



HOWE SOUND
REHABILITATION SERVICES SOCIETY

ANNUAL REPORT

APRIL 1,2008 - MARCH 31,2009

QUALITY SERVICE DELIVERY FOR RESIDENTIAL AND DAY PROGRAM
SERVICES

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EXECUTIVE DIRECTOR'S REPORT

In the past few years we have seen growth in nearly all programs. The prospects and challenges of meeting the demand for services have been greeted with enthusiasm and professional planning. 2008-2009 has seen the same growth we've been experiencing for a few years. Good things are still being plan for 2010 - 2011 and it seems there is no end insight for Howe Sound future growth. With hard work come rewards and I contribute the growth of Howe Sound to all the people whom work with us to keep us an industry leader.

Those of you who have been following the society for some time are by now well aware that the second of our two Assisted Living Projects, Freedom place opened in fall 2008 doubling the society's capacity to care for young adults with physical disabilities. The project had been in the works for nearly half a decade and we were exceptionally happy to see it open its doors.

While Freedom was a long time in the making other growth has been very sudden. We were please to be selected by Vancouver Coastal Health to operate a supportive housing program for adults with disabilities. The program is located in the south wing of Honoria Conway, an Assisted Living development in the Oakridge neighborhood of Vancouver. This is a new facility that offers supports for individuals to live independent life's which could not have been achieve without the vision of people working at Vancouver Coastal Health.

The BBQ in the Park has become an annual event. With the support of local residents, businesses and council of the City of Coquitlam the second annual event was a success. This event is held to inform people to be more aware of person with acquire brain injury and what they can do to protect themselves. June is brain injury awareness month.

The Assisted Independent Living program is continuing to grow. We added 13 family care

homes this year and a new Assisted Independent Living Coordinator. Furthermore in early 2009 we develop an Assisted Living Children's Programs for children and youth with disabilities.

Headway Coquitlam provides services to adults with acquired brain injuries, the current space is no longer suitable to service this program therefore I'm happy to say that this year we decided to move and expand the program. This spring plans were laid for the program to be relocated to a larger site in New Westminster a block from Columbia SkyTrain station where it is accessible to a greater number of individuals then ever before.

I'm sad to say there were four clients of Howe Sound that passed away this year. We hold in our memory our long time resident from Blueridge house MH. Also, though they joined us later in their lives, Zenik Kiska of the AIL program, Art Wong of Vancouver Headway, and David Bonthron of Liberty Place with equally be missed.

There are many people to thank for our success this year. I would like to start by thanking those we serve, family members and other stakeholders for allowing us the privileges to provide these services. I would also like to thank all of our dedicated employees for their ongoing excellence, and our Board for its conviction in the ongoing support and ensuring we continue to grow and improve services for people with disabilities. Please take the time to review this report I believe it is invaluable tool to learn more about this agency and in return we can learn how better to improve our organization through this report. Contact me if you would like to provide any feed back.

Regards,

Mike Hopton
Executive Director

MISSION AND VISION

Mission

To empower individuals with disabilities to live with dignity through self-determination and freedom of choice, within a safe and secure environment.

Vision

To create a diverse and inclusive society that embraces the contributions of people with disabilities, and recognizes their right to equal participation in their communities.

Core Values

Trust
Inclusion
Honesty
Accountability
Respect
Diversity
Wellness

CODE OF ETHICS

Howe Sound has an established *Code of Ethics* to promote a positive ethical culture for the organization that assures a high standard of care to those we serve and a positive working environment for all staff and volunteers.

Our *Code of Ethics* identify the values and principles that will guide the actions and decisions made by all staff and volunteers on a daily basis.

Treatment of Individuals Receiving Support

- The individuals we support will always be treated with dignity and respect in a safe and secure environment that fosters self-determination, choice, trust, caring and honesty.
- The input of those we support is paramount. Each person will be supported in their personal choices to develop and function as unique individuals.
- The people we support are entitled to the same human rights and equalities valued by any other Canadian citizen. These rights will be advocated and preserved at all times.
- The individuals we serve will be provided with the tools and empowered to participate in their homes and communities.
- The Society will be proactive and responsive in approach to services and care to ensure an individual's physical and mental well being in all aspects of their daily lives.

Daily Work Ethic

- I will exercise common sense and sound judgment to ensure safety and security of the individuals I support.
- I will respect the intrinsic value and dignity of all individuals.
- I will do my best to create a healthy environment that is sensitive to the needs of those I support.
- I will support a positive working environment where every person is treated with respect.
- I will embody a spirit of understanding and compassion when working with individuals.

- I will strive to speak to everyone in a friendly, positive and courteous way.
- I will work as a team member to ensure the best possible care for the individuals I support.
- I will practice constant communication with fellow employees being conscious of the need for confidentiality.
- I acknowledge that a positive attitude makes for a better work place.
- I will uphold all provincial and federal laws in the course of my duties.
- I will strive for personal and professional growth to improve my effectiveness.
- I will be conscious of the public perception of my personal and professional actions and the affect my actions could have on Howe Sound's reputation in my community and elsewhere.

Administrative Practices

- Administrative practices will be undertaken with the intention of supporting the effectiveness and accountability of the society's operations.
- Financial practices shall be conducted within commonly accepted sound financial practices and in accordance with provincial and federal laws and will comply with the Society by-laws, constitution and relevant policies.
- All marketing activities will respect the privacy and dignity of those receiving services.
- Marketing activities will represent the integrity of the Society and will never intentionally mislead or misinform the public or misrepresent the society.

Treatment of Community Members

- Community members must always be treated with respect and dignity.
- Requests for information from the community are responded to quickly, ensuring that the individual rights of those we serve are respected.

- Concerns or complaints from community members will be addressed in a professional and timely manner.
- Input is solicited from the community and is considered in a respectful manner.

Board of Directors

- I will use my position and undertake the duties of my office honestly, in utmost good faith and in the best interest of the Society. In doing so I will exercise, at the minimum, the care, skill and diligence of a reasonably prudent person in comparable circumstances.
- I will observe and respect the society's:
- Constitution and By-laws,
- Policies adopted and approved by the Board of Directors.
- I will publicly support the policies and positions of the society as approved by the Board of Directors.
- I will keep confidential all information I learn as a result of my association with the Society as laid out in the Confidentiality

Policy. Where I am uncertain in determining whether something is a matter of confidence, I will seek direction by way of a resolution of the Board of Directors.

- I will publicly support actions taken by Society's management to implement programs and achieve objectives contained in approved plans and budgets.
- Board policy. I, as an individual board member have no authority to speak for the Society when I interact with staff, the public, the press or other entities unless granted this authority by board motion.
- I will, at all times, strive to place the interests of the Society ahead of my personal interest. This loyalty shall supersede any conflicting loyalty such as that to advocacy or interest groups or constituencies and membership on other boards or staff.

2008-2009 DONORS

Howe Sound gratefully acknowledges the support of our individual donors of 2008/2008.

Edith Wong
Clifford and Mary Ronayne
Paddy and Wade Felton

Howe Sound Would also like to gratefully acknowledge the support of our Corporate sponsors supporting the 2008 BBQ in the Park Events for Brain Injury Awareness.

Platinum Sponsor:

City of Coquitlam

Coquitlam

Gold Sponsors:



Obsession Bikes



Silver Sponsors:



Bronze Sponsors:

Canada Safeway Austin Ave
Marble Slab Creamery
Purdy's Chocolates
The Old Spaghetti Factory
Telus World of Science
Burgoo Bistro
Sequoia Company of Restaurants

BOARD OF DIRECTORS

Howe Sound gratefully acknowledges the 2008/2009 Board of Directors for their time, support and guidance.

President:	Dave Henry	Directors:	David Christie
Treasurer:	Andrew Brown		Joan Lynum
Secretary:	Tonnar Brace		Deborah LeClair
			Horst Hofmann

SOCIETY MEMBERS 2008-2009

Synchroniz Design Group Inc.	Harley & Sylvia Jansen
Riffe Baumann	Roland Kaufuss
Astrid Bordeville	Robert Keill
Tonnar Brace	Pat King
Andrew Brown	Hugh Leard
Avis & Ian Cant	Deborah LeClair
David Christie	Joan Lynum
Susanne Christie	Floyd Monssen
Chris Curr	Wayne Murray
Mildred Dehaan	Jodi Redlich
Robert Groenhof	Clifford & Mollie Ronayne
Jill Haugo	Edith Ross
Dave Henry	Richard Stewart
Horst Hofmann	Gary Storteboom
Naomi Horsford	Wayne Tullis

AUDITOR'S REPORT

Herd & Co.
Chartered Accountants
Telephone 604-736-3731
Fax 604-736-4841

AUDITOR'S REPORT

To the Members of **Howe Sound Rehabilitation Services Society**

We have audited the statement of financial position of **Howe Sound Rehabilitation Services Society** as at March 31, 2009 and the statements of changes in net assets, operation and cash flows for the year then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

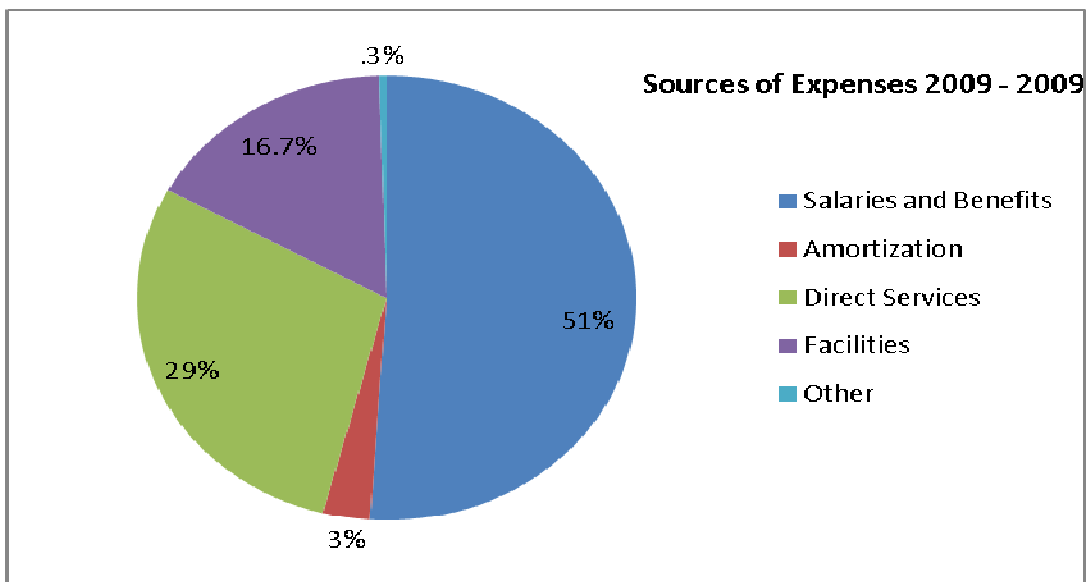
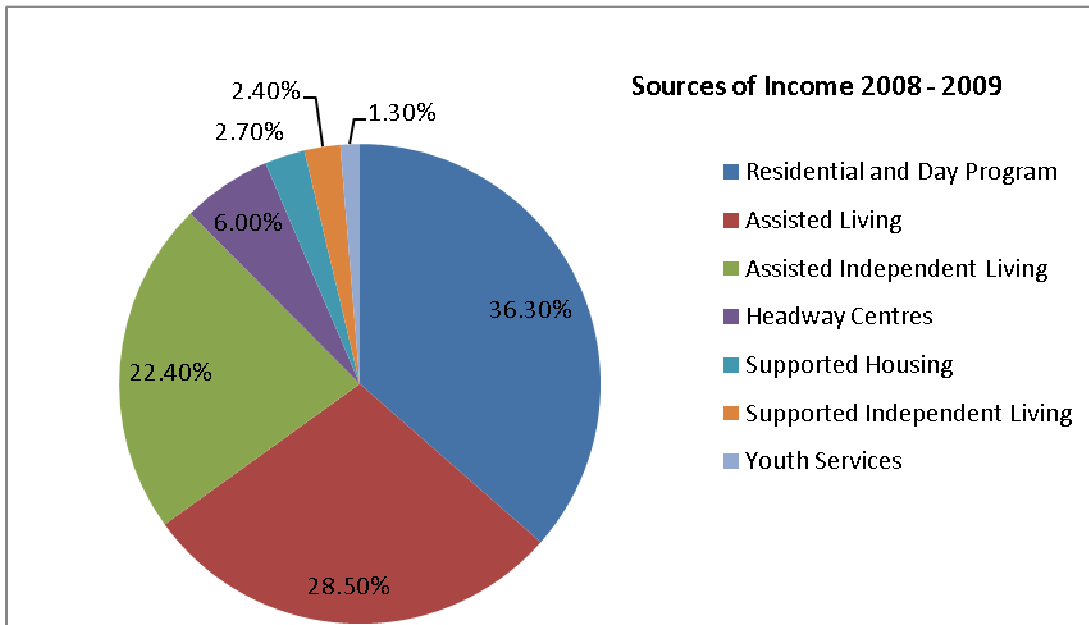
Herd & Co.
Chartered Accountants

Vancouver, B.C.

