

2018/19 Annual Report

Building Futures



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Message from the Chair of the



Nigel Gilby
President
Board of Directors

It seems that at least every other year the theme of our Annual Report is around change and transitions. This makes sense as human service organizations like ours must regularly adapt to the changing needs of their clients, and therefore must revise services and service models as we are doing with #RESET. New research into acquired brain injuries (ABIs) and best practices in rehabilitation affect how we do our work and changing governments result in modifications to the healthcare system that we need to adjust to.

As individuals we experience transitions throughout our lives. For people who have had an ABI, their rehabilitation and recovery journey is full of additional and ongoing transitions. They must adjust to a new set of life circumstances potentially changing their life goals, face short or long term challenges, learn how to live with differing abilities, regain and acquire new skills, and build new relationships, including ones with therapists and other healthcare providers who become part of their lives, often for a long time.

We are achieving all of the objectives of #RESET outlined in last year's Annual Report; to ensure that we are providing: the optimal client/family experience in each interaction with us; as well as providing exceptional needs based services using innovative, evidence informed practices to assist individuals in achieving their goals in a timely

“It doesn't matter where you are; you are nowhere compared to where you may go.” (Bob Proctor)

manner and eliminating our waiting list, so that we are a valuable asset in the healthcare system to keep people integrated and productive in their community and out of more expensive levels of care.

Community Transitional Services (CTS, formerly Outreach) had the highest client care experience results with 92% of the respondents being 'Satisfied' to 'Completely Satisfied' with their care experience.

A key component of the client journey is transitioning; as a team we understand the impact these transitions can have on our clients and are making every effort to provide seamless supports during these times.

All Assisted Living clients are accessing groups or activities at the Centre for New Tomorrows (CNT). They are enjoying the variety of activities they can choose from and being with a larger, more diverse group.

Since October, 2018 the Group Services staff team has been enjoying running programming and hosting special activities and events for members in the new space, named through a voting process of members, The Nigel and



Sue Hillis
Executive Director

Board & the Executive Director

Rhonda Gilby Centre for New Tomorrows (CNT). It has been wonderful to hear continued positive feedback and observe the new friendships and connections that have been made possible in the new space. The new space includes an auditorium with high-quality audio visual equipment, a gym space, large kitchen, skills kitchen, computer lab, café, separate reception and various meeting spaces. Initial groups were offered according to member preference and included some familiar groups which assisted with the adjustment into a new space. Additional groups have been offered each cycle to move towards needs and skills-based programming which includes a group on decision making and new fitness groups. Some members are starting to assist with co-facilitation as well as peer mentoring.

Following receipt of some new funding the Life After Stroke Recovery Program (LAS) launched at the CNT in March, 2019 in partnership with the Community Stroke Rehabilitation Team (CSRT) at Parkwood Institute.

Clients are assessed and referred to the program by the CSRT which is a recovery focused, goal directed program for individuals who have had a stroke. The program includes: physical exercise, thinking &



memory stimulation, health & wellness education and social/recreation activities.

We persist in looking for funding to continue our very much needed caregiver groups. It is important that we can support caregivers as they journey alongside their loved ones.

“I was thankful for the outlet of pain and sadness that I could not share before. Grateful for the insight into other’s situations and problem-solving”
– Caregiver

We ended the year in a positive financial position and were thankful to be able to sell the Dale Centre on Shelborne Street in order to fund the renovations at our new CNT location, enabling us to keep leasehold improvement costs out of the lease and therefore have a more affordable rent for the longer term. We are anticipating the need for constraint in the year ahead as expenses increase and funding does not.

Thank you to our staff that work hard every day to provide assistance to the clients so they meet their goals and have an exceptional experience.

