

Excellent Care  
For All.



**Holland Bloorview**  
Kids Rehabilitation Hospital

**2013/14  
Quality  
Improvement  
Plan for Ontario  
Hospitals - Short Form**



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# Part A: Overview of Our Hospital's Quality Improvement Plan

## 1. Overview of our quality improvement plan for 2013-14

In 2012 Holland Bloorview launched a new strategic plan, *Leadership in Childhood Disability*, with a focus on Transforming Care, Leading the System, Accelerating Knowledge and Inspiring Our People. With a five year horizon, our strategic plan is anchored in the understanding that Holland Bloorview Kids Rehabilitation Hospital is the largest academic paediatric rehabilitation facility in Canada with a growing and vibrant Research Institute. Our four strategic goals are clearly defined with targeted outcomes that will act as the roadmap for the organization in achieving success over the next five years. Key highlights of our plan are seen below which provides a framework for our 2013/14 QIP – ***Transforming, Leading, Accelerating and Inspiring Quality Improvement at Holland Bloorview.***

Throughout our 'new' strategic plan process there was an ongoing commitment from our Board of Trustees, Senior Management Team and Senior Leadership to our clients and families in the provision of the safest care possible, timely access to services, utilization of evidence based care and authentically valuing the client and families 'voices' in all of our quality and safety initiatives. Our 2013/14 QIP demonstrates this ongoing commitment with strategic alignment and aggressive targets anchored in performance and innovation on how we partner with our families to co-create excellence in experience, outcomes and impact.

Our Quality Framework has nine key dimensions: Safety, Accessibility, Effectiveness of Care, Continuity of Care, Equity, Efficiency of Care, Work Life, Population Focus and Client and Family Centred Care.

We make excellence happen by:

- Fully engaging, listening to and partnering with our clients/families;
- Actively seeking the participation of families on all committees;
- Advancing our culture of safety to eliminate all avoidable harm;
- Utilizing various improvement science techniques to address challenges;
- Vigorously evaluating all of our initiatives;
- Doing the right thing to get the best possible outcomes;
- Providing coordinated and seamless care and;
- Making the best use of our resources in these fiscally challenging times;
- Engaging with staff to improve work life.



In 2013 Holland Bloorview continues to focus on **three strategic quality aims**: eliminating client harm, improving access to services for our clients/families and authentically partnering with our families to further advance our commitment to client and family centred care. These aims are fully aligned with our new strategic plan and build upon key objectives/outcomes over the next five years.

In 2012/13, Holland Bloorview experienced breakthrough success across all of our aims, achieving or exceeding targets. Many of these targets were aggressive and our success was achieved through focused oversight across all levels of leadership commencing at the Board of Trustees and extending to the Quality Committee of the Board, senior leadership and management. Additionally, standardized approaches, utilization of improvement science techniques (e.g. Lean), partnering/leveraging our families voice through their key involvement in all of our initiatives and the commitment of our frontline staff to do everything possible to provide exceptional care contributed to our success in 2012/13.

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Our performance over the past year demonstrates an organization that is fully entrenched in quality, safety and client and family engagement at all levels, with a strong commitment to providing timely access to services across our programs. Going forward, our quality initiatives for the organization set the stage for an ongoing focus on issues of access as we implement evidence based clinical guidelines, reviews of service models and utilization of electronic platforms. This concerted attention on access will also extend beyond Holland Bloorview onto a national scale for rehabilitation treatment centres that will look at access and outcomes for children with childhood disability. As part of the Canadian Association of Paediatric Health Centres (CAPHC) and the Canadian Network for Child and Youth Rehabilitation (CN-CYR) understanding access and outcomes from service is critical to influencing the national health system.

In 2013/14 we are challenging ourselves to set further 'stretch goals' with some of our targets attempting to achieve the 'theoretical maximum' as we have approached the ceiling of performance. There is agreement across the organization to do better for our clients and families with quality and safety as the vehicle to success.



**Leading in Client and Family Centred Care:**

Where Holland Bloorview continues to lead in our healthcare system is with our client and family centred mandate. Families are fully engaged and partnered with across all quality and safety initiatives from inception, execution to evaluation. Our deepened understanding of organizational client centredness through focused work over the past three years has informed the way in which we partner with our families to ensure engagement, respect, authenticity in partnership and shared decision making. Our families are engaged in many different ways from mentorship, leadership, teaching and participation in many committees (e.g. Strategy Council, Quality Steering Committee, Quality Committee of the Board), working groups and task forces that address quality, safety and function at Holland Bloorview. Our families partner with Holland Bloorview in our academic scholarship co-authoring abstracts and presenting at national and international forums. Our client and family involvement not only engages parents, but youth as well to better understand their perspective of the care experience. Our program boasts over 80 Family Leaders, 10 Family Mentors to partner with 'new' families entering into the health system, and Family as Faculty, providing specific education/information to second year medical students studying at Holland Bloorview. Our families are part of the

fabric of the organization, and closely aligned with our strategic quality initiatives. This past year alone our families have participated in over 110 committees that meet monthly on quality/corporate initiatives, and many have been part of the design of new processes we have undertaken (e.g. coordinated system for referral, electronic health record, failure mode effect analysis).