September 11, 2009

FINANCIAL HIGHLIGHTS

Summary Revenue	2007-2008	2008-2009
Expenses	\$ 4,991,494	\$ 7,763,771
	<u>\$ 4,872,418</u>	<u>\$ 7,525,030</u>
Excess of Revenues over Expenditures	<u>\$ 119,076</u>	<u>\$ 238,741</u>



IN MEMORY

From March 08 to April 09, Howe Sound lost four individuals who were service recipients.

Art Wong – January 1947 to February 2009

Art was an extraordinary man. Generous, humble, and full of humour, Art was truly one of a kind.

Blueridge House bid a sad farewell to one of their four original residents in March 2009. MH was a delight to befriend, know, and care for. She had an incredible sense of humour, a love of music, and enjoyed the sweeter things in life. MH is dearly missed by all.

Zenik Kiska – July 1956 to July 2008

Zenik is sadly missed by his family, friends and long-term care aide, Rosita.

Zenik's humour, quick smile and generous nature will be cherished and remembered by all who knew him.

David Bonthron – June 1940 to October 2008

David was one of the first tenants to move into Liberty Place when it opened in March 2008. Unfortunately his stay was cut short upon his passing in Hospital on October 15, 2008. David was very well liked by everyone who knew him and his optimism and positive attitude were amazing. He also had a great sense of humour and is greatly missed by all.

STRATEGIC PLAN

The year 2008-2009 continued along the path set forth in the 2007-1010 strategic plan. The three year plan was reviewed once by all levels of the agency and quarterly by the management team thereafter. While the areas identified to focus on remained the same, the objectives were given status updates at each review as either being Complete, Ongoing, or Cancelled.

The strategic plan identifies the following areas for focus, revision, and growth:

Creative Restructuring of Organization and Service Delivery
Expansion into the Vancouver-Coastal geographical territory
Human Resources Department Development
Professional Development
Communications
Payroll
Day Program
Policy and Procedure
Fundraising
Improve Staff Morale
Self Advocacy Development

Specific Objectives identified include the following:

Service Delivery

Continue to support and maintain programs and develop new programs to meet needs of current client base. ***Howe Sound launched our first ever Supportive Housing program at Honoria Conway. The second Assisted Living building was completed and opened for occupancy. The Headway Program expanded to a satellite location into Surrey.***

Identify long-term in-house professional support opportunities. ***Howe Sound expanded our in-house nursing team.***

Human Resources

Improve the quality of personnel and retention through recruitment, communications, training and development. ***The HR department was expanded.***

Improve staff morale. ***A health and wellness committee was established. The employee recognition plan and milestone awards program are under revision. Increased use of gift cards and birthday recognition.***

Stakeholder/Community Relations

Develop and implement a marketing plan for internal and external use.

Financial

Direct deposit will be implemented with a financial institution that can provide the service. ***Completed.***

Develop a fundraising plan to purchase equipment. ***It was decided to focus energy on acquiring new contracts rather than fundraise.***



OUTCOMES MANAGEMENT REPORT

Introduction

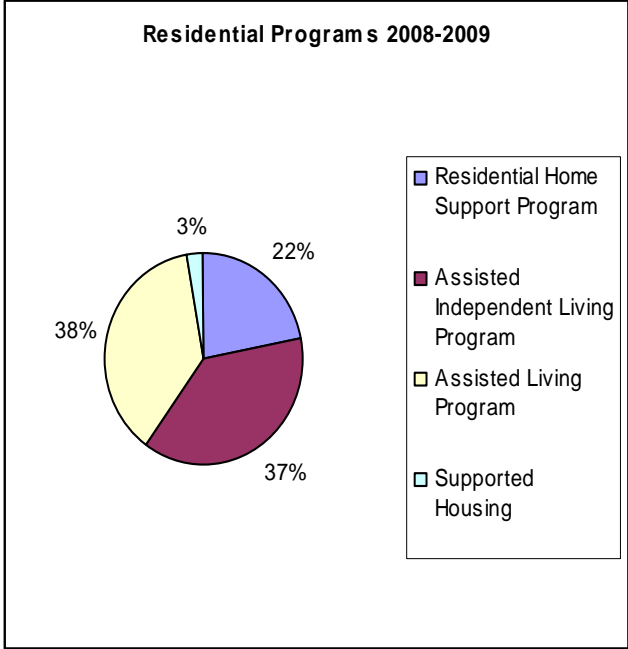
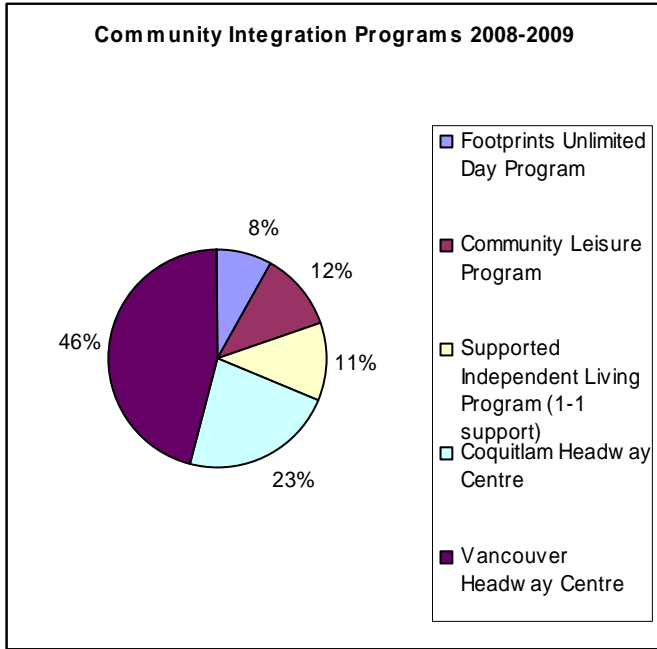
The 2008-2009 Outcomes Management Report is Howe Sound's sixth annual outcomes report. The outcomes management report provides valuable information on the effectiveness, efficiency, service access and satisfaction levels of our programs within the organization. Over the past few years, Howe Sound has implemented systems to measure and manage outcome results, which has increased the quality of care and level of service that the organization provides. The outcomes management system has been useful in areas within our organization that require improvements to better meet the needs of people we serve and the community. Working towards achieving outcomes has become an important part of the culture of

Howe Sound, identifying who we are and what we do.

Over the past five years Howe Sound has expanded its Residential Programs and Community Integration Programs to meet the needs of the individuals served. There has been a move towards providing people with disabilities housing options that promotes independent living as well as community based programs for individuals with acquired brain injuries.

In 2008-2009 our programs served 309 individuals an increase of 82 individuals from the previous year. The following chart outlines Howe Sounds Programs and number of individuals served in each program each fiscal year.

# of individuals served each year from April 1, 2008 - March 31, 2009					
Howe Sound Programs	2008-2009	2007-2008	2006-2007	2005-2006	2004-2005
Residential Options					
Residential Home Support Program	25	24	23	21	22
Assisted Independent Living Program	44	35	31	21	14
Assisted Living Program	43	20			
Supported Housing	3				
Community Integration Options					
Footprints Unlimited Day Program	15	17	16	15	15
Community Leisure Program	23	11	35	19	
Supported Independent Living Program (1-1 support)	22	18	8		
Coquitlam Headway Centre	44	42			
Vancouver Headway Centre	90	60			



- Howe Sound will continue to meet the needs of our consumers and stakeholders. In 2008-2009 we will be expanding our programs to provide children with disabilities housing and community integration services.

Loretta Rucchin, BA
Director of Operations

RESIDENTIAL HOME SUPPORT PROGRAM

QUALITY SERVICE DELIVERY FOR THE RESIDENTIAL HOME SUPPORT PROGRAM

April 1, 2008 - March 31, 2009

Residential Home Support Program Overview

Howe Sound Rehabilitation Services Society operates six residential group homes that have been providing support to individuals with disabilities for the past 21 years. Program locations span the Lower Mainland and over the past year we provided services to 25 individuals.

Each home has a unique character that is reflective of the resident's personalities and tastes; however, common across all locations is a welcoming sense of friendliness, safety, and comfort. Each person enjoys their personal space and privacy but are also afforded the opportunity and encouraged to engage in their respective communities. All locations are wheelchair accessible, well equipped with adaptive equipment and staffed seven days per week / twenty-four hours a day with well trained and professional personnel. In order to ensure a safe, comfortable, and accessible environment our Barriers Report includes information gathered from both barriers reviews and various home inspection reports to identify issues with general home maintenance and accessibility.

Each of these homes is a Licensed Community Care Facility and as such complies by the Adult Care Regulations stipulated in the Community Care and Assisted Living Act. Each Residential Manager is accountable to a Licensing Officer who completes annual and surprise inspections to ensure standards are met and operations are in compliance with the Act. In addition, all our homes have successfully completed CARF accreditation on two occasions. Implicit in that distinction is excellence in service delivery that is clearly defined and meets internationally accepted standards.

Individualized service delivery begins with an Individual Service Plan, which outlines goals in various areas such as; health, mobility, social support, living skills, self care, cognitive functioning, vocation, and recreation. Quarterly Reports track progress toward said goals and our support workers facilitate various activities and programs in order to give each person the best opportunity to achieve their goals. When hired these personnel complete an orientation and receive training with respect to

each individual's Care Plan Binder, which contents include but are not limited to a Personal Profile, Medical Information, Positive Behavioural Support Protocols, Individual Program Plans, and Nutrition Information. Every two months management, personnel and residents meet to discuss and exchange information regarding individual progress, concerns and issues.

The past year has included some exciting opportunities. Notable occasions include a trip to Disneyworld, a group adventure to "Tunkwa Lake Resort", a weekend spent in Whistler, relaxation on an Alaskan Cruise, exploration of the Sunshine Coast, celebration in Calgary, and a spot on Global Television's, "Children's Miracle Network" for a participant who raised money and donated it to Vancouver Children's Hospital. These highlights are in addition to regular participation in local festivals, frequenting tourist destinations, and attendance at various recreational events.

Operationally we have been busy as well. Firstly, an individual is transitioning into one of our homes, which includes Intake, Care Plan development, and personnel training. Secondly, we have new managers at two of our program locations and their integration into client care, programming, and operations has been successful. And lastly, family, friends, and the Howe Sound team grieve the loss of a very special individual who passed away. This individual's character, contribution, and friendship will be sorely missed by everyone.

In summary, the Residential Home Support Program fosters self-determination within a safe and stimulating environment. What's more, Howe Sound recognizes the right of equal participation and designs programs to fit each resident's strengths, needs, wants and preferences. It is an environment of choice and trust in which we create services and deliver care that ensures an individual's physical and mental well-being.

Brent Glasgow Brown, BA
Residential and Day Program Manager

Residential Demographics

From April 2008 to March 2009 the Residential Home Support Program served 25 adults with developmental and physical disabilities and long-

term health care needs.

The following graphs identify demographics for the Residential Home Support Program.

Ages of individuals served	2008-2009	2007-2008
55+	7	2
40-54	15	18
26-39	3	4
19-25	0	0
Gender of individuals served	2008-2009	2007-2008
Male	16	15
Female	9	9
Individuals served according to type of disability	2008-2009	2007-2008
Developmental disability	15	15
Acquired brain injury	6	5
Autism	4	4
Down's syndrome	1	2
Cerebral palsy	3	3
Seizure disorder	4	5
Physical disability	11	14
Visual impairment	1	1
Individuals served by level of communication	2008-2009	2007-2008
Non-verbal	3	3
Limited / non-verbal / sign	9	9
Verbal	13	12

60% of our residents are between the ages of 40-54. In 2008-2009 we served seven residents over 55yrs old. This program provides services to an aging consumer base.

Howe Sound provides more services to males than females. We serve 64% males and 36% females.

60% of the residents served in our group homes have a developmental disability as their primary diagnosis, and 44% have a physical disability and use adaptive equipment.

52% of residents served are verbal. 36% communicate by using sign language, gestures and communication devices, and 12% are non-verbal.

Individuals served by cultural background	2008-2009	2007-2008
Canadian	20	20
German	2	2
Native / Metis	1	1
Asian	1	1
Polynesian	1	0

80% of residents served are of a Canadian cultural background.