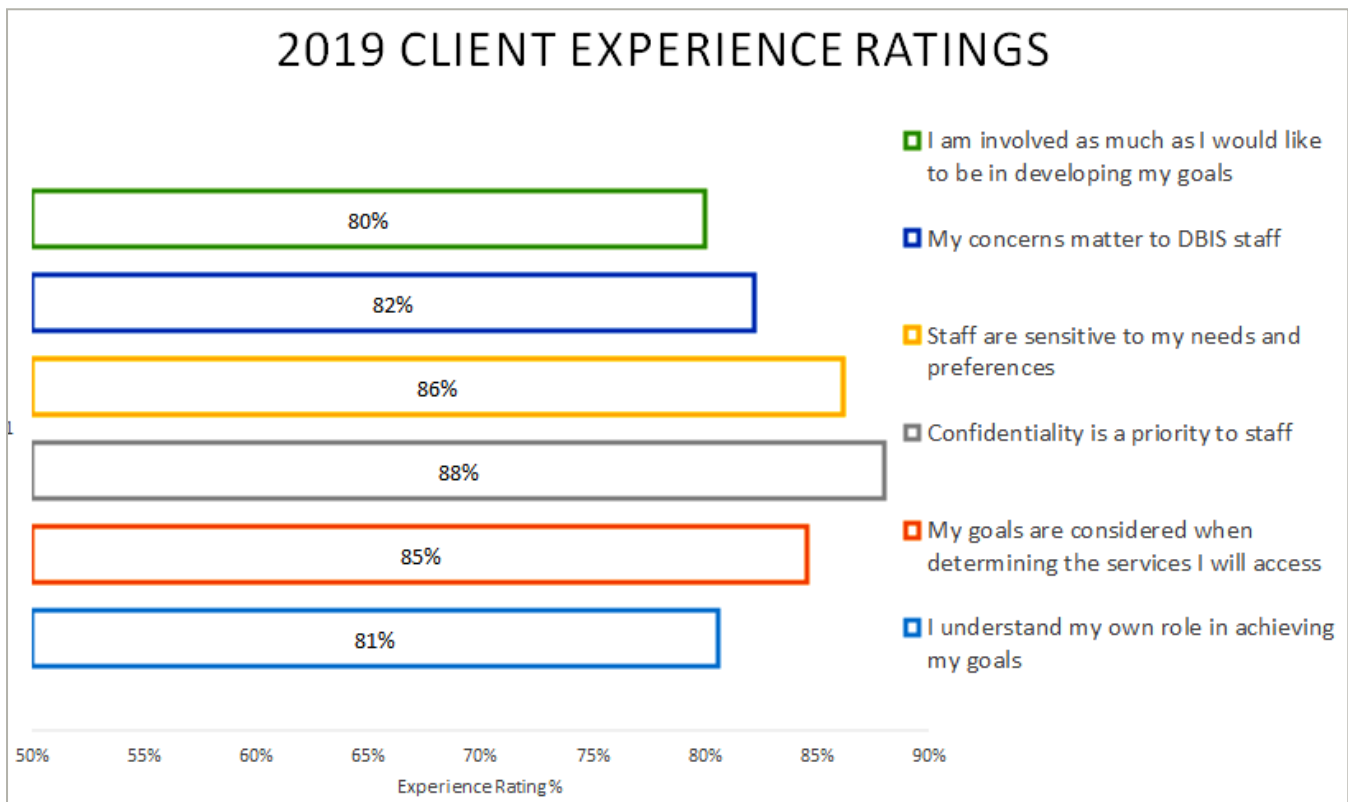
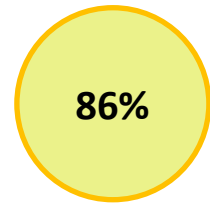
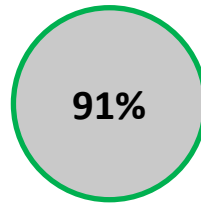
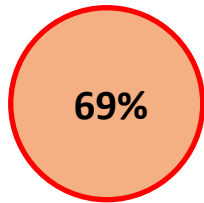
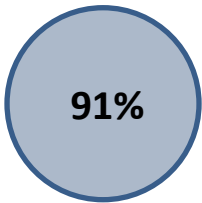
Nigel Gilby, President, Board of Directors
Sue Hillis, Executive Director

Client Satisfaction & Experience Survey

We continue to collect client satisfaction, experience data and information to identify gaps, inform improvement efforts, understand the needs of the people we serve, improve overall satisfaction and experience and to assess the impact of organizational changes over time. Surveys were sent out to clients and caregivers across all four programs for which we received a 33% response rate for clients and 25% for caregivers.