Our focused attention on having a client/family voice at the table to inform how our care is delivered is fully aligned with our Patient Declaration of Values. Our families have told us and continue to state they want:

- **Quality of Care** – Care is safe and based on the best evidence available. Staff are friendly and on time.
- **Respect:** We have a say and are heard. Our hopes, fears and anxieties are taken seriously, our privacy is protected, and we are not judged because of our differences.
- **Information Sharing:** Information is shared with us as soon as possible and our questions are answered honestly. We are informed of choices, risks and benefits of decisions, and when we have concerns, we are free to express these and will be heard.
- **Partnership:** We know the names and roles of the members of our health care team, and they work together to support us while in care, through transitions and difficult situations. We are important members of the health care team, and our knowledge, expertise and opinions are valued.

In 2013/14 our plan is aligned and anchored within our new strategic direction of transforming care, leading the system, accelerating knowledge and inspiring our people. We have leveraged these strategic goals with a focus on quality improvement and aligning outcomes with corporate initiatives to ensure success. We will continue our journey to eliminate harm by ensuring we incorporate a multi-pronged approach on how we educate, audit, provide feedback, share information and mentor our staff in providing the safest care. Our 'new' performance management framework will ensure that information is provided across the organization, in a visual fashion, that can be referenced to support our staff in their clinical care activities.



We will continue to focus on our access issues by implementing novel change ideas on single point of entry and service coordination to ensure that clients and families are entering the system in a seamless fashion thereby reducing redundancies and lessening their burden. In addition to streamlining the journey, new models of service delivery that are evidence based will be implemented to provide timely access to an ever growing population of children requiring assessment for neuro-developmental conditions including autism (on site and in all our satellite clinics).

Finally, our plan will continue to anchor its quality and safety journey in the authentic and meaningful relationships we have with our clients and families in all of our initiatives. Our families 'voices' are meaningful and informative as they ensure that services meet their needs as users, while often bringing their world experiences in business, industry, academia and research to assist in finding novel ways to provide care. Families bring honesty, practicality and accountability in how we build and revise our services – using their collective wisdom/voice in all of our quality/safety initiatives ensures a safer system for all users.

In 2013/14 our objectives will be as follows:

**PATIENT SAFETY – Achieving our strategic aim of eliminating harm:**

- We will continue to sustain our clostridium difficile infections (CDI) rate;
- We will improve hand hygiene, striving for and sustaining 95% compliance across all four moments of care to protect our clients and staff from infections acquired in hospitals;
- We will reduce the percentage of new pressure ulcers within the inpatient setting to less than 1.5% for all children, particularly those in complex continuing care who are vulnerable;
- We will challenge ourselves to achieve the theoretical maximum of 100% conformance to the new falls risk assessment tool on admission to minimize the risk of falls for children in inpatient programs;
- We will challenge ourselves to achieve the theoretical maximum of 100% compliance with the use of medication reconciliation tools on inpatient admission;
- We will challenge ourselves to augment our compliance to 95% on medication reconciliation of all ambulatory care visits to ensure that our clients have 'safe passage' across every transition of care, while still onboarding our final two clinics.

**EFFECTIVENESS – Achieving our strategic aim of transforming care:**

- We will ensure our total financial margin is within a range of 0 to 1% that ensures we are able to meet our financial obligations as this is 'key' to ensuring quality services to our clients/families as we move forward in this fiscally challenging environment.

**ACCESS – Achieving our strategic aim of improving access:**

- Improve access to care for clients within our Autism Spectrum Disorder (ASD) program to ensure 80% of clients have a wait time less than 182 days across all 4 assessment sites. While the focus in the past was to address our high volume of complex children at the main site, we have now achieved and sustained performance for the past 11 months. Our focus is on our satellites as they continue to change service models and utilize improvement science techniques to address access. Our indicator will look at access for autism across all services at Holland Bloorview to address inefficiencies and improve access. Autism has received system wide focus for the impact it has on clients and families. Over the past 3 years we have increased our volumes 5 fold, with referrals continuing to rise. We will strive to provide assessment services in a timely manner and ensure linkages with other resources in the community;

**PATIENT CENTREDNESS – Achieving our goal of listening to clients and families:**

- Ensure at least 95% of our clients report through survey data that "they would recommend Holland Bloorview Kids Rehabilitation Hospital to family and friends". Families recommending services is a powerful voice in evaluating how care is provided, how engaged they are in care and how well we listen to and act upon feedback. We continue our leadership in patient centredness by setting targets that are well beyond industry standards;
- Ensure at least 95% of our clients rate Holland Bloorview as "good or excellent";
- Ensuring all of our complaints are resolved in a timely fashion with families concerns being heard and solutions provided that will benefit everyone involved. Our metric of ensuring the process commences 95% of the time within 2 business days is focused on the first phase of issues resolution where the family is contacted, interviewed and their concern is then vetted to our highly trained staff to prepare for the next steps of the process, while providing support and information to families until the issue is resolved.

