



Holland Bloorview

Kids Rehabilitation Hospital

Operating Plan 2025/26



Land Acknowledgement

We acknowledge the sacred land on which Holland Bloorview is situated. This land, Mother Earth, our Earth Mother, is the territory of the Huron-Wendat First Nation, the Seneca as part of the Haudenosaunee Confederacy, the Mississaugas of the Credit River and the Mississauga of Scugog Island First Nation.

We recognize Indigenous land title as set out in the Royal Proclamation of 1763, which envisioned self-determination and self-government. We understand The Truth and Reconciliation Report and calls to action that recommend all levels of government implement Indigenous rights in the original spirit of the treaties. Indigenous peoples, and allies for reconciliation, view the treaties as a sacred obligation that commits both parties to maintain a respectful relationship, sharing the lands and resources equitably. We are committed to a path of truth and reconciliation, which is based on partnership and respect for the many ways of learning, knowing, and being.

Today, Toronto is still the home to many Indigenous people from across Turtle Island. We are grateful, honoured, and humbled to have the opportunity to, in partnership with clients and families, provide care and services for children, youth and families with disabilities and developmental differences in this city and this territory we call Turtle Island.

Chi Miigwetch-Nya whago ah – Merci -Thank you.

Section 1: 2025/26 Operating Plan Overview and Context

Welcome to the 2025/26 operating plan. Since the Ontario government made the [historic investment](#) in pediatric health care in the summer of 2023, resulting in an unprecedented 20% increase in annual funding, Holland Bloorview has been working to build capacity, increase access to care and fuel our [HB2030](#) strategy. The financial investment has resulted in tremendous momentum across the hospital, including the recruitment and onboarding of 55 new staff (82% of whom are clinical), an overall 10% reduction in waitlists for therapy programs, four new inpatient rehabilitation beds and a 37% increase in day program visits.

In support of our commitment to building an inclusive, diverse, equitable, accessible and anti-racist environment, we began the collection of socio demographic data from staff, clients and prospective employees. To date, we have achieved strong response rates with over 15% of clients, 26% of job applicants and over 50% of staff having completed these surveys. In the upcoming year, we will begin to leverage this data to better understand and support the unique needs of the clients and families we serve and foster a diverse workforce that reflects the communities we serve.

Our clinical teams and leadership continue to find ways to meet the evolving and complex needs of clients and families through compassionate, high-quality care and services. With expanded resources and new and specialized clinics, including our Extensive Needs Service and Neurodevelopmental Feeding Clinic, we have seen an over 12% increase in the number of clients we serve. As we enter into 2025/26, our teams will continue to work towards increased access and designing/creating new pathways to support pressing transition-to-adult and mental health needs.

In December 2024, a landmark [\\$30 million investment](#) in childhood disability was announced by the Slaight Family Foundation. Brokered by the Holland Bloorview Foundation, the announcement addresses the profound gaps in access to care, support, programming, equipment, employment and technology experienced by children and youth with disabilities and their families. In 2025/26, thanks to this funding, Holland Bloorview will focus on the spread and scale of our innovative programs and research discoveries, making them available to children, youth and families, across the country.

With the healthcare system under continuous strain and ongoing challenges with recruitment and retention efforts across the sector, the need to train the next generation of healthcare providers and leaders in pediatric disability has never been greater. In 2025/26, the Teaching and Learning Institute and the Bloorview Research Institute will continue to transform care through research and education. The Teaching and Learning Institute is focused on building capacity for clinical placements and growing our developmental pediatric speciality program. The Bloorview Research Institute will continue to build capacity with a focus on mobilizing knowledge and evidence-based practices, technologies and treatments nationally and globally.

While we enjoy the momentum borne from strategic focus and effort, we are entering 2025/26 with a high degree of financial and political uncertainty. The provincial government will begin a new mandate following the February 2025 election and a federal election is pending. Both could have a significant impact on health care and research funding.

Further, the global economy is an unpredictable state with the threat of US tariffs targeted at Canada and beyond. In Ontario, as a signal to an uncertain environment, the Ministry of Health has extended Hospital Service Accountability Agreement (HSAA) to March 2026.

