

Keeping our promises part two

2018 ANNUAL
MANAGEMENT REPORT



Why this Report?

- CARF and the Continuous Improvement Journey

Who are we?

- Pathways at a Glance
- Characteristics of the people we support.

Where are we going?

- Strategic Plan
- Cultural Competency & Diversity Plan
- Accessibility Plan
- Technology & Systems Plan

How are we doing?

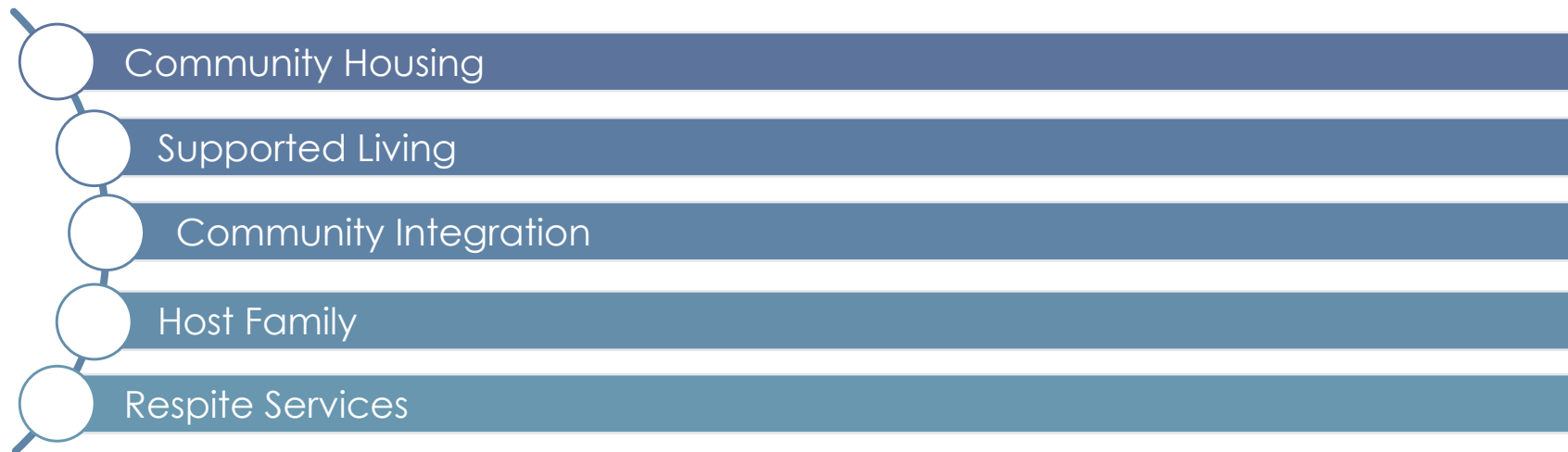
- Stakeholder Engagement & Feedback
- Client Satisfaction Survey
- Employee Satisfaction Survey
- Quality Assurance & Risk Management Indicators

*continuous
improvement
is better than
delayed
perfection.*

CARF and the Continuous Improvement journey

To continuously improve, you have to know where you have been, what you have learned, and how to get to the next step in your journey.

The Commission for the Accreditation of Rehabilitation Facilities, (CARF) is an independent, non-profit accreditor of health and human services. The CARF standards are internationally recognized. Pathways believes that reviewing our services against CARF standards allows us the opportunity to continuously improve our services and demonstrate our commitment to transparent and accountable practices. Pathways to Independence received our third 3 year accreditation from CARF in December 2018 for the following programs:



This management report describes Pathways plans, summarizes the feedback we have received from our key stakeholders, and details outcomes and indicators that we use to inform our decisions and guide the next steps in our journey of continuous improvement.



Supporting people *in living their best lives*

Vision

“That all people enjoy a high quality of life as an accepted member of their chosen community”

Mission

“We support people in living their best lives”

We serve

“People with acquired brain injuries and/or developmental disabilities, who may also have complex needs”

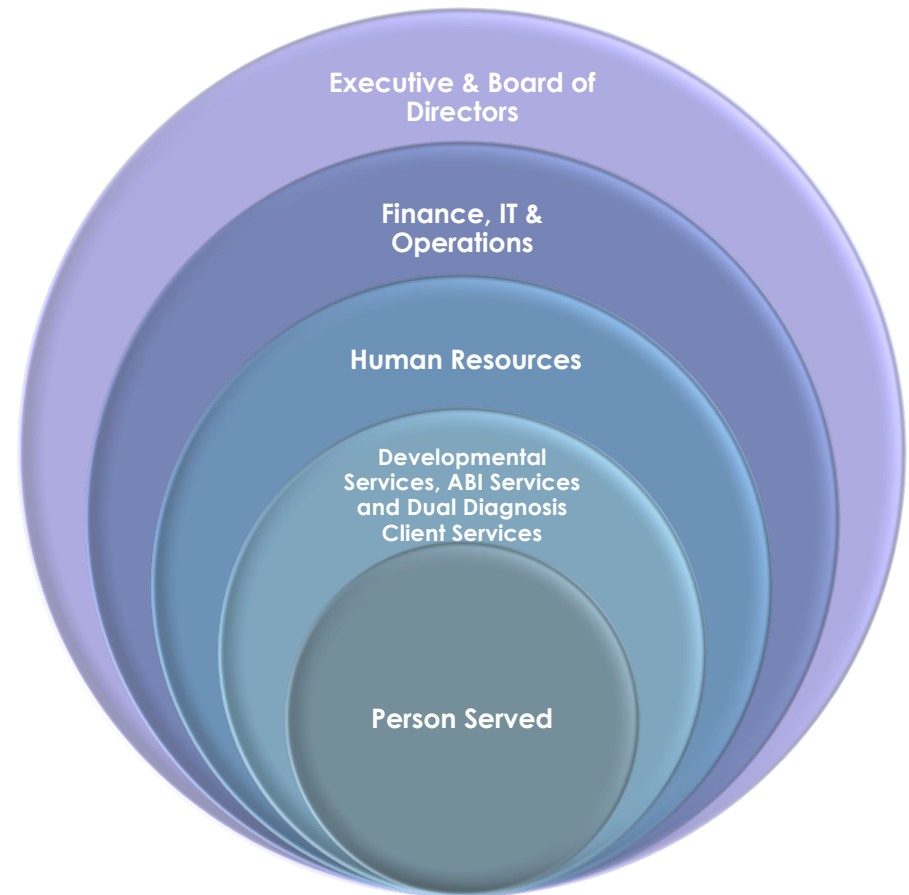
Guiding Principles

| | |
|---|--|
| Help, always | Create homes, not houses |
| Help everyone make a difference | Achieve more together |
| Take initiative in creative and resourceful ways | Embrace and contribute to new thinking |
| Value uniqueness, personal growth, and independence | |

Pathways to Independence is a community based agency providing assisted community living services and supports to 286 adults living with an acquired brain injury (ABI), and/or developmental disability who may also have complex needs based on their unique goals, abilities and choices. Our services include supportive housing options, day, vocational and recreation programs, psychiatric counselling and behaviour therapy, court and justice related services, and respite.

Operating in the South East and Champlain Regions of Ontario, Pathways is fully accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF). Pathways is a preferred provider of community based ABI services and supports through the Local Health Integration Networks that service the Champlain and South East regions of Ontario.

These supports are provided by professional staff, contracted services with community partners, professionals, family home providers and volunteers.



97 & 189
women men

We support 97 women & 189 men living with acquired brain injuries and/or developmental disabilities who may also have complex needs.

We have 33 homes and apartment buildings in the Lennox & Addington, Hastings & Prince Edward Counties, and the Ottawa region.

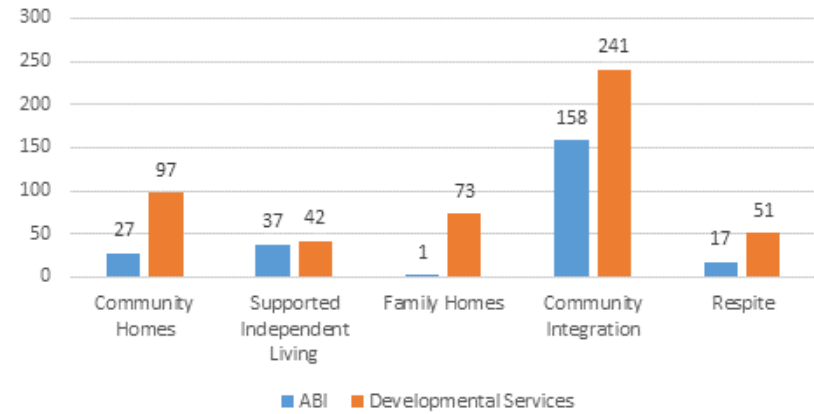
33

415
We employ 415 dedicated professionals.

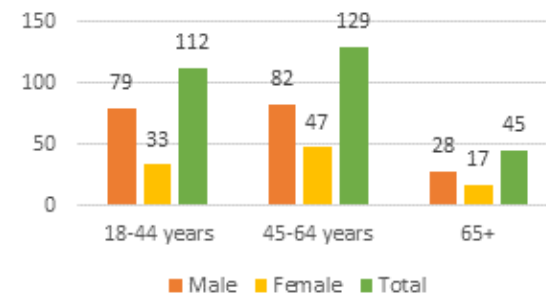
We have 5 days program locations in Ottawa, Renfrew, Picton, Quinte West & Belleville.

5

Overview of Supported Persons



Ages of Persons Served



Declared Ethnicity of Persons Served

| | Men | Women | Total |
|------------------------|-----|-------|-------|
| Not Identified | 33 | 10 | 43 |
| African Canadian | 5 | 1 | 6 |
| Asian Canadian | 1 | 0 | 1 |
| Caucasian | 139 | 82 | 221 |
| First Nations | 4 | 2 | 6 |
| Iranian/Middle Eastern | 2 | 0 | 2 |
| Unknown | 4 | 1 | 5 |



Overview of services and the characteristics of the people we support

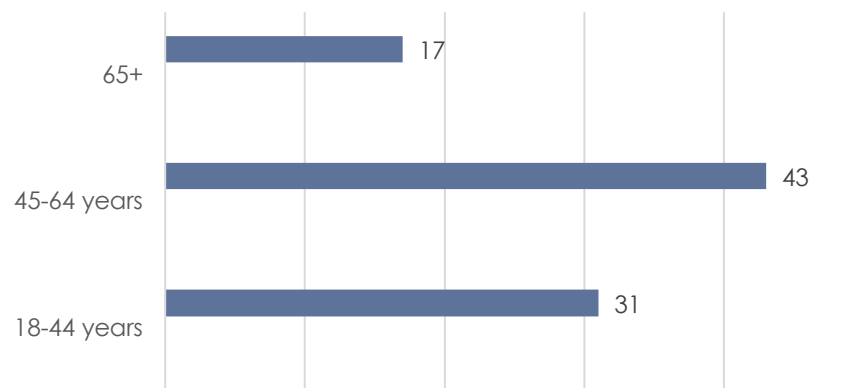
Community Homes

Staffed seven days a week, 24 hours a day, our supported homes provide a caring environment to small groups of adults making and sharing a home. Located in both rural and urban environments across south eastern and eastern Ontario, Pathways homes are customized to meet the physical and social needs of the people we support.

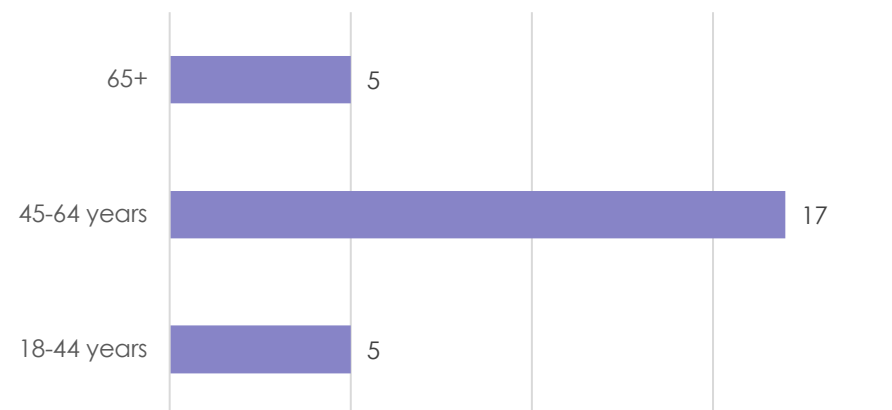
In 2018 Pathways operated 27 community homes:

- 2 in the Ottawa Region
- 3 in Napanee
- 3 in Quinte West
- 4 in Prince Edward County
- 15 in Belleville

Ages of Persons Served in Community Housing (Developmental Disability)



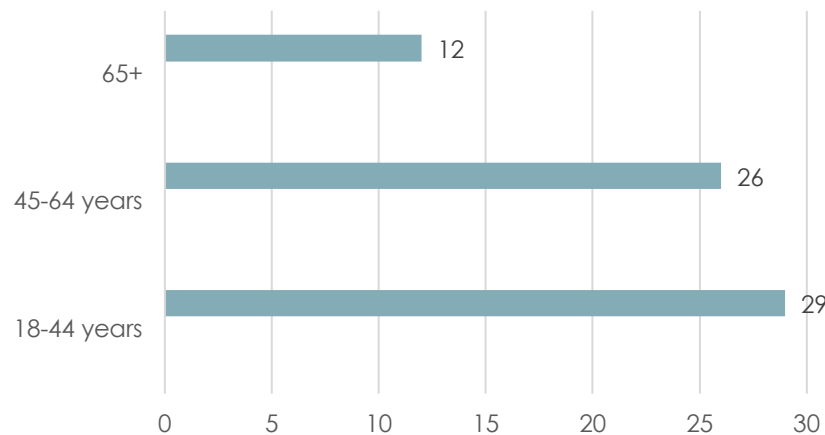
Ages of Persons Served in Community Housing ABI



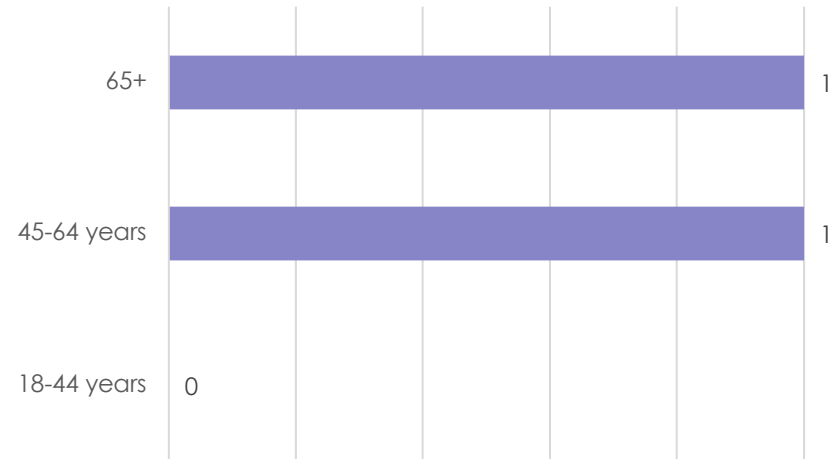
Family Homes (Host Family Services)

Many adults with cognitive impairments are able and prefer to live with a Host Family. Following a rigorous approval and matching process that includes assessing shared interests, compatibility, location and access to services, a supported person lives with another family and shares in their lives. Supported by their natural family and professionals from Pathways to Independence, the Family Home program provides a stable living option to people with an acquired brain injury, a developmental disability or a dual diagnosis.