**INTEGRATED – Achieving our goal of authentically partnering with families:**

- Partnering with our families to ensure they have a voice in the care journey and feel empowered to advocate for their needs allows them to be the integrator and system connector for their child. We will focus on ensuring that all families who partner with us in quality, safety and organizational initiatives feel that their experience was authentic and instrumental in the shared decision making process. We will continue to evaluate the partnership experience this upcoming year with

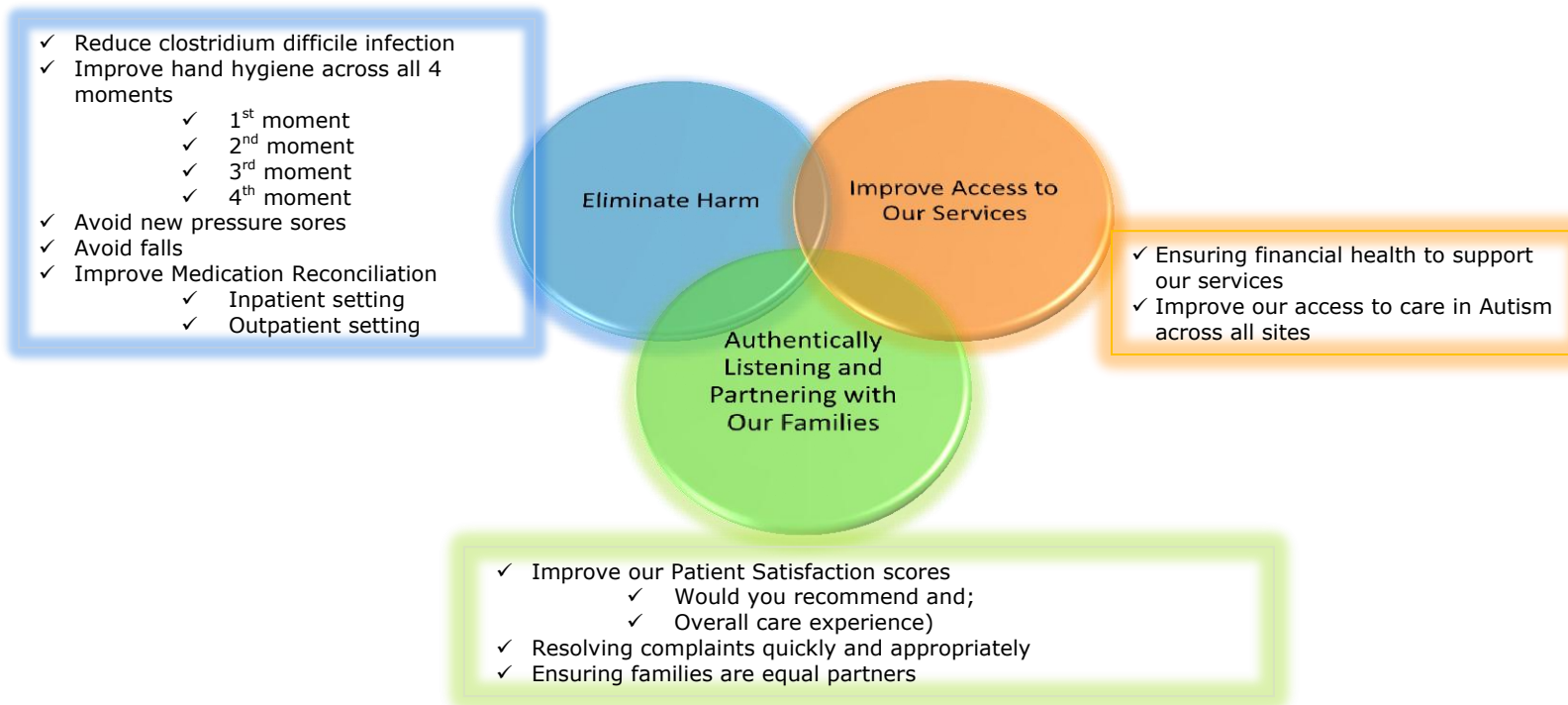
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expectations that we provide 'authentic partnership' experience 90% of the time to our families throughout their interactions with us. We will continue to survey of our 'Family Leaders' to better understand the degree of authenticity and the impact of their engagement.

## 2. What we will be focusing on and how these objectives will be achieved

Our QIP is based on our strong tradition of building, implementing and monitoring quality within client care services, coupled with our ongoing commitment to advancing safety and quality practices for our clients. Developed with broad input from our stakeholders, our quality initiatives are focused on meeting the unique needs of our clients and families and are built on leading practices within our pediatric rehabilitation population. Our objectives and initiatives are directly linked to our new 2012-2017 strategic plan and fully endorsed by our Board of Trustees.

Our QIP objectives are focused across the five dimensions of quality outlined by Health Quality Ontario: safety, effectiveness, access, patient-centredness and integration, however, the indicators are fully anchored in our 3 quality aims.



Of the fifteen indicators that we will be tracking, we have placed high priority on four that represent the organizations key focus. The 4 indicators which will be a priority are:

1. Improve hand hygiene compliance to 95% across **all four** moments of care (each is a priority one);
2. Ensure our total financial margin is within a range of 0 to 1% with the target of 0.5 %;
3. Improve access to care for clients within our Autism Spectrum Disorder (ASD) program to ensure 80% of clients have a wait time of less than 182 days across all sites;
4. Percentage family leaders who would rate the experience as an authentic partnership using a new survey tool (≥ 90% compliance)

We have aggressively shifted targets to challenge the organization over the past few years utilizing data to inform our QIP. The table below highlights that 10/15 indicators will have a new target, two with [ontario.ca/excellentcare](http://ontario.ca/excellentcare)

'theoretical maximums' and one indicator is modified substantially to address access issues. Where there has been no shift highlights the low incidence of occurrence (C-Diff) or applying a theoretical maximum is not achievable (patient satisfaction).