Given this context, Holland Bloorview, like the majority of Ontario hospitals, including those within the Toronto Academic Health Sciences Network (TAHSN), will be submitting a deficit budget for 2025/26. The Ontario Hospital Association, recognizing the accumulation of financial pressure over many years, has asked for an overall operating fund increase of \$1.788 billion, a 6.7% increase.

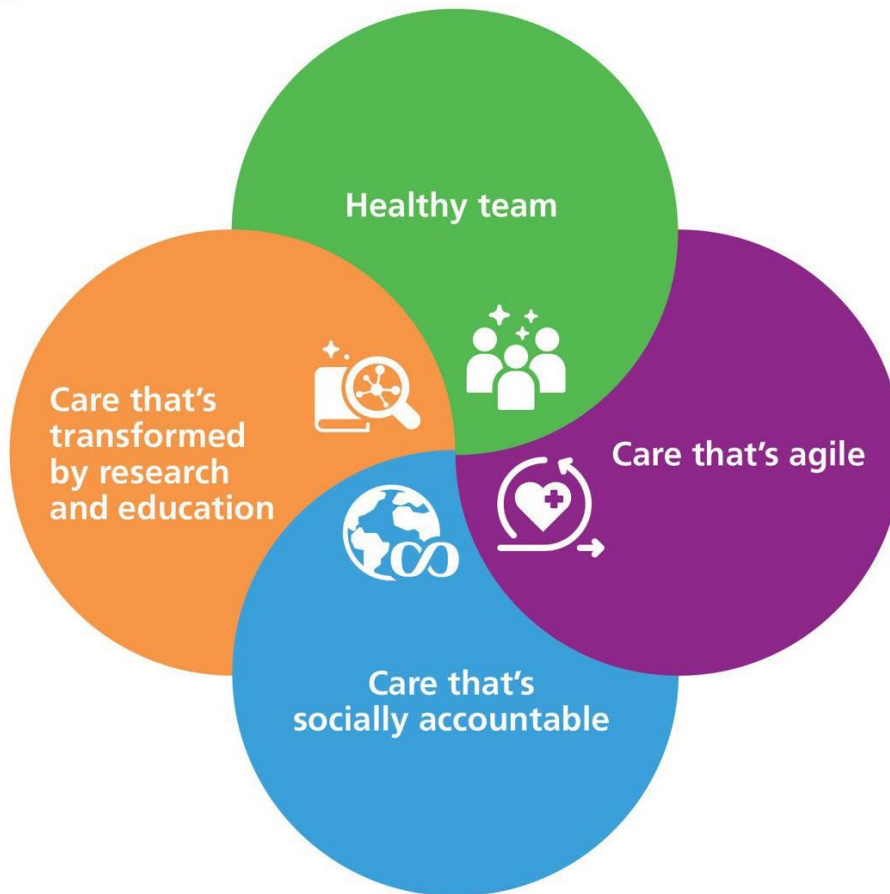
Against this backdrop, this year's operating plan was carefully crafted to align with our strategy and organizational values. Financial commitments and resources were allocated based on the 2025/26 12-month strategic implementation plan, which was informed by teams across the hospital in an effort to drive our strategy forward.

This year's plan is centred around our priority to becoming a learning health system to propel our strategy forward alongside our four goals: healthy team; care that's agile; care that's socially accountable; and care that's transformed by research and education. We are planning for and investing in opportunities to advance our data and artificial intelligence infrastructure through internal and external data linkages and partnerships. This work is aimed at advancing the development of personalized therapies and interventions to improve outcomes for children and youth with disabilities, developmental differences and rare genetic conditions within and beyond our walls.

In an environment of tremendous opportunity and potential, we recognize we cannot do this alone. Therefore, we will continue to invest in and forge partnerships with clients, families, communities, healthcare providers, academic institutions and donors. Our focus will be on mutual respect, understanding, and a shared passion for the healthiest and most meaningful futures for all children, youth, and families.

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.