Ages of Persons Served in Host Families
(Developmental Disability)



Ages of Persons Served in Host Families (ABI)

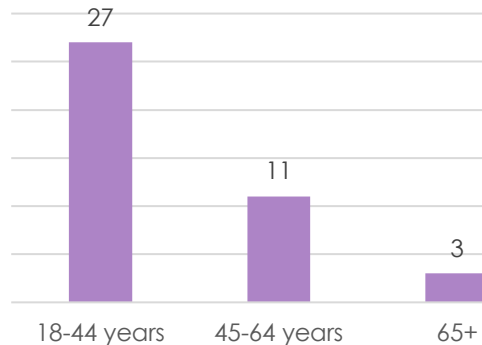


Supported Independent Living (Supported Living)

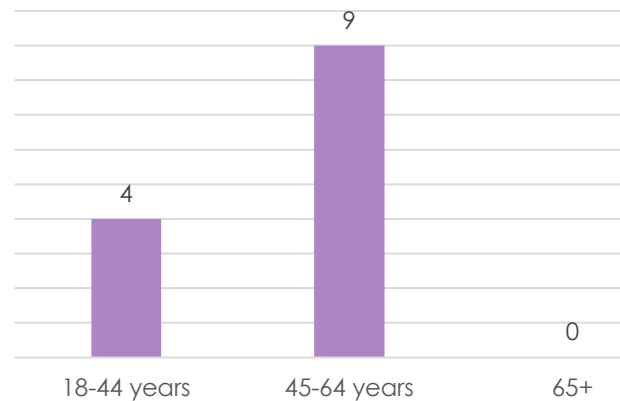
For clients who prefer and are able to live on their own, Pathways to Independence assists adults to find apartments and provides professional staff support based on their individual needs. The agency provides Supported Independent Living programs for clients with acquired brain injury in Belleville and Ottawa, and for clients with developmental disabilities in Belleville.

In 2018 Pathways worked in partnership with Hastings County to complete the construction of a 6 apartments in Belleville. Pathways also partnered with 5 other social service agencies in the Home for Good building project that will create more affordable apartments in the the Quinte community for the people we support and others who struggle to find affordable, safe housing.

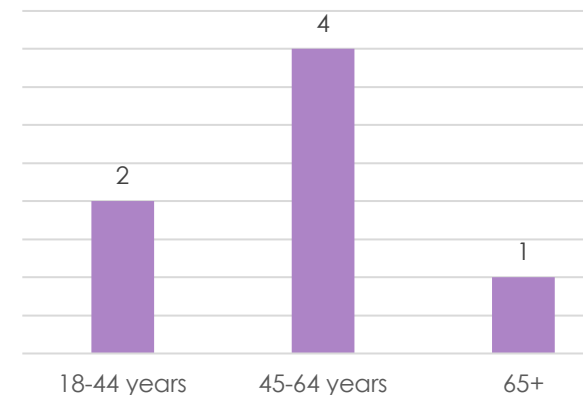
Ages of Persons Served in Supported Living: Developmental Disability



Ages of Persons Served in Supported Living/Outreach Ottawa: ABI



Ages of Persons Served in Supported Living: Belleville ABI



Respite Services

Pathways to Independence provides temporary accommodation at a 24 Hour Supported Home or a family home in an emergency or as a break from other living arrangements. Our contract with each Family Home Provider (Host Family) provides a number of days of respite per year. The supported person living with Host Family would live in an existing community home or family home network within Pathways for the duration of the host family's respite period. The characteristics of the people we support who benefit from respite services are represented in the demographic data presented for our Community Homes, Supported Independent Living and Family Homes programs.



Program Services

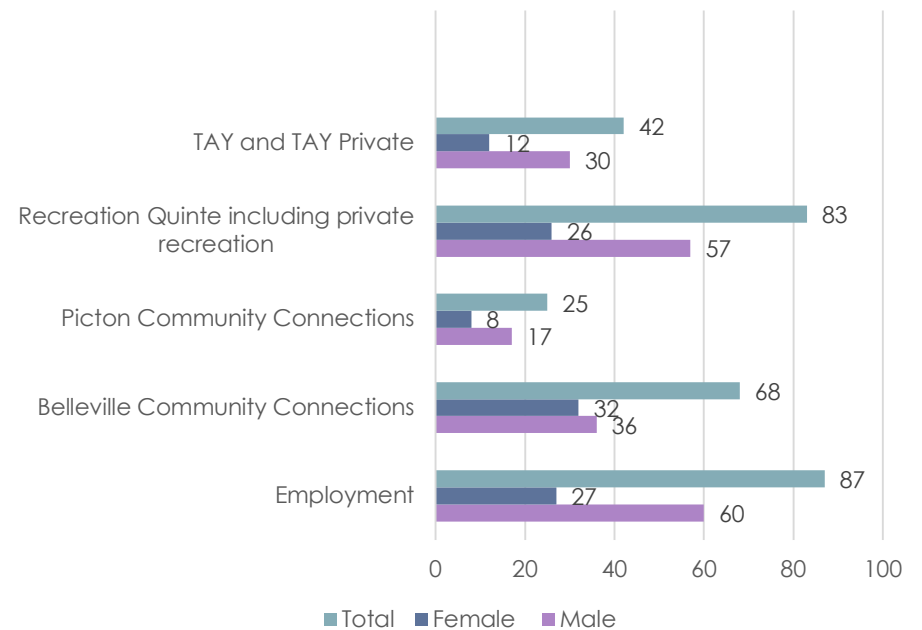
Our day and vocational programs and services are offered to the people we support as well as other members of the community who can benefit and enjoy our services within the greater Quinte and Ottawa regions. To align with new legislation and to transform programs, Pathways Car Wash, Bakery and Cleaning Crew vocational programs were closed in 2018. Participants in those programs were offered the opportunity to reassess their interests and goals, with many choosing to participate in different recreational programs, to volunteer in the communities or to seek employment with local businesses.

The following graph indicates the participation in Pathways day and vocational programs for all persons served.

Community Integration Programs ABI



Community Integration Programs Developmental Disability



Where are we going?

Strategic Plan

Cultural Competency
& Diversity

Accessibility

Technology & Systems

Strategic Plan

The strategic plan is intended to define what Pathways seeks to accomplish over the next three years, to identify the actions we will use to achieve our desired results, and how well we succeed in achieving our strategic directions and goals. The plan is used to clarify our priorities, align resources, and unify employees, partners and others involved with delivering our services and supports to our clients.

Our process to develop the plan was very inclusive. Focus groups were held with persons served, Board members, and employees. Feedback regarding Pathways strengths and areas of future focus was also obtained from community partners, funders, family home providers and family members. This process engaged all stakeholders in the process and helps to create engagement, foster communication, and helps the agency to stay focused on its priorities.

What is strategic planning?

Strategic planning is the process of identifying an organization's long-term goals and objectives and then determining the best approach for achieving those goals and objectives.

What are the benefits of strategic planning?

- Provides clear direction for decision making;
- Creates an increased level of commitment to the agency and its goals;
- Results in improved quality of services and supports to our clients and employees and provides a way to measure the services;

Strategic Goals 2020

- | | | | |
|--|---|--|---|
| 1 Excellence in our programming and services | 2 Accessible and appropriate homes | 3 Extending our reach | 4 Reinforcing and sharing our culture |
| <ul style="list-style-type: none">• Rethink and renew our programs.• Increase community inclusion.• Connecting and supporting clients with their clinical resources. | <ul style="list-style-type: none">• Understand the needs of our current and future clients.• Conduct research on best practices and perform a full review of our current housing.• Create new or renewed homes. | <ul style="list-style-type: none">• Help improve the system locally, regionally and beyond.• Seek strategic partners.• Enhance office systems and processes. | <ul style="list-style-type: none">• Create a strategic HR plan.• Equip people to promote our culture, internally and externally. |

life CHANGES

... the Pathways Car Wash will be closing
September 28 2018!



"I am going to work at a restaurant"



"I will learn new job skills"

Thank you to all of our customers!

We have enjoyed meeting you and keeping your cars sparkling over the years. Your commitment to us is amazing and we will miss you!

But we are looking forward to what comes next...



"We are going to volunteer in our community"



289 Pinnacle St.,
Belleville, ON K8N 3B3
T 613.962.2541

 friends of Pathways
 @PathwaysInd
pathwaysind.com

Strategic Goal Status: Excellence in our Programming and Services

Rethink & Renew

- ✓ 63 supported individuals involved in program transition
- ✓ Assessments and new goals/plans established based on their interests
- ✓ Bakery & Car Wash Closed
- ✓ Cleaning Crew implementation plans completed by March 31, 2019

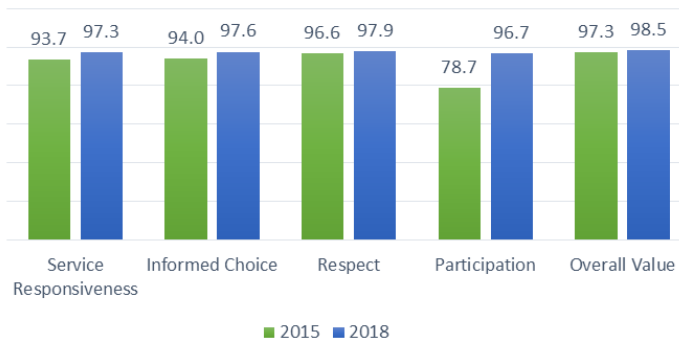
Increase Community Inclusion

- ✓ Clients volunteering in their community
- ✓ Clients in competitive employment
- ✓ Satisfaction with program changes to be measured in survey after clients settle into new lives

Connecting & Supporting Clients with Clinical Resources

- ✓ Clinical resources are available to meet needs within 1 month of referral
- ✓ Reducing the number of critical incidents for the same supported person over time

Client Survey
% positive



Strategic Goal Status: Accessible and Appropriate Homes

Understanding Needs

- ✓ Focus groups with clients

Review of current housing

- ✓ Housing assessed
- ✓ Priority plan established

New or renewed homes

- ✓ New Purchases: College Street, Haig Road
- ✓ New builds: six plex, home for good apartments
- ✓ Renewed: Kemptville renovation



Strategic Goal Status: Extending our Reach

Help improve the system

- ✓ Review external committee involvement

Strategic partners

- ✓ Hastings County, Home for Good partnership
- ✓ Expansion of Passport Services

Office systems & processes

- ✓ Client database & scheduling software
- ✓ Payroll process and compliance review
- ✓ Upgrade of IT infrastructure/servers



Strategic Goal Status: Reinforcing and Sharing our Culture

Create strategic HR plan

- ✓ Multi year plan created and in process of implementation.

Promote our culture

- ✓ Revised orientation
- ✓ Sr. Management staff meetings/group input
- ✓ Leadership development & Succession planning

Cultural Competency & Diversity Plan

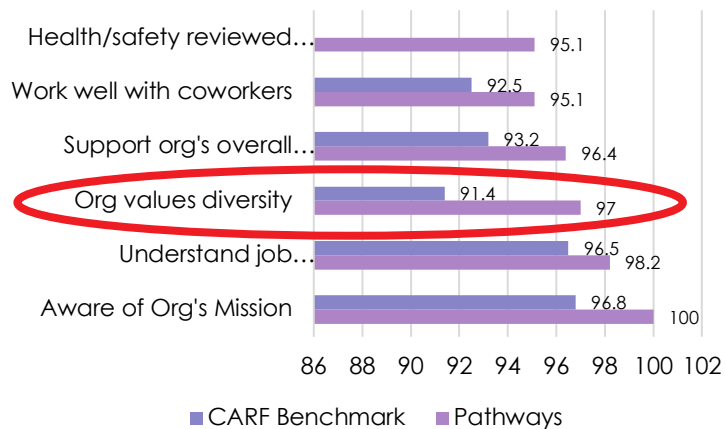
Statement of Principles

Pathways to Independence respects and supports the cultural diversity of the people we support, our employees and our community stakeholders. For the purposes of this plan, cultural diversity is inclusive of gender, ability, age, culture, race, religion, sexual orientation, language, socioeconomic status and spiritual beliefs.

For an agency to achieve cultural competency, it must develop, review and align its behaviours, policies, practices, structures and attitudes to enable diversity.



Five Highest Scoring Questions Pathways vs CARF Benchmark



Current Practices

Respect for diversity is embedded within Pathways guiding principles, many policies, the collective agreement, Pathways Client Bill of Rights and Board of Directors Policy manual, all of which form the foundation for the provision of services, supports and practices to the people we support, our employees, family members, community partners, funders and other stakeholders.



Participants of Belleville's Community Connections make Chinese lanterns as part of "Around the world in 30 days" program



Pathways to Independence Client Rights

Each person we support is protected and entitled to rights as identified by the Canadian constitution, provincial, and other legislated rights. In addition to these protected rights, a person receiving support from Pathways to Independence has rights as they relate to the support and services received from us as a service provider. These rights include:

- 1 To be dealt with in a courteous and respectful manner, and to be free from mental, physical, and financial abuse by the service provider.
- 2 To be recognized for their individuality, needs, and preferences, including ethnic, spiritual, linguistic, familial, and cultural factors.
- 3 To voice concerns or recommended changes about their community service, without fear of interference, coercion, discrimination, or reprisal; to be informed of policies and procedure affecting service provider operations, and to receive written information on the procedures for initiating complaints about the service provider.
- 4 To develop and continuously adapt a Quality of Life Plan that clearly communicates to the person's support team their aspirations and goals for the future and highlights their preferences for the activity of daily living.
- 5 To consent or refuse a community service.
- 6 To have personal information such as records kept confidential in accordance with the law.
- 7 To freedom of movement.
- 8 To own and access personal possessions.
- 9 To receive supports and services that respond to the unique needs and preferences of each person.