Program Outcomes

Each year the Residential Home Support Program works towards achieving outcomes for the program. From April 1, 08 to March 31, 09 the following outcomes were achieved:

Residential Outcomes	Time of Measure	Data Source	Optimal	Achieved outcome 2008-09	Comparative analysis 2007
Outcome 1: Improve or maintain residents' level of physical and medical health.					
% of individuals achieved physical health care goals	Quarterly & Yearly	ISP's	80%	78% (14/18)	25/28 (89%)
% of individuals achieved medical health goals		Quarterly Reports	80%	58% (19/33)	33/39 (85%)
Outcome 2: Reduce number of incidents that individuals experience					
% reduction of incidents	Quarterly & yearly	Incident reports	Reduce by 20%	85 Increased by 10%	80 Increased by 11%
Outcome 2: Improve or maintain resident choices and decision-making					
% of residents achieved their communication goals	Quarterly & yearly	Quarterly reports	50%	44% (7/16)	
% of residents feel recognized and rewarded for their efforts	Yearly	Survey	100%	93%	93%
% of residents who provide input into decisions about their home environment.	Yearly	Survey	100%	98%	93%
Outcome 3: To maintain or increase access/exposure to recreational, social and educational activities.					
% of residents achieved their social and recreational goals	Quarterly & Yearly	Quarterly reports / ISPs	75%	71% (41/58)	25/27 93%
Outcome 4: Increase level of independence and self-confidence in life skill activities.					
% of residents achieved their life skills or daily duties goals	Quarterly & yearly	Quarterly Report / ISPs	75%	82% (23/28)	23/27 85%
% of residents achieved their self-care goals	Quarterly & yearly	Quarterly Report / ISPs	75%	87% (20/23)	21/23 91%
Outcome 5: Increase or maintain resident's social interactions with family and friends (non-paid social networks)					
% of residents who stay in touch friends and family.	Quarterly & Yearly	Satisfaction Survey Quarterly Report/ ISP's	75%	84% (21/25)	19/23 (83%)
Outcome 6: Increase access to behaviour management support					
# of individuals achieved their psychosocial goals.	Yearly	Quarterly reports	25%	56% (5/9)	8/12 (67%)
Outcome 7: Maintain full capacity at each of the homes					

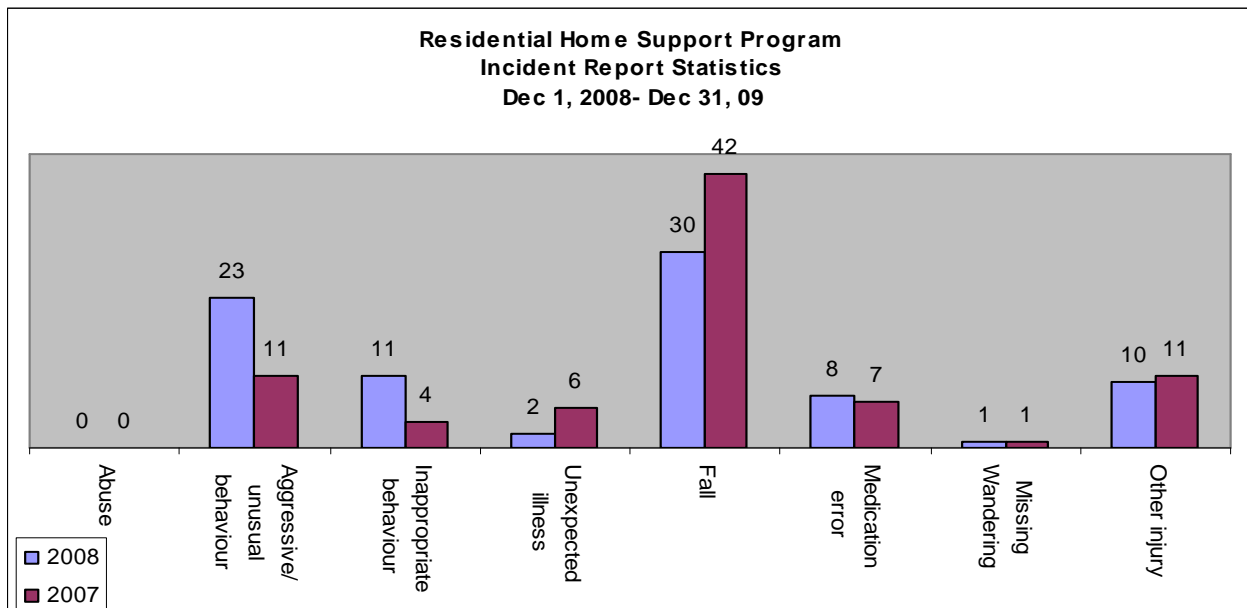
Number of funded beds.	Yearly	Quarterly Reports	100%	25/25 100%	24/24 100%
Outcome 8: Maximize satisfaction of all consumers and stakeholders					
% of consumers satisfied with services received	Yearly	Annual satisfaction surveys	80	98%	85%
% of personnel satisfied with their jobs	Yearly	Annual satisfaction surveys	80	86%	81%

Summary of Results and Trends

Over the past year most program outcomes achieved its targeted goals with the exception of health, social and recreation goals and incidents. Individuals continue to work towards achieving their health, social and recreational goals. Individuals need more time to complete these goals and will be carried over to 2009-2010. As for incidents there was an increase of 10% over the past year. However there was a reduction in the number of falls that occurred and an increase in behavioural issues.

Overall, results indicate that

- individuals require professional support that specialize in the areas of medical, physical and mental health,
- there are higher incidents behavioural issues,
- the number of falls that occur continue to be high
- There is an increased need for adaptive equipment,



Goals for 2009-2010

- Decrease overall incidents by 20%
- Provide training and education around aging and health care needs of individuals
- Provide in-house behavioural supports and training to individuals that require behaviour management support.

FOOTPRINTS UNLIMITED DAY PROGRAM

QUALITY SERVICE DELIVERY FOR THE FOOTPRINTS UNLIMITED DAY PROGRAM

April 1, 2008 – March 31, 2009

Footprints Unlimited Day Program Overview

Footprints Unlimited Day Program is a residentially based day program that operates from four of our licensed Residential Home Support facilities. The program operates Monday to Friday for six hours per day and has expanded to include participants from surrounding community areas. The monthly schedules reflect the needs, preferences and desires of each individual as programs are developed together with participants and their support workers. Footprints Unlimited has become a well structured yet flexible program geared to create opportunities and promote the quality of life for persons with developmental disabilities.

Service delivery stems from goals established in each individual's Individual Service Plan that corresponds to Footprints programming. Progress is monitored through completion of a Quarterly Report, which is submitted to both family and funder. Each day Support Workers complete Daily Log Books that provide information from activities that occurred on that particular day that are then used to communicate to the next personnel on duty and compile said Quarterly Reports.

Footprints is oriented to integrating our participants into their respective communities. More specifically, each of the four homes posts a Footprints Schedule that outlines programs in five key areas: physical programs, employment and vocational programs, social and recreational programs, training and support programs, and community recreation and leisure programs. Activities presently running

include but are not limited to; Sign Language, Computer Class, Music Therapy, Yoga, Adapted Sailing, Adapted Hiking, Incentive based recycling programs, Baking, Adapted Bike Riding, newspaper delivery, volunteer employment at City Hall and socially oriented Coffee House events that include live music and dancing. These are in addition to regular participation in local festivals such as the Vancouver Folk Festival, the Vancouver Jazz Festival, Bard on the Beach, and the Surrey Fusion Festival, frequenting tourist destinations such as the Greater Vancouver Zoo, the Vancouver Aquarium, Stanley Park, the MacMillian Space Center, the IMAX at Canada Place and Science World, and attendance at various recreational events such as the Vancouver Giants, and the Vancouver Canadians.

Footprints Unlimited Day Program promotes the formation of individualized programs to assist each participant in reaching his or her highest level of independence. Howe Sound encourages and welcomes full participation and input not only from the individuals served, but from their entire support network. This collaborative effort allows for the truest, most complete reflection of the participant's desired lifestyle goals and the means to achieve them.

Brent Glasgow Brown, BA
Residential and Day Program Manager



Footprints Demographics

From April 1, 2008 to March 31, 2009, the Footprints Unlimited Day Program served 15 adults with a developmental disability as their primary diagnosis. The following graphs identify statistics for the Footprints Unlimited Day Program.

Ages of individuals served	2008-2009	2006-2007
55+	5	1
40-54	5	9
26-39	5	5
19-25		1
Gender of individuals served	2008-2009	2006-2007
Male	7	8
Female	8	8
Individuals served according to type of disability	2008-2009	2006-2007
Developmental disability	15	16
Acquired brain injury	0	0
Autism	4	4
Down's syndrome	1	2
Seizure disorder	2	2
Non ambulatory	7	8
Visual impairment	0	0
Individuals served according to level of communication	2008-2009	2006-2007
Non-verbal	4	6
Verbal	3	3
Non-verbal / sign	8	7

33% of individuals served are between the ages of 55 and older.

53% of program participants are female.

100% of participants are diagnosed with having a developmental disability.

47% of participants have a physical disability that required adaptive equipment. Accessible programs are required.

80% of participants are non-verbal and require communication tools.

Cultural background of individuals served	2008-2009	2006-2007
Canadian	10	11
German	3	3
Native / Metis	1	1
Asian	1	1

67% of program participants are of a Canadian cultural background



Footprints Outcome Results

Program Outcomes	Time of Measure	Data Source	Optimal	Achieved outcome 2008-2009	Comparative analysis 2007-2008
Outcome 1: Increase access to social, leisure and recreation opportunities.					
% of individuals achieved their social, leisure and recreation goals.	Quarterly Yearly	Quarterly reports / ISPs	75%	9/12 75%	17/18 94%
% of individuals expressed satisfaction with social and recreation programs.	Yearly	Satisfaction survey	75%	88%	93%
Outcome 2: Increase or maintain physical exercise.					
% of individuals achieved their physical exercise or recreational goals as identified in ISP.	Quarterly Yearly	Quarterly reports / ISPs	65%	19/24 79%	21/25 84%
Outcome 3: Increase access to vocational/volunteer programs.					
% of clients achieved goal to participate in a vocational/ volunteer program	Quarterly Yearly	Quarterly reports / ISPs	50%	7/8 88%	11/11 100%
Outcome 4: Increase access to training and support programs					
% of individuals participated in training and support programs	Quarterly Yearly	Quarterly reports / ISPs	65%	15/21 71%	new
Outcome 6: Maximized use of community resources					
% of individuals use community resources at least once a week	Quarterly	Quarterly reports / ISPs	85%	100%	100%
Outcome 7: Maximize consumer satisfaction					
% of individuals who express satisfaction with services	Annual	Satisfaction Surveys	80%	80%	85%

Summary of Results and Trends

All of the outcomes for the Footprints program met its targeted goals for 2008-2009. Data results showed that consumer goals were achieved and programs and activities met individual's needs and wants. Overall satisfaction results with programs and activities continue to be high.



ASSISTED INDEPENDENT LIVING PROGRAM

QUALITY SERVICE DELIVERY FOR ASSISTED INDEPENDENT LIVING PROGRAM

April 1, 2008– March 31, 2009



Assisted Independent Living Program Overview

The program supports adults with brain injuries, physical disabilities as well as developmental disabilities. They are supported (as needed) with interpersonal skills training, meal planning/grocery shopping, personal finances/budgeting, participation in shared and individual chores, leisure planning/participation in recreation and leisure, transportation, addressing medical/mental/health care issues, cooking and housekeeping duties and life and social skills developments. The overall goal of the program is to support the individual to live independently.

Individuals in the AIL Program can access the following four types of services:

1. Family Care Homes
2. Semi-independent Living Homes
3. Supported Independent Living Services
4. Respite

The AIL Program experienced growth again this year acquiring 13 new Family Care/Home Share contracts. We continue to provide contracted services for Fraser Health Authority, Community Living British Columbia, WCB, ICBC, Crime Victims Assistance Program and Private Payers.

The April 1, 2008 to March 31, 2009 period provided us with the first opportunity to begin providing contracted services to children through MCFD. HSRSS looks forward to expanding services to children in the next fiscal year.

The AIL Department continued to support Brain Injury Awareness month by assisting with coordinating with the 2nd Annual BBQ in the Park. Many community members and individuals in service attended the event making it once again a successful event.

Also during the April 1, 2008 to March 31, 2009 period, the agency responded to ongoing growth by hiring another full-time Program Coordinator in March 2009. I would like to thank Shaheena Khanmohamed, Donna Ramsey-Peart and Kerry Horgan for all their work and dedication to the Program.

Shannon Vrsnik, BA
**Director of Assisted Independent Living
Services**



AIL Demographics

Ages of individuals served	2008- 2009	2007- 2008
55+	13	9
40-54	21	21
26-39	6	4
19-25	3	1
13-19	1	

48% of individuals are between the ages of 40 and 54. 30% of individuals are 55years and older. The AIL program provides services to an aging population.

Gender of individuals served	2008- 2009	2007- 2008
Male	32	27
Female	12	8

73% of individuals receiving AIL services are male.

Individuals served according to type of disability	2008- 2009	2007- 2008
Developmental disability	12	3
Acquired brain injury	31	31
CP	1	1
Mobility		
Ambulatory	40	30
Non-ambulatory	4	5

70% of individuals served have an acquired brain injury.

27% of individuals are ambulatory.

