



2021

# Performance Improvement Report

The H.O.M.E Society

HR/Quality Improvement Director  
*Shelley Rath*

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## Welcome to H.O.M.E.S 2021 Performance Improvement Report.

The H.O.M.E Society has produced an annual Performance Improvement Report since 2007. The information collected and its analysis through the outcome's management process highlights the strengths of our organization and the areas that need improvement. The Performance Improvement report is part of the H.O.M.E Society's commitment to Continuous Quality Improvement.

### Facing Challenges

2021 was a continuation of challenges due to the worldwide pandemic. Many services were adapted or moved to a virtual platform to ensure safety of all stakeholders to be able to continue providing services. These services included weekly activity groups, meetings, and employee training. These changes needed to occur quickly and were modified as required due to the extent of the pandemic and the rapidly shifting mandates and practices. The report reflects the impact of the pandemic on the various services and the people we support.

### Understanding the Report

The H.O.M.E. Society believes that performance improvement data can help our organization develop and continue to be effective. It also helps us find new innovative methods for improvement. It is an essential part of review and planning. Performance improvement, and particularly the emphasis on a range of outcomes developed by H.O.M.E. Society, is an ongoing process to use evaluation as a tool for learning. It is not an add-on exercise purely for accountability to funders. For performance improvement to be useful, it is essential for H.O.M.E.S to develop outcomes appropriate to the folks we support and the agency as a whole. We need to do so over time and through consultation as well as ongoing reviews. H.O.M.E. Society is dedicated to achieving ongoing positive change for the people we serve, our caregivers and all partners and stakeholders.

### Data Collection Methods

H.O.M.E.S uses Sharevision to collect a wide variety of data for performance improvement. This data is crucial in evaluating outcomes and recognizing where quality improvements are needed.

The Sharevision system has a functional and accessible database that allows our organization to gather and analyze all aspects of service delivery. More importantly, it can provide immediate snapshots of organizational functioning, which, from a quality improvement lens, gives us the ability to deal with and resolve issues as they are happening using current data and knowledge. The Sharevision system allows us to track our outcomes efficiently.



In addition to the Sharevision system, H.O.M.E.S has a number of processes in place for gathering information:

- Annual Satisfaction Surveys,
- In-person meetings/interviews,
- Employee statistics, including WorkSafe and Com Vida,
- Goal Tracking and ISP's,
- Training evaluations,
- Incident reports,
- H&S committee feedback

#### Human Resources/Work Force data.

One thing to note is that formal feedback tools like satisfaction/experience surveys cannot – and will not – replace the impact and importance of our daily conversations or the feedback we receive from persons served, families, employees and other stakeholders on an ongoing basis.

Relationships are a key foundation of H.O.M.E.S. Building trust with all of our stakeholders through those daily conversations and interactions will only make H.O.M.E.S stronger.

#### Data Integrity Assurance

A great deal of time and effort goes into collecting the data that is summarized in the proceeding pages. However, the collection and summarizing of the data is meaningless if the collected data lacks integrity. A strong agency uses its data in organizational decision making. Simply put, data that is not accurate or consistent means that this decision making is done with bad information. As a result, the right decisions cannot be made. Fortunately, some simple processes can ensure the integrity of the agency's data. Some of HOMES processes are noted below.

**Reliability** is meant to ensure that data is collected consistently and in a way that could be reproduced at another time and by other people. Because H.O.M.E.S does not use standardized tests or measures that can ensure reliability, other steps have been taken:

- Very few personnel are entrusted to tracking data. This tighter circle of employee limits misinterpretation.
- For all self-reporting measures with some amount of subjectivity, discussions and specific training with the team is ongoing to ensure that data is coded properly.
- Most data is gleaned directly from internal documents such as Medication Error Reports or Incident Reports, virtually eliminating any danger of the data not being collected the same way on another occasion. Much data is provided directly from the Sharevision site, which can run reports directly from its system.
- Unless otherwise noted, data measures all persons served, not just a sample. This means that reliability issues related to data sampling are not a factor.

**Validity** simply suggests that your data measures what it intends to measure.

- The organization's data is reflective of the needs of stakeholders as gathered from ISP's, surveys and plans, and is reflective of the agency's mission and values.

**Completeness** means that the data is as complete as possible and that obtainable data is not missing, be it intentionally or unintentionally.

Incomplete data has little value, as it may exclude entire groups of persons served or may be missing data that will greatly influence success towards missing a target.

- The number of individual records in all spreadsheets is routinely checked against the overall list of persons served to ensure that data is complete.

All programs/service areas have an indicator and no groups are missing from data collection or analysis.

- All attempts are made to find any missing data. For data accessed from the Sharevision system, reports are run that allow the Quality Improvement Lead to identify persons served for whom data is missing.

**Accuracy** simply means that all data is recorded properly and that any errors are caught and corrected.

- Spot checks are completed by the Quality Improvement Director/Delegate to ensure accuracy.
- Data reports are double checked against actual documents on a quarterly basis. This ensures that potential errors are corrected in a timely fashion.