The Client Experience Score is made up of responses to three questions: 1= Overall, how satisfied are you with the help you received, 2= I am treated with dignity and respect and 3= I am involved as much as I would like to be in developing my goals. Overall, 91% of respondents were 'Satisfied' or 'Completely Satisfied' with their care experience. Overall, we have maintained high levels of client satisfaction and experience year-over-year and hope to continue with this trend.

| Satisfaction Rating | Service Contribution to Independence, Quality of Life & Ability to Stay At Home | Experience Rating | Would Recommend Programs/Services |
|---------------------|---|-------------------|-----------------------------------|
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Client and Family Engagement Framework

Our goal at DBIS is to co-design our work with clients and families 100% of the time. Below is a summary of the **approaches** we use in client and family engagement.

Inform

Providing information that is easy for clients/families to understand and act upon, to support decisions and engagement with our work (brochures, website, fact sheet, events, open houses etc.).



Consult

Obtain client input on analysis, alternatives and/or decisions and inform them how we use their feedback (focus groups, surveys, polling, idea boxes etc.).

Involve

Engage and work directly with clients throughout a process to ensure that concerns and aspirations are understood, considered and solutions are explored together (working groups, workshops, world cafes etc.).

Collaborate

Partner with the client in each aspect of the decision making process and seek their advice in formulating solutions and incorporating this advice into decisions to the maximum extent possible (Client Advisory Committees, house meetings, retreats, participatory decision making etc.).

Autonomy

Support and inspire clients to practice autonomy in their decision making (Client Advisory Committees, delegated decision making, etc.).

To see our full Client and Family Engagement Framework email info@daleservices.on.ca or go to our website: www.daleservices.on.ca

Willie and Bob Foreman's Story

We look forward to hearing more of Willie and Bob's journey of rehabilitation and caregiving at our Annual General Meeting.

Willie and Bob met each other through Bob's sister who was a good friend of Willie's. They were married in 1972 then moved to an apartment in London. Within a couple of years they built a house next to Willie's family where they started their family. They are parents of two sons and a daughter and grandparents of eight grandchildren. Willie and Bob describe themselves as doing everything together including building and renovating their dream home, working at their landscaping and delivery business and planning their retirement. As they looked forward to retirement they were excited to travel, spend time visiting friends in the States and spend time with their grandchildren. In 2014 they decided to downsize in preparation for these plans and put their dream home on the market.

One week before they listed their home for sale Bob suffered a stroke which impacted every aspect of their lives. Bob spent one year in hospital as he recovered and in 2015 he was able to return home to a smaller home that Willie purchased after the sale of their dream home. Bob's return home was an important milestone and cause for celebration, however, challenges remained.

In 2016 Willie learned about Dale Brain Injury Services (DBIS) through the Ontario Brain Injury Association (OBIA). With help from Willie, Bob applied for the Group Services program and attends this program several days a week. He has developed friendships, explores his interest in art and attends groups of interest. Willie was able to begin to think about her own self-care and wellbeing. In April 2017 DBIS began to offer a Caregiver Support Group that Willie continues to attend when it is offered. Through this group she has developed friendships, learned from other members of the group, and deepened her understanding of both her experience as a caregiver, as well as her husband's experiences.

Throughout the successes, challenges and adjustments Willie and Bob continue to support one another and enjoy doing things together. They are dedicated to living a good life in spite of these difficulties.