QIP Indicator 2013/14	2011/12 Target	2012/13 Target	2013/14 Target	Target Direction
Clostridium Difficile (C-Diff) rate per 1000 patient days	0.1	0.1	0.1	↔
Hand Hygiene (all 4 moments)	80%	90%	95%	↑
Falls Risk Assessment	80%	90%	100% (theoretical maximum)	↑
Pressure Ulcers	3.0%	2.5%	1.5%	↑
Inpatient Medication Reconciliation	80%	90%	100% (theoretical maximum)	↑
Outpatient Medication Reconciliation	80%	90%	95%	↑
Total Margin	0.5%	0.5%	0.5%	↔
Access – Autism (main site and satellites)	182 Days	182 Days	182 Days (new indicator)	↔
Tell Us What You Think – Would you recommend	95%	95%	95%	↔
Tell Us What You Think - Rating Care	95%	95%	95%	↔
Patient Complaints Initiated within 2 business days	-	80%	95%	↑
Family Leaders rating their experience as 'authentic'	-	80%	90%	↑

↔ no change in target

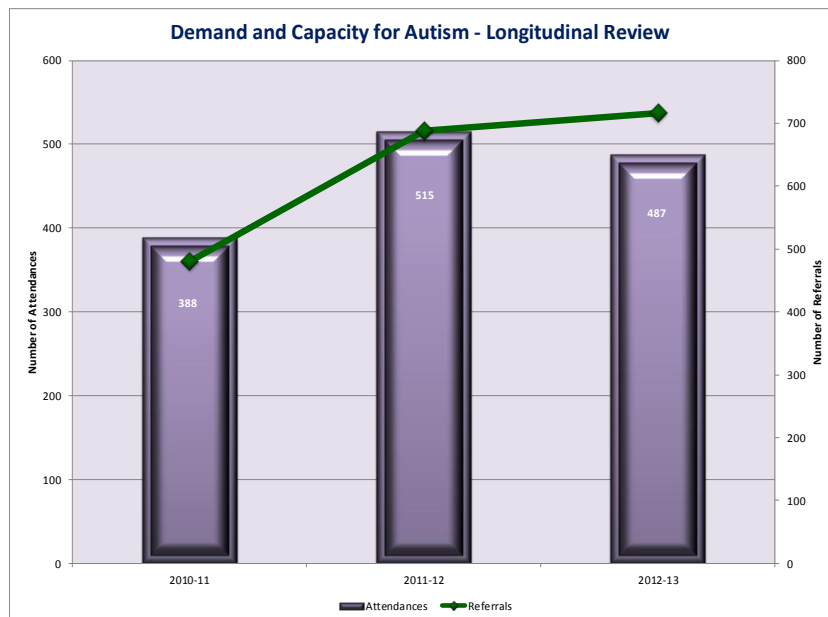
↑ increase in target

**Client Centredness:** We have placed importance on 'client and family centredness' as a key organizational focus. We continue to demonstrate novel work within the area of client and family centredness by embedding families within our committees, working groups and the Quality Committee of the Board to assist in the development of new models of service that will impact access, inform decisions and keep the ever present 'voice' at the table. Our families have also co-presented research findings, presentations and accepted abstracts nationally and internationally as full partners in the development of services. Emerging literature suggests that organizations that commit to family and client centred care have better outcomes as families ensure follow through on health care recommendations. Our change initiatives this upcoming year will continue to focus on increasing our commitment to our clients/families with augmentation to our new patient relations process, evaluating our partnerships using new surveys (e.g. rating our partnership as authentic) and embedding clients/families when developing new policies/procedures/guideline development. The new issues resolution process continues to be revised with strong client and family participation in the development of new initiatives arising from resolution. At Holland Bloorview we also capture the client experience through our patient satisfaction survey called the Measures of Processes of Care (MPOC-20). This upcoming year we will be refreshing and revising our entire family satisfaction survey to not only include the MPOC-20, but questions that will address pain, equity, cultural diversity and experience as it relates to student interactions. Our survey will be embedded within the processes of care, as well as mail out methodology to capture as many voices of our clients as possible. This new initiative will not only provide meaningful information, the 'equity' portion is fully aligned with the Toronto Central LHIN initiative of equity.

**Access:** We will continue to focus on our access challenges particularly around autistic assessment services and therefore have rated this as a priority one. The prevalence of autism in the literature is 1 in 165 children in Canada (1 in 150 in the United States) which represents over 190,000 Canadians, with prevalence increasing worldwide (Fombonne et al 2006). In Ontario alone there are over 70,000 individuals impacted by autism. Over the past 3 years the organization has seen a continued rise in the number of referrals for assessment of Autism Spectrum Disorder. Our ability to see complex clients and families in a timely fashion is critical in ensuring they get the services they will require in the community. Current best practice suggests that children should be seen within six months. Over the past 3 years utilizing improvement science using Lean methodology to reduce our waits from 700 days over 3 years

ago to 90 days at our main site. These improvements have occurred even with significant increases in the referrals into the program.