**For this report, we collected data in the following service areas:**

- Residential Services/Community Housing
- Health and Safety
- Human Resources/Workforce
- Home Share
- Respite Services
- Community Inclusion/Integration Services

**For each of these service areas, we set targets and collected information about:**

1. **Experience of Services (previously Satisfaction)**- stakeholder surveys
2. **Effectiveness**- the results of services/supports for the person receiving services
3. **Efficiency**- the responsiveness of time and resources
4. **Business Functions**- Functional objectives to support the achievement of agency business; finance etc.
5. **Service Access**- Accessibility to services.



An outcomes approach involves:

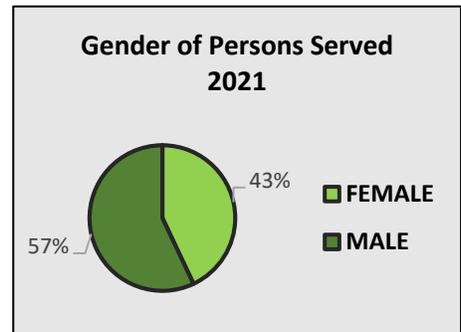
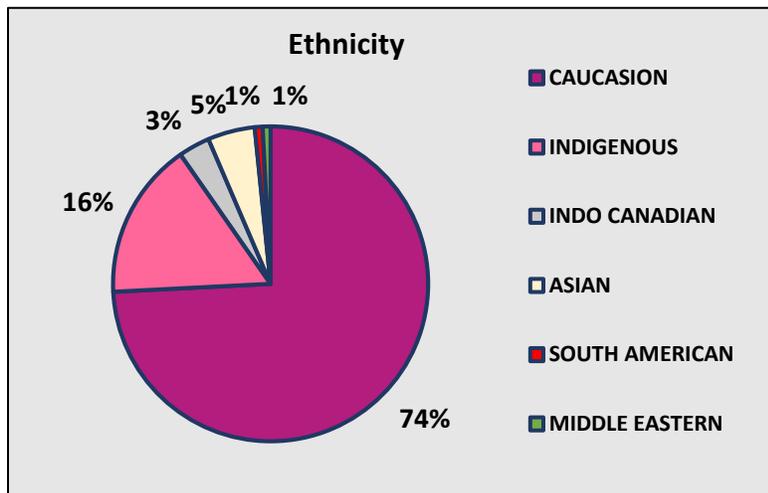
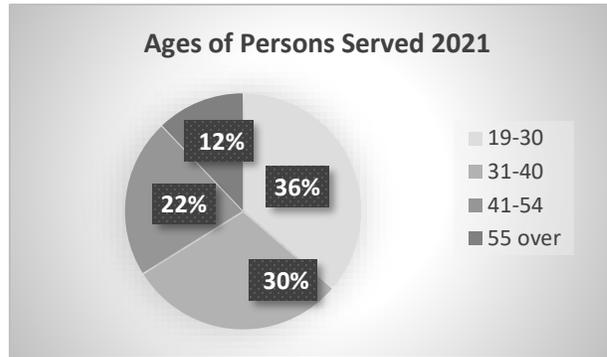
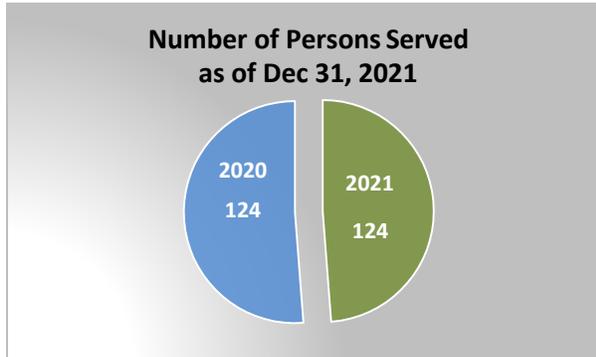
- Identifying the changes you hope for,
- Assessing what changes happen,
- Using the information about the results of your work to plan and deliver services so as to make the changes for persons served more likely.

H.O.M.E.S Performance Improvement Report is an integral part of an overall quality management system. Some of the components of that system include the following:

- Strategic Planning
- Compliance Reporting
- Risk Management Planning
- Accessibility Planning
- Information Technology Planning
- Human Resources Reporting
- Service Delivery Reporting/Critical Incident Reporting
- Health & Safety Reporting
- Financial Reporting