Transitional Services

In the last couple of months of fiscal year 2017-18, with the help of new funding from the South West Local Health Integration Network (SWLHIN), we formalized **Residential Transitional Services** (RTS) as a program entity since there are now specific 'beds' dedicated to providing this service. Prior to this we provided these supports within our Community Transitional Services (CTS), formerly known as Outreach (OR), in our Assisted Living program or in long term care facilities. This program now provides up to six months of intensive assessment and rehabilitation supports to clients. Equipping them with the skills and capacity required to transition to more independent living that is conducive to optimal functioning of the client on a sustainable basis.



In addition, early in the RTS stay the **Community Transitional Services** (CTS) team becomes involved to provide some of the assessments and skill building sessions, and/or to ensure that when the client transitions back out into the community they know and are comfortable with the Rehabilitation Facilitator (RF) from CTS that they will be working with moving forward to continue working on their goals at home.



These service enhancements are part of our #RESET goals to provide more needs based services focused on identifying strengths and opportunities for growth, skill building (functional and cognitive skills, wellness, interpersonal skills and participating in meaningful activities) and building the capacity of family or caregivers.

We have built a flexible staffing model to align with client growth and independence so staffing can be phased out as the client achieves their goals. Many of these transitional services are short term and intensive and involve partnerships with other organizations

including Parkwood Institute, Addiction Services of Thames Valley, Canadian Mental Health Association and London Housing to name a few. Transitional services also supports transitions directly from hospital to home as well as hospital to long term care (LTC).

Transitional Services Continued ...

Over the last 18 months as we have implemented these service enhancements and improvements our partners and referral sources have reported increased satisfaction with the services, seamless warm transfers of clients, and clients' successes. The support and skill building provided for family or caregivers also ensures a successful transition home. In particular they have highlighted how helpful it is that we have faster admissions, we are able to admit people to our services when they are transitioning from hospital to home or long term care (LTC) right away and we have replaced a number of intake processes that were not well integrated within DBIS with one needs assessment. We have learned over time that often people are applying for services but aren't entirely sure which services will best match with their needs, or even what exactly is offered within each service. This means that people are no longer on the wrong waiting lists. It also provides us with the opportunity to identify any short term services that can be quickly put into place while waiting for other services, as well as to investigate other options in the community that may also assist in addressing their needs.



Over the last 18 months we have had many clients with varying needs, goals and situations utilize Residential Transitional Services (RTS), and the other enhanced transitional services.

A few highlights include: Mr. T. came to our RTS after a long stay at the Parkwood Institute ABI



program after encephalitis caused his ABI in June, 2018. Up to this time he had depended solely on his father. In his third month in the RTS program he books his own transportation and attends all of his regular appointments independently, keeps his apartment tidy, initiates daily fitness activities, grocery shops on-line and in-store independently and is now focusing on learning new interpersonal skills to build and maintain friendships. Mr. T. expresses that he loves his time at the RTS

location and he and the team are really looking forward to seeing the growth as he continues to achieve goals and as he moves towards more independent living in the community.

Transitional Services Continued ...

DBIS became part of the discharge planning team for Mr. E., a long time inpatient at Parkwood Institute. Mr. E. began attending our Group Services while still an inpatient as part of the transition to successful living in the community. Our Consultation and Training service was a very important part of the transition to his community placement in order to support him to be successful living in the community. A Rehabilitation Facilitator is working with the Behaviour Therapist to help build capacity among his staff at the home and to provide education about issues related to ABI.

Ms. L. is currently in the Neuro Rehabilitation Centre (NRC) at Parkwood Institute. DBIS is working with all members of her team to collaboratively develop a plan that will support her transition from hospital to home with as little stress as possible for herself and her caregiver. DBIS will work with Ms. L. and she will attend Group Services so we can get to know her while developing the strategies and approaches to ensure a successful transition home. Ms. L. and her caregiver won't have to meet and be introduced to a new team upon leaving NRC as DBIS will already have had an opportunity to establish rapport with them.