Our focus in 2013 will be to incorporate our success within our 3 satellite programs where access continues to be a challenge and implement similar standardized processes that will enable the understanding of demand for the service, increase in efficiency and effectiveness for clients. While we are not shifting our target this fiscal year, we anticipate with the 'bundling' of these services will improve access across all sites.



**Safety:** In 2013 the organization will be 'stretching' targets, exceeding literature standards or setting targets that are quickly approaching theoretical maximums. The focus of our objectives will be to use education, mentoring, immediate feedback, a visual management system and implementation of best practice guidelines to achieve our results.

Medication reconciliation in ambulatory care and inpatient services will continue to be a focus with our target stretched to 100% compliance in the completion of medication reconciliation in our inpatient setting and 95% in our outpatient settings. While the metric is set to capture our practice when clients arrive, our change initiatives will focus on medication reconciliation across the continuum of inpatient and outpatient services, using monthly audits, one-on-one education, monthly work plans to highlight areas of improvement using PDSA methodology, include this in 'core competency' training for all nurses and shifting our current electronic platform for documentation to 'prompt' staff to complete the assessment. Our excitement lies within the ambulatory care setting, ensuring that safety can live beyond the boundaries of our walls and into the community. We are one of the few organizations that will by 2013 have a full implementation of medication reconciliation in an ambulatory care setting with exceptional physician engagement.

### 3. How the plan aligns with other planning processes

While our 2013/14 QIP is a continuation of our work in 2012, the plan is fully aligned with our 'new' strategic plan. We will continue to evaluate our progress to date and determine if our quality initiatives are impacting our performance and delivery of services to our families. Throughout the process we have engaged with our clients, families, and staff to determine which indicator(s) and initiative(s) should be included and explored concerns.

Once again we *cross mapped* our QIP objectives to ensure there was alignment with other internal and external documents, reporting requirements and priorities of other agencies, these include:

- 2012-2017 'new' strategic plan
- ECFAA – Bill 46
- TC – LHIN HSA
- TC - LHIN Equity Initiative
- TC – LHIN Performance Reporting
- Patient Safety Reporting
- Integrated Quality Management Plan (2011/12)
- Adverse Events
- Tell Us Survey Results
- Client/Family Relations
- Accreditation Canada
- Canadian Patient Safety Institute



## 4. Challenges, risks and mitigation strategies

The dimension of access will continue to be influenced through policy changes to the enhanced 18-month well-baby visit. Through this increased focus on developmental milestones, we anticipate a continued increase in the referral rates by pediatricians to neuromotor and autism services. This increase in referrals will likely impact 'downstream' programs as children and their families may require additional services on-site that are not available in the community. Ultimately, this may increase wait times for assessment and impact our ability to achieve proposed targets.

Holland Bloorview is both indirectly and directly impacted by the change in focus and scope of programs provided by community agencies due to financial constraints, community input or policy changes. Ultimately, shifts in community services impact our ability to provide timely access to Holland Bloorview specialized care, and may have an impact on our ability to meet proposed targets.

### Mitigation Strategies:

- Continue using improvement science methodologies to identify and eliminate system inefficiency and look internally for capacity, while creating new community partnerships that will improve transitions and integrate care.
- Ensure there is opportunity to explore, trial and evaluate partnership models with our community.
- Environmental scanning through our networks of care providers to adapt and respond quickly to changing service levels in the community which may impact our clients and families across Ontario.

**Health System Funding reform (HSFR):** HSFR funding reform at Holland Bloorview is implemented quite differently than acute care settings where funding is based primarily on HBAM and Quality Based Procedures (QBP). Within paediatric rehabilitation there currently are no defined QBPs that would impact the organization, however our fiscal stewardship and desire to look at service models and clinical practice guidelines is evident. Our new strategic plan under 'Transform Care' focuses on clinical practice guidelines that will not only provide the best care to clients, but in the most efficient and effective way. Evidence to Care is a part of our culture in ensuring that the right service is provided at the right time, by the right people.

Our consistent use of data to better understand demographics of our population, demand & capacity issues, variation within processes has been the cornerstone of all of our quality improvement initiatives and decision making processes at the Board and Senior Management level. A strong performance framework has enabled solid and evidence based decision making, while allowing for opportunities for improvement to emerge. Implementation of our Coordinated System for Referral, which is an organization wide central patient scheduling initiative, will further augment our knowledge of resources and what is required to provide optimal and appropriate care.