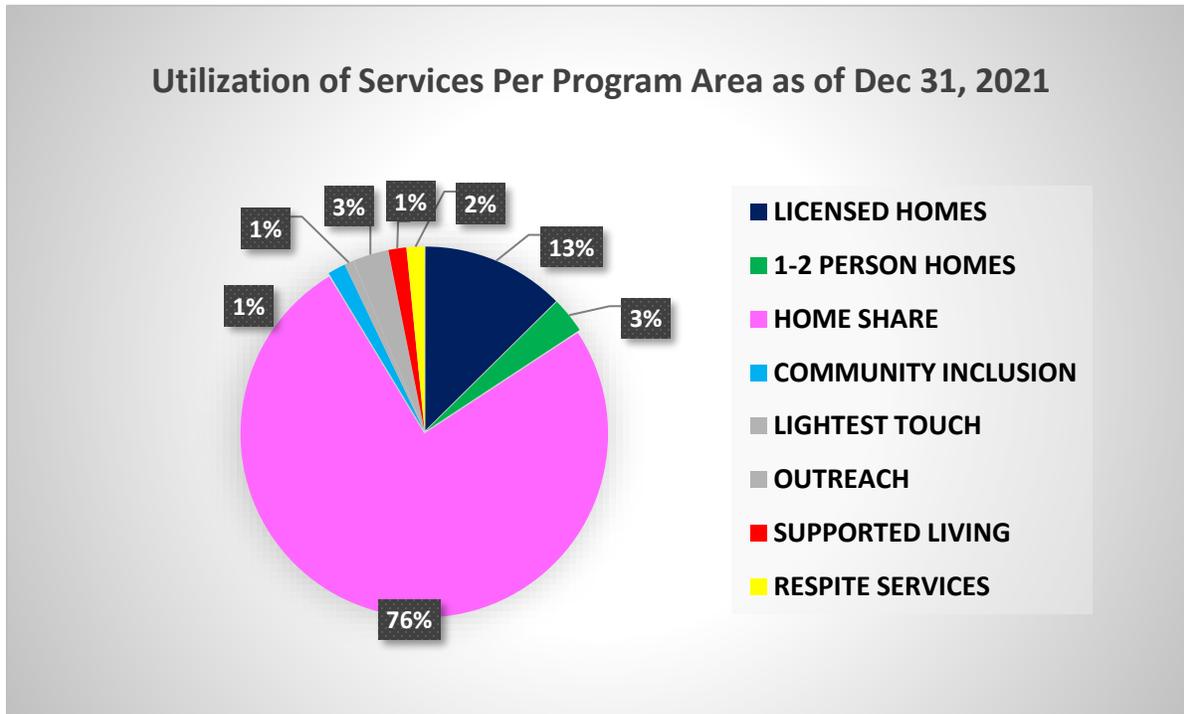
# Overview of Services Provided in 2021

## Demographics



## Services

In 2021, the H.O.M.E Society supported a total of 125 people in a variety of services and supports. The following outlines the number of persons served who utilize services:



Licensed Homes	16	Work Experience	36
1-2 Person Homes	4	Counselling Services	10
Supported Living	2	Community Inclusion	2
Home Share	96	Psychiatric Services	32
Respite Services	2	Lightest Touch	1
Outreach Services	4		

## Experience (Satisfaction)

On an annual basis, we send out a survey to families, individuals served, employees, volunteers, community partners and other stakeholders, asking for feedback on H.O.M.E's services. We use this feedback as one way of ensuring that we are continuing to provide a consistent quality of service, and to ensure we are aligned with our strategic planning for the following year.

We use an "online survey", which offers a quick, anonymous and easy method of getting the input we require. This seems to be successful, especially for employees and contractors. Families and persons served seem to continue to prefer the paper copy but many are beginning to feel comfortable with the online option.

In addition to our Satisfaction Surveys, we have various other processes in place for gathering input:

- Team Meetings
- Board Meetings (virtual)
- H&S Committee Meetings (Virtual)
- Quarterly meetings with funders (Virtual)
- Online "suggestion" box
- Exit Interviews with individuals and employees who leave H.O.M.E.S.
- Employee Evaluations
- Communication with families and friends.
- ISP's
- Informal one to one virtual meetings.

*H.O.M.E.S received no formal concerns or complaints in 2021.*



**COLLECT**  
**TEAM**  
**INPUT**

## Experience (Satisfaction)

### Persons Served Survey

#### Comparisons 2020-2021

The Persons Served Satisfaction survey is based on the eight Quality of Life domains.

The eight domains are:

- 1. Emotional well-being** – contentment, self-concept, lack of stress
- 2. Interpersonal relations** – interactions, relationships, supports
- 3. Material well-being** – financial status, employment, housing
- 4. Personal development** – education, personal competence, performance
- 5. Physical well-being** – health and health care, activities of daily living, leisure
- 6. Self-determination** – autonomy / personal control, personal goals, choices
- 7. Social inclusion** – community integration and participation, roles, supports
- 8. Rights** – legal, human (respect, dignity, equality)

Domain/Category	Satisfied Most of the Time		
	2020	2021	Change
Emotional well-being	82%	84%	+2%
Interpersonal relations	45%	46%	+1%
Material well-being	87%	95%	+8%
Personal development	57%	61%	+4%
Physical well-being	54%	65%	+11%
Self-determination	83%	84%	+1%
Social inclusion	57%	64%	+7%
Rights	86%	87%	+1%
<b>Overall Average</b>	69%	73%	+4%

Response Rate:

2020: 39%

2021: 33%

-6%

## Outcomes of 2021 Action Plans

- Home Share to create a PowerPoint presentation which will outline the survey process including the QOL Domains, proxy procedures, confidentiality etc. This can be emailed to the Home Share providers and Program Coordinators and/or presented during Zoom team meetings. This should be completed by the end of February 2021 to allow time prior to the survey being distributed. *(This did not happen, carried forward)*
- Cheryl and Bryce have begun an online Self Advocates group. Currently, there are about 6 self-advocates in the group and they are busy getting promotional ideas in the works. (This was completed)
- To find ways to encourage persons served to find meaningful methods of exercise on a regular basis. Social distanced walks outside could be planned though Zoom coffee club meetings. (Physical Well-Being dropped by 20%) We will talk with the Community Coordinator for input. We will encourage folks to join and participate in HOMES Facebook Activity page.  
*(Done. Physical Well-Being increased by 11% in 2021)*

## 2022 Action Plans

- To continue to promote physical activities.
- To look at creating a part time exempt Activity Planner role.
- To increase social events and send reminders the day before the event.