Change is an event but a transition is the process that you go through in response to the change

William Bridges

PICTUREQUOTES.COM



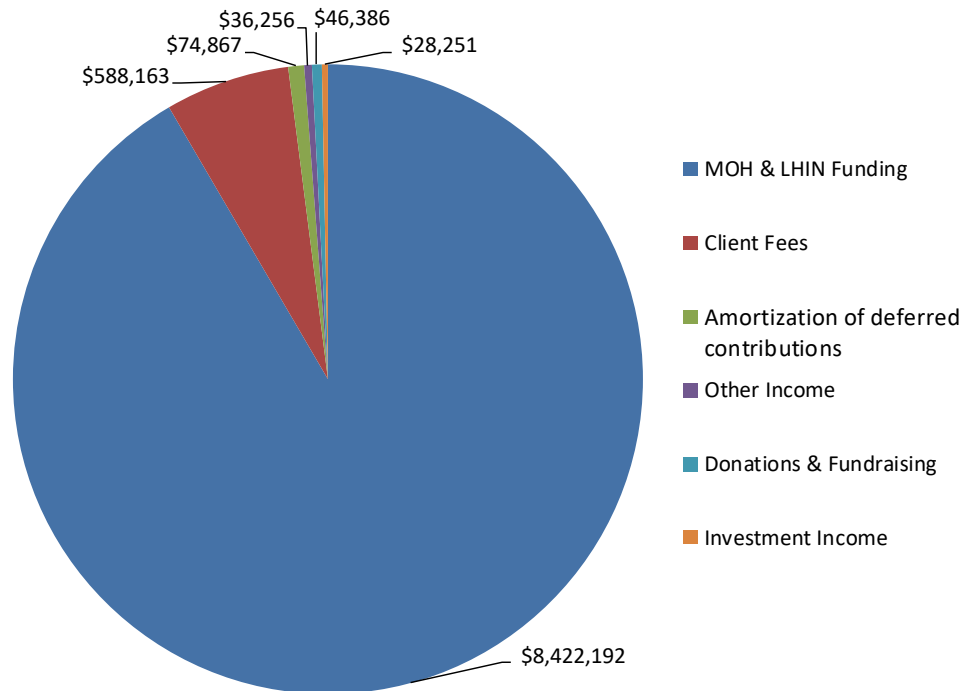
2018-19 by the Numbers

2018-19 Financial Statements

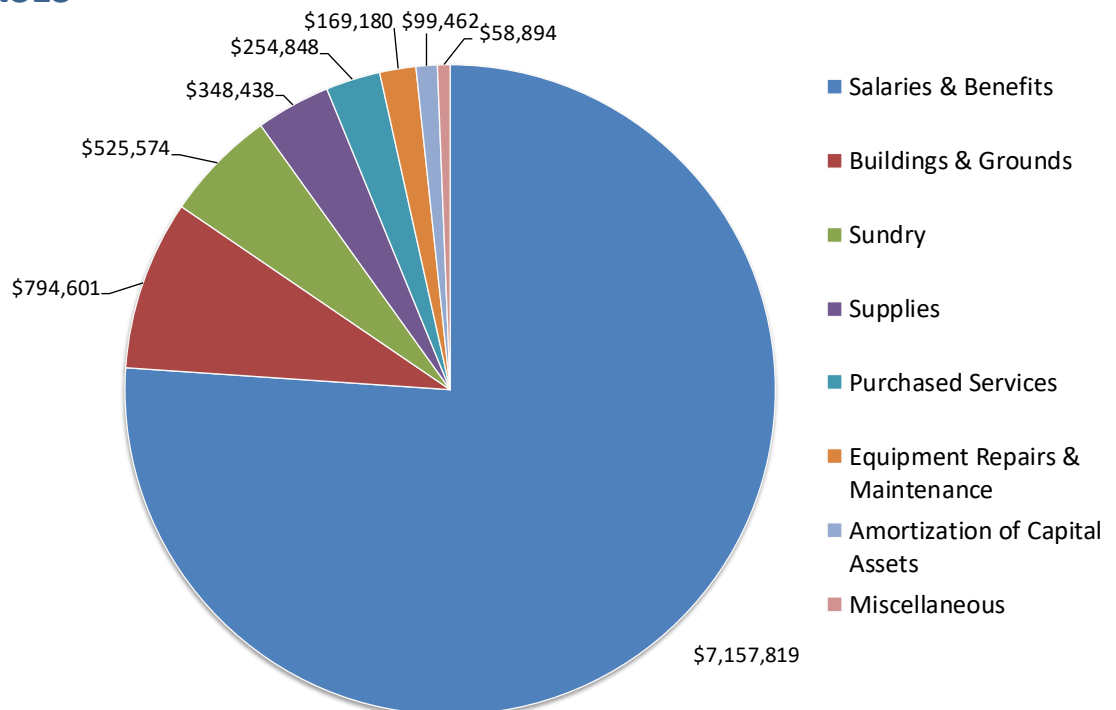
During the year, quarterly financial reports and financial statements were reviewed by the Finance Committee and the Board of Directors. In the spring of 2019 the 2018-19 financial statements were audited by KMPG Chartered Accountants, providing an independent opinion on the financial position of Dale Brain Injury Services.

