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## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

**Holland Bloorview**

Kids Rehabilitation Hospital

3/14/2019

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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## Overview

Holland Bloorview continues to lead pediatric rehabilitation provincially, nationally and internationally. We are committed to advancing high quality, safe care for our clients and families, partnering fully to better understand how to best advance the care experience and leverage new methodologies to co-create meaningful measures that identify success. In our 'No Boundaries' strategic plan, which guides our work until 2022, quality has a unique role in driving client and family engagement and partnership.



To support our *No Boundaries* strategic priority of evolving client centred quality and safety, the hospital formed an advisory committee that included family leaders, clinicians and hospital leadership to develop a 3 year integrated quality management plan (IQMP). Through more than 170 touchpoints with staff and families, a literature scan and an environmental scan, 9 key quality dimensions were identified to collectively form the SHOWCASEE quality framework. The identified 9 dimensions of quality most relevant to Holland Bloorview are safety, heart (compassion), outcomes, work life, client and family centred, access, seamless, efficiency, and equity. The SHOWCASEE framework is the foundation of the IQMP and aims to build a common understanding of our organizational approach to quality that is aligned with the larger system.



**Anchoring the 2019/20 QIP:** The work of the annual QIP is anchored in the larger IQMP, with the QIP highlighting the measurable steps and deliverables for the 2019/20 fiscal year that will support evolution of the multi-year quality framework. Quality and safety is a fully partnered and co-led model with our clients, families and clinicians/staff. Our 2019/20 plan reflects the ongoing journey of our key priorities, building our capacity through our authentic partnership with clients and families, while reflecting on system opportunities that will change the face of pediatric healthcare.

The principles of simplicity, focus/priority and partnership guide our work with an overall goal of providing the best possible client and family experience. The 2019/20 QIP focuses on 5 key quality dimensions. Our promise statements for each dimension are as follows:

Safety	Work Life	Client and Family Centred	Access	Seamless
<ul style="list-style-type: none"> <li>We will provide strengths based care that is safe, minimizes risk and is based on the best available evidence.</li> </ul>	<ul style="list-style-type: none"> <li>We are committed to fostering a workplace culture that promotes pride, meaning, and joy in work.</li> </ul>	<ul style="list-style-type: none"> <li>We will strive for care to be delivered in a way that ensures you and your family are full partners, and are at the centre of everything we do.</li> </ul>	<ul style="list-style-type: none"> <li>We will strive to reduce delays in care by actively seeking opportunities and creating solutions, while respectfully engaging you to achieve a meaningful experience.</li> </ul>	<ul style="list-style-type: none"> <li>We will support you throughout your care journey and ensure you know who to contact if you need guidance.</li> </ul>

In total there are 6 indicators included on the 2019/20 QIP as outlined in the table below. The improvement initiatives related to each of these indicators represents the key foci for the 2019/20 year. Each initiative advances the strategic priority of evolving client centred quality and safety.

Dimension	Measure	Target
Safety, Work Life	Number of <b>workplace violence incidents</b> reported by hospital workers	10% increase in reporting
Access	% of children seen within 137 days for first diagnostic assessment in <b>autism</b>	65%
	% of clients seen within 91 days for <b>first therapy</b> service (Occupational & Physical Therapy) with the <b>Neuromotor</b> service	50%
Client and Family Centred	% <b>'excellent' rating</b> by clients and/or families to the question: Overall, how would you rate Holland Bloorview?	65%
	% of <b>families contacted post resolution</b> of a concern to Client and Family Relations to evaluate the experience	90%
Seamless	% of families and clients reporting they felt they were <b>meaningfully supported in preparing for discharge</b>	95%

Holland Bloorview continues to collaborate with a number of system partners to inform our quality agenda, ensuring we focus on local needs as well as needs that extend beyond our walls. Our partnership and engagement efforts include working with the International Pediatric Health Equity Collaborative (PHEC), Health Standards Organization (HSO), Accreditation Canada, Children's Healthcare Canada (CHC, formerly the Canadian Association of Paediatric Health Centres - CAPHC), CHC's Canadian Network of Children and Youth Rehabilitation (CN-CYR), Canadian Pediatric Decision Support Network (CPDSN), Toronto Central Local Health Integrated Network (TCLHIN), Regional Quality Table, GTA Rehabilitation Network, Rehabilitation Care Alliance, the Toronto Academic Health Sciences Network (TAHSN), Council of Academic Hospitals of Ontario (CAHO), and the Ontario Hospital Association (OHA).

## Greatest QI Achievements from the Past Year

### Client Journey Mapping

In alignment with the strategic plan, Holland Bloorview launched a client journey mapping initiative to gain understanding and insight into the client and family experience. Using an empathy-focused and human-centred design approach, we were able to drive both short- and long-term benefits. The short-term outputs of the client journey mapping initiative will inform the MEDITECH upgrade that is going live in Q1 of 2019/20 fiscal year with the majority of the build occurring in fiscal year 2018/19. In the long-term, the client journey maps will have a more transformative impact on the care experience for our staff, clients and families, setting the stage for a shift towards more goal-focused, holistic models of care that are centered on clients and their families.



