

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

- April 1, 2025

Holland Bloorview
Kids Rehabilitation Hospital



**Ontario
Health**

OVERVIEW

As Holland Bloorview celebrates our 126th anniversary in 2025, we continue to strive towards exceptional leadership in pediatric rehabilitation provincially, nationally and internationally. Guided by our Strategic Plan, “Transformative Care, Inclusive World: Holland Bloorview 2030” (HB2030) which launched in 2023, we envision that by 2030 Holland Bloorview will provide care and services for children, youth and families that is agile, socially accountable and transformed by research and education. This plan was born out of the strengths, passions, expertise, and experiences of the Holland Bloorview community, and demonstrates and confirms our commitment to advancing high quality, safe care for our clients and families, and partnering fully to better understand how to best advance the care experience, and the experience of our staff, volunteers and learners.

Our 2025/2026 Quality Improvement Plan (QIP) reflects an ongoing journey with respect to our key priorities in the context of our new strategic plan, while building capacity through partnerships with staff, clients and families and reflecting on system opportunities across the pediatric healthcare landscape.

In total there are 6 indicators included for the 2025/2026 QIP as outlined below:

1. Median of wait time for all Neuromotor therapy/services (OT, PT, SLP, Psychology, and Social Work) with a target of 100 days.
2. Percent 'excellent' rating by clients and/or families to the question: 'Overall how would you rate Holland Bloorview?' with a target of 65%
3. Percentage of medication reconciliation completed for inpatients

at discharge with a target of 95%

4. Number of pressure injuries greater than stage 2 and unstageable per 1000 patient days with a target of 0.2
5. Ratio of repeated workplace violence incidents (same initiator) to total number of workplace violence incidents with a target of 45%
6. Number of survey responses for clients who provide Sociodemographic data with a target of completing 1,500 surveys

Holland Bloorview continues to collaborate with several 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 Children's Hospitals' Solutions for Patient Safety (SPS) network, the Health Standards Organization (HSO), Accreditation Canada, Children's Healthcare Canada (CHC), GTA Rehabilitation Network, Rehabilitation Care Alliance, Toronto Academic Health Sciences Network (TAHSN), Kids Health Alliance (KHA), Solutions for Kids in Pain (SKIP), Empowered Kids Ontario (EKO), Provincial Council on Maternal and Child Health (PCMCH), Ontario Hospital Association (OHA), the Centre for Quality Improvement and Patient Safety (CQuIPS), Bloorview Research Institute, and Ontario Health's Paediatric Health Equity Data Working Group.

Strategic Plan 2023-2030

Goals



Commitments

Our commitments are the lens through which we see the Holland Bloorview 2030 strategy:

Caring Safely

We will ensure the safe thing to do, is the easy thing to do as we strive for zero harm across the hospital.

Co-design

We will engage the expertise of our team, children, youth, families and alumni to co-design care, services and pathways.

IDEAA

We will build an inclusive, diverse, equitable, accessible and anti-racist environment that treats all individuals with respect and fairness.

Reach

We will share and spread knowledge with pediatric health providers locally, nationally and globally.

Sustainable

We will lead with a lens on environmental, financial and human sustainability.

ACCESS AND FLOW

Over the course of FY 24/25, our access & flow teams have successfully launched two foundational projects as part of our strategic plan HB 2030. These are the implementation of Patient Connect and a Centralized Booking system. Patient Connect is a Meditech solution for automated voice and text appointment reminders (integrated with our Health Information System). Through the implementation of Patient Connect, clients will receive reminders in the form of texts or automated voice calls for all ambulatory appointments. The solution aims to reduce missed opportunities for care (“no-shows”) for ambulatory appointments as well as improve the client and family pre-appointment experience. We expect to see a corresponding increase in advance cancellations in FY 25/26, and the team will work to create workflows that allow us to book appointments at short notice so as to better use appointment slots made available through cancellations. Secondly, the implementation of Centralized Booking - a call center for ambulatory physician appointments, will result in better patient experience for booking appointments. Through manual data collection from multiple team members, we know that approximately 50% of calls made to clients are not answered the first time. The implementation of a call center will create an efficient booking process while improving the client and family experience. In FY 25/26, the team will also be working with Decision Support and Data Analytics to create dashboards that give us information related to new vs follow up ratios for clinicians and physicians. These dashboards will be used to better prioritize new clients’ vs follow up appointments as related to our 25/26 targets.