Individuals served by cultural background	2008- 2009	2007- 2008
Canadian	36	27
European	2	2
Middle Eastern	1	1
Asian	3	4
Polynesian	2	1

82% of individuals served are of a Canadian cultural background

Individuals served by level of communication	2008- 2009	2007- 2008
Non-verbal		0
Verbal	39	32
Verbal / limited	5	3

89% of individuals are verbal.



AIL Outcome Results

Indicators	Time of Measure	Data Source Optimal	Optimal	Achieved outcome 2008-2009	Achieved outcome 2007-2008
Outcome 1: Improve/increase individuals level of health					
% of health care goals achieved	Quarterly	Quarterly reports / ISPs	60%	24/33	39/48
	Yearly			73%	81%
% of mobility and physiotherapy goals achieved	Yearly	Quarterly reports / ISPs	60%	32/36 89%	23/30 77%
Outcome 2: Improve or maintain residents cognitive functioning					
% of individuals achieved cognitive functioning goals	Quarterly Yearly	Quarterly reports / ISPs	60%	25/26 96%	24/32 75%
Outcome 3: Improve or maintain residents communication methods					
% of individuals achieve their communication goals	Quarterly Yearly	Quarterly reports / ISPs	75%	12/18 67%	12/14 86%
Outcome 4: Increase level of independence and self-confidence in life skill activities					
% of individuals achieved their daily living and basic self care skills	Quarterly Yearly	Quarterly reports / ISPs	60%	53/67 79%	37/60 62%
Outcome 5: Improve or maintain individuals psychosocial functioning					
% of individuals who report progress in achieving psychosocial functioning goals	Quarterly Yearly	Quarterly reports / ISPs	60%	16/21 76%	19/26 70%
Outcome 6: Increase or maintain residents access to social support systems					
% of residents stay in touch with social support systems	Quarterly Yearly	Quarterly reports / ISPs	75%	30/32 94%	30/35 86%
Outcome 7: To maintain or increase access to recreational and leisure activities					
% of individuals achieved recreation and leisure goals	Quarterly Yearly	Quarterly reports / ISPs	80%	28/32 88%	43/53 81%
Outcome 8: Decrease number of resident moves with-in the program that occur in a year					
# of individuals that moved between programs	Yearly	Demographics	25%	9/44 20%	5/35 14%
Outcome 10: Maximize consumer satisfaction					
Percent of individuals who express satisfaction with services	Annual	Satisfaction Surveys	80%	95%	85%

Summary of Results and Trends

All of the outcomes for the AIL program met its targeted goals for 2008-2009 with the exception of communication goals which continue to be worked on. Overall satisfaction results with services continue to be high.

Goals for 2009-2010

- Continue to support individuals in service with their day to day challenges related to dysphasia/aphasia and anxiety issues that compound difficulties related to communication.
- Individuals in service to continue to receive funding for rehabilitation from a Speech and Language Therapist as needed.



SUPPORTED INDEPENDENT LIVING PROGRAM

QUALITY SERVICE DELIVERY FOR ASSISTED INDEPENDENT LIVING PROGRAM

April 1, 2008 – March 31, 2009



Supported Independent Living Program Overview

The SIL program provides one to one support to individuals living in:

An assisted independent living home, hospital, in their own home or in subsidized housing to ensure they meet their identified goals.

The program supports adults with acquired brain injuries, developmental disabilities, mental health, addictions and/or dual diagnosis. In 2009, the program expanded to provide support to youth with developmental disability and behavior concerns. From April 1, 2008 - March 31, 2009 this program provided service to 22 individuals and growing. It has proven to be a value-added service to our AIL program as it provides our caregivers with additional support from highly skilled workers.

The SIL contractor is hired based on the needs of the individual. Service can therefore be tailored to support the specific goals of the client. Our contractor pool consists of LPNs, Certified Care Aids, Community Support Workers, Recreation Therapy, Rehabilitation Assistants and ABA trained youth specialists.

In addition, we offer non-crisis intervention training to all of our staff members.

HSRSS has recently teamed up with colleges who offer rehabilitation programs to ensure the individual has a specifically trained worker who can move him or her towards maximum independence. Our support workers are able to follow Occupational therapy, Physiotherapy and Speech and Language Pathologist client centered goals and delegated tasks.

We support individuals from all parts of the lower mainland; from West Vancouver as far out as Abbotsford. The contractors help our clients to meet their health, recreation, social and life skill goals in a safe and encouraging environment. The overall aim is always to support the individual towards independence with a focus on community integration.

The program continues to be flexible offering a person any where from a couple of hours per week to full-time support, any day or night of the week. A Supported Independent Living worker is crucial to many of our client's maintaining or increasing their independence level.

We look forward to the continued growth of this service and the ability to serve more people in the future.

Goals for 2009 / 2010

- The program will expand its employee base to ensure timely service provision and minimal staff change over occurs.
- The program will also continue to develop partnerships with community events and organizations to ensure clients, regardless of geographic situation have numerous resources to access and become involved in.

Kerry-Anne Horgan, BSc
SIL Program Manager



SIL Demographics

Ages of individuals served	2008-2009	2007-2008
55+	9	6
40-54	9	7
26-39	2	4
19-25	1	1
13-19	1	
Gender of individuals served	2008-2009	2007-2008
Male	12	11
Female	10	7

41% of individuals are between the ages of 40 and 54. 41% of individuals are 55 years and older.

55% of individuals receiving SIL services are male.

Individuals served according to type of disability	2008-2009	2007-2008
Organic brain injury	10	9
Traumatic brain injury	10	9
Developmental Disability	2	0

91% of individuals served have an acquired brain injury.

Individuals served according to ambulatory status	2008-2009	2007-2008
ambulatory	18	9
Non-ambulatory	6	9

27% of individuals are non ambulatory and require accessible programs.

Individuals served by cultural background	2008-2009	2007-2008
Caucasian	15	12
East Indian	2	3
Asian	3	2
European	1	1
African	1	

68% of individuals served are of a Canadian cultural background.

Individuals served by level of communication	2008-2009	2007-2008
Non-verbal	0	0
Verbal	21	18
Verbal / limited	0	0

100% of individuals are verbal.



SIL Program Outcomes

Outcomes	Time of Measure	Data Source	Optimal	Achieved outcome 2008-2009	Achieved outcome 2007-2008
Outcome 1: Improve or maintain individuals level of health					
% of health care goals achieved	Quarterly/ Yearly	Quarterly reports / ISPs	60%	100%	82%
% of mobility and physiotherapy goals achieved	Yearly	Quarterly reports / ISPs	60%	86%	75%
Outcome 2: Improve or maintain residents cognitive functioning					
% of individuals achieved cognitive functioning goals	Quarterly/ Yearly	Quarterly reports / ISPs	60%	93%	82%
Outcome 3: Improve or maintain residents communication methods					
% of individuals achieve their communication goals	Quarterly/ Yearly	Quarterly reports / ISPs	75%	100%	100%
Outcome 4: Improve or maintain individuals psychosocial functioning					
% of individuals who report progress in achieving psychosocial functioning goals	Quarterly/ Yearly	Quarterly reports / ISPs	60%	100%	100%
Outcome 5: To maintain or increase access to recreational and leisure activities					
% of individuals achieved recreation and leisure goals	Quarterly/ Yearly	Quarterly reports / ISPs	80%	94%	82%
Outcome 6: Commencement of programs starts within two weeks from the time of receiving referral					
Average length of time from referral to SIL start date	Yearly	Demographics	2 weeks		94%
Outcome 7: Maximize consumer satisfaction					
% of individuals who express satisfaction with services	Annual	Satisfaction Surveys	80%	91%	100%

Summary of Results and Trends

Over the past year all of the outcomes for the SIL program were achieved. Individuals participating in the program gained independence with life skills, accessed community resources and have been able

to improve their overall medical and physical health as well as decreased social isolation. Overall satisfaction continues to be high.

Goals for 2009-2010:

The SIL program will continue to meet the goals of each individual served.



COMMUNITY LEISURE PROGRAM

QUALITY SERVICE DELIVERY FOR COMMUNITY LEISURE PROGRAM

April 1, 2008 - March 31, 2009



Community Leisure Program

The Community Leisure Program (CLP) has been providing services to individuals with acquired brain injuries since 2005. It has evolved into a vibrant program providing a variety of leisure, social and recreational activities. These programs operate out of the Coquitlam Headway Centre, Monday to Friday five hours per day. Funding is provided by Fraser Health & Acquired Brain Injury Program (FHABIP).

From April 1st, 2008 to March 31st, 2009 the Community Leisure Program provided services to 23 individuals residing in the Fraser Health Region. Individuals participated anywhere from 1-5 days per week.

CLP has the capacity to provide services for up to 50 individuals @ 1 day per week and access to the program is referral-based.

Starting in April 2009, Howe Sound will begin offering a satellite CLP program in Surrey. The program will be based out of Freedom Place Assisted Living. It will be set up to accommodate 10 individuals for 10 hrs per week. All individuals are referred by ABIP.

CLP is primarily geared for individuals that require a moderate level of supervision for safety reasons and for individuals that live on their own and require structure and consistency in their daily routines. The staff to client ratio is typically one staff to five individuals.

While in the program, individuals work towards achieving their goals that will enhance their life skills and independence with the hope of eventually accessing community resources on their own. CLP offers an opportunity for individuals to socialize and meet new people, participate in community activities, explore new talents and develop new skills. Programs and activities provided by CLP offer consistency and stability in a person's life.

Activity schedules are determined by the members themselves. This helps ensure that members choose activities that fun and enjoyable for them. Some of the programs offered through CLP include:

- Baking class
- Bowling club
- Walking club
- Art Class
- Activity Program
- Cooking Program
- Movie Night
- Tai Chi
- Swim and Fitness Program

CLP is a valuable program for people with acquired brain injuries and we look forward to seeing the program grow in the next year.

Lucy Kelly, BA
Program Manager



CLP Demographics

Ages of individuals served	2008-2009	2007-2008
55+	6	2
40-54	11	7
26-39	3	1
19-25	3	1

48% individuals are between the ages of 40 and 54. 26% individuals are over the age of 55 years old.

Gender of individuals served	2008-2009	2007-2008
Male	16	9
Female	5	2

70% individuals in CLP are male.

Individuals served according to type of disability	2008-2009	2007-2008
Acquired brain injury (total)	23	11
ABI- organic i.e. stroke,	15	5
ABI- Traumatic i.e. accident	8	6

65% of individuals served have an organic brain injury and 35% have a traumatic brain injury.

Individuals served by cultural Background	April 08-March 09	Jan- April 2008
Caucasian	16	8
Native / Metis	0	0
Asian	3	2
Middle Eastern	0	1
Eastern European	2	0
African	1	0
Central American	1	0

70% of individuals served are Caucasian.



CLP Outcomes

Each year CLP works towards achieving outcomes for the program. From April 1, 08 to March 31, 09 the following outcomes were achieved:

Outcome 1: Increased participation in leisure, social and recreational activities					
	Time of Measure	Data Source	Optimal	Achieved outcome 2008-09	Achieved outcome 2007-08
% of individuals participates in their scheduled activities consistently every week.	Quarterly Yearly	Activity Plan Quarterly report	75%	68%	70%
% of individuals achieved their identified goals	Quarterly Yearly	Activity Plan Quarterly report	75%	70%	78%
Outcome 2: Maximize program attendance (50 spots per week)					
# of referred clients over the past year	Yearly	Referrals	25 @ 2 days per week	23	11
Average # of spots filled per week over the past year	Yearly	Quarterly reports	50 per week	28	22
# of visits each year	Yearly	Period report	2500	1393	1100
Outcome 3: Maximize consumer satisfaction					
% of individuals express satisfaction with services	Annual	Satisfaction Surveys	80%	95%	85%

Summary of Results and Trends

Over the past year many programs and activities were offered through the centre. Programs were developed based on participant feedback. 68% of individuals participated in weekly scheduled activities consistently every week and 70% of participants achieved their identified goals. Both of these areas fell below our benchmark of 75%. Efforts will be made to improve these areas.

Goals for 2008-2009:

- Increase attendance by providing participants with reminder phone calls and by helping individuals arrange transportation
- Work with ABIP to increase capacity in the CLP program for 2009-2010. Ideally we would like to see 25 members participate at least 2 days per week.
- Increase participation in weekly scheduled activities.
- Revise each participant's goals to better reflect their wants and needs.



HEADWAY CENTRES COQUITLAM / VANCOUVER

QUALITY SERVICE DELIVERY FOR HEADWAY CENTRE PROGRAM

April 1, 2008 – March 31, 2009



Headway Centre Program Overview

From April 1st, 2008 to March 31st, 2009 Vancouver and Coquitlam Headway Centers provided a wide array of quality services to a membership of 134 individuals with acquired brain injuries residing in the Fraser Health and Coastal Health Region.