## Experience (Satisfaction)

### Caregiver/Employee Survey Comparisons 2020-2021



Category	Satisfied		Increase and/or decrease Please see notes below **
	2020	2021	
Job Satisfaction	94%	95%	+1%
Ethics and Values	92%	95%	+3%
Inclusiveness	94%	88%	-6%
Health and Safety	92%	80%	-12%
Leadership	72%	93%	+21%
Overall Average	89%	90% (+1%)	

### Outcomes for 2021 Action Plans

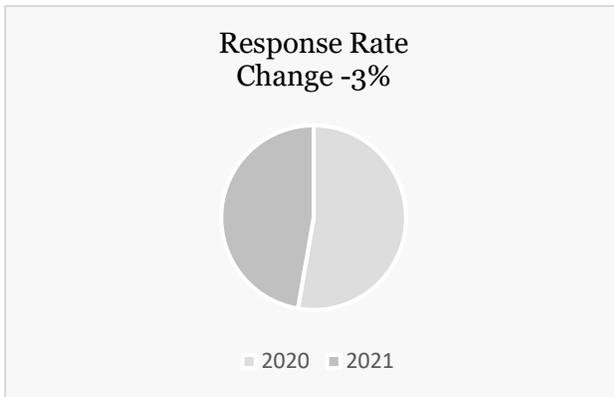
- *To create virtual appreciation events.*  
*All community events have been cancelled due to the COVID 19 pandemic. We have created some virtual recognition events for all employees which has proven to be successful in its first month. This will continue for as long as the Pandemic is active.*  
*We delivered balloons and donuts to all of the residential homes as a show of appreciation.*
- *Repeat the delivery of dinners and lunches to all residential homes during the COVID 19 pandemic as a show of appreciation.*  
*Ongoing and very well received.*
- *Continue to provide support and transparent information regarding the COVID 19 pandemic. Ongoing.*

### 2022 Action Plan(s)

- *To provide concrete and concise information to all employees on the steps to take if they have a H&S concern.*
- *Continue to provide appreciation events (virtual or drive by) to all employees.*
- *To distribute H.O.M.E.S Cultural Plan to all homes and ask that it be discussed at monthly team meetings. This can potentially open discussions regarding inclusiveness.*

## Contractor Survey 2021

### Comparisons 2020-2021



### Outcomes of Action Plans for 2021

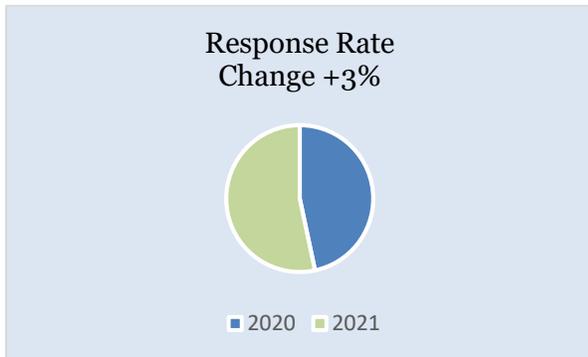
- To explore the possibility of hosting a physically distanced contractor appreciation event. This could be held outside at a park. We will also look at hosting a virtual appreciation night.  
*This was not completed, carried forward*

### Action Plans for 2022

- To host in person/virtual Home Share Contractor meetings a minimum of twice per year.
  - To schedule and provide in person/virtual computer in service training, focused on Sharevision.
-

## Community Partner Survey 2021

### Comparisons 2020-2021



### A few of the wonderful comments we received:

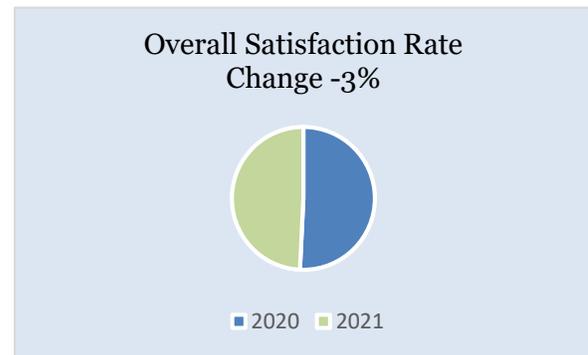
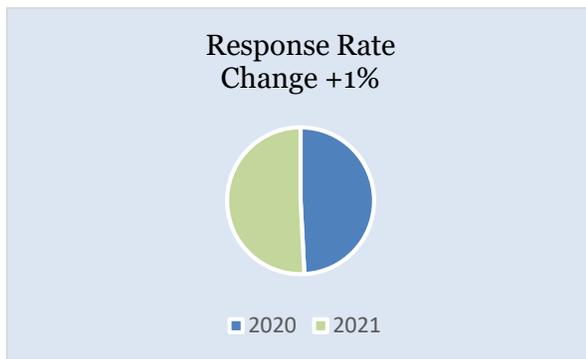
- You are great just the way you are.
- Can't think of one thing you need to change. We have a great working relationship and wouldn't change it.
- Other agencies could learn from this one. Second to none!

