> Recruit two parents/guardians from communities receiving service to join the POTP advisory group
Growing our Impact and Influence	<ul style="list-style-type: none"> Use data to identify and address critical gaps in service delivery where BCCFA is best positioned to make an impact 	<ul style="list-style-type: none"> Create a service map of the province to identify areas where no services are being provided and assess if there are children who would benefit from therapy services Use contracted private service providers to support areas without agencies providing therapy services Partner with service providers familiar with these areas to establish relationships and create sustainable services