Scheduled and Drop-in Programs

Vancouver Headway Centre operates programs Monday to Friday from 11 a.m. to 5 p.m. and Coquitlam operates from 10 a.m. to 5 p.m. Each day individuals have a choice to participate in a variety of scheduled and drop-in activities. If individuals do not want to participate in activities they are welcome to drop-in and access the computer room, play some pool or just hang out and socialize with their peers. A monthly calendar of activities is distributed to members and stakeholders, and is also available on our website at www.howesound.net. Activities offered through the centre are based on member's interests. Each month members meet to discuss issues and concerns as well as what activities they would like to see offered through the centre. Over the past year a variety activities, both scheduled and drop-in, were offered in the following areas:

Most activities focus on linking members to community resources and facilitating client reintegration into the community; encouraging health, wellness and skills development are also

important activity goals. Not only is it important to provide quality programs through the centre but for members to have access to staff that can assist them in accessing community resources. Members have come to staff with questions about transportation routes and directions, volunteer applications, leisure access cards, online immigration tests, taxes, computer skills, letter writing, fundraising, and handydart use, to name a few. Staff has been accessed daily with these questions, which is indicative of how important these services are to members. Because of this, Headway Centre will be working towards providing more time slots for resource support during the week.

In 2008-2009, the Coquitlam Headway Centre will be moving to New Westminster to a larger centre with a full kitchen. Our hope is to increase capacity in the new location.

We look forward to working with Vancouver Coastal Health and Fraser Health and continuing to make a difference in the lives of our members and their families

Lucy Kelly. BA
Program Manager

Activities Offered by Vancouver Headway: April 1, 2008-March 31, 2009	
	Activities
Building skills	<ul style="list-style-type: none"> • Cooking class • Baking class • Grocery shopping • Gardening • Computer training • Creative writing
Education	<ul style="list-style-type: none"> • Pharmaceuticals (presentation on prescribed medications) • Health talk • Nutrition tour at Save-On Foods.
Community access	<ul style="list-style-type: none"> • Resource time • Day trips to community venues, such as : Vancouver Public Library, Vancouver Aquarium, Lonsdale Quay, Vancouver Art Gallery, Beach Day, Grouse Mountain, driving range, Botanical Gardens, Vancouver Planetarium, Granville Island, Science World
Fitness	<ul style="list-style-type: none"> • Shape up Thursdays • Swimming at UBC • Walking club • Gym and tennis at False Creek • Bowling • Yoga
Leisure and recreation	<ul style="list-style-type: none"> • Art class • Toonie lunch • Movie afternoon/night • Games tournaments • Bingo • Nintendo Wii • Sitcom Thursdays • Pool • Puzzles • Coffee chat
Monthly events	<ul style="list-style-type: none"> • Potlucks • Casino night • Headway Olympics • Member's meetings



Headway Centres Demographics

Ages of individuals served	2008-2009	
	Coquitlam	Vancouver
55+	8	21
40-54	21	37
26-39	15	27
19-25	0	5

48% of Vancouver and Coquitlam members are between 40 and 54. 31% of members are between 26 and 39.

Gender of individuals served	2008-2009	
	Coquitlam	Vancouver
Male	30	58
Female	14	32
Individuals served according to type of disability	2008-2009	
	Coquitlam	Vancouver
ABI- organic i.e. stroke, tumour	18	41
ABI- Traumatic i.e. accident	28	49

66% of Vancouver and Coquitlam Headway members are male.

100% of individuals served have an acquired brain injury. 57% of individuals have a traumatic brain injury.

Individuals served according to physical ability	2008-2009	
	Coquitlam	Vancouver
Ambulatory	42	83
Non-ambulatory	2	7

93% of individuals are non-ambulatory. A small percentage of members are non-ambulatory and require an accessible environment.

Individuals served by cultural Background	2008-2009	
	Coquitlam	Vancouver
Caucasian	35	46
Native / Metis	0	1
Asian	5	32
Middle Eastern	1	3
Caribbean	1	3
East Indian	1	3
Central american	1	1
African	0	1

Majority of individuals served at the Headway Centres are Caucasian. However the Vancouver centre serves a large percentage of individuals with an Asian background. Due to a large number of individuals with an Asian background efforts are made to celebrate important traditions and holidays.

Individuals served according to level of communication	2008-2009	
	Coquitlam	Vancouver
Non-verbal		
Verbal	39	86
Verbal / limited	3	4

Small percentage of members use alternate modes of communication. Accommodations are made.



Headway Outcomes

Indicators	Time of Measure	Data Source	Optimal	Coquitlam April 08-March 09	Vancouver April 08-March 09
Outcome 1: Promote social inclusion and decrease social isolation through participation in Headway programs and activities.					
Average weekly attendance to the Headway Centre	Monthly/ Annual	Attendance sheets	50	36	46
% of active members	Monthly	Attendance sheets	65%	66% 29/44	58% 52/90
Outcome 2: Increase access to work departments at the centres					
% of individuals volunteers in meaningful work at the centre.	Quarterly Yearly	Attendance sheets	10%	30% 13/44	73% 38/52
Outcome 3: Program services are delivered within projected budget	Yearly	Budgets	90%	100%	100%
Maximize consumer satisfaction					
% of individuals who express satisfaction with services	Yearly	Surveys	80%	95%	835

Summary of Results and Trends

The Vancouver and Coquitlam Headway Centres has grown in memberships in the past year, and has expanded its programs and services to meet diverse membership needs. As a member-driven centre, Headway is dedicated to empowering individuals with acquired brain injuries by offering a wide spectrum of services, including scheduled programs, drop-in programs, volunteer opportunities, and annual events. These quality services have been geared towards individuals of different ages, genders, abilities, and cultural backgrounds. Consumer satisfaction results from

April 1, 2008- March 31, 2009 show that individuals have been highly satisfied with Vancouver and Coquitlam Headway's programs, staff, and environment, and the sheer number of visits over the past year has shown how important the centre is to our members.

Goals for 2009-2010:

- To increase capacity in each centre by actively marketing to different agencies, doctor offices, stakeholders etc that provide support to individuals with ABI.
- To increase attendance of existing members



ASSISTED LIVING

QUALITY SERVICE DELIVERY FOR ASSISTED LIVING PROGRAM

April 1, 2008 – March 31, 2009



Assisted Living Overview

As part of our service expansion, Howe Sound in partnership with Fraser Health Authority (FHA) and BC Housing (BCH) completed our second Assisted Living Facility in Surrey for young adults with disabilities. Along with Liberty Place in Burnaby, Freedom Place opened its doors early October 2009. This new addition to Howe Sound provides another 20 units and is made available to young adults with physical disabilities. In April 2008-March 2009 Freedom and Liberty Assisted Living served 42 individuals. During this time period there were three exits.

Assisted Living developments are designed to provide independent community living for individuals with disabilities that require some degree of support. Through these projects, the Society enables our tenants to live fulfilling, independent lives while receiving the assistance they require to remain safe and healthy. Tenants of these Assisted Living apartments are provided with approximately two and a half hours of direct care support each day. Support is available to assist tenants with mobility, medications, and personal care such as grooming and bathing. Tenants are provided with three meals per day in our dining room. They also have the opportunity to prepare simple meals or snacks for themselves using their in-suite kitchenettes. Tenants are supported by

state-of-the-art equipment, such as ceiling lifts to assist them in moving from their bed to their wheelchair. The building is staffed twenty-four hours a day, seven days a week, and tenants can request emergency support at any time via a pendant. These projects are unique to the Fraser Health Region in providing affordable Assisted Living apartments to working-age adults with disabilities such as spinal cord injuries, acquired brain injuries, and neurodegenerative diseases. Other subsidized Assisted Living apartments in the Fraser Health Region have only been designed for seniors. This living arrangement empowers individuals with disabilities to contribute to their community, enabling them to seek meaningful employment and to live independently to the greatest extent possible. The provision of Assisted Living services to this population is a natural extension of the wealth of experience we, as an organization, have developed through our other programs.

Nathaly Muise
Residence Administrator



Assisted Living Demographics

Ages of individuals served	2008- 2009
55+	8
40-54	16
26-39	11
19-25	7
Gender of individuals served	2008- 2009
Male	24
Female	18

38% of individuals are between the ages of 40 and 54. 26% of individuals are between 26 and 39. The AL program provides services to young adult population.

57% of individuals receiving AL services are male.

Individuals served according to type of disability	2008- 2009
Muscular sclerosis	13
Acquired brain injury	5
Cerebral palsy	3
Spinal cord	6
Spinal bifida	2
Other	13
Mobility	
Ambulatory	7
Non-ambulatory	35

31% of individuals served have an acquired brain injury.

83% of individuals are non-ambulatory.

Individuals served by cultural background	2008- 2009
Caucasian	37
French Canadian	2
Asian	2
First Nations	1

88% of individuals served are of a Canadian cultural background

Individuals served by level of communication	2008- 2009
Non-verbal	
Verbal	41
Verbal / limited	1

98% of individuals are verbal.



Assisted Living Outcome Results

Indicators	Time of Measure	Data Source	Optimal	Achieved outcome 2008-2009 Liberty Place	Achieved outcome 2008-2009 Freedom Place
Outcome 1: Improve responsiveness to tenants needs					
% of tenants with a current individualized service plan during the reporting period	Quarterly Yearly	Program Records	80%	100%	100%
Outcome 2: Decrease medication errors					
% of medication errors occur during reporting period	Quarterly	BECAL/ incident reports	0	2/22 9%	0
Outcome 3: To minimize the risk of falls, the number of falls, and the number of falls related injuries in Assisted Living (AL).					
# of incidents of tenants falls without injury	Quarterly	BECAL/ incident reports	Reduction in tenant falls	21	5
# of incidents of tenants falls with injury requiring any treatment but not requiring a hospital visit	Quarterly	BECAL/ incident reports	Reduction in tenant falls	14	2
# of incidents of tenants falls with injury requiring a hospital visit	Quarterly	BECAL/ incident reports	Reduction in tenant falls	7	0
Outcome 4: To prevent or delay tenant's need for higher levels of care i.e. acute care, residential care.					
# of tenants who move directly from the AL site into residential care.	Quarterly	BECAL	TBA	2	0
# of tenants who transfer to hospital and it is determined while they are in hospital that they will not be returning.	Quarterly	BECAL	TBA	0	0
# of tenants who die at the AL site or in hospital.	Quarterly	BECAL	TBA	1	0
Outcome 5: To ensure care staffing levels meet the budgeted funding level					



# of scheduled care staff hours per tenant per day.	Quarterly	Staffing Schedules	2.5 hrs per day	20 tenants/50hr 2.5hrs	20 tenants/50hr 2.5hrs
Outcome 10: Maximize consumer satisfaction					
Percent of individuals who express satisfaction with services	Annual	Satisfaction Surveys	80%	89.5%	95%

Summary of Results and Trends

This is the first year outcome results have been compiled for the Assisted Living Program. As a result some outcomes have benchmarks and some don't until next year. Based on the above results most outcomes achieved its targeted goals with the exception of medication errors and falls. There were 2 incidents of medication errors over the past year. Although this number is quite low the benchmark is set at 0 incidents by Fraser Health. Efforts will be made to ensure staff do not make errors. There were a number of falls that occurred in the past year with injury and without. Efforts will be made to

reduce falls by addressing falls on a case by case basis.

Goals for 2008-2009:

Majority of the program outcomes achieved its targeted goals. However we will aim to Decrease medication errors to zero incidents. Decrease incidents of falls by 20% by addressing each fall case by case.



SUPPORTED HOUSING

QUALITY SERVICE DELIVERY FOR SUPPORTED HOUSING PROGRAM

April 1, 2008 – March 31, 2009



In October of 2008, Howe Sound proudly expanded its operations to open up its very first Supported Housing Program at Honoria Conway in Vancouver. Built upon a partnership between Vancouver Coastal Health (VCH) and Providence Health Care (PHC), the program provides eight accessible self-contained housing suites to young people living with physical disabilities. More importantly, the Supported Housing structure allows these individuals the opportunity to live independently and exercise as much self-determination as they possibly can within a secure and stimulating environment.

Based upon the Share Care philosophy, this model is characterized by the collaboration of tenants' care needs to form a model of 24 hour support which can be utilized more efficiently than if tenants were to receive support services independently. The shared care model is based on tenants working together, sharing the time and services of a team of personnel, with a willingness to be flexible to help ensure quality support for all tenants involved. It requires flexibility and an understanding that the benefits derived from access to 24 hour support outweigh the restrictions of receiving fixed care hours separately.

Supported Housing provides tenants with the following services, (but is not limited to):

- Meal preparation and clean up
- Housekeeping
- Laundry services
- 24-hour emergency response
- Personal Care
- Medication monitoring
- Nursing
- Recreation
- Support with ADLs and IADLs

This unique model is most ideal for individuals with physical disabilities who would like to live independently, and for the most part can manage and self-direct their own affairs, but require intermittent unscheduled care. In this environment, a balance is struck in that tenants are encouraged to be as independent as possible, while given the essential support needed to maximize their abilities and thus, allowing them to lead meaningful empowered lives.