### Action Plan (ongoing)

- To change the questions to change the input.
- To update our Community Partner database to ensure we have the most up to date list of email addresses.

## Family Survey 2021

### Comparisons 2020-2021



### A few of the comments we received:

- *H.O.M.E.S has handled the pandemic very well.*
- *I feel that everyone is doing the best that they can juggling COVID 19 issues, staffing shortages, emergencies etc etc. H.O.M.E.S is doing a great job at keeping everyone healthy and grounded. Kudos!*
- *Communication is one area that could be worked on.*
- *This society is the best. We are very happy and satisfied with the level of care and support our child receives. The caregivers are truly the best doing an extremely difficult job. We are so thankful that our child is in good hands.*
- *Work on checking in with staff to ensure that family contact is an actual viable plan put into place with all members of the family that wish to be involved. Come up with a clear, concise plan around special events so that the family that is a distance away is still given consideration and assistance in keeping contact with the family member in care.*
- *Always kept informed. This has been essential during the pandemic!*
- *All of the caregivers I have met are really wonderful people who are suited for their positions.*
- *A job well done.*

### Outcomes of 2021 Action Plan(s)

- To continue to involve family members with COVID 19 agency updates.  
*Completed and ongoing as needed.*
- To ensure that families are able to virtually connect with their family member.  
*Completed and ongoing as needed.*

### 2022 Action Plan(s)

- Send families all special event notifications, Newsletters etc. To be done by Community Activity Coordinator.
- Ensure the family email addresses are current and up to date. HR/QI to send a notice on a bi-annual basis for updates

## EFFECTIVENESS

### Aggressive Critical Incident Reports 2021 (with a comparison to 2020)

Objective	Indicator	Measure	Target	Outcome		Target reached	
				2020	2021	2020	2021
To lower the % of individuals involved in aggressive critical incidents on an annual basis.	Critical Incident Reports	The % of persons served involved in “aggressive” critical incidents annually	Less than 10% of persons served involved in aggressive critical incidents annually.	19%	16%	No	No

Total Critical incidents per service area.	2020	2021	Change
Licensed Homes	13	5	-8
Single/Two Person Homes	1	1	No change
Home Share	34	41	+7
Total	48	47	-1

#### Discussion on significant increases/decreases:

- Of the 5 critical incidents in licensed homes, all 5 were from one home. 4 from one individual.
- There were 21 individuals involved in the 41 incidents in the home share department. One individual had 8 (19%) incidents. 43% of incidents in HomeShare were from Individuals less than 30 years of age.

#### Outcomes of Action Plan(s) for 2021

- To provide HS Contractors education on completing reports on Sharevision. This could be done by creating a ‘How to Guide’ that would be sent to all Contractors, as well as being included in the orientation package.  
*Not completed, carried forward.*

#### Action Plan(s) for 2022

- To provide HS Contractors education on completing reports on Sharevision. This could be done by creating a ‘How to Guide’ that would be sent to all Contractors, as well as being included in the orientation package.
- To offer in-house computer training to contractors.
- Ensure that all contractors have Gentle Teaching Training Levels 1 & 2.

## EFFECTIVENESS

### Aggressive Internal Incident Reports 2021

Objective	Indicator	Measure	Target	Outcome		Target Achieved	
				2020	2021	2020	2021
To lower the % of individuals involved in aggressive internal incidents on an annual basis	Internal Incident Reports	The % of individuals involved in aggressive internal incidents annually	Less than 20% of individuals involved in aggressive internal incidents annually.	16%	24%	YES	NO

Total internal incidents per service area.	2020	2021	Change
Licensed Homes	141	276	+135 (+96%)
Single/Two Person	2	4	+2 (+50%)
SFC	34	26	-8 (-24%)
<b>Total</b>	<b>177</b>	<b>306</b>	<b>+72%</b>

#### Discussion

- Internal incidents increased by 96% in the residential homes.
- 54% of the incidents from the licensed homes were from one home. The incidents were split evenly between the four individuals that live there.
- Home Share Internal Incidents had a decrease in 2021.
- *It is felt that some incidents may have been a direct cause of the inability to continue activities/social/family events due to COVID.*

#### Outcomes of Action Plan(s) for 2021

- To begin discussions with CLBC regarding the possible move of an individual as per their request. This individual is unhappy in their current home and would like to move to be closer to family.  
*This has been done. The individual moved Sept 28, 2021.*
- To create a section for Internal Incidents to be included within the annual Critical Incident competency training module.  
*Done.*

#### Action Plan(s) for 2022

- Pending the pandemic situation, H.O.M.E.S will increase social events.
- To provide age related training to help caregivers understand and better support folks who are aging.

**EFFECTIVENESS**

**Service Delivery Outcomes**

*An ISP or a P.A.T.H can help turn a dream into a reality*

The H.O.M.E. Society is required to provide all persons served with an Individual Support Plan (ISP) on an annual basis. Not only does H.O.M.E.S provide an extensive ISP annually, but we also provide each individual with the opportunity to have a PATH done as well. The ISP/PATH process starts with a gathering of folks, including the person served, along with folks who know them best- family, friends, advocates, companions, etc. Knowing what’s important to the person, their hopes and dreams for the future, is the first step in the planning process. We want to focus our time and energy on what’s most important to the person and help recognize the things that will help them achieve their desired goals. Goals need to be “SMART”- specific, measurable, achievable, realistic and time limited. The more precise the goals, the clearer and more focused the whole team’s efforts are, and the more likely people are to be successful.