The following graphs are a summary of the Revenue and Expenses for the year ended March 31st, 2019. A copy of the financial statements is available upon request.

2018-19 REVENUES

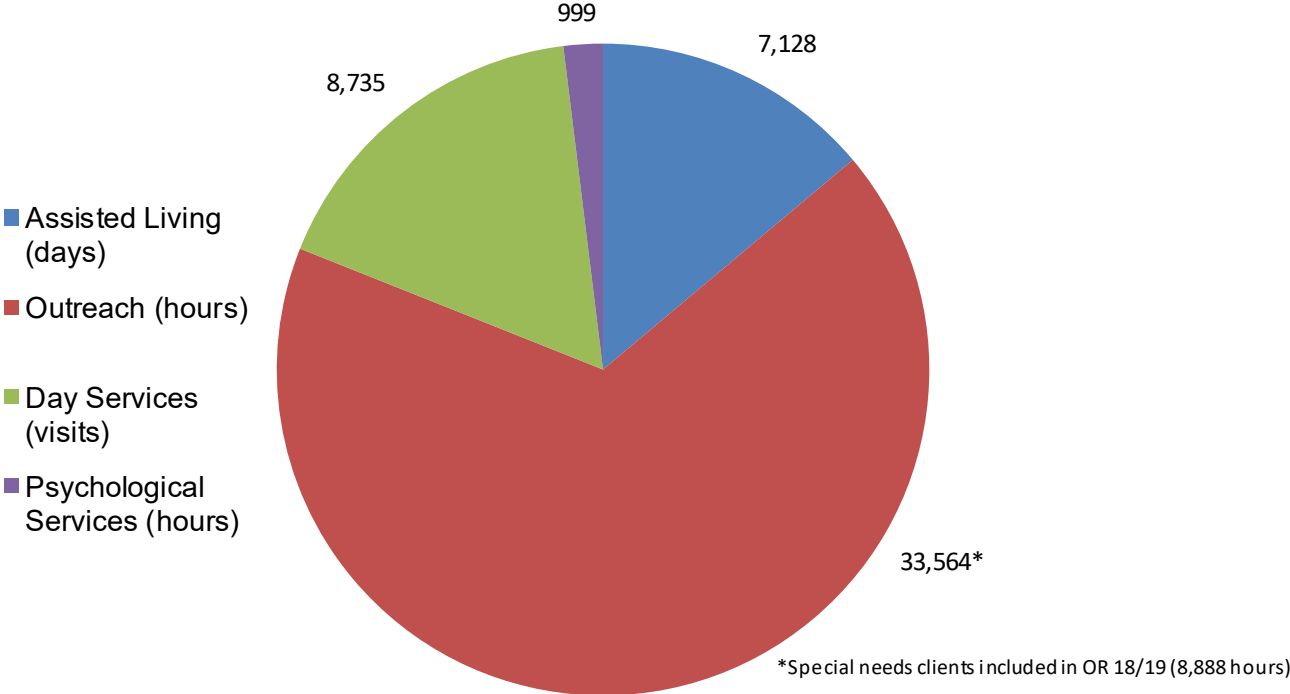


2018-19 EXPENSES

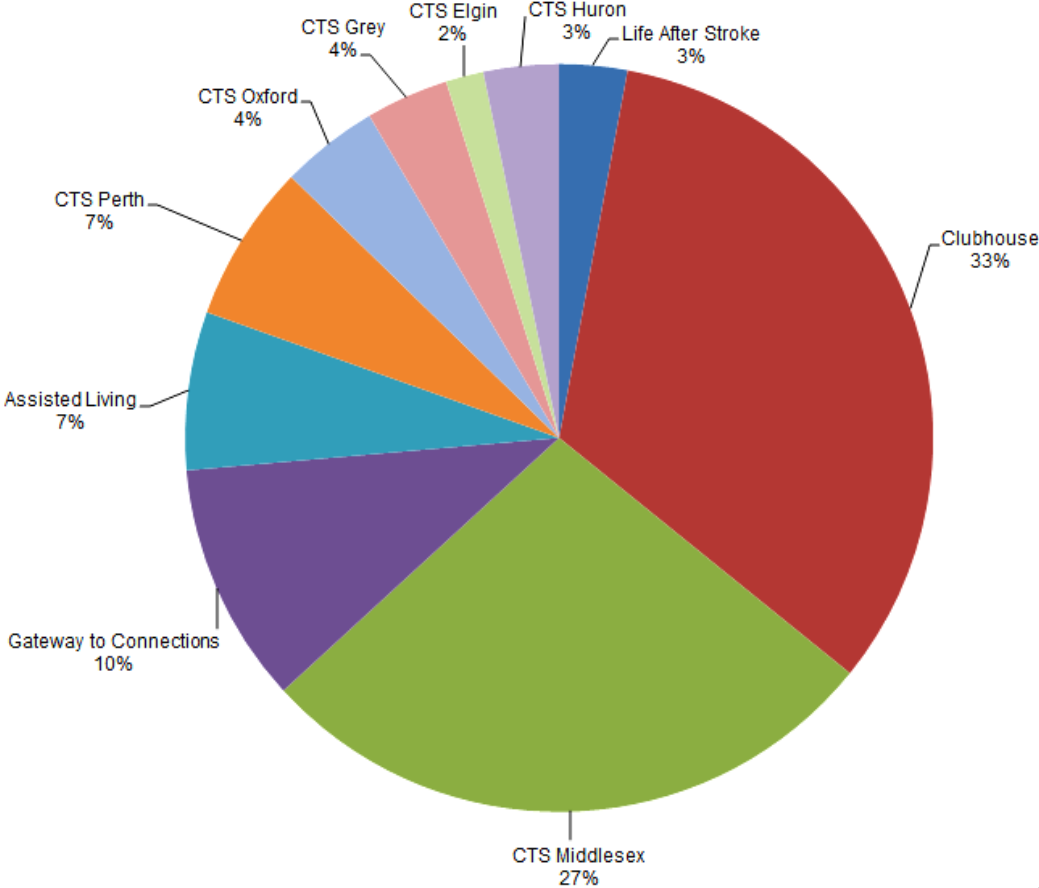


By the Numbers Continued ...

2018-19 Program Statistics



Total Number of Clients in Service



Thank You to Our Donors

Thank you to those that donated to DBIS initiatives from **April 2018 - March 2019**

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Every effort has been made to ensure complete accuracy of this list. If any errors are noticed please contact Amanda Jahn at 519-668-0023 ext. 119.

Please accept our sincere apologies in advance.

Each and every gift makes a difference and is deeply appreciated.

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