Since its launch in October 2008, the Supported Housing Program has welcomed 3 tenants into Honoria Conway. Despite having to overcome some initial complications, as happens with all new programs, tenants have reported an overall high level of satisfaction with this model. In particular, because it provides a certain level of support in such a safe environment, tenants have been able to progress in various areas of their lives. Though tenant specific, this has included physical rehabilitation, maintaining regular hygiene, increased opportunities for education and socialization, etc.

We believe that the potential for individuals in this housing model is massive and are excited for new tenants in 2009, as well as new goals that include:

- Continuing to provide access to current recreational, social, and educational opportunities for people with disabilities
- Increasing accessible information on how to deal with fatigue, motivation, depression, frustration, etc.
- Group cooking lessons
- Information, recipes and strategies for maintaining good health
- Emphasis on life skills (managing finances, schedules, grocery shopping, spatial orientation, writing, computers, etc.)

Outcomes and Demographics for the program will be available in the 2009-2010 report.

Lisa Vo, BA
Supported Housing Manager



SATISFACTION RESULTS

April 1, 2008 to March 31, 2009



Consumer Satisfaction Survey Results

A satisfaction survey for the Residential Home Support Program, Footprints Unlimited Day Program, Assisted Independent Living Program, Supported Living Program, Community Leisure Program and Headway Centre Program was distributed to each participant receiving service from HSRSS in January 2009.

The Satisfaction Survey measured satisfaction in these general areas:

1. Personal Goals
2. Choice
3. Services/Supports Coordination
4. Staff
5. Communication
6. Community Inclusion
7. Rights
8. Health
9. Access and Security
10. Environment
11. Overall satisfaction

Within each section, individuals were asked to rate their level of satisfaction.

The rating scale was from 1-4 (1-not sure, 2-no, 3-sometimes, 4=yes).

Some individuals required assistance to complete this survey. Assistance was provided through a

combination of direct support staff, caregivers, full-time and part-time staff. In instances where individuals were not able to provide verbal feedback, support staff assisted in this process by answering questions on the individuals behalf based on non-verbal cues, past experiences and observation.

Consumer Satisfaction Results for:

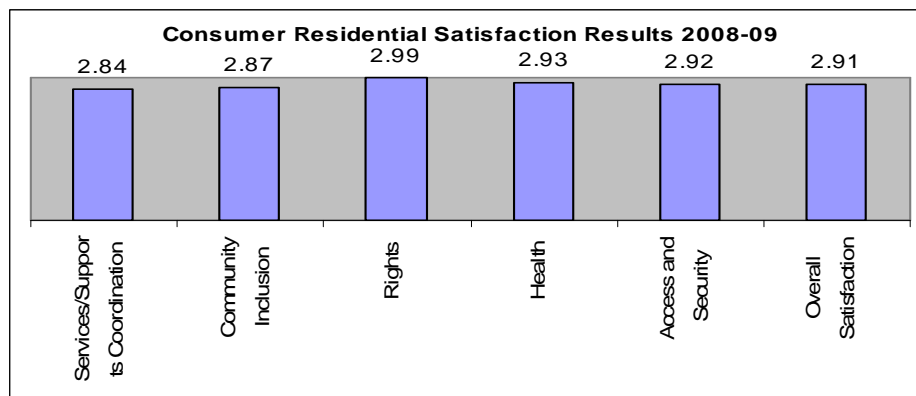
- Residential
- Footprints
- Assisted Independent Living
- Assisted Living
- Supported Independent Living
- Community Leisure Program
- Headway Centre Program

Overall, results and general feedback generated from the Satisfaction Survey indicated a high level of satisfaction from individuals receiving services from both the residential and day programs.

Overall satisfaction results and action plans for each program are as follows:

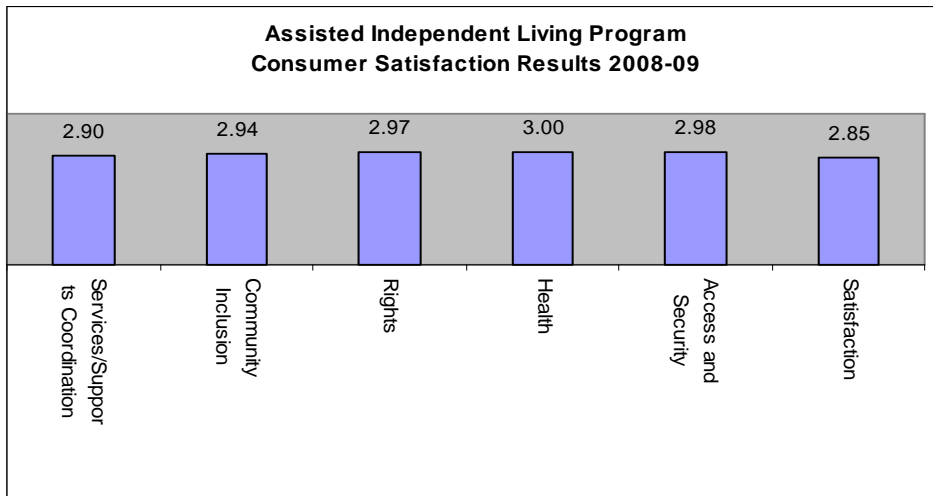
Please refer to graphical representation below:

Residential Home Support Program consumer satisfaction results revealed high satisfaction with services. Results ranged from 2.84-2.99 out of 3.00

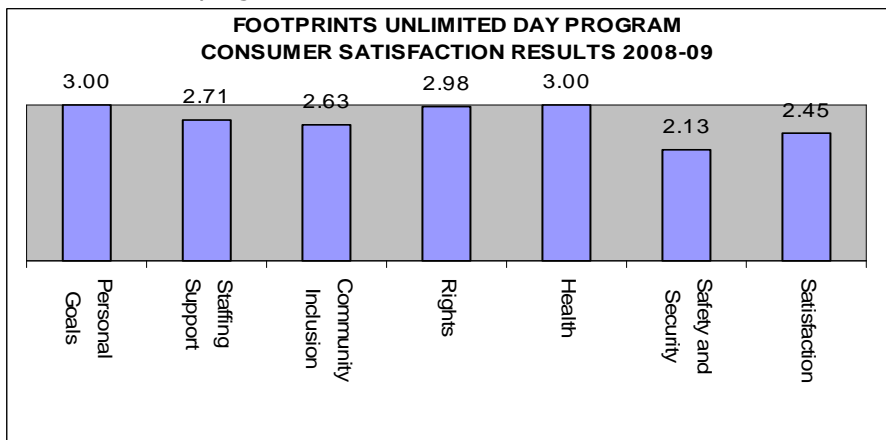




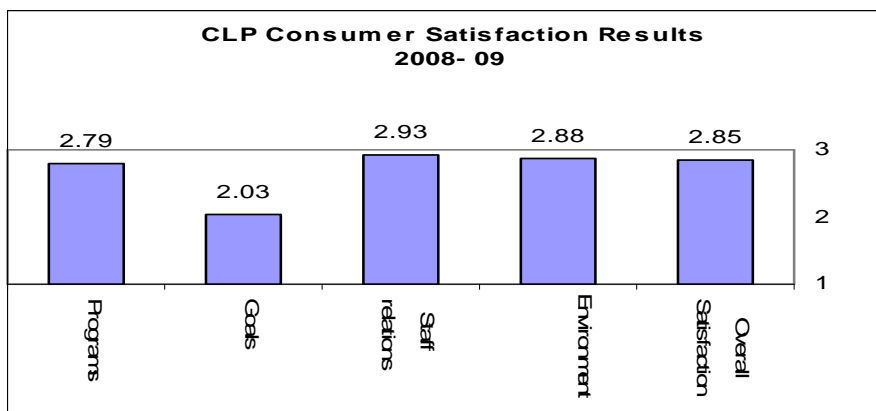
Assisted Independent Living Program consumer satisfaction results revealed high satisfaction results. Results ranged from 2.85-3.00 out of 3.00



Footprints Unlimited Day Program satisfaction results ranged from 2.13 to 3.00 out of 3.00. Individuals expressed high satisfaction with the program.

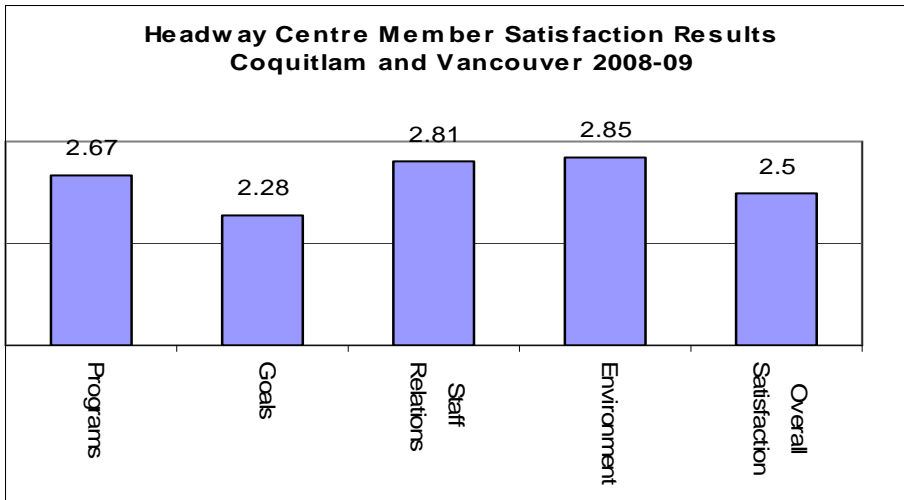


Community Leisure Program consumer satisfaction results revealed high satisfaction with the program. Results ranged from 2.0-2.93 out of 3.00.

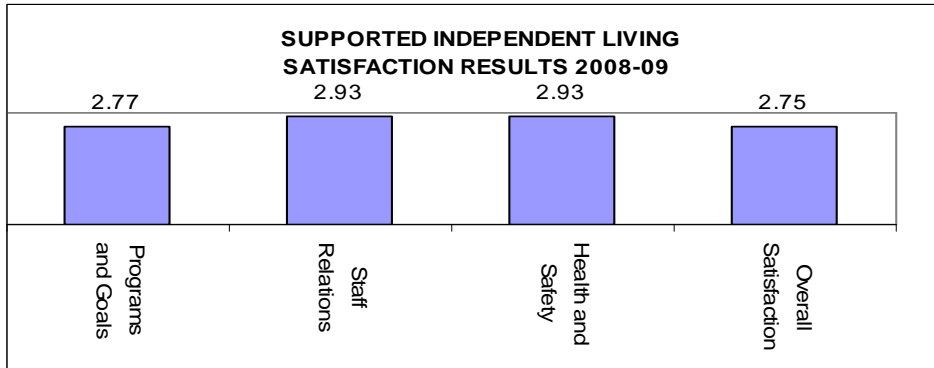




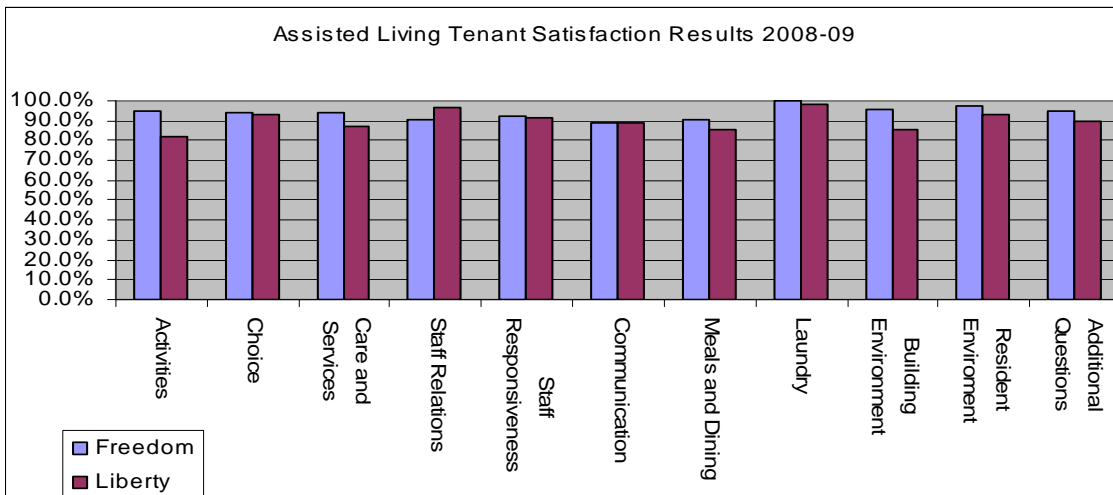
Headway Centres consumer satisfaction results revealed high satisfaction with the program. Results ranged from 2.28-2.85 out of 3.00.



Supported Independent Living Program (SIL) consumer satisfaction results revealed high satisfaction with the program. Results ranged from 2.75-2.93 out of 3.00.



Assisted Living Program satisfaction results revealed high satisfaction results. Results ranged from 80-100% satisfaction.