\*During 2020, there were no PATH’s provided in person because of COVID 19.

The following outlines the ISP’s completed for 2021: *(with a comparison to 2020)*

ISP’s completed per service area				
Home Share 2020	Home Share 2021	Change	Residential 2020	Residential 2021
69/85 81%	75/88 85%	HomeShare: +4%	18/18	18/18
100% Target Met	100% Target Met	Residential:	100% Target Met	100% Target Met
No	No	No Change	YES	YES

\*\* Eligible individuals are folks who have used H.O.M.E.S services/supports for at least 6 months.

\*\* Home Share does not include Outreach, Community Inclusion or Respite services.

**Outcomes of Action plans for 2021**

- To ensure all new Program Coordinators and new Home Share Coordinators are fully trained with the ISP process so they are able to mentor others, especially new employees and Home Share Providers.  
*\*The ISP Guide is included in all Home Share Orientation Packages*

**Action plans for 2022**

- To offer the option of a PATH or regular ISP.
- To send email reminders focused on the newer folks who become eligible.

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## Individual Outcomes

Individual quality of life is fundamental to the work H.O.M.E.S provides. It is important that the Quality of Life Framework set the foundation for all of H.O.M.E.S services and supports. Individual outcomes are statements about how a person's quality of life will look in the future- always hopefully for the better. For planning purposes, we categorize the outcomes into the eight Quality of Life Domains.

### 1. Emotional Well-Being

Individuals feel safe in their home and community. They have a positive sense of self and trust the people in their lives.

### 2. Physical Well-Being

Individuals are physically healthy and active. They have access to the health care they require.

### 3. Material Well-Being

Individuals have the financial resources to do the things that are important to them.

### 4. Interpersonal Relationships

Individuals have meaningful relationships with family and friends.

### 5. Social Inclusion

Individuals participate in community life in roles they and society value.

### 6. Rights

Individuals have autonomy and their decisions are respected.

### 7. Personal Development

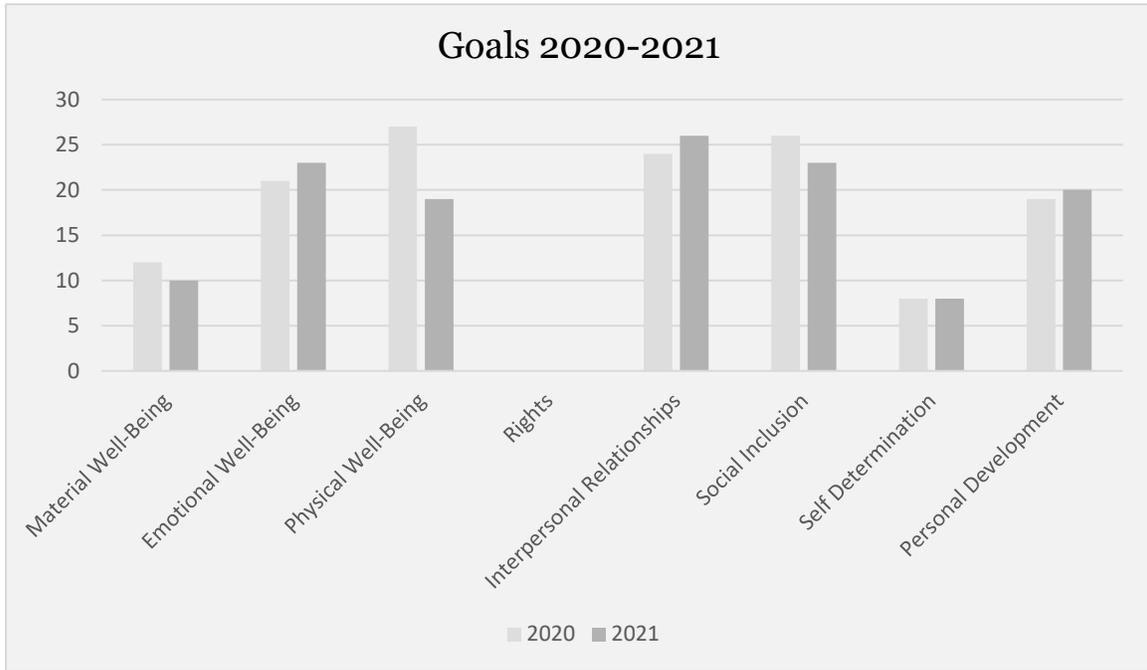
Individuals pursue their interests, have opportunities for personal growth and skill development, and have access to necessary information and support.

### 8. Self-Determination

Individuals make decisions in their lives about things that matter to them.



## 2021 Goals



Total Goals Started	Total Goals Started	Difference	Goals Per service area	
2020	2021		2020	2021
137	129	-8	HomeShare=105 Residential=32	HomeShare=88 Residential=41

The following outlines the Goal Status as of Dec 2021:

10 were discontinued	66 were achieved
12 have no status	41 were renewed

### Discussion

- Many of the goals for 2021 continued to be put on hold/renewed because of the pandemic.
- Social Inclusion goals increased and it is felt that many persons served were able to continue to access a wide variety of virtual activities.
- A few individuals re-joined the walking club to get their exercise and some folks bought exercise equipment to use at home while the gym was closed. This provided alternative options to meet their physical development goals.