Respect for diversity is embedded within *Pathways Statement of Client Rights:*

"Each person we support is protected and entitled to rights as identified by Canadian constitutional, provincial and other legislated rights. In addition to these protected rights, a person receiving support from Pathways to Independence has rights as they relate to the support and services received from us as a service provider. These rights (as they pertain to cultural competence and diversity) include;

- *To be recognized for their individuality, needs and preferences, including ethnic, spiritual, linguistic, familial and cultural factors".*
(Pathways to Independence Client Rights)

Pathways Client Rights are embedded in the Agency's client centred planning process. The annual person centred plan is created or reviewed with each person served. Goals and actions are developed and implemented that may include supporting a person's interest in relevant aspects of their culture, religious or spiritual beliefs.

Cultural Competence and Diversity Plan

| Area of Focus | Objective | Target Date | Status/Comments |
|---|--|---------------------|--|
| Creating a Safe Place | 1. Conduct staff & client meetings and discuss what is meant by a safe place. | Spring/Summer 2018 | Staff and client meetings held, Management sessions held. |
| Reducing Internal Segregation/Discrimination | 1. Identify the cultural and diversity challenges at Pathways to understand how people want to be treated. 2. Research and implement a self-assessment tool for staff and clients to explore diversity and cultural competence. | Winter 2018 | Deferred to Spring 2019. To be implemented with all staff teams in the Fall of 2019. Cultural competency to be incorporated into current client rights training Fall 2019. Information gathered from self-assessments to be incorporated into 2020 Cultural Competence plan. |
| Celebrate Our Diversity Bulletin Board. | 1. Program teams to create activities and events to explore and celebrate diversity. 2. Promote diversity in agency communications and marketing materials. | Spring 2018-Ongoing | Around the world in 30 days program for all clients held: cooking classes exploring different cultural meals prepared, art created to explore cultural awareness, bulletin boards in program areas created. Agency 2019 calendar created with the diversity theme and artwork incorporated. |

Accessibility Plan

Pathways accessibility plan addresses accessibility issues at our community home, program locations and in the community at large. Pathways to Independence is committed to identifying and removing barriers that impede the ability of persons served to fully access our programs and the broader community as a whole. The plan also addresses accessibility issues that may arise for our employees and members of the general public.

Pathways to Independence Accessibility Plan is in keeping with the requirements of the Accessibility for Ontarians with a Disability Act, (AODA) Integrated Accessibility Standards Regulation 191/11 and CARF's ASPIRE Standard L: Accessibility.

The AODA Integrated Accessibility Standards Regulation (IASR) requires not for profit agencies that employ more than 50 people to develop accessibility policies, programs and procedures in the following areas:

- Employment,
- Information and Communication,
- Transportation, and the
- Built environment.



The deadlines for implementing these programs extend to 2019 for some requirements.

AODA's Integrated Accessibility Standards have general requirements that are embedded in the 5 identified areas above. These general standards and their status are outlined on pages 23-27.

Types of Barriers

An **architectural barrier** is any physical factor that makes accessing buildings or physical structures difficult for a person with disabilities. This may include narrow doorways, a staircase without a banister, bathrooms that are not physically accessible for all, alarms that are not able to be heard by individuals with hearing impairments, or even something as simple as the location of furniture.

An **attitudinal barrier** is a negative attitude that people have towards persons served. Examples of this may include attitudes of neighbours or other community members about having people with disabilities living in their neighbourhood, or the lack of "person first" language used by agency personnel



A **transportation** barrier is the lack of suitable and available transportation to allow a person with a disability to attend or participate in community services, programs, medical appointments, employment or other activities.

A **community integration** barrier is anything that may limit an individual's ability to access their community.

An **environmental barrier** is any location or characteristic of the setting that compromises, hinders or impedes service delivery and the benefits to be gained. This may include flickering lights, a heavy scent, or a remote geographical location that restricts frequent access to services or events.

An **employment barrier** is a policy, program, resource, tool, or way of conducting business that could restrict a person with disabilities from getting a job or doing their job well. This may include an agency only accepting hand written answers on an interview for a person with a learning disability, or giving a person with a visual impairment a job application form that is in text only.

A **financial barrier** is a lack of financial resources that may require an agency to restrict or cancel a service or program.

A **communication barrier** is anything that prevents a person with disabilities from having access to information in a way that accommodates their disability and/or helps them to understand information. This may include not providing access to a TTY service, an interpreter, or a website that does not have the ability to increase font size or change colour to assist legibility.

Environmental, Financial & Transportation Barriers

| Program | Year Item Identified | Barrier Identified | Strategies for Removal or Prevention and Comments on Progress | Estimated Cost | Completion Date | Person(s) Responsible | Status |
|----------------------------------|-----------------------------|--|--|-----------------------|------------------------|------------------------------|-------------------|
| Pathways Office | 2018 | Installation of automatic door openers on 5 washroom doors | | \$16,000.00 | 2018 | Operations | To do 2019 |
| Pathways Office | 2018 | Installation of gender neutral washroom signs with braille | | \$500.00 | 2018 | Operations | Complete |
| Kemptville Supported home | 2018 | Major renovation to provide two ground floor bedrooms, barrier free washroom, new same level living room, renovate and remove barriers on second floor. Two exterior ramps, two exterior door openers. | | \$455,000.00 | 2018 | Operations | To do 2019 |

Environmental, Financial & Transportation Barriers Continued...

| Program | Year Item Identified | Barrier Identified | Strategies for Removal or Prevention and Comments on Progress | Estimated Cost | Completion Date | Person(s) Responsible | Status |
|------------------------|----------------------|---|---|----------------|-----------------|-----------------------|--------|
| Cloverleaf | 2019 | New rear ramp off deck | | 10,000.00 | 2019 | Operations | |
| Pathways Office | 2019 | Automatic door openers on lower washrooms (2) by ABI CLUB and 1 on second floor entrance and Connections bathroom | | 10,000.00 | 2019 | Operations | |
| Emily | 2019 | New wheelchair van | Emily street's current W/C Van will go to Cloverleaf | \$83,000.00 | June 2019 | Operations | |
| West Street | 2019 | Extension renovations to allow for 4 main floor bedrooms | | \$250,000.00 | 2019 | Operations | |
| Pathways Office | 2019 | Replace ramp at North Door | | \$15,000.00 | 2019 | Operations | |

Attitudinal Barriers

| Program | Identified Barrier | Action Completed | Completion Date |
|-----------------|---|--|---|
| Community Based | Perceptions of persons with developmental disabilities, acquired brain injury and those with dual diagnosis in the broader community. | Highlight and showcase the accomplishments of people with disabilities at all public Pathways events and meetings. | <ol style="list-style-type: none"> 1. Promotion of client art to local printers. Pathways Artist selected for December 2019 calendars. 2. Promoted art shows in local library for people with an ABI 3. Supported individuals involved in a variety of volunteer and fundraising events in the community: Rockfest, Dancing with the Stars, Home to Home Heart to Heart Poinsettia Sales. 4. Promoted Community Access Fund to provide clients with financial resources to attend events and activities in the community that they may not be able to afford. 5. Secured sponsors and worked with other community agencies to host successful Conquer Acquired Brain Injury Walks in Ottawa. |
| Community Based | Perceptions of persons with developmental disabilities, acquired brain injury and those with dual diagnosis in the broader community | Build and develop greater relationships to promote the employability of people with disabilities. | <ol style="list-style-type: none"> 1. Create marketing materials to promote employment supports. 2. Partner with local employment services and the Chambers of Commerce to hold information sessions to promote employment for persons with disabilities. 3. Continue to promote events, activities and accomplishments of the agency and people we support through marketing events, materials and social media. |

Communication Barriers

| Program | Identified Barrier | Action Completed | Completion Date |
|----------------------|---|---|---|
| <i>Agency Wide</i> | Employee understanding of the Accessibility for Ontarians with a Disability Act (AODA), and the public service responsibility when supporting clients in the community. | 1. Inclusion of AODA training in all new hire orientation | 1. Ongoing |
| <i>Person Served</i> | <p>Pathways written materials and some client specific policies difficult to understand and interpret.</p> <p>How to access services not easily defined on website.</p> | <p>1. Identification of policies and client "forms" that could be revised in simple English with picture support.</p> <p>1. Development of new pathways website with section devoted to clients and family members and a Get Services section that allows clients and family members to access forms and DSO.</p> | <p>1. Ongoing</p> <p>1. August 2013 and updated to improve accessibility in 2016.</p> |

Employment Barriers

| Program | Identified Barrier | Action Completed | Completion Date |
|-------------|--|--|-----------------|
| Agency Wide | Review of the Accessibility for Ontarians with a Disability Act's requirement to ensure all employees who have an identified disability have access to the agency's emergency measures information in a format that is accessible to them. | <ol style="list-style-type: none"> 1. Identified employee who required accessible information and ensured that the employee fully understood the policy and procedure of the agency. 2. Supported hearing impaired candidate through application and interview process. 3. Revised job posting to be compliant with AODA requirements. 4. Provide accommodations in the interview process for employee with learning disabilities. | Ongoing |
| | Create supported employment program | <ol style="list-style-type: none"> 1. Work with staff OPSEU representatives to secure a Memorandum of Understanding to have supported individuals excluded from bargaining unit. 2. Create easy to read job descriptions 3. Support Management through interview and orientation process with easy to understand interview guides, training and payroll tools. | Winter 2018-19 |

Technology and Systems Plan

In 2018, we renewed our Information Technology Management Service Agreement with Zycom Technology Inc. as our primary technology vendor to ensure that we provide a reliable, user friendly, secure, and efficient Information Technology environment in support of our employees, Ministry and government partners, and persons served.

Zycom Technology provides Pathways with the following IT Managed Services:

- 24 x 7 Help Desk Services available to all employees. The Helpdesk is responsible for answering telephone calls and emails to support end-user requests related to software and equipment.
- Remote access to assist with problem resolution.
- On-Site Technical Services looks after system and printer replacements and on-site troubleshooting when needed.
- Service Desk Support is responsible for day-to-day operations and includes daily backup; maintaining our IT infrastructure; system upgrades and server updates.

A Decision Support Manager was hired in 2018 to assist the agency in transforming disparate data systems and improving the quality of the data Pathways uses to assess quality and measure risk.

Technology & Systems Plan

| Area of Focus | Objective | Target Date | Responsibility | Resources | Status/Comments |
|---|---|---------------|---------------------------|-----------|--|
| Hardware | Improve telecommunications between Ottawa and Belleville. | April 2018 | Supervisor Administration | \$1500 | New sound system installed Belleville Boardroom. Complete |
| | Repair/Replace Barracuda Backup in Belleville | June 2018 | Zycom | \$3458 | Unit shipped for repairs. Manufacture replaced with new unit. Complete |
| Software: Maintain up-to-date applications/versions | Upgrade server software. | April 2018 | Zycom Project Team | No cost | Upgrade from Windows Server 2008 to Server 2016. Complete |
| | VDI System Upgrades | July 2018 | Zycom Project Team | No cost | Complete |
| | Upgrade PPM to current version. | April 2018 | Zycom, CFO | No cost | Complete |
| | Upgrade ACCPAC to current version. | December 2018 | Zycom, Finance Mgr. | \$ 10,000 | Pending server upgrades and budget. Oct/18-received quote from BAASS. |
| | Go Easy Care – requires Google Chrome to access programs. | August 2018 | Zycom | No cost | 1. Purchase server node Complete 2. Install new server node. Complete 3. Update VDI general image to include Google Chrome |

Technology & Systems Plan Continued...

| Area of Focus | Objective | Target Date | Responsibility | Resources | Status/Comments |
|---|---|----------------|--|------------------|--|
| Investigate LMS to support and enhance employee training. | Learning Management System | | Learning & Development Manager | \$\$ cost tbd | Investigate applications, provide recommendation to SMT. Susan & Karen met to discuss & provide input. Will investigate potential integration with SharePoint. Zycom assisting with project and identified potential vendor/integration with SharePoint. |
| | SharePoint Implementation Milestones: 1. Gather Input from Departments- Completed 2. Design & Layout 3. Identify Admin Leads 4. Setup System Rights 5. Admin Training 6. Communication 7. Begin Rollout - Transfer to SharePoint. | September 2018 | Zycom – Pathways - CFO (Project Lead) Mgmt. Team Admin Support required. | | Dec. 2017 – received design/content input from departments. Jan. 2018 – summarized input into governance document sent to Zycom. Feb. 2018 – SharePoint Site design work started. Apr. 2018 – SharePoint walkthrough with SMT. August/September/October, consultation and design work continues. |

Technology & Systems Plan Continued...

| Area of Focus | Objective | Target Date | Responsibility | Resources | Status/Comments |
|--------------------------------|--|------------------------------------|---|------------------|--|
| Disaster Recovery Preparedness | Review and update the DR plan for IT. | | Zycom/CFO | | |
| | Investigate cloud based disaster recovery. | | | | |
| Assistive Technology | Investigate remote medication monitoring dispensing software for SIL Clients | January 2019 | Mgr. Clinical Services | | |
| | Increase use of Smart Board. | 1. January 2019 2. January 2019 | 1. Mgr. of Administrative Services 2. Program Services Manager | 1. TBD 2. TBD | 1. Explore additional business functions for boards in meeting and training rooms. 2. Investigate programs / software to enhance the use of smart boards in programs. Develop more opportunities for program participant interaction with smart boards. |

How are we doing?

About the
Management Report

Stakeholder
Engagement &
Feedback

Client Satisfaction
Survey

Employee Satisfaction
Survey

Outcomes &
Indicators

The Pathways Management Report

Pathways primary purpose is to provide services to adults with disabilities in ways that enhances their quality of life, while ensuring the most efficient and effective use of human and financial resources. Efficient and effective are terms often assumed to be about controlling costs, and in many management driven data reports, effective and efficient indicators are used that reflect costs, time used or saved, or number of instances a service or other utility is accessed. Providing data that measures a person's quality of life is extremely difficult to do in a quantifiable manner. This management report identifies measurements and data to illuminate agency growth and direction informed by our vision, mission and guiding principles. Where practical, benchmark and outcome measures have been identified with best demonstrated practices, external research, and/or past internal history and in all cases provide a baseline for us to establish goals and objectives to further enhance our services and programs.

Alternate format availability



Pathways ensures that everyone can access the same information in a format that facilitates their understanding and accommodates each person's unique requirements. If you require the information in this report in a different format, please contact Pathways and we will provide the information in a manner that meets your needs.