Client journey mapping required a significant consultative effort and contributions from stakeholders across all parts of the organization. Overall, the project had more than 270 points of engagement with clinicians, staff, and clients and families. Some of the most common themes related to challenges around the awareness of services, access to services, coordination and integration of care, emotional and mental health support, availability of information and the need for greater support for families, transition planning and continuity of care.

The ideal client journey is inclusive and empowering, integrated and seamless. The detailed client journey maps represent the desired experiences of clients and families within the major phases of Referral, Intake and Admission; Care and Services; and Transition and Follow-up. The detailed maps address a paradigm shift, where each and every client and family is involved and engaged in their care, connected to relevant community partners and resources, and where there are no barriers in accessing information and services.

From this important work the hospital has identified a set of “Always Experiences” which are defined as the many things that people deserve to access, feel and know to be true. Always experiences are forward-moving, can deepen and evolve over time, and lead to better health outcomes. The hospital is working to operationalize these experiences through a variety of initiatives. The Always Experiences in their current form are:

1. A personalized and evolving goal plan that will be continually monitored and measured
2. Coordinated, timely access to all relevant and meaningful services
3. Digital access to manage all appointments and communications with the care team
4. A meaningful orientation to Holland Bloorview
5. Access to service navigation and the opportunity to connect with our alumni and peer networks

**Impact:** Together with our clients, families, clinicians, physicians, leaders and external partners we developed a blueprint for the ideal client journey experience which is helping us improve the way we deliver and coordinate services and care as well as enabling the creation of more personalized experiences. This work is informing the design of our electronic health record system upgrade in order to enable more integrated and coordinated care for our clients.

## Wait Time for Autism Diagnostic Services

This was the first year of tracking the wait time for autism diagnostic services (ASD) indicator using the percent of clients seen within wait time definition. This decision was informed by our clients and families and seen as more meaningful than our previous indicator (80<sup>th</sup> percentile wait time).

Despite seeing a 17% increase in referrals in FY 2018/19 compared to FY 2017/18 we were successful in not only achieving, but surpassing, our stretch target of 55% of clients seen within 137 days of referral to our autism diagnostic service. By year-end 95.8% of children were seen within 137 days. Through the dedicated work of the team, an additional 200 children were seen for a timely diagnostic appointment. This has been made possible through enhanced funding and new service models that include building capacity by having speech language pathologists and occupational therapists included among the providers who complete assessments.

Several successful quality improvement initiatives contributed to this outcome including:

- Building capacity across the system- In October 2018, the first Extensions for Community Healthcare Outcomes (ECHO®) Ontario Autism program session was held by Holland Bloorview. The aim for this program is to build province-wide community capacity and ability of community providers

(pediatricians and primary care physicians) to screen, diagnose, and manage children and youth with autism spectrum disorder in their local communities throughout Ontario. This local capacity building aims to reduce wait times for specialized care and allow a focus on the most complex cases in the system. Fifty clinicians are registered in the first cohort.

- Building the capacity of our clinicians- Two Speech Language Pathologists (SLPs) have been trained in administration of the Autism Diagnostic Observation Schedule (ADOS) which has resulted in the creation of 6 new ADOS testing spots each week. Every 30 ADOS assessment completed by SLP provides an additional 45 hours of physician assessment time. Occupational Therapists have more recently been trained to conduct the ADOS assessments in partnership with physicians.
- Continuing to define and develop new models of service to optimize efficiency, effectiveness and sustainability of our services- Enhanced hours of service for appointments and offering group based therapy interviews were used as a way to streamline and optimize client flow and support more timely access.
- Working to personalize pathways at first point of contact through orientation phone calls for new clients and families- This new approach to intake was created in response to long wait times for newly referred clients. The purpose is to welcome new families quickly, address families' priority needs, respond to their questions, and connect families to resources internally and in their communities while they wait. The team used a standardized approach to each call, documentation and post call communication with families. The pilot has been evaluated and demonstrated effectiveness from a family and clinician perspective. We are planning to roll-out these orientation calls to other programs.

**Impact:** Client and families now have timelier access to diagnostic services. In 2018-19 we saw a 17% increase in referrals. We had 436 children on the waitlist in FY 2017/18 and are tracking to reduce to 225 children by the end of FY 2018/19.

## Client and Family Engagement

Client and Family Integrated Care (CFIC) continues to be a key strategic focus of the organization and we take pride in our leadership in this area. The engagement process for this year's QIP built on a number of robust engagement processes around quality and safety, namely:

- The engagement for the development of the hospital's IQMP that was co-led by the quality team and 4 family leaders and involved over 170 touchpoints with staff and families;
- A commitment to evolving the work of the 2018/19 QIP. Many of these initiatives are large scale and multi-year in nature. These initiatives were co-identified and created through a robust engagement process that was led by two Family Leader Quality Safety Specialists;
- The client journey mapping engagement process that included over 270 conversations with staff and families;
- The Youth Feedback Corner initiative that emerged through an idea brought forward by a client focused broadly on collecting open ended experience feedback from children, youth, families, siblings and caregivers. Feedback interviews were facilitated by a youth leader using an accessible

video recording application. Through this work there were a total of 46 feedback interviews with 59 individuals which highlighted key themes of access and personalized pathways;