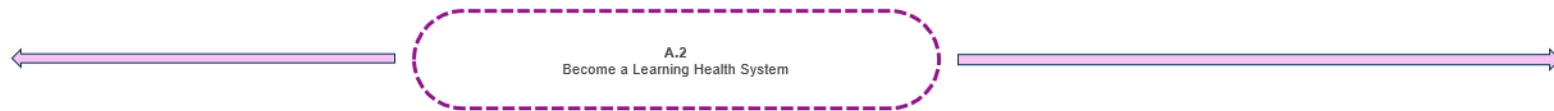
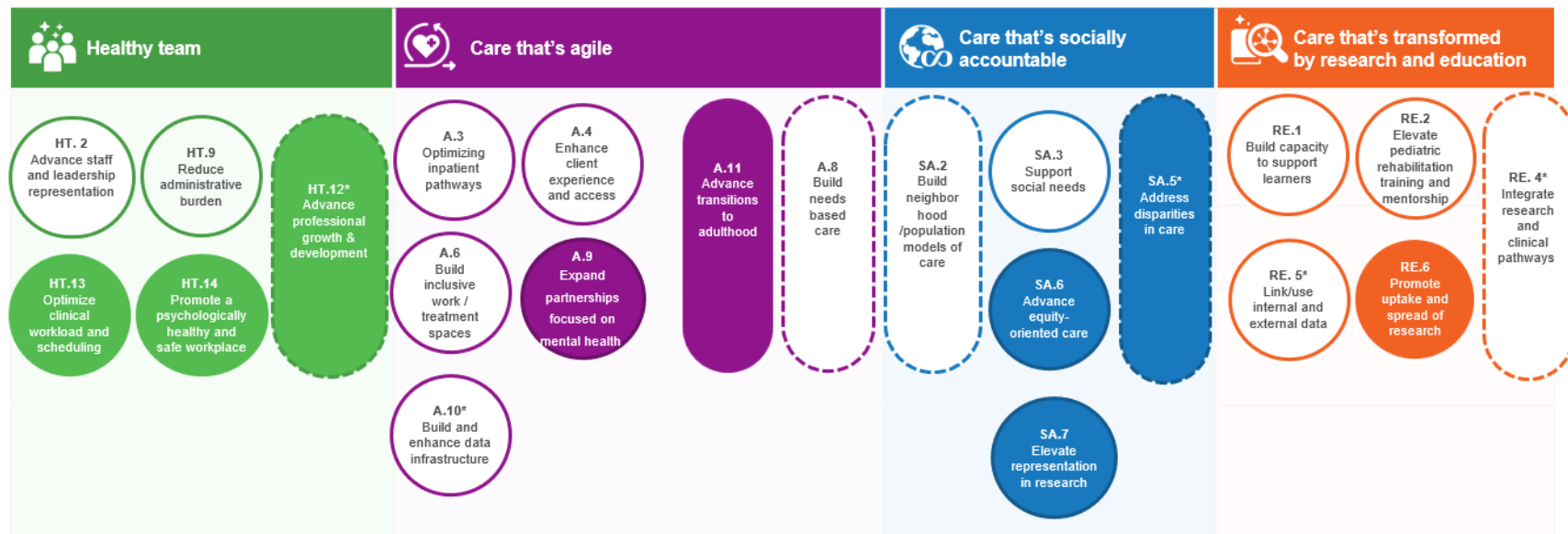
Sustainable

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

Section 2: 2025/26 Operating Priorities

As we operationalize our strategy, we continue with annual implementation plans developed by our strategy office, in partnership with teams across the hospital and endorsed by the executive leadership team. This year's implementation plan makes progress towards achieving all four goals in HB2030. These goals will be embedded into everything we do over the next year. This operating plan requires leadership, partnership and accountability across all departments and services in the hospital.

STRATEGY MAP FOR 2025/2026



**Project outcomes critical to becoming a learning health system*

OUR COMMITMENTS			
Caring Safely	Co-design	IDEAA	Reach Sustainable
Solid = new White = ongoing			
--- Large scale with regular ELT reporting			

Section 3: 2025/26 Operating Metrics and Targets

Each year, using the hospital's balanced scorecard and the strategy scorecard, Holland Bloorview measures performance in strategy, quality and operational excellence. Indicators and targets are set in collaboration with departments across the hospital, aligned with important initiatives such as Caring Safety, and guided by mandates from our provincial government and funding bodies. Data is collected and reviewed in alignment with our culture of continuous learning, evaluation and improvement.