Our contact information is:

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Belleville, ON,
K8N 4Z2
613-962-2541

356 D Woodroffe Ave.
Unit 202
Ottawa ON K2A 3V6
613-233-3322

Alignment with CARF principles

Stakeholder engagement and feedback

To learn and grow an organization requires feedback. To change, an organization needs to set goals and measure results to improve processes and programs. The process of stakeholder feedback and meaningful outcome measurement is a key principle of CARF accreditation.

Pathways to Independence has both formal and informal channels to solicit feedback. These include:

- Client Surveys
- Complaint and Appeal processes
- Web Based anonymous feedback
- Employee Surveys
- Community member involvement on Sub Committees of the Board, such as the Quality Assurance Committee
- Client Tenant Meetings
- Subject Specific focus group meetings with clients and employees to discuss housing needs/issues, part time callback concerns, program services transitions.



Web Based Anonymous Feedback

In an effort to ensure that all people have the opportunity to provide feedback to the agency, Pathways provides an anonymous email based feedback process on our website; www.pathwaysind.com. In 2018, the website received a message from a concerned family member. The family member was contacted and the concerns were investigated and resolved in a timely manner.

In all situations the feedback email message is forwarded to the appropriate Manager with a copy to the Executive management team. If the individual provides their name, the Manager will respond to the person directly. We encourage people to provide their name and contact information so that we can respond directly and engage in further discussion. If the person submitting the feedback wishes to remain anonymous, the email is forwarded on to the appropriate Manager for information.

Employee Satisfaction Survey

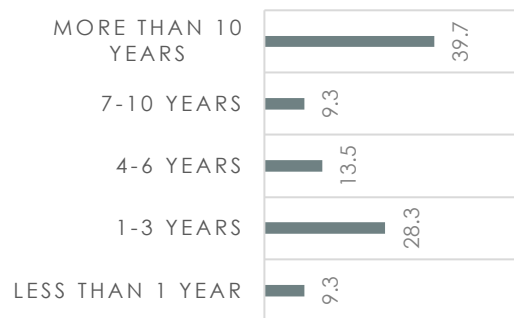
In 2018 Pathways conducted an employee satisfaction survey designed by USPEQ, a survey partner of CARF. USPEQ designs and assists in the implementation of both clients and employees in organizations around the world and prepares a benchmark survey to assist agencies in comparing their results with those of similar organizations.

The USPEQ Employee Satisfaction benchmark survey was compiled in 2017 with predominately North American results in CARF accredited Aging Services, Behavioural Health, Employment & Community Services (ECS) and Medical Rehabilitation. Sixty-four percent of the survey results came from Canadian agencies in ECS and Aging Services. The benchmark survey results were used to compare the results of Pathways employee satisfaction survey.

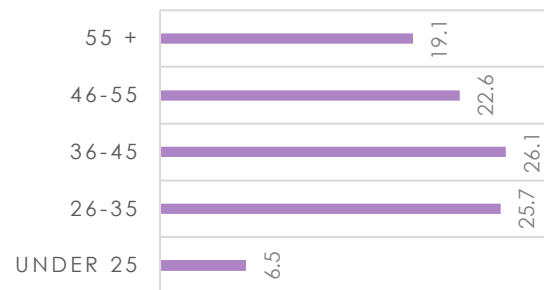
The response rate from all employee groups to the survey was 60.8%.

Demographics of Pathways Employees

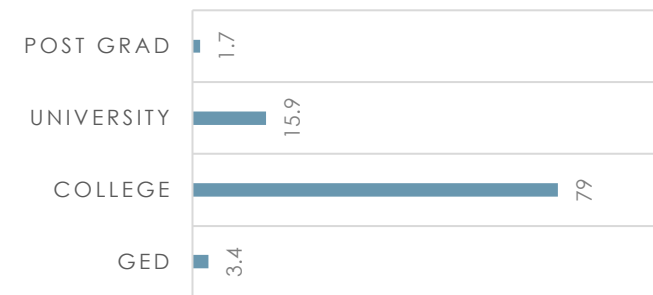
LENGTH OF SERVICE



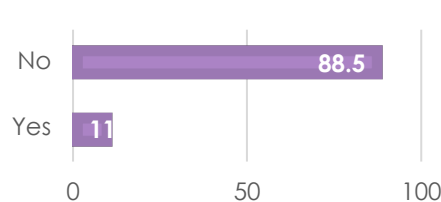
AGE



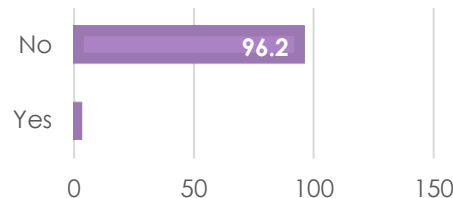
EDUCATION LEVEL



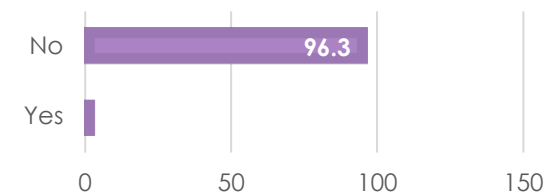
MEMBER OF A VISIBLE MINORITY



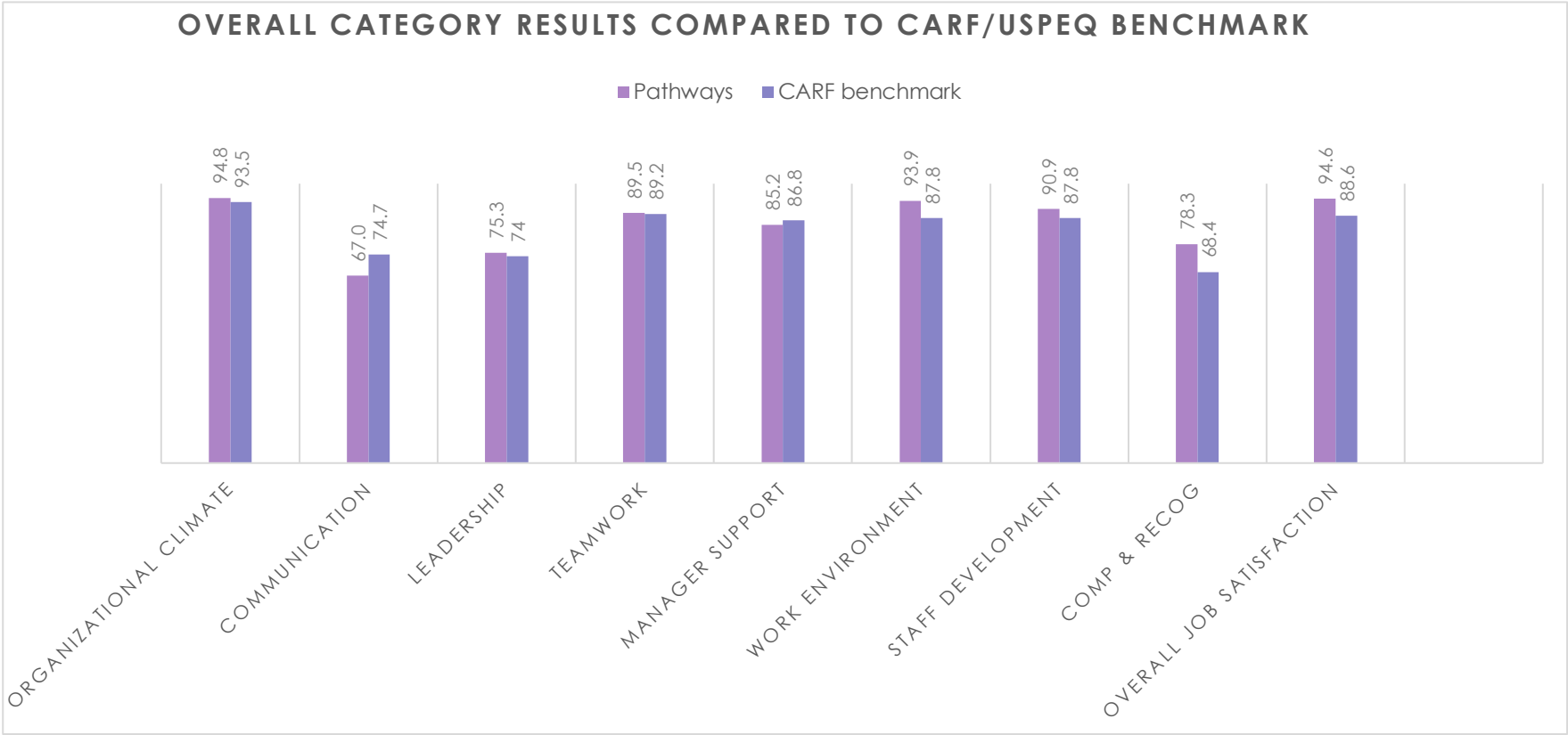
ABORIGINAL DESCENT



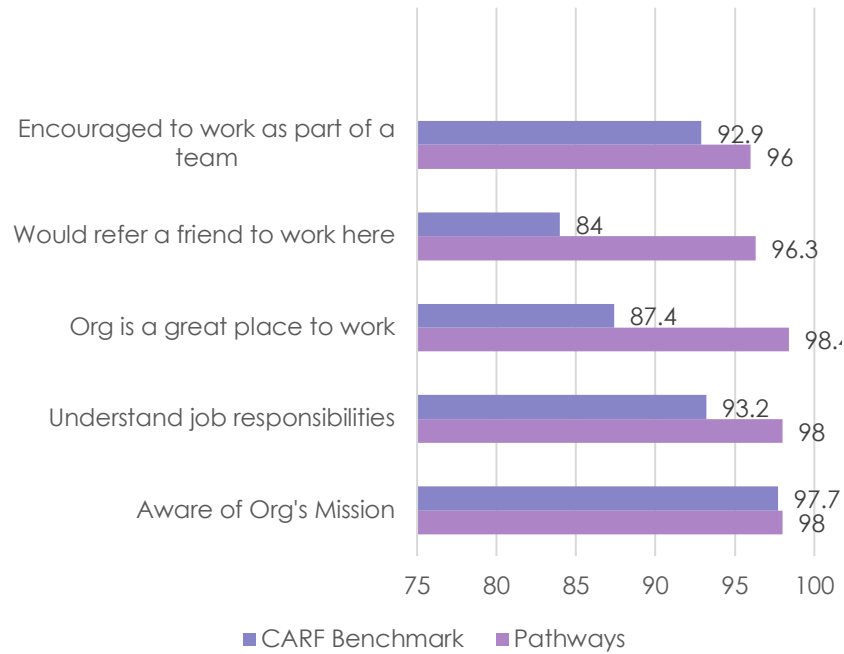
PERSON WITH A DISABILITY



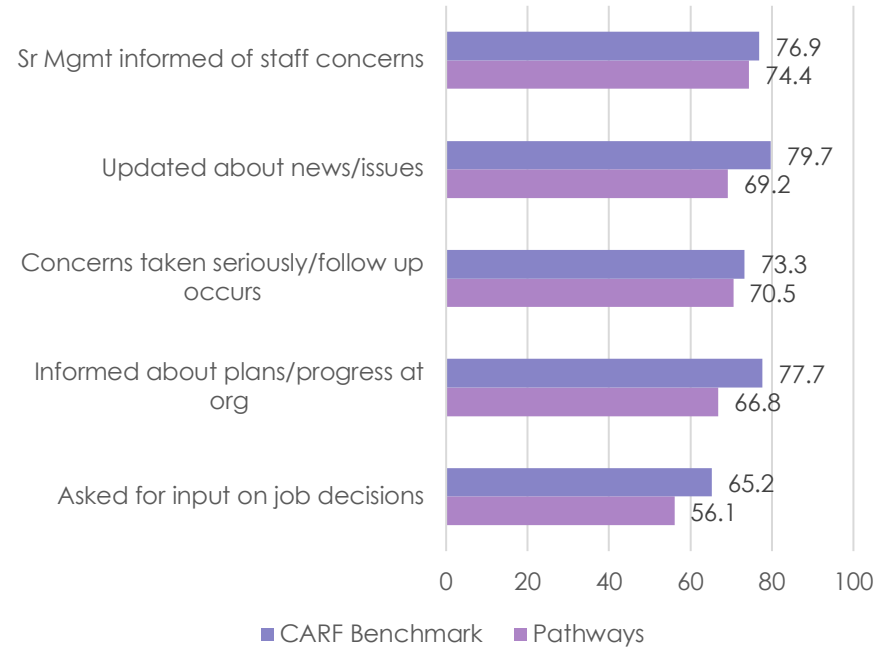
Overall Pathways survey results (% positive) compared to CARF/USPEQ Benchmark



Five Highest Scoring Questions Pathways vs
CARF Benchmark



Five Lowest Scoring Questions
Pathways vs CARF Benchmark



Action Plan and Follow Up

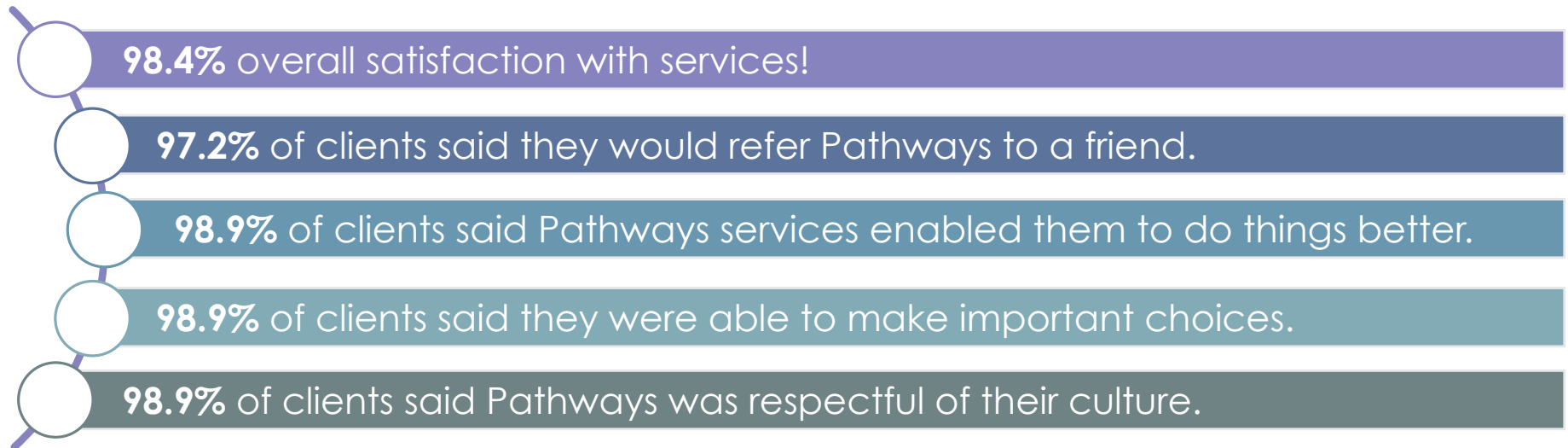
All employees received information in 2018 regarding the overall survey results. Early in 2019, every worksite received specific web results and met to develop an action plan based on their unique results as required.