- The execution of another Kids Feedback process that concluded in the spring of 2018. In it, we hosted 92 feedback interviews with children and youth focusing on five key dimensions of quality that our children and youth advisory members had identified through past QIP engagement processes: safety, communication, access, transitions and care effectiveness;
- A review of our Client Experience Surveys that highlighted communication and care coordination as key improvement opportunities;
- Engagement of our family and youth advisory committees in shaping the structure of the work plan for this year's QIP with a focus on the defining work plan for the overall care experience indicator;
- Engagement of the hospital's internal committees to guide the development of the QIP. Committees engaged include: the quality steering committee; privacy, quality, and risk management subcommittee and the quality committee of the board. All committees have family leaders as members.

Together all of these innovative initiatives and engagement structures had a role in informing our QIP from the perspectives of clients, former clients ("alumni") and families.

## **Workplace Violence Prevention**

Holland Bloorview is committed to the safety and well-being of staff, volunteers and students. We believe that everyone has the right to work in an environment free from harassment and discrimination regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed (religion), sex (includes pregnancy), sexual orientation, age, record of offences, marital status (including common-law, divorced, separated), family status or disability (physical or mental). We support our staff through policies and procedures, education through e-learning, an employee assistance program and domestic violence/personal relationship resources. Specific to our physician group, the domestic violence e-learning model developed through TASHN is being introduced in the 2019/20 year. The focus on workplace violence prevention is part of a larger priority to support our staff to thrive in the workplace by providing a safe, healthy, positive and respectful work environment for everyone.

Stemming from the recognition that client and staff safety are very closely connected, the patient safety and staff safety teams were amalgamated into one comprehensive team to support a unified approach to safety for clients, families, staff and volunteers across the hospital. The safety team now holds regular safety walks that include a member of our senior management team as a forum for staff, clients and families to bring forward safety concerns or trends to facilitate timely resolution. Safety walks have been identified in the literature as a key mechanism to enhance the safety culture of hospitals.

This year a comprehensive, organization-wide workplace violence risk assessment process was undertaken to identify areas of opportunity to strengthen structures, controls and allocation of resources to ensure we minimize or eliminate risk. Based on this assessment, Holland Bloorview is now developing a five year plan

to address workplace violence that includes education, reporting and follow up. One of the key themes from the risk assessment is supporting our staff in early identification of client behavior history to support a safe environment. Work is underway and will continue in the 2019/20 year to develop a framework to identify client behavior needs at the first point of contact, reduce potential for escalations and outline intervention options to support individualized care needs.

Community safety for all staff including practitioners providing care within home settings, researchers, and transportation staff was another key priority that emerged from the risk assessment and continues to be an area of focus for the hospital. The work in 2019/20 will involve training and implementing a new community safety policy.

Incident trending is provided to the senior management team annually or at the discretion of leadership as needed. In compliance with the new legislation, information will be discussed quarterly at the quality committee of the board and the board of trustees. We also have regular scheduled performance scorecard discussions that now include deeper conversation of workplace violence prevention.

**Impact:** We encourage wellness in the work environment by providing a safe, healthy, positive and respectful environment for everyone. In 2018 we saw a 30% increase in staff reporting of workplace violence events, demonstrating our success in building a culture of reporting. These learnings are essential as we build our prevention strategy.

## Executive Compensation

By legislation, a portion of senior executive compensation must be performance-based (“at-risk”) and linked to measures arising from the QIP. Accountability is spread across all executives with equal weighting of all indicators selected. The selection of the 2019/20 indicators is aligned with the strategic direction of the hospital and reflects stretch goals in areas of desired improvement. In 2019/20 the executive compensation indicators will be pulled from the safety and access dimensions.



**Table 1**

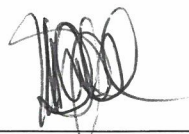
HQO Dimension	Measure	Target	Performance Corridor		
			Zero payout	100% payout	120% payout
Safety	Number of workplace violence incidents reported by hospital workers	10% increase in reporting	Less than 5%	5 to 10% increase	Greater than 10%
Access	% of children seen within 137 days for first diagnostic assessment in autism	65%	Less than 59.5%	59.5 to 65%	Greater than 65%
	% of clients seen within 91 days for first therapy service (Occupational & Physical Therapy) with the Neuromotor service	50%	Less than 44.5%	44.5 to 50%	Greater than 50%

## Contact Information

If you would like to know more about our initiatives, engagement processes or key learnings, please feel free to contact Laura Oxenham-Murphy, interim director of quality, safety and performance at [loxenham-murphy@hollandbloorview.ca](mailto:loxenham-murphy@hollandbloorview.ca).

## Sign-off

I have reviewed and approved our organization's Quality Improvement Plan for 2019/20.



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Chair of the Board of Trustees  
Dr. William Onuwa



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Chair of the Quality Committee of the Board  
Lynda Torneck



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President and CEO  
Julia Hanigsberg