EQUITY AND INDIGENOUS HEALTH

In September 2023 Holland Bloorview established an 18-month IDEAA (Inclusion, Diversity, Equity, Accessibility and Anti-Racism) Workplan. 2024-2025 fiscal saw the addition of staff to the IDEAA office, including an anti-racism implementation specialist (full-time) and Indigenous health equity specialist (part-time), and administrative support. This resulted in a tangible increase in consultations, as well as the production of educational resources for staff, clients and families.

Summary of 2025-2026 goals include:

- Launch “Closing the Loop – Roadmap to confront Anti-Black Racism”: Identified actions in the roadmap emphasize the importance of creating culturally safe healthcare spaces for Black staff, clients, and families.
- Truth and Reconciliation: 2024 saw the amplification of Indigenous education through the creation of resources unique to Holland Bloorview and the healthcare context. For example, our annual anti-racism education series incorporates considerations of Indigenous anti-racism and health inequities. This year, [The Virtual Talking Circle](#) resource was developed for staff and volunteers. We also amplified key observance dates and months such as [Ribbon Skirt Day](#), Red Dress Day, and [National Indigenous History Month](#). A [land acknowledgement resource guide](#) specific to the Canadian healthcare context, was created, as well as a [September 30 newsletter](#), with [a summary of IDEAA resources](#) and [resources on Jordan's Principle](#) to help support personal learning and to take individual steps towards reconciliation. Holland Bloorview’s Smudging policy, which was first launched March 2024, is now undergoing an iterative process of adjustment, based on feedback from clients, families and staff. The process has resulted in the identification of additional indoor smudging spaces and the creation of an outdoor smudging area to be officially launched in early Spring 2025.

- Continue expanding the IDEAA lens: An in-house trauma and violence informed care toolkit is currently being developed by Collaborative Practice, Teaching and Learning and the IDEAA office. It will be launched later in 2025. This is an opportunity to intentionally and strategically expand the IDEAA healthcare-based lens even further and to incorporate a broader understanding of providing trauma-informed care and eventually being a trauma-informed organization.
- Data collection: Socio-demographic data collection of clients and families, applicants and staff are meant to accomplish several things: It can corroborate what we already know, it can generate information that informs a strategy; and when used appropriately, it actions change. The end of the 2024-2025 fiscal marks nearly one year of socio-demographic data collection:
 - Client socio-demographic data collection (launched January 2024)
 - Applicant socio-demographic data collection (launched March 2024)
 - Employee socio-demographic data collection (launched June 2024)

2025-2026 will focus on ensuring the establishment of rigorous data governance rules especially regarding Indigenous data collection; and analysis of the data to determine priority groups that will help identify the creation of initiatives.

- Expansion of inclusive employment strategy: Early 2024, the Inspire, Hire, Train, Retain (IHTR) project was launched. Eight Ontario health-care organizations, led by Holland Bloorview Kids Rehabilitation Hospital and Halton Healthcare, have designed and pilot-tested disability inclusive employment training for health-care leaders. The training resource builds awareness of human resources practices to attract, train and retain individuals with disabilities, as people with disabilities and health conditions work and thrive in a variety of roles in Ontario health-care organizations. The IHTR resource is now available to all Ontario health-care organizations. The 2025 -2026

fiscal year will undoubtedly build on the promotion of this resource and development of an impact report. This initiative builds upon the continued success of Project SEARCH, a school- to-work employment training and transition program for high school students with intellectual or developmental disabilities. This partnership with University Health Network and education system partners, has provided opportunities to expand our inclusive employment mandate

- Supporting the equity needs of clients and families: In 2024 Holland Bloorview launched its [Family Navigation Hub online](#) to increase accessibility to vital information and services related to social needs including stable housing, food security, income support, and childcare. An online presence for the Family Navigation Hub allows the hospital to expand family and staff access to commonly used community resources that address social determinants of health. The hub is also complemented by [CommunityCONNECT](#), monthly virtual sessions dedicated to connecting families with vital community resources. We anticipate that more staff and families will access this resource over the coming months