Client Satisfaction Survey

“If I were to rate Pathways out of 10, I would give it a 10”.

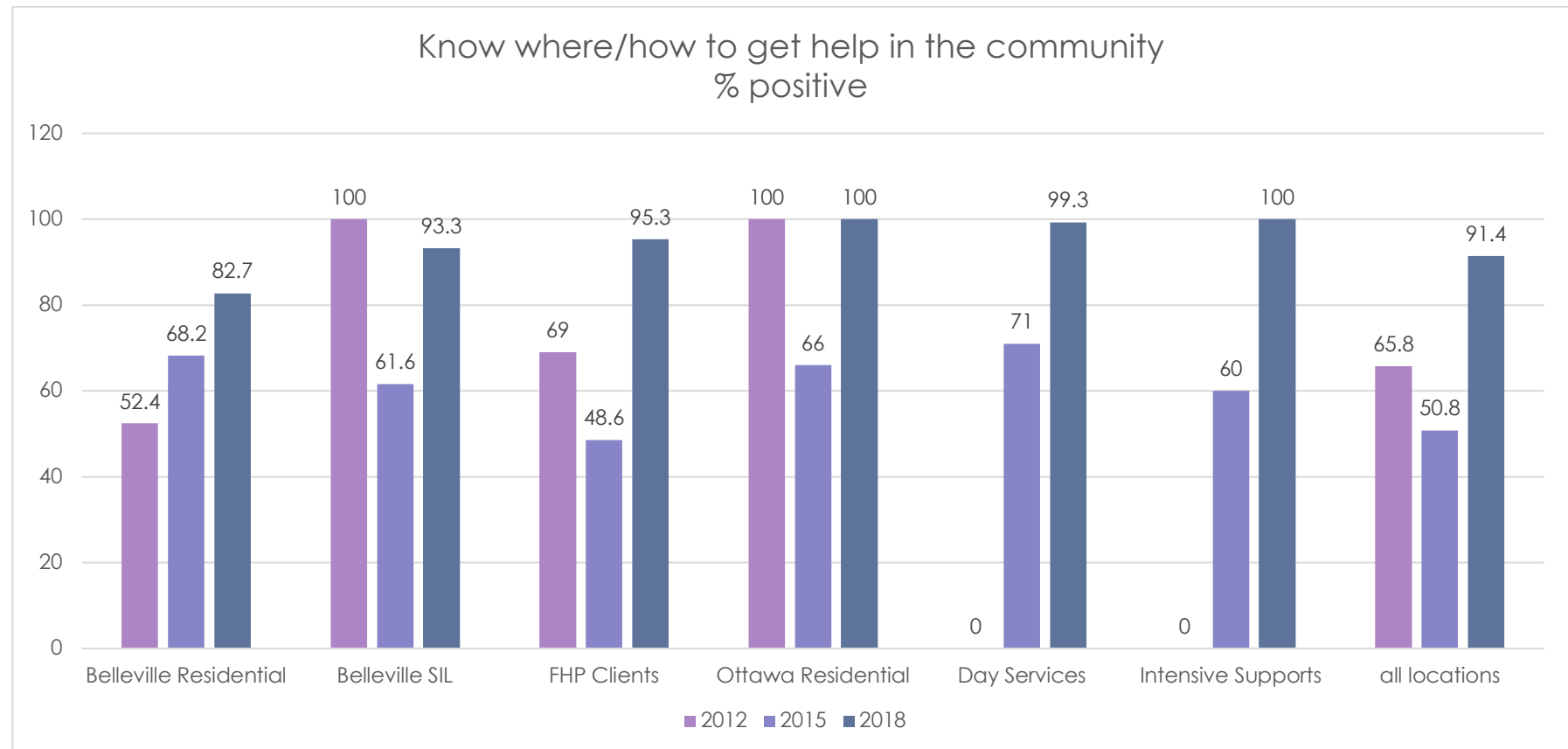
USPEQ Client Survey, Comments Section, June 2018

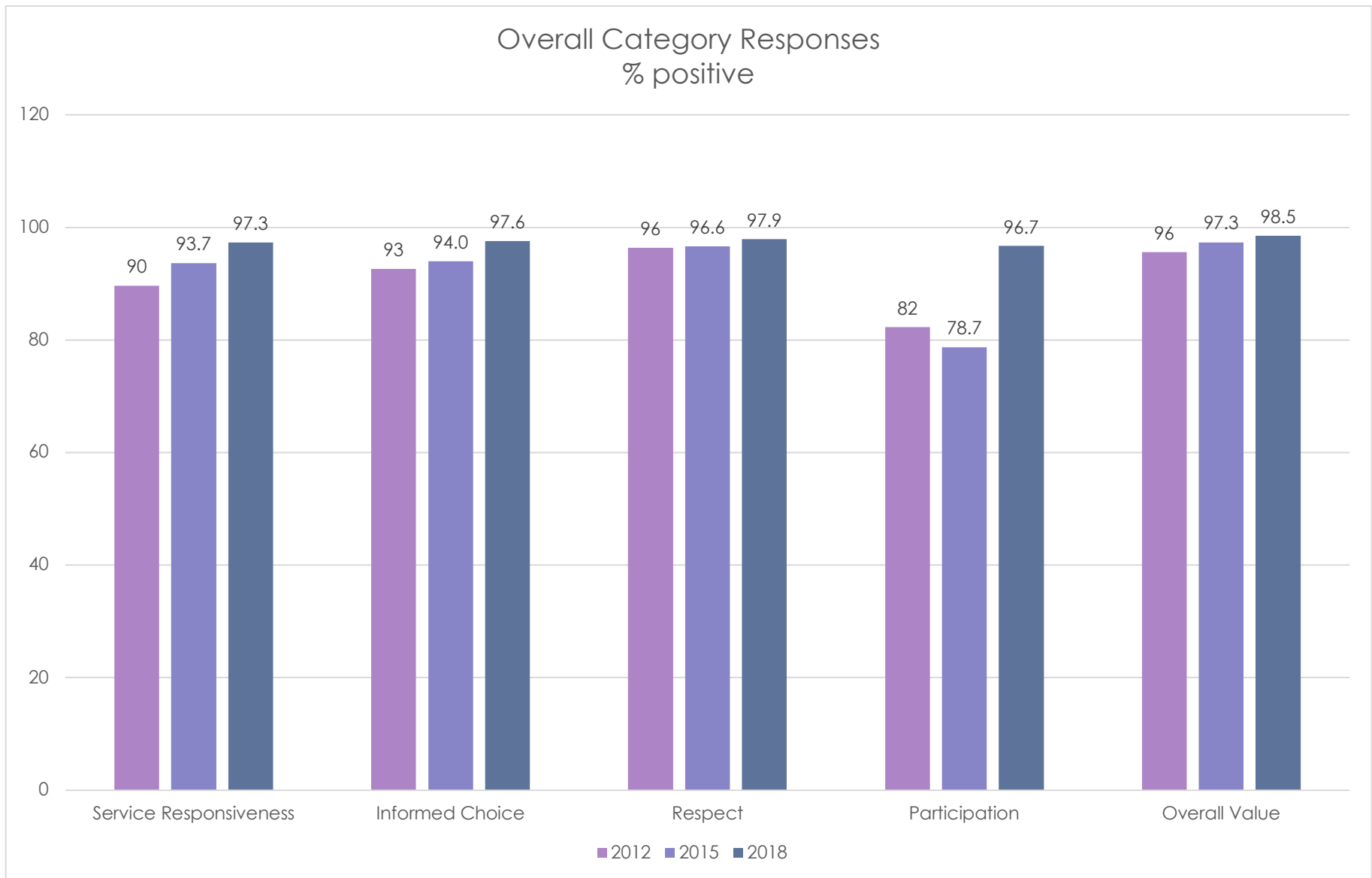
Over 190 (56% response rate) clients and their support staff took the time to give us their thoughts about how things are going at Pathways and answer a survey.



Pathways overall category results have been consistently positive since 2009 with the exception of the participation category that shows a drop from 93% positive in 2009 to 79% positive in 2015.

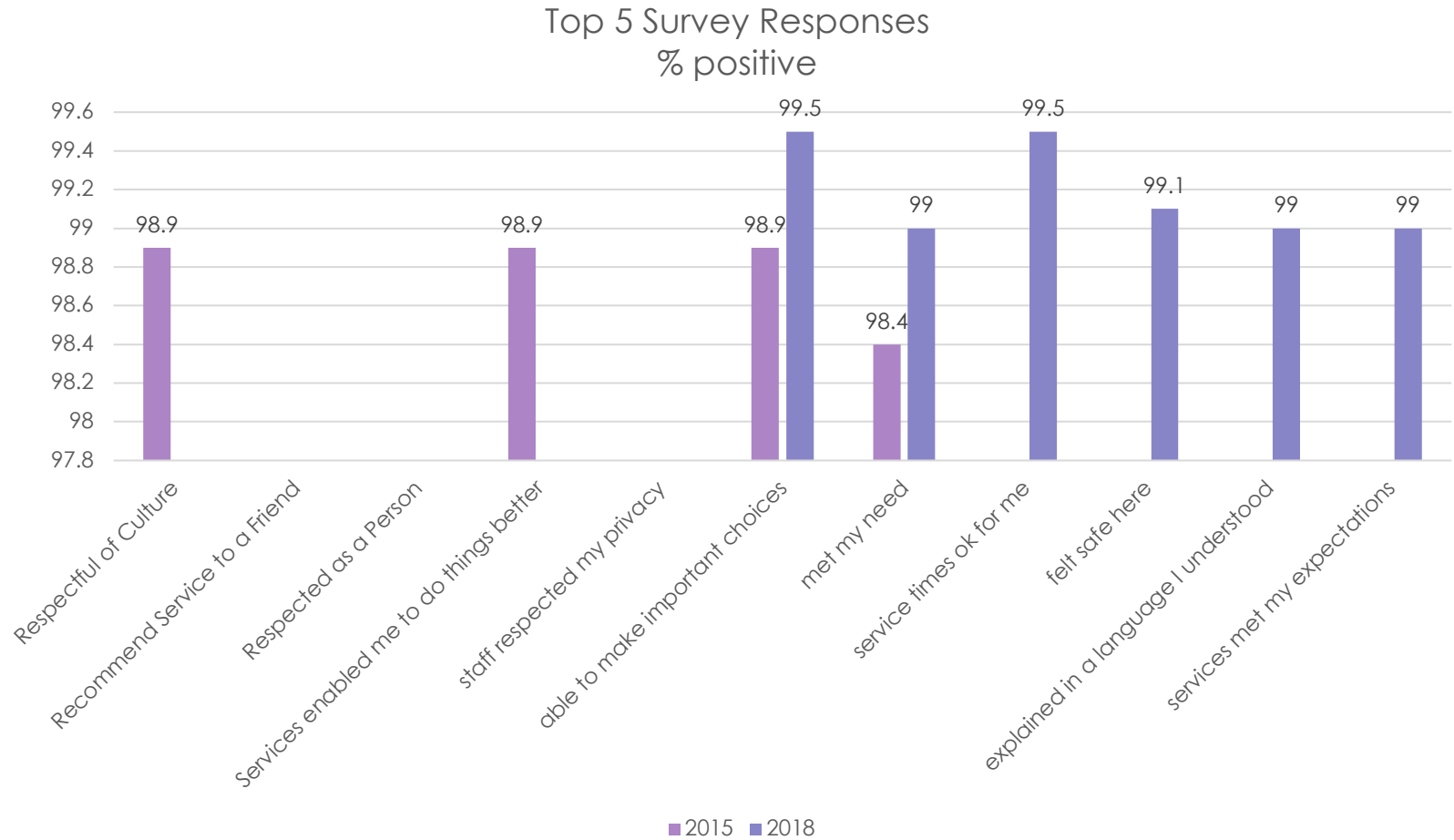
The key question that affected this decline in scores related to the question “I know where and how to get help in the community”. Action planning with managers, staff and employees through staff meetings in 2016 and 2017, resulted in a significant improvement in this question response.



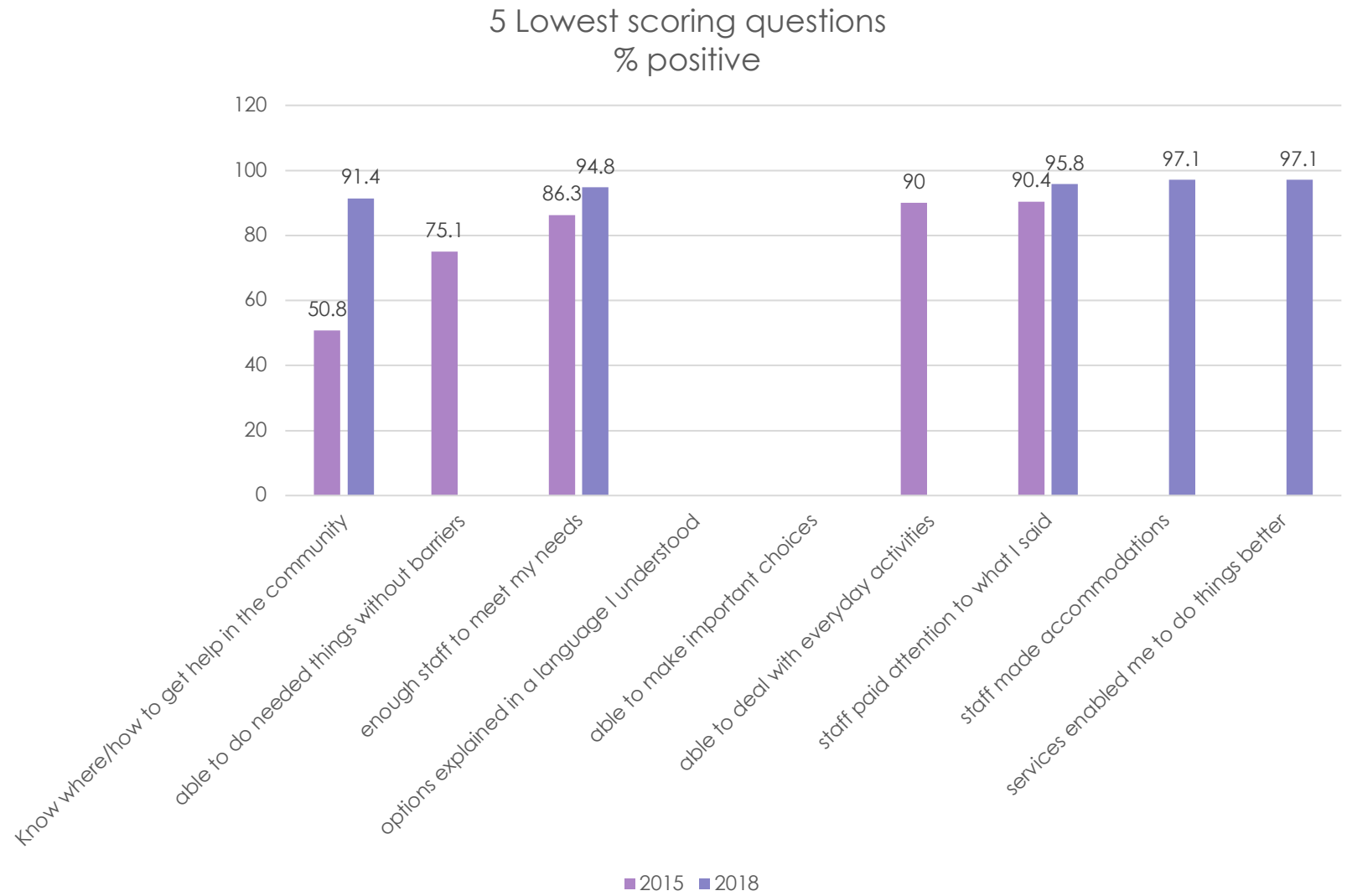


Each survey report has two quick sections that help us to understand the 5 questions that scored the highest positive responses and the 5 questions that scored the lowest positive responses.