## Part B: Our Improvement Targets and Initiatives

Dimension	Indicator	Performance Q3 -2012/13	Target	Priority	Justification of Target	Change Ideas	Metrics
Safety	<b>Clostridium Difficile infection (CDI) rate</b> per 1,000 patient days	0.18	<0.1	3	C-difficile continues to have low incidence at Holland Bloorview with very few children acquiring the infection. Our performance over the past two fiscal years continues to hover at 0.11 per 1000 patient days. While there have been ongoing improvement initiatives, our incidence with our inpatient setting is quite low and we anticipate little or no further reduction.	<b>Strategic Goal – Sustain the low incidence of C-difficile in clients at Holland Bloorview through best practices for antibiotic stewardship, hand hygiene and increased symptom identification</b>	
	<b>Hand Hygiene - Before initial patient/patient environment contact</b>	87%	95% (new target)	1	Hand Hygiene continues to be a key priority for the organization despite excellent performance. Our hand hygiene targets have increased over the past 3 years incrementally to reflect our ongoing improvement and targeted initiatives. Moving towards 95% will be an aggressive target as performance is reflective across the entire organization (inpatients, respite care, ambulatory clinics, prosthetics and orthotics). Our historical data supports the shift in target and the organization will implement additional initiatives to support the work.	<b>Strategic Goal – Increase Hand Hygiene Compliance across all 4 moments of care across inpatient/outpatient settings</b> a. Refreshing of the E-Wise module on hand hygiene and moments of care b. Performance Reporting at the Program/Service/Discipline level to share results monthly/quarterly – Inspiring our People c. Implementation of ‘electronic auditing tool’ to allow for ‘real time’ information and one-on-one mentoring at point of testing d. New ‘branding’ campaign around hand hygiene – linking the brand to impact of best practice e. Targeted Discipline Education – leveraging existing practice councils to shift ‘standards of practice’ f. Implementation of the Patient Safety Education Program on Infection Prevention ‘Hand Hygiene’ to increase understanding the importance of minimizing spread of nosocomial infections within all program meetings (bi-annually) g. Leverage the Family Advisory Committee and Family Leaders in a new Hand Hygiene Initiative on ‘community and family’ awareness h. Hand Hygiene tied to executive compensation with a more aggressive target across all 4 moments of care	<ul style="list-style-type: none"> <li>• 100 % completion of E-Wise modules</li> <li>• 100 % of programs with available data to share with staff</li> <li>• 5% increase in the percent compliance after brand launched</li> <li>• 5% increase in discipline rates of hand hygiene compliance</li> <li>• 5% increase in overall hand hygiene rates</li> <li>• 70% of staff (through survey) reporting education impactful</li> <li>• Involve two families in the development of ‘community awareness’ campaign for hand hygiene</li> <li>• 80% of families receiving educational pamphlets for families surrounding community spread of infections and hand hygiene linkage in ambulatory care clinics</li> <li>• Achieving performance target/corridor set out</li> <li>• Explore the interaction of nosocomial infection rates on inpatient setting and hand hygiene strategies</li> </ul>
	<b>Hand Hygiene - Before aseptic procedure</b>	100%	95% (new target)	1			
	<b>Hand Hygiene - After body fluid exposure risk</b>	94%	95% (new target)	1			
	<b>Hand Hygiene - After patient/patient environment contact</b>	89%	95% (new target)	1			
	<b>Pressure Ulcers:</b> Percent of inpatients (complex continuing care, rehabilitation and respite clients) with newly acquired pressure ulcers in the last three months (stage 2 or higher) while at Holland Bloorview	0.75%	1.5% (new target)	3	The organization has set the target at the provincial benchmark. Our occurrence of pressure ulcers is infrequent and performance influenced with one ‘new’ case creating an artificial concern within practice. Additionally, the monitoring of pressure ulcers is relatively new and we have continued to decrease our target over the past two years to continue to challenge our practices. As we continue to monitor this element within the population, our metric will evolve to consider other ways of tracking performance that are sensitive to change, but not influenced by one case.	<b>Strategic Goal – Reduce the number of clients with acquired pressure ulcers at Holland Bloorview by implementing best practices on wound prevention/management</b>	
	Percent of inpatients with a completed <b>Falls Risk Assessment</b> on admission.	100%	100% (new target)	3	We have tracked falls admission assessments over the past 3 years with last fiscal year demonstrating 96.1 compliance to completion of the tool. Our process control charts reveal stability within the process, and there has been demonstrated improvement with initiatives that suggest moving towards a theoretical maximum is appropriate. Additionally, the electronic health record and embedding force functions within the platform ensures our staff are completing assessments for high risk clients.	<b>Strategic Goal – Reduce unavoidable falls through ‘risk assessments’ of complex clients</b>	
<b>Inpatients - Percent complete Medication Reconciliation</b> on inpatient admission	100%	100% (new target)	2	Holland Bloorview has implemented and tracked medication reconciliation for several years with many initiatives to ensure knowledge, understanding, evidence based practice. Our performance over the past 9 quarters is 97.2% with sustained results - as such, the organization is striving for the theoretical maximum of 100% with a performance corridor of 5-10% to account for system variability.	<b>Strategic Goal – To ensure all of our clients are assured safety as it relates to the management of their medication</b> a. Final onboarding of last two ambulatory care clinics b. Visual management of monthly clinic auditing for physicians and nurse practitioners c. Monthly huddles of results with team members d. Implementation of results at Medical Advisory Committee (MAC) meetings annually	<ul style="list-style-type: none"> <li>• 100% onboarding of all ambulatory care clinics</li> <li>• Implementation of visual management and huddles monthly with clinic leads</li> <li>• Discussion of results at MAC and Patient Safety Committee</li> <li>• Attainment of theoretical targets</li> </ul>	
<b>Outpatients - Percent complete Medication Reconciliation</b> on outpatient clinic visit assessment.	96.4%	95% (new target)	2	Ambulatory care medication reconciliation is a relatively new process within the organization with clinics being ‘on-boarded’ over the past 12 months. The organization while having implemented a new process since Q3 fiscal 2011/12 is performing well, there are two more clinics to be ‘onboarded’ before the entire organization has medication reconciliation embedded in practice. AS such, without data for more than 12 months, the target was based on historical data (12 data points) that identified compliance at 92.9% and not all clinics onboarded, our increase in target is modest but appropriate.			
<b>Effectiveness</b>	<b>Total Margin</b> (consolidated): Percent by which total corporate revenues exceed or fall short of total corporate expense, excluding the impact of facility amortization, in a given year.	0.9%	0.5%	1	With current fiscal challenges across the system, with a zero based funding increase, ensuring that we maintain a positive Total Margin is critical for the organization. Historical data suggests our target is appropriate while developing internal strategies to ensure success. We have allocated a range of success from 0.5 to 1.0 as the performance corridor.	<b>Strategic Goal – To meet target within the fiscally challenging year</b> a. Active monitoring of any ongoing financial variances by our Finance team b. Monitoring of resource and service management through our performance framework within Programs and Services c. Implementation of long term deficit management strategy at senior management level	<ul style="list-style-type: none"> <li>• 100% compliance to completed variance reports quarterly within the financial cube</li> <li>• Quarterly performance reporting of fiscal stewardship to senior leadership</li> <li>• Meeting target of 0.5%</li> </ul>