PATIENT/CLIENT/RESIDENT EXPERIENCE

Client and Family Integrated Care (CFIC) continues to be a key strategic focus of the organization through our commitment to meaningful co-design with clients, families, and caregivers via our HB2030 strategic plan. Ongoing engagement of clients and families which integrates the expertise and wisdom of our clients and families is central to everything we do at Holland Bloorview, as evidenced through well-established youth and family engagement programs, and paid family as faculty and youth facilitator roles. Youth and family leaders are also embedded as active members on most hospital committees and working groups. While co-creating our new 2030 strategic plan we conducted over 150+ touchpoints with youth and families, with Family and Youth leaders acting as pivotal members of the strategy taskforce. Our new strategic plan continues to reflect our commitment to the co-design of care, services, and clinical pathways with clients and families. We also have

actively engaged our family and youth advisory committees in shaping our Quality, Safety and Performance priorities, including the elements of this year's QIP.

The Qualtrics patient experience survey that launched in late 2023 continues to be completed by our clients on a regular basis. These are currently being completed via email links, QR codes, and at registration points. Data from these surveys is being analyzed with the goal of driving improvement efforts during this fiscal year.

We also continue to promote the Family Navigation Hub sessions, with a 50% target of families rating their satisfaction greater than 3 out of 5.

PROVIDER EXPERIENCE

With the launch of our new strategic plan "Transformative Care, Inclusive World: Holland Bloorview 2030" one of our four goals is Healthy Team. Holland Bloorview is committed to empowering a thriving, diverse team, equipped with skills, tools and time to learn to do their best work and with the agency to effect meaningful change. Our key activities related to Healthy Team include advancing technologies and process improvements to de-burden our team, creation of opportunities for social connection, and enhanced mentorship models.

This past year we refreshed our mental health strategy with a wide continuum of supports, from organization-level mental health promotion to individual-level mental health intervention - the strategy included encouraging professional growth and development through education supports, wellness resources such as yoga, a lunch hour swim program, a reflection room and stress first aid training across the organization. This upcoming fiscal year we also are enhancing our mental health employee benefits coverage. We also partnered with our retail food provider to expand access to healthy food options and enhanced food options on evenings and on weekends.

We successfully completed the compensation review process to ensure that

our compensation models continue to be fair and competitive to ensure we can attract and retain excellent clinical and non-clinical staff. In Q3 of FY 23/24 Holland Bloorview expanded the clinical scholar program to include occupational therapy and physiotherapy. The Clinical Scholars spent the 24/25 FY year focusing on clinical mentorship by offering education in-services, consultation to staff on clinical topics and cases, and co-designing resources with and for clinical staff. The clinical scholar roles have contributed to the knowledge and confidence of the staff that is needed to meet the needs of children and youth with disabilities and developmental differences within Holland Bloorview and the community more broadly. The clinical scholar roles will allow staff to gain the specialized skills, knowledge and confidence required to meet the needs of children and youth with disabilities and developmental differences within Holland Bloorview and the community more broadly.

In addition, we continue to offer our Employee and Family Assistance program through ComPsych, which is also extended to volunteers and students.

SAFETY

Holland Bloorview's Caring Safely program was introduced to strengthen the hospital's quality and safety framework and help us achieve our goal of becoming a high reliability organization (HRO). In 2020, we became a part of the Children's Hospitals' Solution for Patient Safety (SPS) Network, a collaborative effort among pediatric hospitals across North America focused on improving patient and employee safety. The mission of SPS is to eliminate serious harm in all children's hospitals. Through training, practice-sharing, and educational opportunities offered by SPS, we have gained valuable insights into high reliability leadership principles and best practices for fostering a safe environment for clients, families, students, trainees, and staff. We are in the process of implementing the high reliability leadership principles and best practices that are recommended by SPS as described below.

In 2024/25, over 85% of staff completed Error Prevention training. This training has become a mandatory requirement for all new staff to

complete via e-learning modules within three months of their hire date. To further support the hospital's safety culture, we expanded the training to include contracted staff, such as those in environmental and food services, and made it available in multiple languages to ensure accessibility. The Error Prevention training equips staff with the tools to identify safety concerns and empowers them to proactively address risks in their daily work, strengthening the organization's overall culture of safety.