Top 5
Survey
Question
Reponses



**Lowest
Scoring 5
Survey
Responses**



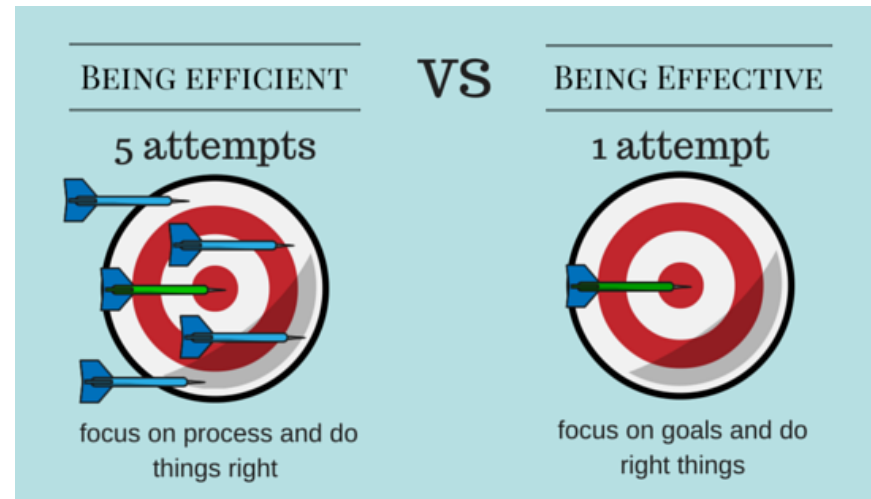
Outcomes & Indicators

Pathways to Independence is accredited by CARF for the following programs;

- Community Housing,
- Community Integration,
- Host Family Services,
- Supported Living and,
- Respite Services.

In keeping with CARF's principle of continuous improvement, every program receiving accreditation must clearly identify measurable outcome based goals and activities to build upon the delivery of services to the persons served by the agency. CARF further requires indicators the following four categories:

1. **Efficiency:** measures resource allocation & use such as time spent, dollars spent, numbers served.
2. **Effectiveness:** measures how services and programs impact the people we support.
3. **Service Access:** measures some aspect of the barriers involved to use or access services by the client
4. **Satisfaction:** measures the extent to which the people we support and other stakeholders are happy or satisfied with the services Pathways provides.



Section Three: Quality Assurance and Risk Management Indicators

Excellence in our Programming and Services

| Desired Outcome | Employments Supports Compliant with MCSS & ESA |
|-------------------|--|
| Name of Indicator | # Individuals currently on stipends completing program assessment, # Individuals transitioning from supportive work |

| Data Period | January to December | Target | 70 |
|-------------------|---------------------|----------------------|-------------------------------|
| Data Source | Manual | Target/Goal Achieved | No/Yes* see note |
| Type of indicator | Effectiveness | Department | Client Services |
| Data Limitations | None | Applies to | supported persons on stipends |

Follow Up / Action Plan:

Ministry allowed an extension regarding stipends. We continued to engage cleaning crew till Feb when they transitioned to competitive or volunteer options.

| Indicator | Q1 | Q2 | Q3 | Q4 | 2018 | Target |
|-----------------------------------|----|----|----|----|---------------|--------|
| Completed program assessment | | | | | | |
| Participants receiving stipends | 70 | 58 | 23 | 6 | -64 91%/70 | |
| Transitioned from supportive work | 0 | 12 | 35 | 17 | 64 | 70 |

Excellence in our Programming and Services continued...

| Desired Outcome | Clients have opportunity to direct services |
|-------------------|---|
| Name of Indicator | Every client has participated in a service plan (QLP) |

| Data Period | January to December | Target | 100% |
|-------------------|---------------------|----------------------|---------------------------|
| Data Source | Nucleus RPT 129 | Target/Goal Achieved | No |
| Type of indicator | Effectiveness | Department | Client Services |
| Data Limitations | None | Applies to | All supported individuals |

Follow Up / Action Plan:

Client services managers are encouraged to complete these in a timely fashion.

| Indicator | Q1 | Q2 | Q3 | Q4 | Total Clients | Target | Target Achieved |
|---|----|----|----|-----------|---------------|--------|-----------------|
| Every client has participated in a service plan (2018) | 6 | 48 | 68 | 67 | 216 | 100% | No |
| Every client has participated in a service plan (2019) | 2* | | | | | | |
| Total clients is not an accurate method for this indicator, total clients/Qtr change (deaths, discharge) and not all clients require a QLP. | | | | | | | |

Excellence in our Programming and Services continued...

| Desired Outcome | Clients are involved in their communities |
|-------------------|---|
| Name of Indicator | Number of volunteer hours completed by supported people |

| Data Period | January to December | Target | 1500 hours |
|-------------------|---------------------|----------------------|---------------------------|
| Data Source | Nucleus | Target/Goal Achieved | Yes |
| Type of indicator | Effectiveness | Department | Client Services |
| Data Limitations | None | Applies to | All supported individuals |

Follow Up / Action Plan:

Not required.

| Indicator | Q1 | Q2 | Q3 | Q4 | Result | Target Achieved |
|--|--------|--------|------|---------------|---------------|-----------------|
| 2018 Number of volunteer hours completed by supported people | 1280 | 1150.5 | 1033 | 2193.5 | 377% | Yes |
| 2019 Number of volunteer hours completed by supported people | 1869.5 | | | | 124.6% | Yes |

Excellence in our Programming and Services continued...

| Desired Outcome | Individuals are satisfied with their program activities |
|-------------------|---|
| Name of Indicator | Satisfaction with program based on “happy” score and program activity |

| Data Period | Annual | Target | 70 (benchmark) | Follow Up / Action Plan: |
|-------------------|--------------|----------------------|---|--------------------------|
| Data Source | Nucleus | Target/Goal Achieved | No | |
| Type of indicator | Satisfaction | Department | Client Services | |
| Data Limitations | None | Applies to | All supported individuals in program review | |

| Indicator | Q1 | Q2 | Q3 | Q4 | Total Surveys | Target |
|--|----|----|----|----|---------------|--------|
| Satisfaction with program based on “happy” score and program activity (2018) | 53 | 0 | 0 | 0 | 53 | 70 |

53 clients initially assessed, some of remainder were subsequently determined should be assessed for transition, but were not re-approached with regards to satisfaction of program activity.

Excellence in our Programming and Services continued...

| Desired Outcome | Clinical resources are available to meet client need |
|-------------------|--|
| Name of Indicator | Clients receive service within one month of internal/external referral |

| Data Period | January to December | Target | 80% |
|-------------------|---------------------|----------------------|---------------------------|
| Data Source | Nucleus | Target/Goal Achieved | Yes (BT) / No (Psych) |
| Type of indicator | Service Access | Department | Client Services |
| Data Limitations | None | Applies to | All supported individuals |

Follow Up / Action Plan:

Continue to monitor to ensure access.

| Group | 2018 Referrals | | | | 2018 Served | | | | Current Qtr % | Cumulative% |
|-------------------|----------------|----|----|----|-------------|----|-----|-----|---------------|-------------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | |
| Behaviour Therapy | 4 | 6 | 6 | 3 | 4 | 5 | 6 | 3** | 66.6% | 94.7% |
| Psychiatry | 2 | 3 | 2 | 2 | 1 | 3 | 1/1 | 2 | 100% | 77.7% |

****2/3 served immediately, 1 wait 1.5 months**

Excellence in our Programming and Services continued...

| Desired Outcome | Complex clients demonstrate improved coping skills |
|-------------------|--|
| Name of Indicator | Reduction in incidents for same person over time |

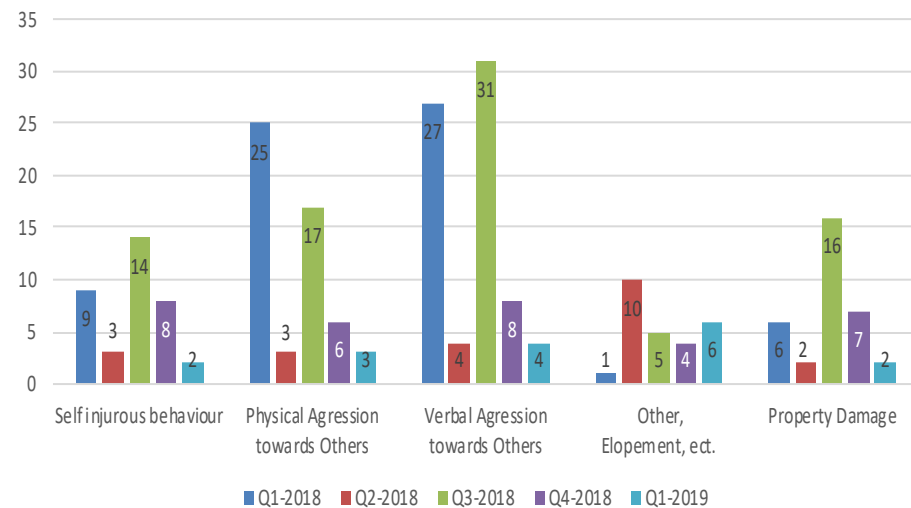
| Data Period | January to December | Target | 50% (set benchmark) |
|-------------------|---------------------|----------------------|---------------------------|
| Data Source | Nucleus | Target/Goal Achieved | No |
| Type of indicator | Effectiveness | Department | Client Services |
| Data Limitations | None | Applies to | All supported individuals |

Follow Up / Action Plan:

Continue to monitor and review behaviour support plans

| Behaviour(s) | Q1 | Q2 | Q3 | Q4 |
|-------------------------------|----|----|----|----|
| Self Injurious | 9 | 3 | 14 | 8 |
| Physical aggression to others | 25 | 3 | 17 | 6 |
| Verbal aggression to others | 27 | 4 | 31 | 8 |
| Other | 1 | 0 | 5 | 4 |
| Property Damage | 6 | 2 | 16 | 7 |

Number of Incidents by Quarter



Excellence in our Programming and Services continued...

| Desired Outcome | Agency demonstrates programs and services that meet or exceed CARF standards |
|-------------------|--|
| Name of Indicator | Agency receives 3 year accreditation with minimal recommendations in ECS section |

| Data Period | Annual | Target | 10 or fewer |
|-------------------|--------------------|----------------------|-----------------------|
| Data Source | CARF survey report | Target/Goal Achieved | Yes |
| Type of indicator | Effectiveness | Department | Overall Effectiveness |
| Data Limitations | | Applies to | Whole agency |

| Standard | Recommendations as per Quality Improvement Plan (1-5) | Status |
|--------------------------------------|--|--------------------------|
| 1.H.4.b.(9) | Personnel should receive documented competency based training related to workplace violence. | February 2019 (Complete) |
| 1.K.3.a.(4) | Implement a policy and procedure by which individuals served may formally complain to it that specifies levels of review, including the availability of external review. | June 2019 |
| 2.B.10.a. 2.B.10.b. 2.B.10.c. | A timely exit summary report prepared on each individual served who leaves the organization's services. | June 2019 |
| Survey was conducted Nov 5 – 7, 2018 | | |

Follow Up / Action Plan:

It is noteworthy to indicate that the CARF accreditation report identified 23 areas of strength at Pathways of 1024 standards.