Dimension	Indicator	Performance Q3 -2012/13	Target	Priority	Justification of Target	Change Ideas	Metrics
Access	<p><b>Wait times</b> : 80th percentile in length of wait times for clients being assessed for Autism across all clinics measured in days (areas to be bundled)</p> <ul style="list-style-type: none"> <li>Main Site</li> <li>Toronto East General</li> <li>St. Joseph's</li> <li>Branson</li> </ul>	280 days	182 Days (new indicator)	1	While the main site has achieved success in meeting target with data Q1 - 171 days, Q2 - 91 days, Q3 89 days, this did not include the 3 satellite clinics where process improvement and service model delivery has been shifted to emulate the success at the main site. The target has not shifted to account for the 3 sites where improvement has just begun and standardization is in process. Wait times using the 80th percentile model over the past year ranges from 168 days to 483 days, with two of our sites just recently having attained target. The focus this year will be to 'bundle' all of the sites into one collective wait for all autism services to capture all the improvement work being done at our satellite clinics, as well to reflect the centralization of referral management.	<p><b>Strategic Goal – Meet or exceed target of 182 days for all clients access Autism services across Holland Bloorview (main site and satellites)</b></p> <ol style="list-style-type: none"> <li>Re-design models of care at satellite clinics to standardize and align to current best practices in Autism diagnosis using process improvement techniques (e.g. workload levelling)</li> <li>Centralize processing of referrals to the main site to reduce waste and augment client &amp; family centred care</li> <li>Utilization of value stream mapping for processing of referrals</li> <li>Linking initiatives – centralizing referrals with the Coordinated System for Referral initiative which ensure a single point of access for referrals from families</li> <li>Implementing visual management system of performance to monitor demand/capacity within Client Appointment Services</li> <li>Implement a new 'referral' to community practitioners (18 month initiative) to community providers to reduce the number of clients wait for service due to 'work arounds' or 'defects' in the referral form.</li> </ol>	<ul style="list-style-type: none"> <li>Implementation of satellite model redesign by Q3 2013/14</li> <li>25% reduction in the number of referral workarounds due to non-standardized processes</li> <li>80% compliance of new 'referral processing system' by internal stakeholders</li> <li>80% compliance of new 'referral processing system' of external stakeholders</li> <li>10% increase in the number of referrals processed for Autism services annually</li> <li>Implementation of monthly/quarterly reporting of demand/capacity indicators for medical clinics (new process with no baseline data)</li> <li>Implementation of monthly/quarterly reporting of cancellation rates (new process with no baseline data)</li> <li>80<sup>th</sup> percentile wait time for( target of 182 days) 1<sup>st</sup> service received</li> </ul>
Client Centred Care	<p><b>Tell Us What You Think survey.</b> Percent "yes" responses to Question: Would you recommend Holland Bloorview Kids Rehabilitation Hospital to family and friends? Rating Scale: Yes/No</p>	95.5%	95%	3	Holland Bloorview has maintained performance near or above 95% for the past two fiscal years. Over the past two years, our response rate has been quite low and a corporate initiative has taken place to improve response rate in 2013/14 to ensure more voices of our clients are heard. In particular, on our inpatient settings 'pulse checks' will be implemented by including surveys at discharge for families to complete. Anticipated is very minimal shift in performance, however a broader representation of families in our inpatient setting will be included in the sample size. This initiative of reviewing our patient satisfaction process has been over the past 12 months to ensure we increase the 'voice' of families and clients.	<p><b>Strategic Goal – to ensure the voices of our clients are heard with a broad representation of who we serve</b></p> <ol style="list-style-type: none"> <li>Redesign of the methodology to ensure a higher response rate of our families</li> <li>Re-branding of the survey to increase awareness of need for more family feedback</li> <li>Pulse Check for all inpatient clients with surveys provided at discharge (commencing in our specialized orthopaedic developmental rehabilitation [SODR] unit)</li> <li>Embedding of new core questions to address equity and education</li> </ol>	<ul style="list-style-type: none"> <li>20% increase in response rate</li> <li>50% response rate for 'pulse checks' in our SODR service</li> </ul>
	<p><b>Tell Us What You Think survey.</b> Percent 'excellent and good' rating by clients and /or families. Question: Overall, how would you rate Holland Bloorview? Rating scale: Excellent, Good, Fair, Poor</p>	92.0%	95%	3			
	<p><b>Percentage of complaints</b> with initial contact &amp; interview commencing the resolution process to families within two business days (# addressed within 2 days/total number received)</p>	100%	95% (new target)	3			
Integrated Care	<p><b>Percentage of Family leaders</b> who would rate their experience as an authentic partnership. Using a new survey administered to our 'family leaders' we will be evaluating the 'authenticity' of the partnerships.</p>	94.9%	90% (new target)	1	This client relations process was implemented in Q1 fiscal 2012/13 with no historical baseline data. Over the course of the past 3 quarters our performance has improved, but there has not been a period of adjustment or one full year's data for review. Performance over the past 3 quarters have been as follows: Q1 - 84.3% Q2 - 85.6% Q3 - 94.9% Our commitment to 'authentic partnership' is evident across all of our organizational documents, hence the increase in target despite lack of data. As we continue to validate the tool that is 'measuring' this element, we continue to increase our target (10% increase from last QIP) to demonstrate our commitment in ensuring our relationships are meaningful and leveraging the information to advance our Client and Family Centred Care model.	<p><b>Strategic Goal – Ensure Family Leaders feel their experience is an 'authentic partnership' with Holland Bloorview using a new tool</b></p> <ol style="list-style-type: none"> <li>Analysis of the results of the tool</li> <li>Validation of the 'authenticity tool' for standardization</li> <li>Focus group interviews to identify areas for change/shift to augment engagement, respect and authenticity domains of the tool</li> </ol>	<ul style="list-style-type: none"> <li>Face validity of developed tool</li> <li>10% improvement of scores from baseline target of 80%</li> <li>Identified themes for quality improvement initiatives to be anchored in client and family centred care</li> </ul>