Personnel Feedback Satisfaction Results

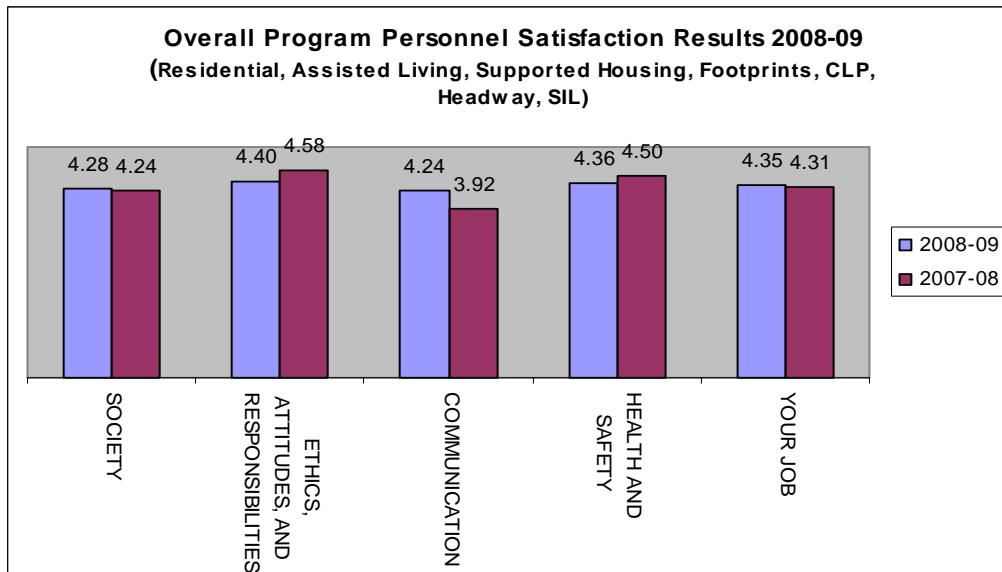
In January 2009, Howe Sound conducted Personnel Satisfaction Feedback Survey to measure the quality of the Residential Home Support Program, Assisted Living Program, Footprints Unlimited Day Program, Community Leisure program and Assisted Independent Living Program. The survey consisted of five categories of questions rated from 1 to 5 (low to high satisfaction). The categories included:

- Society
- Ethics, Attitudes, and Responsibilities
- Communication
- Health and Safety
- Your Job

The survey also included a section for staff to provide written feedback or any additional comments they may have.

Overall satisfaction ratings for 2008-09 ranged from 4.24-4.40 out of 5.00. Results revealed that personnel satisfaction increased from the previous year with the exception of ethics and health and safety. These two areas fell slightly below last year results but still maintained high level of satisfaction.

See graph below.



Outcomes for 2009-2010

Direction	Action	Responsibility
1. Increase personnel satisfaction level	Develop a wellness committee to increase personnel's personal health and wellness, including physical health and fitness, emotional health and wellbeing, and stress management	HR Manager
2. Increase personnel recognition and appreciation	Develop a nomination form so that all personnel can nominate their employees, co-workers, and managers for a job well done. Put on social events for personnel such as BBQ's etc.	HR Manager



3. Provide more training and courses on client demographics and disability.	Identify courses for staff to take at yearly evaluations. Advertise upcoming training/courses through memo, website, and internal newsletter. Revise training policy.	HR Manager
4. Perform exit interviews on staff when they leave the society or switch positions.	For staff services to conduct exit interviews when a staff leaves a position to identify areas to improve on.	HR Manager



Stakeholder Feedback Satisfaction Results 2008-2009

Howe Sound distributed satisfaction surveys to family members, representatives, ministry, and consultants all of whom play an important role in the organization. A total of 33 stakeholders responded to the surveys sent out. The stakeholder survey consists of a combination of written responses and choice of answers. The overall results and responses indicate a high level of satisfaction with the quality of services provided with of excellent to above average. Stakeholders were pleased with the communication, approachability, and professionalism of our programs. Stakeholders also felt that our programs had a positive impact on the individuals we serve.

1. What is your relationship to Howe Sound Rehabilitation Services Society?

78% of respondents were of a multidisciplinary team. E.g. social worker, service coordinator, licensing, social worker, funder, consultants and 22% were family member, representatives and legal guardians.

2. Do you feel the communication between the program and yourself is:

	2008-2009
Adequate	88%
Not enough	12%
Too much	

3. Do you feel the staff are approachable and professional?

	2008-2009
Yes	82%
No	0
Most of the time	12%
Some of the time	6%
Not at all	

4. Do you feel that services provided by this program have led to positive changes for individuals served?

	2008-2009
Yes	91%
No	
Most of the time	6%
Some of the time	3%
Not at all	

5. Overall, I would rate my satisfaction with the quality of the program as?

Excellent	42%
Above average	42%
Average	16%



HUMAN RESOURCES

April 1, 2008-March 31, 2009



HUMAN RESOURCES

2008-2009 was a challenging year in Human Resources. Howe Sound's continued growth created the need for a large number of new hires throughout the year. As a result, the HR department focused on meeting the demand for new personnel. Additionally, we began to develop new programs and initiatives focused on retention of personnel, and increasing the overall satisfaction of our personnel.

NEW HUMAN RESOURCES INITIATIVES

In an effort to achieve our goals of increasing general personnel satisfaction, decrease turnover, and increase personnel wellness, we have begun several new Human Resources Initiatives.

The Wellness Committee

A personnel health and wellness committee was founded in 2008. The committee has members from across the organization, and is dedicated to encouraging employees to increase their personal health and wellness, including physical health and fitness, emotional health and wellbeing, and stress management.

The Wellness Committee developed two tools to assist employees to reach these goals: The Health and Wellness Competition allows personnel to track their wellness activities on a quarterly basis. Employees can accrue points for performing wellness activities such as exercising and physical activities, healthy eating, and de-stressing activities. At the end of the quarter, employees submit their points totals to HR. Participants in the competition receive a gifts certificate to purchase health and wellness related products.

Secondly, the Wellness Committee also produces a monthly Health and Wellness Newsletter. How Sound is Howe Sound give personnel health and wellness information and tips.

Employee Recognition

Howe Sound developed a nomination form so that all personnel can nominate their employees, co-workers, and managers for a job well done. Personnel can be nominated for their performance in two categories:

Performance:

- Doing something above and beyond the job description duties
- Continuously executes their job responsibilities at a consistently high standard
- Making a significant contribution to the workplace/program
- Making a noteworthy difference in their workplace/program
- Show remarkable improvement in their performance
- Other (please identify in the box below)

Attitude:

- Always positive, constructive, and contributes to heightening team morale
- Done something creative, innovative, and inspirational
- Shows genuine interest and motivation in developing and bettering themselves

Nomination forms are reviewed by Managers and submitted to the Communications Manager, who gives final approval, and distributes the recognition reward. As well, all recognitions are published in "Sound Off" the employee newsletter.



Employee Appreciation

In 2008 Howe Sound personnel were surveyed for feedback on how they would like to be appreciated by Howe Sound. Overwhelmingly, personnel expressed through the surveys that they would like Howe Sound to put on social events for personnel. Our first event was an employee appreciation barbeque, held at Barnet Marine Park.

Overall, we hope these new initiatives will increase not only employee satisfaction, but also employee engagement and retention.

Kirsten Haywood-Farmer
HR Manager



STAFF TURNOVER

At the end of 2008, Howe Sound employed approximately 169 people. This number includes BCGEU members in management, full-time, part-time and casual positions, as well as excluded administrative staff. Howe Sound's workforce is made up of 82% (139) women, and 17% (30) men.

In 2008-2009, Howe Sound experienced a period of extreme growth, and as a result, the total number of employees has increased significantly. Since 2006, the size of our workforce has more than doubled from approximately 75 employees in 2006, to 169 employees at the end of 2008.

This growth is due to diversification in service provision, and the start of three new programs in 2007 and 2008; Headway Centre Vancouver, Assisted Living and Supported Housing.

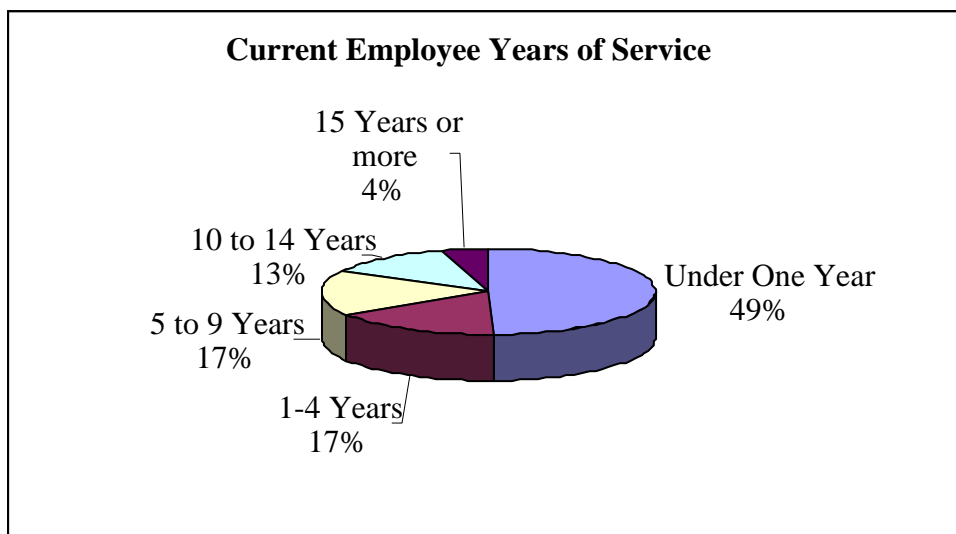
Maintaining adequate staffing numbers during this period of growth has been challenging. Howe Sound has also had to deal with low unemployment rates and a proliferation of jobs in the sector, which made for tough competition for qualified employees.

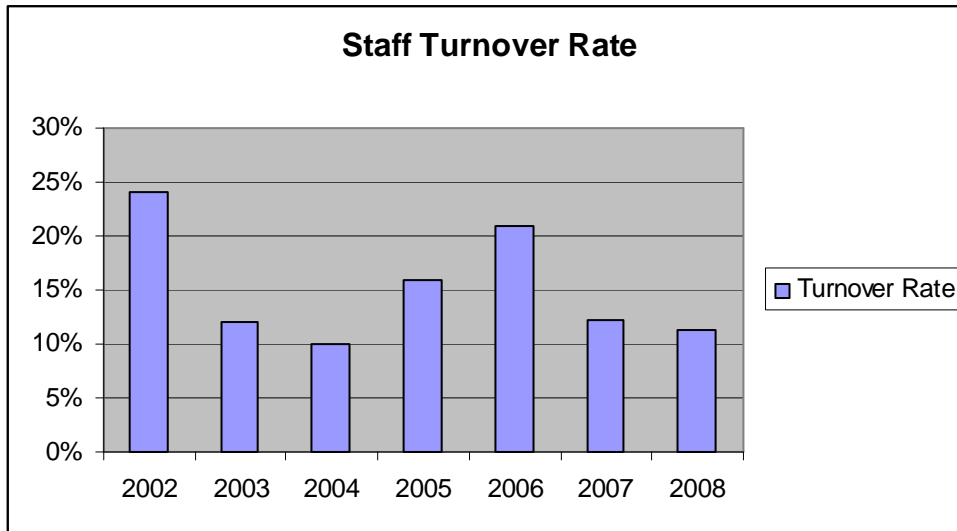
Despite these challenges, Howe Sound has seen a dramatic decrease in our turnover rate since 2006. Turnover is calculated by taking the total number of employee exits in the year, and dividing that number by the average number of employees for the year. As a result, our turnover rate decreased, in part, due to the high number of new employees hired in 2007 and 2008.

The average length of service for all current Howe Sound employees is 4 years. This is a reduction from our 2006 figure of 7 years. The main reason for this reduction is the huge number of new hires needed for new programs over the past year.

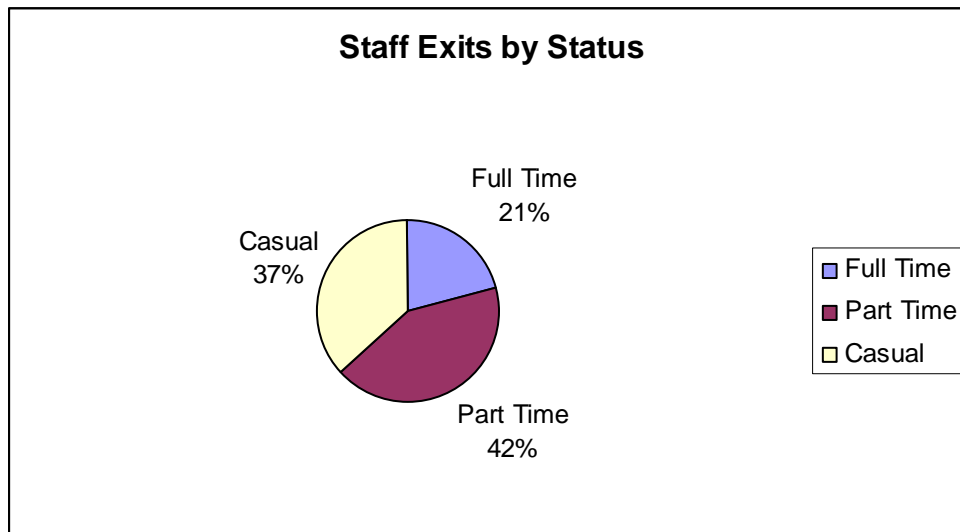
The annual turnover rates for the past seven years are;

- In 2008 **11.24%**
- In 2007 **12.2%**
- In 2006 **21%**
- In 2005 **16%**
- In 2004 **10%**
- In 2003 **12%**
- In 2002 **24%**





In total, 19 employees left Howe Sound in 2008. Full Time: 4, Part Time: 8, Casual: 7



This statistic is a change from the past. Generally, we have found that it is more likely that casual employees leave the organization. In 2008, the exits were much more evenly spread between full time, part time, and casual employees. This change results from the general economic environment of 2008.