Our Safety Coach program expanded in 2024, featuring a diverse group of clinical and non-clinical staff who are passionate about safety. These coaches undergo additional training to observe their peers' work behaviors and provide peer-to-peer coaching to reinforce Error Prevention safety practices and behavior expectations. The Safety Coach team plays a key role in shaping the culture at Holland Bloorview by promoting accountability and sustainability of error prevention across the organization. Since September 2024, we have been profiling one safety coach each month on our hospital intranet, HB Connect. Each profile highlights their work and expertise on various topics that contribute to a culture of safety, such as advocating for an error-free environment, identifying gaps in pediatric rehabilitation, working toward zero harm, and fostering a culture of safety through error prevention practices.

The Daily Safety Brief (DSB) has been operational since September 2023. It is a daily huddle with executive and senior leaders that ensures the team stays informed about hospital operations and addresses immediate issues affecting the front line. It serves as a platform to share operational updates, identify challenges, assign responsibilities for resolution, and align priorities for the day—an essential practice for high-reliability organizations. This forum serves as a daily reminder of our leadership's commitment to maintaining a safety-first mindset.

In June 2024, we refreshed the Rehabilitation and Complex Continuing Care unit daily morning huddle to meet the SPS expectations of the SPS Daily Unit Safety Huddle, another high-reliability leadership tool within the SPS Leadership Methods toolkit. The Rehabilitation and Complex

Continuing Care Safety Huddle runs daily, Monday through Friday, and serves as a forum to keep leadership informed of front-line operations. It provides an opportunity to review operational status, address problems, assign ownership for resolutions, and align daily focus and priorities.

In the fall of 2024, guided by SPS, Holland Bloorview embraced Proactive Safety principles and tools. One tool from the SPS Proactive Safety toolkit that we applied this past year was the Walk-Through Talk-Through (WT3) tool, which we implemented in the Extensive Needs Service (ENS). The WT3 tool proactively identified risks and helped develop mitigation strategies for transitioning ENS clients at Holland Bloorview Kids Rehabilitation Hospital. The insights gained from this tool informed pre-planning for the new ENS space before its opening, and specific construction changes were made based on the results.

In 2024/25, we expanded our Apparent Cause Analysis (ACA) toolkit. The Safety Manager and specialist developed an ACA worksheet, toolkit, and presentation to guide the Rehab/CCC Operational Managers in using the ACA toolkit. This toolkit helps our managers efficiently identify the root causes of problems, develop appropriate solutions, and prevent recurrence, driving continuous improvement in organizational processes. ACA documentation is now live in Meditech under Quality Management. To support this process, the QSP team has begun entering ACA documentation completed this fiscal year. This practice enables the QSP team to document, track, and review our learnings and actions for ongoing improvement efforts.

As we enter FY 25/26, we have revamped our leadership rounds by implementing Executive Leader Rounds (ELR). ELRs offer executive leaders the opportunity to engage directly with teams, gain insight into the "pulse" of the work, build relationships, and foster a culture of psychological safety by obtaining staff feedback related to safety. Executive leaders will ask questions focused exclusively on safety and use a customized software platform (Readiness Rounds) to coordinate scheduling, manage questions, and compile staff feedback into a top 10 list of safety issues to address.

In addition to ELRs, our Operational Leaders will restructure their existing staff rounding process to meet the SPS recommendations for another high-reliability leadership tool called Rounding to Influence (RTI). RTI is a method for operational managers to engage with front-line staff, reinforcing the hospital's commitment to safety and enhancing the experience for both clients and staff. This tool will be implemented once operational managers have been trained, with training plans currently in development for fall 2025.

Preventing client falls remains a priority at Holland Bloorview. To minimize fall-related harm, we implemented a falls prevention audit process across the Rehabilitation and Complex Continuing Care inpatient units effective February 5, 2025. The falls audit incorporates the SPS-recommended bundle of techniques for preventing falls in children. This bundle highlights evidence-based practices and high-reliability concepts aimed at reducing fall-related harm.

In FY 2024/25, reducing employee harm associated with patient behavioral events (PBEs) was a top priority. Since the introduction of non-violent crisis intervention (NCI) training in December 2023, over 200 frontline staff have completed NCI training, with those in the highest-risk roles receiving NCI with advanced physical skills training better preparing our staff in behaviour de-escalation and management of high-risk behavioural events.

POPULATION HEALTH APPROACH

With the launch of our new strategic plan “Transformative Care, Inclusive World: Holland Bloorview 2030” one of our four goals is Care that is Socially Accountable. Holland Bloorview continues to be a committed health system leader in meeting the needs of children and youth with disabilities and developmental differences. We strive to better equip clients and families with the skills and resources needed for self-advocacy and to be a voice for policy and system change.