## Outcomes of Action Plans for 2021

- To continue to explore creative methods for folks to achieve their goals during the pandemic.  
*Virtual events continued to happen for many folks. Some local venues/activities were open but with limited attendance.*
- To brainstorm with like minded agencies for options.  
*Because of the ongoing pandemic, most agencies were limited to social events and activities.*

## Action Plans for 2022

- Pending the easing of the pandemic, the Activity Planner will schedule social and community-based events/activities to encourage individual's involvement.
- To provide a few workshops focused on emotional well being for the individuals.
- To liaise with local like-minded agencies to combine/create social events.

## EFFECTIVENESS

### **Human Resources**

Employees are one of the H.O.M.E. Society's greatest resources. It's imperative to the overall quality and level of service that there is a consistent, well-trained and positive workforce. Recruitment and Retention is a current challenge for employers in the Community Living Sector.

#### **Training/Education**

- Our analysis of required training shows we are at 97% of employees meeting their requirements on a consistent basis. This is a drop of 2% from 2020.
- We were able to provide online Mandt training during 2021 and because of that, we were able to maintain 98% compliance.
- Leadership was able to attend virtual conferences/meetings.
- We provided in house First Aid training by limiting the class size to 6.
- GT training started up once again, limiting class size to 6.

In 2021, we hired 23 new employees and we said good-bye to 23 employees. The following outlines the reasons for leaving:

Discharged for cause: 4	Moved: 4
Personal/family issues: 3	Got another job: 3
Retirement: 4	Other: 5

## EFFICIENCY

### WCB, SICK TIME, EVALUATIONS AND TURNOVER

#### WCB

Objective	Indicator	Measure	Target	Outcome		Target Reached	
				2020	2021	2020	2021
To reduce the days lost due to WCB claims	Days lost to WCB claims	The average number of work days lost per employee due to a WCB claim.	3 days or less annually	2.57	0.60	YES	YES

#### Sick Time

Objective	Indicator	Measure	Target	Outcome		Target Reached	
				2020	2021	2020	2021
To reduce the amount of sick days used per employee	Sick Days Utilized	The average number of sick days utilized per permanent employee on an annual basis.	5 or fewer days per employee per year.	6.14	6.02	NO	NO

#### Performance Evaluations

Objective	Indicator	Measure	Target	Outcome		Target Reached	
				2020	2021	2020	2021
To increase annual Performance Evaluations per employee.	Performance Indicators	The percentage of FTE & PTE employees within the organization for whom a "Performance Evaluation" is completed annually.	2020=95% 2021= 95%	92%	93%	NO	NO

#### Employee Turnover

Objective	Indicator	Measure	Target	Outcome		Target Reached	
				2020	2021	2020	2021
To reduce the amount of annual employee turnover	Employee Turnover Indicators	The percentage of employee turnover on an annual basis	10% or less per year	11%	14%	NO	NO

## Discussion

### WorkSafeBC

- WCB days lost per employee decreased by 1.97 days annually.

### Sick Time

- Our sick days used per employee decreased in 2021 from 6.14 to 6.02 annually.

### Performance Evaluations

- We did not meet our target in 2021. We will continue to send reminders in advance of the deadline.

### Employee Turnover

- Our turnover rate increased by 3% in 2021. H.O.M.E.S turnover rates continue to be amongst the lowest in the sector especially considering the struggles most agencies are facing with staffing shortages. One reason for the increase an increase in the amount of people moving and retiring.
- Another contributing factor is we have two separate seniority lists. At times, an employee may opt out of one area and work in the other. This can appear as though the employee has left (on the one side) but in reality, they are still an employee of H.O.M.E.S. Our employees have often told us they are grateful for being able to work in two separate areas because it eliminates the need for them to have a second job with another employer. This encourages people to stay.

### Outcomes of the 2021 Action Plans:

- To include evaluations on the Home Share QIP's to serve as a reminder to help ensure we meet the target for 2021.  
*Done*
- Continue to promote and encourage self care with all employees. Have a section in our newsletter dedicated to Health and Wellness.  
*Done*

### Action Plans for 2022

- To explore different workplace safety training opportunities.
- Continue to promote employee health and wellness via the Newsletter/appreciation events, virtual and in person activities and emails

## Health & Safety

Indicator	Measure	Target	Outcome		Target Achieved	
			2020	2021	2020	2021
HomeShare H&S Inspections	The percentage of Health and Safety Inspections conducted annually at SFC homes that use a unionized caregiver.	100% of HS Homes who use a unionized caregiver will have an annual H&S inspection.	2020	2021	2020	2021
			100%	100%	YES	YES
Indicator	Measure	Target	Outcome		Target Achieved	
Residential H&S Inspections	The percentage of Health & Safety site inspections conducted every 6 months at group homes, single homes, activity facilities and the main office.	100% of residential sites will have bi-annual H&S Inspections	2020	2021	2020	2021
			100%	100%	YES	YES

### Outcomes of the 2021 H&S Action Plan(s)

- We will explore virtual H&S training opportunities.  
*A few H&S committee members participated in online training.*
- To work closely with WorkSafeBC to ensure we are meeting and exceeding all safety practices related to COVID 19.  
*Our relationship with Terry Teng remains strong. Terry has inspected the office on a few occasions regarding COVID protocols and HOMES has consistently been compliant with all provincial guidelines.*

### Action Plans for 2022

- To review the current H&S indicators and make suggestions for updating to new ones.
- To pursue the possibility of being audited and certified by COR (Certificate of Recognition) in 2022/2023

Thanks to everyone who participated in the virtual and in person H&S inspections...  
You helped us reach our target once again!