Prior to 2007, Howe Sound's general hiring pattern was to first hire new employees into casual positions. Casuals worked for the organization for a

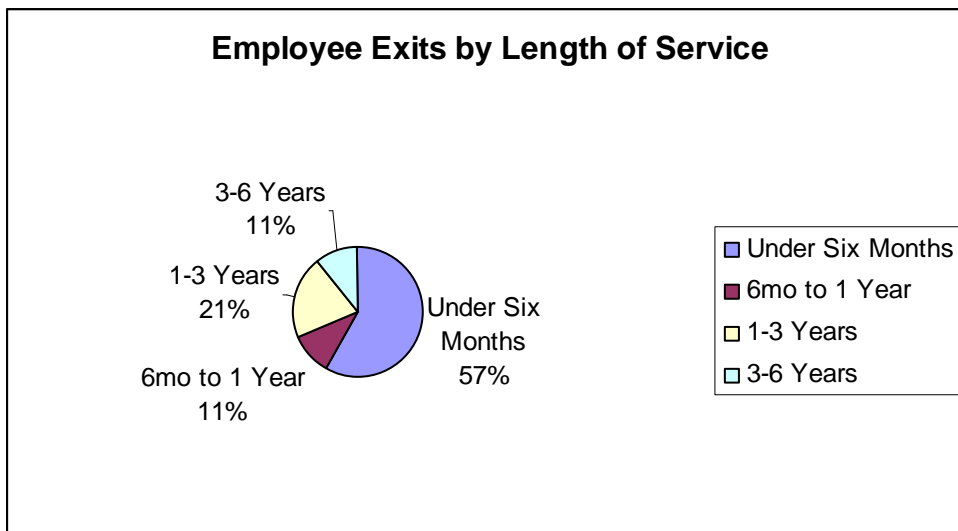
few years, and posted into part time and full time positions as they became available.

In 2008, low unemployment rates in Metro Vancouver combined with a high demand for employees across the community social services sector resulted in a marked change to this pattern. 2008 saw Howe Sound hire more people straight into part time positions, rather than first hiring the employee as a casual. We then experienced many more instances of new part time employees leaving the organization for full time positions elsewhere.



This pattern is further illustrated by our statistics regarding Exits by Length of Service. Of the 19 employees who left the organization 11 had been employed with the organization for less than six

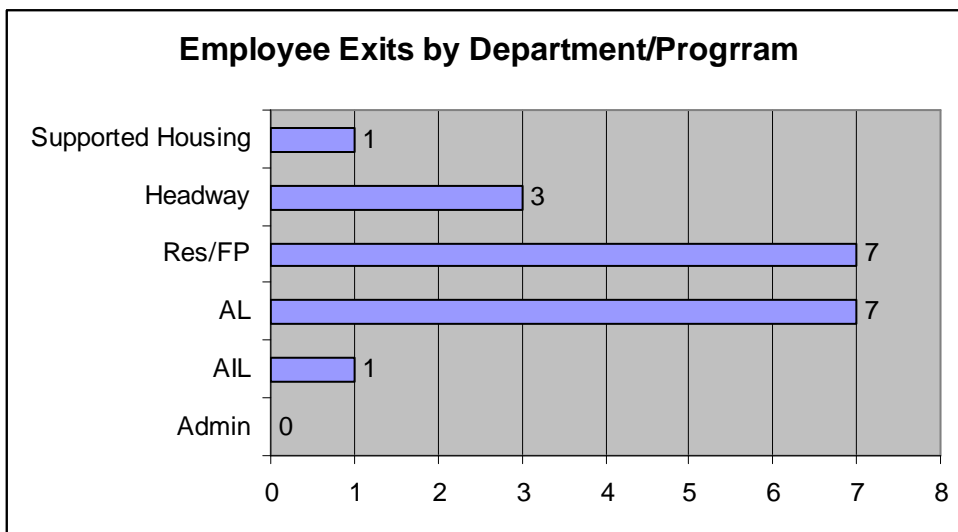
months, two had been employed between six months and one year, three had been employed for one-three years, and two had been employed three to six years.



Of the 13 employees who left the organization with less than one year of service; 7 were part time employees, and one was a full time employee.

each program appears to be commensurate with the total number of employees working in the program. The one exception is Headway – the number of exits (3) is high, compared to the total number of employees (12).

Employee exits in 2008 were spread across the majority of our programs. The number of exits for





Overall, we are pleased to report a marked decrease in turnover since 2006. Howe Sound's Human Resources department has spent the past two years implementing the plan developed in 2006 to reduce turnover. The plan included:

- Starting new employees at the wage grid step appropriate to their education and experience.
- Building an employee wellness program.
- Implementing an employee appreciation program.
- Increasing the amount of professional development opportunities for staff.

We will continue to build on these ideas for 2009.



Staff Development

Howe Sound has supported our employees to attend a variety of in-service training and workshops throughout the past year.

Howe Sound contracts with a First Aid and CPR instructor and through this instructor provided 12 courses in Emergency First Aid, and CPR Level C in 2008, training 117 employees and subcontractors.

Howe Sound employs two certified Non-Violent Crisis Prevention and Intervention (NCPI) Instructors. In 2008-2009 we provided 49 hours of NCPI training, and trained 40 employees and subcontractors.

Howe Sound provides each new employee with four-eight hours of orientation to the organization, and training in each of the program locations the employee works.

Additionally, in 2008, Howe Sound provided training for employees in the following areas;

- ADP: EZ labour
- ADP: Pay@Work
- ADP: People@Work
- Acquired Brain Injury and Dementia
- Acquired Brain Injury: Concussions
- Acquired Brain Injury: Introduction
- Advocacy
- Arjo (Adaptive Equipment)
- Assisted Living Philosophy
- Assisted Living Registrar
- Barriers Reporting
- BCAL Software
- Behaviour Management
- Body Mechanics
- Building Your Communication Toolbox (Justice Institute)

- Coaching for Performance
- Developing High Performance Teams
- Diabetes
- Dysphasia
- Employee Engagement
- Epipen Training
- Ergonomics
- Food Safe
- Foot Care Level One
- Foot Care Level Two
- Health Benefit Trust
- HSRSS Documentation Guidelines
- HSRSS Human Resources Information
- HSRSS Policies and Procedures
- Labour Relations
- Medication Administration
- Municipal Pension Plan
- Nebulizer Training
- Non-Profit Legal Issues: Board and Non-profit Governance
- Nutrition
- Occupational Health and Safety
- Ostomy Care
- Program Budgeting
- Psychometric Testing
- Quarterly Reporting
- Resolving Workplace Conflict
- Risk Management
- Seizure Management
- Strategic Planning
- Therapeutic Relationships: Creating professional boundaries
- WHMIS

We continue to work on developing an increasingly comprehensive training program.



TECHNOLOGY

Over the past few years Howe Sound has brought online a number of technological solutions to streamline our administrative operations as we expand as an agency.

Error Trend Tracking

Beginning in March we have initiated a new system of tracking all errors reported to tec support. This should empower us to better address errors which recur and track time spent on various technical challenges so as to be able to weigh costs and benefits.

Security

This year we have upgraded all society computers in publically accessible areas with physical individual locks to deter theft. We have also increased the complexity of all individual server passwords in order to safeguard against intrusion. There has been a significant decline (though due to one incident unfortunately not a complete elimination) in the theft of computer equipment in light of this and last year's precautions.

Telephones

This year has seen an explosion in the number of mobile computing devices and telephones used by society staff members, we now have 14 users on mobile computing devices managed through an exchange e-mail server.

Network infrastructure upgrades

We have embarked on a process of upgrading all routers on the society's virtual network to miniMIGs (Managed Internet Gateways). Each location so outfitted has reported vastly improved internet/server connectivity and VOIP quality.

Server Upgrades

The Society has recently purchased a new server system as a replacement for our old server, the aging heart of our IT infrastructure. The new server will be hosted at Bitblock System's collocation centre to increase server reliability for our many program locations. The collocation site is secure, and equipped with generator backups and an

industrial strength internet connection. As we move forward with this upgrade one of our most significant challenges is to better organize the information stored on our server. We are embarking on a major overhaul involving all server users which will see all data the Society stores digitally carefully sorted. Data can then be accessed more efficiently and securely while greatly reducing redundancy and the instance of obsolete files. This will powerfully increase the ability of our staff to collaborate on work while ensuring the long term stability of our IT systems.

Thin Clients

The society is making increased use of "Thin Client" Terminals in place of desktop computers Thin clients are basic computer workstations intended to connect to a centralized server. This serves to simplify the IT workload, improve security, and to decrease our carbon footprint. The dozen thin clients in use today have a number of benefits over traditional desktop computers, they use a fraction of the power, do not become obsolete as quickly. Further they require little software, they have no moving parts that can malfunction, and they are nearly immune to viruses, malware, spyware. They are also highly resistant to misuse on the part of staff and clients. Since their installation only one thin client user has reported an error related to the device itself.

Tim Green, BA
Executive and IT Support Coordinator



HEALTH AND SAFETY

The OHS committee has implemented a number of improvements over the past year. During the summer the emergency manual was rewritten so as to be clearer and more concise while eliminating redundancy with the main policy and procedure manual.

Incident Reporting

A concerted effort has been made to improve injury reporting. New posters, training memorandums, revised internal forms, and digital presentations for new staff have been developed to help injured workers navigate the complicated process of incident reporting and WorkSafeBC involvement. Since the system was implemented in early Fall we have seen an increase in the timely and correct reporting of incidents and are better able to identify and address trends.

The personnel unusual incidents reported in 2008 indicate three primary trends that made up 85% of staff injuries.

- lifting or transferring a client incorrectly.
- physical aggression on the part of clients.
- household accidents

The committee is addressing these through training, behavioral supports, and efforts to revise the society's WHIMIS and maintenance procedures.

There were 21 Personnel Unusual Incidents reported in the 2008 calendar year. This is up 9 or 75% from the previous year. This surge in incidents can be attributed to a few factors. Firstly a developing need for behavioral supports for one client who was directly involved in five incidents during the summer, these supports were established in the fall. Secondly Liberty Place Assisted Living opened and reported a number of injuries particularly related to transferring tenants, which has been addressed through a lifting in-service. Thirdly closer attention to and education around the injury reporting process in early fall resulted in more thorough reporting of incidents from September onward.

Nature of Incidents:

Of the 20 incidents reported to the OHS committee: 1 was a Motor Vehicle Accident

6 were caused by lifting or transferring a client incorrectly.

6 were the result of physical aggression on the part of clients.

6 were household accidents (3 trips, 1 cut, 2 other)

1 was a sudden illness experienced by staff

WorkSafeBC Involvement

5 injuries were reported to WorkSafeBC

Emergency Response Kits

In order to better respond to a potential large scale emergency such as flood or earthquake all head office staff members have been equipped with individual emergency backpacks to replace a communal emergency supply stash. Using these backpacks the management team have mobile supplies, allowing them to spread out to support other programs as necessary.

Violence in the Workplace Survey

Independent of the incident reporting staff were asked to fill out a Risk assessment for Violence in the workplace, this survey, as it was anonymous and therefore not mandatory saw a low response, roughly 13% of staff members responded. It is difficult to draw agency wide conclusions from this data.

No reported incidents of the use of a weapon, nor exposure to bodily fluids. While the majority of respondents reported that they were not subjected to an act of violence a 14% of respondents reported being personally attacked on 7 or more occasions. None of the respondents needed to take time off work due to such an incident. A majority of respondents had witnessed one or more acts of violence in the workplace this past year.

A majority of responding workers expressed that they believe that current policies, training, and security measures at the workplace were adequate and that they are fairly comfortable in terms of personal safety.

Overall the risk assessment survey portrays a low but pervasive level of violence on the part of individuals receiving care against staff members. Most of this violence seems to be mild and does not place staff in danger of serious injury.

A detailed breakdown of the risk assessment survey results is available by contacting Tim at the office.



The Outcomes Management Report is distributed to the Board of Directors, Howe Sound consumers and stakeholders.