Excellence in our Programming and Services continued...

| Desired Outcome | Clients understand their rights |
|-------------------|---|
| Name of Indicator | Participation in client rights training |

| Data Period | Oct–Dec, Jan-Mar | Target | 100% | Follow Up / Action Plan: |
|-------------------|---------------------------------------|----------------------|---------------------------|--------------------------|
| Data Source | Client Rights Tracking V2 spreadsheet | Target/Goal Achieved | No | |
| Type of indicator | Effectiveness | Department | Client Services | |
| Data Limitations | None | Applies to | All supported individuals | |

| Q1 | Q2 | Q3 | Q4 |
|---|----|----|-----------|
| | 97 | 43 | 97 |
| *Completion of Rights Track Training (All 4 Levels) | | | |

Accessible and Appropriate Homes

| | |
|-------------------|--|
| Desired Outcome | SIL clients have new apartments |
| Name of Indicator | Clients are living independently in new apartments |

| | | | | |
|-------------------|---------------------|----------------------|------------------------------|---|
| Data Period | January to December | Target | 6 | Follow Up / Action Plan: 6 Plex” construction completed in Dec 2018. Tenants moved in – Q1 2019 |
| Data Source | Manual | Target/Goal Achieved | Y/N | |
| Type of indicator | Effectiveness | Department | Operations & Client Services | |
| Data Limitations | None | Applies to | All supported individuals | |

| | Q1 | Q2 | Q3 | Q4 |
|----------------------------------|------------|----------------|----------------|--|
| Construction of 6 unit apartment | <Planning> | <construction> | <construction> | Construction Complete Tenants prepared for move (Q1-2019) |

Accessible and Appropriate Homes continued...

| Desired Outcome | Homes meet accessibility needs |
|-------------------|--|
| Name of Indicator | Pathways homes renovated or sold to accommodate accessibility issues |

| Data Period | Annual | Target | |
|-------------------|---------------|----------------------|---|
| Data Source | N/A | Target/Goal Achieved | Y/N |
| Type of indicator | Effectiveness | Department | Operations & Client Services |
| Data Limitations | None | Applies to | Supported individuals with accessibility issues |

| Follow Up / Action Plan: |
|--------------------------|
| |

| Site | Status |
|--|--------------------------------|
| Kemptville - Major renovation to provide two ground floor bedrooms, barrier free washroom, new same level living room, renovate and remove barriers on second floor. Two exterior ramps, two exterior door openers. Construction began March 2019. | Projected completion Fall 2019 |
| Addition to house in Napanee, to create 4 Main floor bedrooms and 2 accessible washrooms. | Pending approvals 2019 |
| | |

Extending our Reach

| Desired Outcome | Expansion of Passport Services |
|-------------------|---|
| Name of Indicator | Increase number of external participants with Passport funding for programs |

| Data Period | January to December | Target | 5 | Follow Up / Action Plan: |
|-------------------|---------------------|----------------------|-----------------|----------------------------|
| Data Source | Manual | Target/Goal Achieved | Yes | Targets will be increased. |
| Type of indicator | Service Access | Department | Client Services | |
| Data Limitations | None | Applies to | Persons served | |

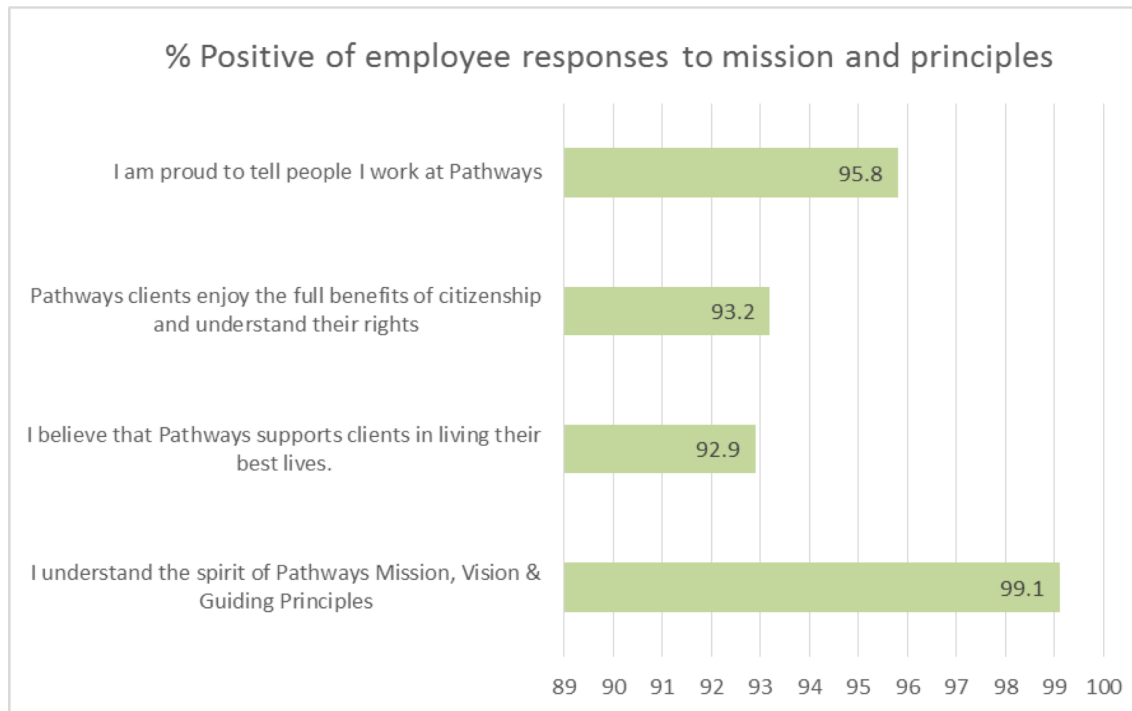
| | 2018 | | | |
|---|------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 |
| Number of new external participants with Passport funding | 2 | 1 | 3 | 10 |

Reinforcing and Sharing our Culture

| Desired Outcome | Employees understand the message and spirit of the new mission and guiding principles | | |
|-------------------|---|----------------------|-----------------|
| Name of Indicator | % Positive of employees responses to mission and principles | | |
| Data Period | Annual | Target | 100% |
| Data Source | Survey(USPEQ) | Target/Goal Achieved | No |
| Type of indicator | Effectiveness | Department | Human Resources |
| Data Limitations | N/A | Applies to | All employees |

Follow Up / Action Plan:

Review of employee survey at managers and staff meetings beginning in 2019 to review positive trends and gain input from employees of what we can do to improve.

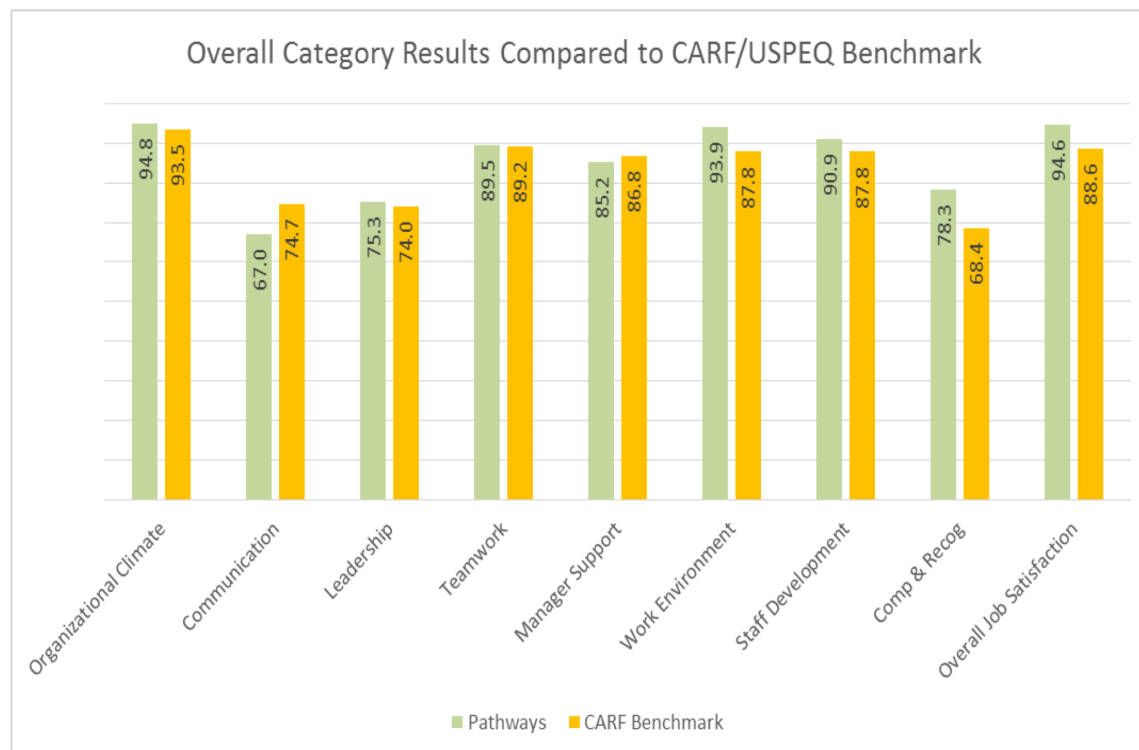


Reinforcing and Sharing our Culture continued...

| Desired Outcome | Employees are proud to tell others they work at Pathways |
|-------------------|--|
| Name of Indicator | %Positive employee satisfaction scores |

| Data Period | Annual | Target | 95% | Follow Up / Action Plan: |
|-------------------|----------------|----------------------|-----------|--------------------------|
| Data Source | Survey (USPEQ) | Target/Goal Achieved | Yes | |
| Type of indicator | Effectiveness | Department | HR &OE | |
| Data Limitations | None | Applies to | Employees | |

Review of employee survey at managers and staff meetings beginning in 2019 to review positive trends and gain input from employees of what we can do to improve.



Reinforcing and Sharing our Culture continued...

| Desired Outcome | Future leaders are prepared to maintain Pathways success |
|-------------------|--|
| Name of Indicator | Development and implementation of succession plan |

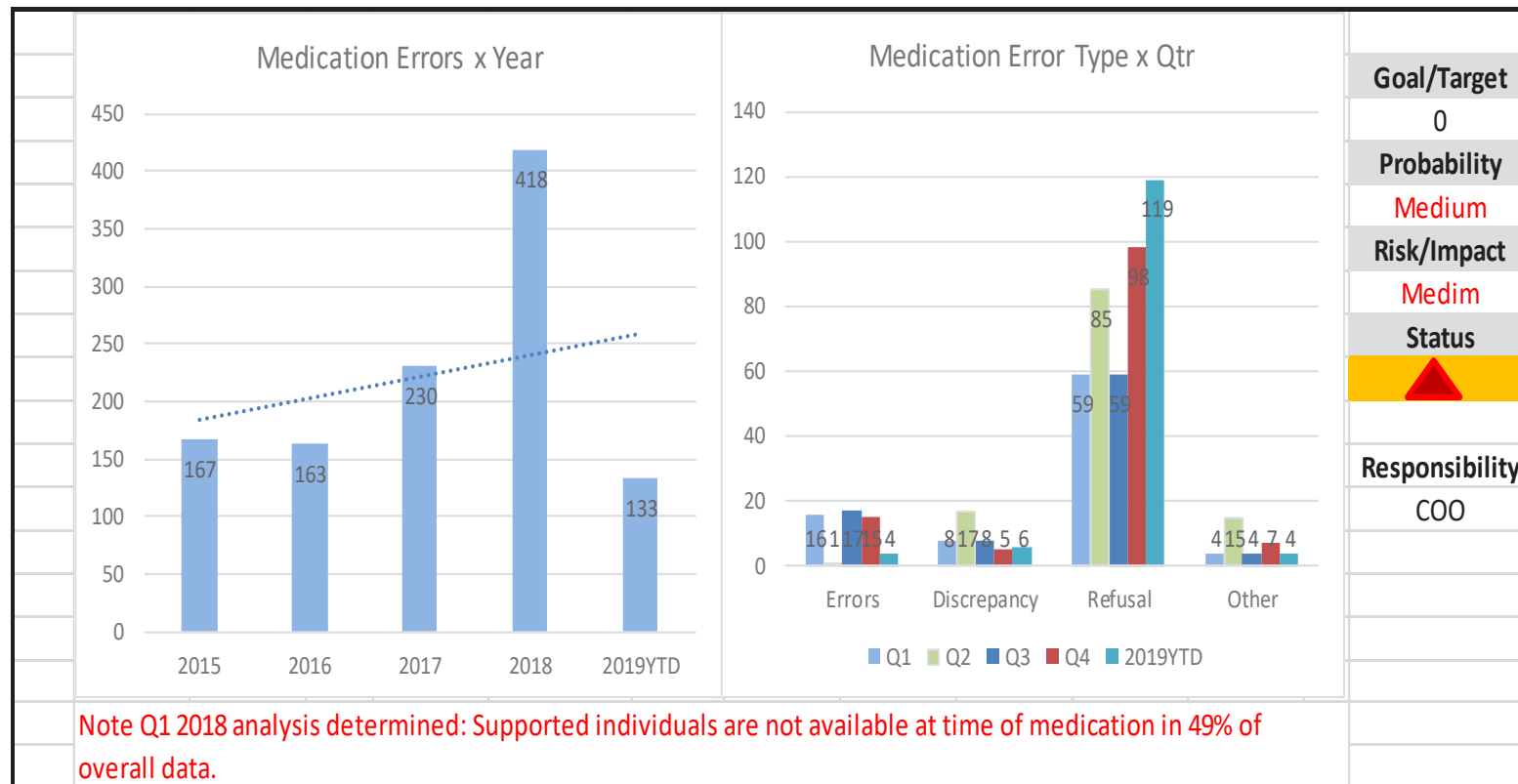
| Data Period | Annual | Target | To be completed | Follow Up / Action Plan: |
|-------------------|---------------|----------------------|-------------------------------------|--|
| Data Source | Manual | Target/Goal Achieved | In progress | <p>Succession plan completed for Senior Levels and some planned retirements.</p> <p>Model noted as a strength in the CARF Survey Report.</p> |
| Type of indicator | Effectiveness | Department | Human Resources | |
| Data Limitations | None | Applies to | Employees in targeted critical jobs | |

Risk Management

| Category | Indicator | Target |
|------------|--|-----------|
| Services | Medication administration errors are reduced | 50% |
| | Complaints resolved to client satisfaction | 100% |
| Facilities | Accessibility plan completed annually | 100% |
| | New fire suppression systems are installed as required | 6 |
| | Reduction of H&S reportable incidents | 50% |
| Business | Reduction of OT hours vs paid hours | <1% |
| | # of departments that are over budget (67 centres) | <15% |
| | % reduction in calls by staff | 50% |
| | Access to internet is available without interruption | benchmark |

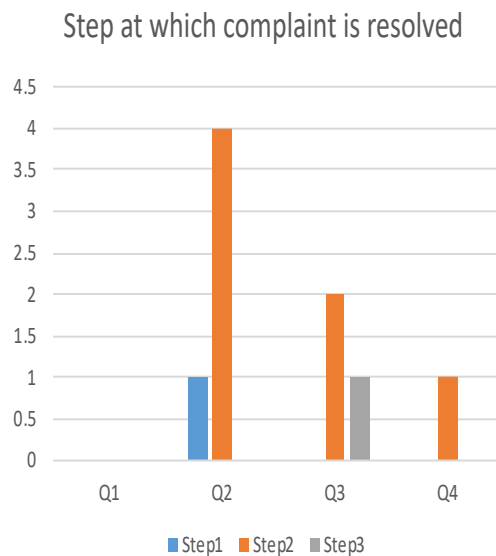
Risk Management continued...

| Desired Outcome | Clients receive right medication at the right time (5 R's) | | |
|-------------------|--|----------------------|-------------------|
| Name of Indicator | Medication administration errors are reduced | | |
| Data Period | January to December | Target | 50% |
| Data Source | Nucleus | Target/Goal Achieved | No |
| Type of indicator | Effectiveness | Department | Client Services |
| Data Limitations | None | Applies to | Supported clients |



Risk Management continued...

| Desired Outcome | Clients complaints are heard and responded to | | |
|--|---|----------------------|-------------------|
| Name of Indicator | Complaints resolved to client satisfaction | | |
| Data Period | January to December | Target | 100% |
| Data Source | Manual | Target/Goal Achieved | Yes |
| Type of indicator | Satisfaction | Department | Client Services |
| Data Limitations | None | Applies to | Supported clients |
| Follow Up / Action Plan: | | | |
| Continue to monitor complaints and respond | | | |



Risk Management continued...