## Medication Errors

Indicator	Measure	Target	Outcome		Target Achieved	
			2020	2021	2020	2021
Medication Errors	The percentage of employee medication errors	No medication errors	9	16	NO	NO
Service Area		2020 errors	2021 errors	Increase/Decrease		
Licensed Homes		8	6	-2		
Smaller Homes		1	0	-1		
Home Share		0	0	0		
<b>Total</b>		<b>9</b>	<b>6</b>	<b>-3</b>		

### Outcomes of the 2021 Action Plan(s)

- To review the medication training policy including best practices on a bi-annual basis with all teams (Team meetings)
- Provide a medication workshop to new employees. This could be done by contracting with a nurse.

### 2022 Action Plan(s)

- We will contract with an LPN/Pharmacist to provide Medication Administration Training to the Licensed homes.

## Service Access

### Community Integration/Inclusion Services

At H.O.M.E.S, we offer “Individualized Community Inclusion/Integration Services” which are designed for Individuals with complex support needs. Caregivers plan personalized activities which are geared towards getting out into the community and giving back to the community. All individuals supported are able to access a variety of services with their caregivers.

H.O.M.E.S also offers all interested individuals work experience opportunities. These range from receptionist, janitorial work, lawn crew, delivery services, filing, and paper shredding and recycling. Access to these services is based on the persons served interests. Because of the pandemic, many of these opportunities had to be put on hold however, we did accommodate whenever possible.

H.O.M.E.S Social Enterprises have opened the doors to many work-related opportunities. While there is rarely a wait time for folks who would like to access these services, during the Pandemic many of our S.E’s were closed or limited.

## Home Share Services

- Previously, many of H.O.M.E.S Home Share homes were formed when an existing caregiver has established a healthy and meaningful relationship with an individual they support.
- Access to this service reflects the importance of having the individuals and family members involved in the selection of care providers as well as in the planning process. Any specific needs can be addressed prior to the individual moving in with a family.
- Often the families will approach Home Share with a care provider already identified.
- There are times when access to a Home Share service may be delayed/discontinued due to the unsuitability of caregiver and person served. In these (uncommon) situations, we do our best to find a more suitable match to ensure a potential relationship will last.
- Finding suitable homes can pose a delay at times, especially with a limited rental market. This continues to be a barrier in 2020.

## Residential Home Services

- Access to our licensed residential services is usually determined by CLBC and the availability of space in the home. The time it takes to access the service depends on the person's needs and wants. Many times, CLBC will refer an individual and H.O.M.E.S has accommodated that individual by doing personalized renovations to the specific needs of the person.

## Respite Services

- Access to H.O.M.E.S Respite Services is determined through CLBC. Once a referral for respite is received from CLBC, we do our best to quickly start the process of matching suitable folks from our personnel pool.
- Many of our Home Share contracts have respite built into their contracts. This helps keep the delivery of service stable as it provides a break to not only the contractor(s) but also to the person served.

Service Access Indicator	Target	Data/Source	2021 Results	Target Met
The % of persons served who indicate their unique needs are being met and they are able to access the service they choose.	90%	Survey's/Interviews Virtual/Phone Meetings	92%	YES

## Business Functions

### 2021 Performance Indicators Outcomes

1. To lower the cost of overtime by a minimum of 10% in 2020 by having a sufficient casual caregiver pool.

OT Cost Difference	Reg	HS	Target Met	Total	Cost Difference
OT 2019	\$23,890.31	\$67.95	NO	\$23,958.26	+6.33%
OT 2020	\$9082.31	0.00	YES	\$9082.31	-62.09% from 2019
OT 2021	\$38,583.07	0.00	NO	\$38,583.07	+ 325% from 2020

2. Increase H.O.M.E.S social media profile on Facebook, Twitter and LinkedIn to increase H.O.M.E.S public profile and recruitment efforts.

*HOMES has newly formed Activity groups on Facebook which are overseen by self-advocates. This has proven to be very successful.*

3. Senior leadership to explore ‘incentive’ options for recruitment and retention purposes.

- *In 2021, we increased our referral rewards from 50.00 to \$100.00.*
- *We also have a “Homie of the Month” award.*

4. To reduce the WorkSafe BC rates by minimum 1% annually.

Year	Rate	Target Met
2019	2.95%	NO
2020	3.10 %	NO
2021	3.90%	NO

- *H.O.M.E.S will continue to work closely the Program Coordinators to recognize where new risk assessments may be needed as well as safety plans.*

\*\*These business function indicators will be carried forward and reviewed as necessary.

\*\*All information/data is collected from the payroll/accounting department.

(ACCPAC/Com Vida/Sage)



Thank you to everyone for another successful year at  
The H.O.M.E Society.