The **balanced scorecard** (Appendix 1) is a management tool used to monitor and measure the hospital's annual operating performance with a focus on safety, team experience, client and family experience, access and financial health. The organization's performance against the indicators on the balanced scorecard is reported to the hospital's board of directors on a quarterly basis. Holland Bloorview's annual Quality Improvement Plan (QIP) indicators (a requirement of Ontario Health) are a selected subset of the balanced scorecard.

The **strategy scorecard** (Appendix 2) is designed to track and measure our overall, organization-wide, alignment, progress, and performance against the goals and commitments in the HB2030 strategy. This scorecard is reviewed quarterly internally and reported to the hospital's board of directors bi-annually to monitor and adjust our work and focus to ensure we are working towards care and services for children, youth and families that are agile, socially accountable and transformed by research and education.

Appendix 1: Balanced scorecards

1.0 Caring Safely

1.1 Pressure Injuries Rate (QIP)	0.200
Number of pressure injuries stage 2,3, 4 and unstageable per number of patient days per 1,000 inpatient days	
1.2 Serious Safety Event Rate	1.000
12-month rolling average number of patient Serious Safety Events/10,000 adjusted patient days	
1.3 Preparation for discharge	72
Percentage definitely' responses to the question: Did they tell you what danger signals about your child's condition to watch for after you went home?	
1.4 Percentage of Medication Reconciliation at Discharge (Inpatient) (QIP)	95%
All inpatients including respite	

3.0 Operational Excellence

3.1 Total Margin	0%
Percent by which corporate revenues exceed or fall short of expenses	
3.2 Research Grant Spend (\$)	11.0 million
Internal & external grant spending & research global expenses	
3.3 Number of Day Program Visits	2000
Day program visits excluding Get Up and Go	
3.4 Number of Inpatient Days	20103
BIRT, SODR and CCC days including Respite and Sleep	
3.5 Number of Ambulatory Attended Visits	55000
Meditech registered outpatient visits	
3.6 ASD Appointment Volume (Wait 1)	900
Number of "NEW" appointments completed	
3.7 Neuromotor Services/Therapy Median Wait Time (Wait 2) (QIP)	100
Access to first therapy appointment after initial assessment (wait in days)	











2.0 Team Experience

2.1 Student experience	90%
Percentage students rating their overall student experience as very good or excellent	
2.2 Staff Attrition Rate	2.5%
Total number of terminated (voluntary and involuntary) staff/total number of active staff*100	
2.3 Percentage of Repeated Workplace Violence Incidents (same initiator) (QIP)	45%
Ratio of repeated workplace violence incidents (same initiator) to total number of workplace violence incidents	

4.0 Health Equity and Client & Family Experience

4.1 Number of Social Needs Screening Tool Completed	400
Annual count of screening tools completed across all programs	
4.2 Patient Experience - Overall Rating (QIP)	70%
Responses from Inpatient and Ambulatory Patient Experience Survey to overall rating question where clients and families rated the care as "Excellent"	
4.3 Number of Clients Who Complete Sociodemographic information (QIP)	1500
Annual count of completed sociodemographic details (all methods)	

Appendix 2: Strategy scorecard

 HB2030: Strategy Scorecard		2026 Target		April 2025- Sept 2025	FY25/26
Healthy team 	% of applicants completing sociodemographic survey	40%			
	% of staff completing sociodemographic survey	75%			
	% of staff reporting 'psychological safety' at work	50%			
	Average # of educational hours utilized per staff (self-report)	32			
	% staff attrition rate	2.5%			
Care that's agile 	% clinical vacancy rate across health disciplines	3.5%			
	% clinical absenteeism across health disciplines	12%			
	Overall inpatient occupancy rates	85%			
	Total # of unique clients served across inpatient and outpatient programs	9371			
	% 'no shows' in ambulatory care	12%			
	% of appointments OOW for wait 1	58%			
	% of appointments OOW for wait 2	40%			
Care that's socially accountable 	# of clients completing sociodemographic survey	1,500			
	% of new studies collecting sociodemographic data from research participants	85%			
	% of families satisfied with Family Navigation Hub (FNH) sessions (rating of >3/5)	50%			
	% of inpatient and ambulatory clients offered a social needs screening	400			
Care that's transformed by research and education 	# of clinical teams integrating research participation into models of care	5			
	Total # of students enrolled through Teaching and Learning Institute	487			
	% of students rating their overall student experience as very good or excellent	90%			