In the 2024/2025 fiscal year, the Extensive Needs Service focused on continued integration of patient health equity and population health

data to inform partnership development to deliver care closer to home for our patients. Through the development and implementation of a patient level sociodemographic and population based demographic dashboard that utilizes advanced geospatial analytics to overlay multiple data layers such as population disability, marginalized populations & patient demographics, we have identified new models of care to provide timely service to patients when and where they need it. To promote equitable access to the Extensive Needs Service, and with a commitment to provide services that best meet the needs of unique communities, Holland Bloorview worked with system partners to develop and implement an integrated service delivery model across the region. We partnered with Children’s Treatment Network, Grandview Kids, Michael Garron Hospital and Surrey Place as the inaugural members of the Regional Network of Extensive Needs Service Partner Organizations. Demographic data have led Holland Bloorview to these initial strategic partnerships. Both Durham and York Region and parts of East Toronto have a high concentration of children and families who need this essential service. As Holland Bloorview continues its integration across the region, we hope to partner with organizations in the north-west corridor of Toronto and west GTA in areas with the highest concentration of need. Specifically, the data-driven approach to service model development included:

1. ***Using Advanced Geospatial Analytics and Population Social Determinants to understand neighborhoods and catchment area***
 - use of the most advanced analytics geospatial analysis to accurately determine the children rehabilitation needs and identify the communities that are underserved and have gaps in care
2. **Analyzing Client Health Equity, Population & Community partner data**
 - Identifying acute care hospitals, children treatment rehab centers, primary care providers and other health care providers across the neighborhoods and catchment allowed us to identify potential partnership opportunities with community network of providers and tap into the Ontario health team network.

3. Precision Focus on Toronto Neighborhoods

- Our initial work is focused on the Toronto region, with the potential for this new care model to be deployed to support capacity building and increased access to care in communities across Ontario, including in northern, rural and remote areas.

Our data driven approach was highlighted as a best practice as part of Holland Bloorview's validation and achievement in obtaining HIMSS AMAM (Adoption Model for Analytics Maturity) Stage 7 which represents the highest level of analytics and data governance maturity for healthcare organizations.

We continue to collaborate with community partners within our Transitions programs which aim to support youth entering adulthood. These programs go beyond health service navigation with a large focus on youth employment and life skills.

We are also striving to support safe transitions from hospital to home and other care environments. One example of this focus is seen in our partnership with Safehaven, a not-for-profit organization that has provided residential and respite care to individuals with medical complexities and developmental disabilities for over 30 years. This partnership (which was initiated in 2022) created a new Transitional Care of Medically Complex Children (TCMCC) program which provides community-based care for children transitioning from lengthy hospital stays to home and community. This partnership helps alleviate the pressures the healthcare system faces with Alternate Level of Care (ALC) clients in acute centers.

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 an equal weighting of all indicators selected.

2025-26 Executive Compensation Targets and Performance Corridors

Dimension	Indicator	Target	Performance Corridors			
			Zero Payout	50% Payout	100% Payout	120% Payout
Safety	Number of Pressure Injuries Greater Than Stage 2 and Unstageable per 1000 patient days (Caring Safely)	0.20	Greater than 0.49	Between 0.31 and 0.49	Between 0.20 and 0.30	Less than 0.20
Safety	Percentage of Medication reconciliation completed for inpatients at discharge (Caring Safely)	95%	Less than 71%	Between 71% and 89%	Between 90% and 95%	Greater than 95%
Equity	Number of survey responses for clients who completed the Sociodemographic Survey (Health Equity and Client & Family Experience)	1500	Less than 1065	Between 1065 and 1349	Between 1350 and 1500	Greater than 1500

CONTACT INFORMATION/DESIGNATED LEAD

If you would like to know more about our initiatives, engagement processes or key learnings, please feel free to contact Renee Blomme, Director of Quality, Safety and Performance at rblomme@hollandbloorview.ca

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization’s Quality Improvement Plan (where applicable):

I have reviewed and approved our organization’s Quality Improvement Plan on **March 26, 2025**

Catherine Roche, Board Chair

Sarah Kramer, Board Quality Committee Chair

Julia Hanigsberg, Chief Executive Officer

Joanne Maxwell, Vice President, Experience, Transformation, and Social Accountability