## Part C: The Link to Performance-based Compensation of Our Executives

At Holland Bloorview, six of the seven priority '1' quality indicators outlined in our QIP (noting that hand hygiene while represented as one indicator in the table below has 4 separate indicators reflective of each moment of care) will be tied to executive compensation. These four indicators are spread across the 4 dimensions of quality outlined by HQO and have been selected as priority '1' indicators for the organization.

These indicators were selected with broad input from stakeholders, including families and clients as key objectives that will make an important improvement in the quality of our programs and services, as well as recognition of the upcoming fiscal year which may present challenges. To ensure the accountability of executives at Holland Bloorview to drive performance and improve quality care, 25% of each executive's bonus (at-risk pay) will be directly tied to the successful achievement of these four objectives in our Quality Improvement Plan. This allocation of 'at risk pay' is consistent with guidelines from the Ontario Hospital Association (OHA).

Payments will be awarded based on achievement within the outlined performance corridors for each objective stated below and with each objective weighted equally. All executives will be equally responsible for achievement of the Quality and Safety objectives outlined as Holland Bloorview recognizes this is a shared accountability across the organization.

Recommended for 2013/14 QIP are that the following indicators be tied to executive compensation with equal weighting and distribution:

Dimension	Measures	Priority Ranking	Performance Corridor		
			Zero payout	100% payout	105% payout
Safety	1. Improve hand hygiene compliance to 95% across the four moments of care	1	Less than 85.5%	85.5% to 95%	Greater than 99.75%
Effectiveness	2. Ensure our total financial margin is within a range of 0 to 1% with the target at 0.5%	1	Less than 0	Within range of 0 to 1.0%	Greater than 1.05%
Access	3. Improve access to care for clients within our Autism Spectrum Disorder (ASD) program (all sites) to ensure 80% of clients have a wait time of less than 182 days	1	Greater than 201 days	201 days to 173 days	172 days or below
Integrated Care	4. 90% of Family Leaders who would rate the experience of partnership as authentic.	1	Less than 81%	81 to 90%	Greater than 94.5%

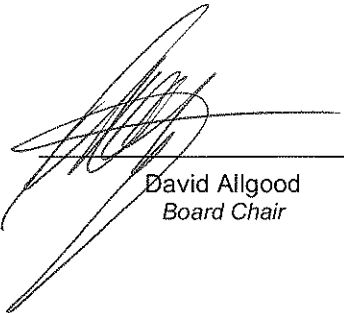
	Target was not met and 'at risk pay' linked to target not paid – performance corridor set at below 10% of target
	Target was fully met and 100% of 'at risk pay' paid – performance corridor set at below 5% of target
	Exceeded target and bonus of 105% allocated to achievement – performance set at 5% above target

## Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities (*refer to the guidance document for more information*).




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David Allgood  
Board Chair



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Dr. Ron Laxer  
Quality Committee Chair



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Sheila Jarvis  
Chief Executive Officer