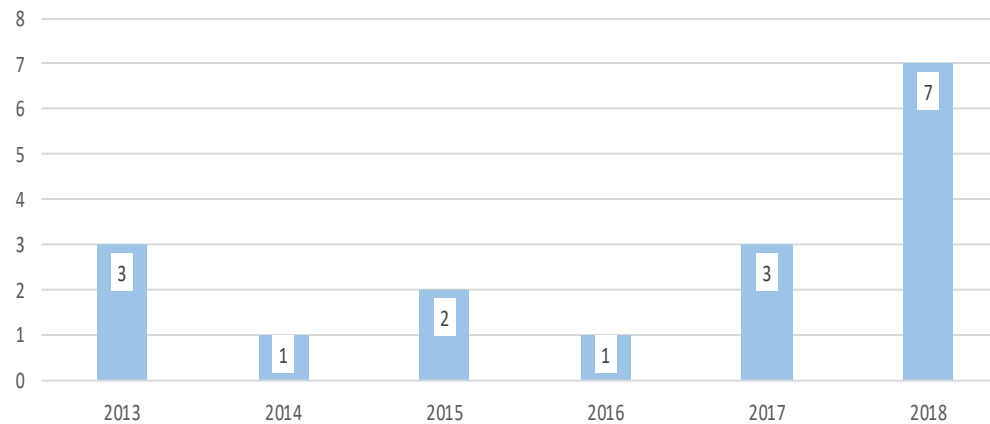
| Desired Outcome | Agency ensures Fire Code requirements are met in each home |
|-------------------|--|
| Name of Indicator | New fire suppression systems are installed as required |

| Data Period | January to December | Target | 6 |
|-------------------|---------------------|----------------------|--------------|
| Data Source | Manual | Target/Goal Achieved | Yes |
| Type of indicator | Effectiveness | Department | Operations |
| Data Limitations | None | Applies to | Agency homes |

Follow Up / Action Plan:

Sprinklers completed.

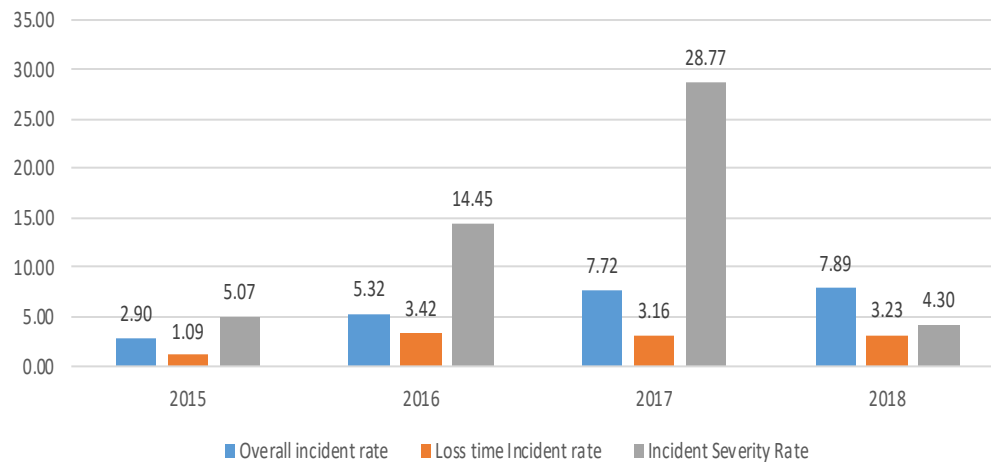
Sprinkler Systems installed x Year



Risk Management continued...

| | | | |
|-------------------|--|----------------------|-----------------|
| Desired Outcome | Employees experience safe working conditions | | |
| Name of Indicator | Reduction of H&S reportable incidents | | |
| Data Period | January to December | Target | 50% |
| Data Source | ADP/WFN | Target/Goal Achieved | Yes |
| Type of indicator | Effectiveness | Department | Human Resources |
| Data Limitations | None | Applies to | All employees |

Health & Safety Reportable incidents



Lost Time Incident Rate (# of lost time incidents X 200,000)/total hours worked),
Overall Incident Rate (# of WSIB report incidents X 200,000)/total hours worked),
Incident Severity (# of days lost due to X 200,000)/total hours worked)

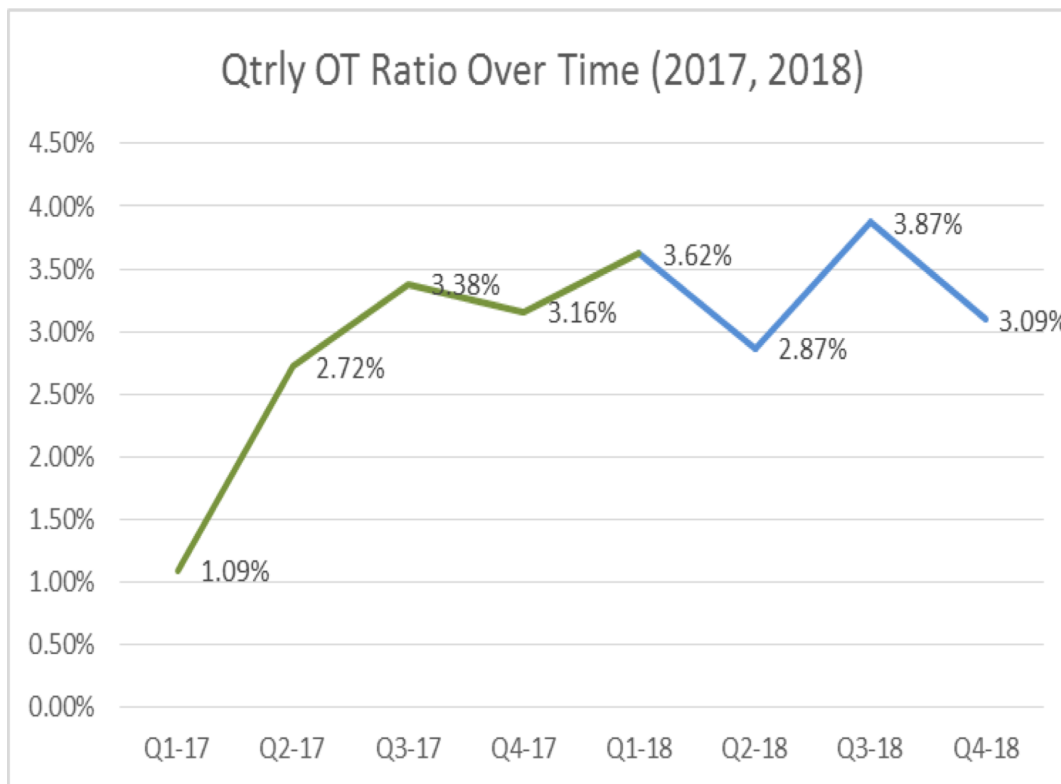
Follow Up: Additional module added to Safety Care training related to high behaviours, reduction in high behaviours with better housing supports, lost time is being minimized with robust return to work program

Risk Management continued...

| Desired Outcome | Agency spends less on overtime | | |
|-------------------|--|----------------------|-------------------------|
| Name of Indicator | Reduction in ratio of OT hours vs paid hours | | |
| Data Period | January to December | Target | <1% |
| Data Source | ADP/WFN | Target/Goal Achieved | No |
| Type of indicator | Efficiency | Department | HR/Payroll |
| Data Limitations | None | Applies to | Human Resources/Payroll |

Follow Up / Action Plan:

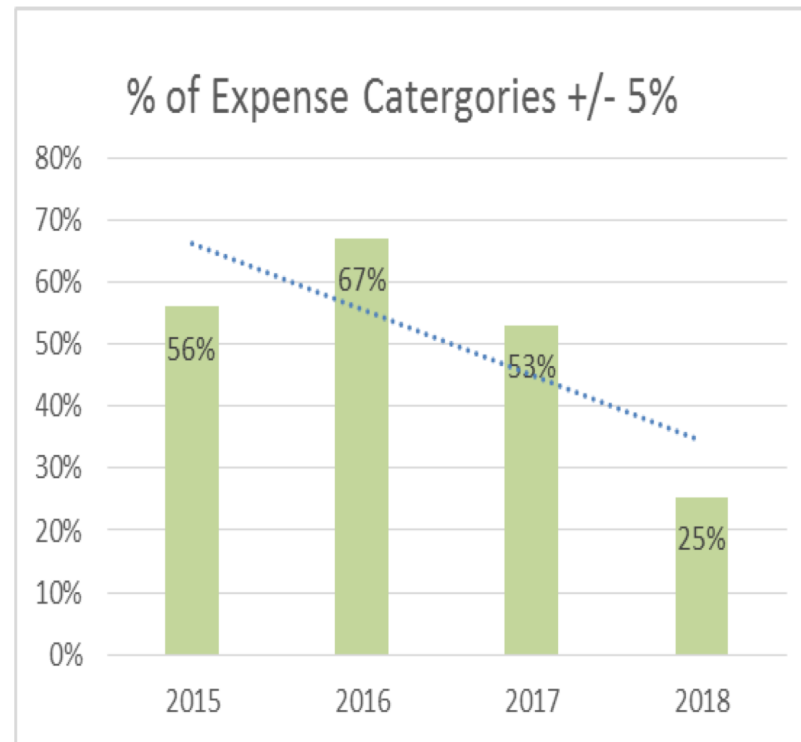
Revise indicator to show hours not % of payroll to better reflect issues.



Risk Management continued...

| Desired Outcome | Agency is able to meet budget and plans |
|-------------------|---|
| Name of Indicator | # of departments that are over budget by >5% (67 centres) |

| Data Period | January to December | Target | <15% |
|-------------------|---------------------|----------------------|----------|
| Data Source | ACCPAC | Target/Goal Achieved | No |
| Type of indicator | Efficiency | Department | Finance |
| Data Limitations | None | Applies to | Managers |

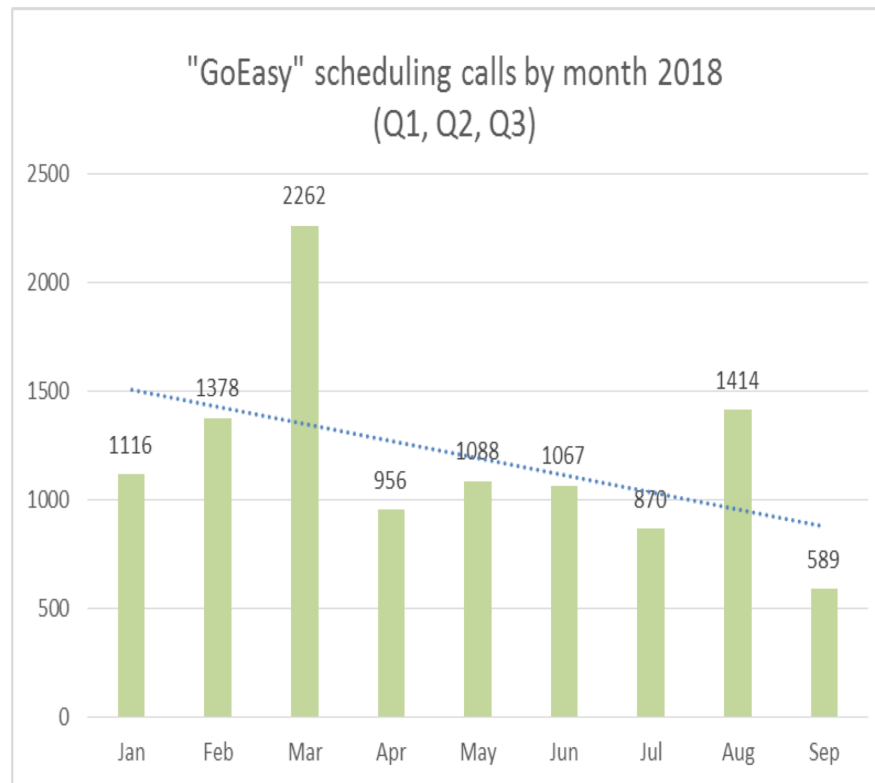


Risk Management continued...

| Desired Outcome | All employees understand and use telephony based scheduling software | | |
|-------------------|--|----------------------|---------------------|
| Name of Indicator | % reduction in calls by staff | | |
| Data Period | January to December | Target | 50% |
| Data Source | Go Easy | Target/Goal Achieved | Yes |
| Type of indicator | Efficiency | Department | Client Services |
| Data Limitations | None | Applies to | Scheduling/Staffing |

Follow Up / Action Plan:

Data not available for full year. System is being utilized.



Risk Management continued...

| Desired Outcome | Electronic data systems are always available |
|-------------------|--|
| Name of Indicator | Access to internet is available without interruption |

| Data Period | January to December | Target | Benchmark |
|-------------------|-------------------------|----------------------|------------------------|
| Data Source | Service tickets (Zycom) | Target/Goal Achieved | Yes |
| Type of indicator | Efficiency | Department | Information technology |
| Data Limitations | None | Applies to | |

Note:

Data demonstrated to be within industry standards.

| |
|--|
| Access to internet is available without interruptions; 99.5% availability |
| Summary of calculations: |
| <ul style="list-style-type: none"> 33 remote locations (residential homes, programs, two admin offices) 92 days for the period Oct-Dec 3036 total days 15 service tickets related to internet/connectivity related issues (1 ticket=1day) Availability 3,021 up time days |
| Result Q4-2018: |
| >99.5% Uptime/Availability |

| |
|--|
| Access to internet is available without interruptions; 99.6% availability |
| Summary of calculations: |
| <ul style="list-style-type: none"> 33 remote locations (residential homes, programs, two admin offices) 92 days for the period Oct-Dec 2970 total days 12 service tickets related to internet/connectivity related issues (1 ticket=1day) Availability 2,958 up time days |
| Result Q1-2019: |
| >99.6% Uptime/Availability |



For information about this report please contact:

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Pathways to Independence is accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF) for the following programs and services:

Community Housing
Respite Services
Host Family Services
Community Integration
Supported Independent Living



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