

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 27, 2026

OVERVIEW

As Holland Bloorview celebrates our 127th anniversary in 2026, 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 advance the care experience, and the experience of our staff, volunteers and learners.

Our 2026/2027 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 2026/2027 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 less than 100 days.
2. “Did they tell you what danger signals about your child’s condition to watch for after you went home” patient experience question from the inpatient experience survey with a target of greater than 65% top box rating.

3. Percentage of medication reconciliation completed in identified ambulatory clinics where medication management is a major component of care with a target of greater than 90% compliance rate.
4. Prevalence rate of pressure injuries greater than stage 2 and unstageable per 1000 patient days with a target of less than 0.143.
5. Rolling quarterly average of workplace violence incidence rate that results in staff harm with an incidence rate of less than 1.5/100 FTE.
6. 3% increase in cumulative health equity surveys completed with a target of 1,545 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



ACCESS AND FLOW

Over the course of FY 25/26, 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 most 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 26/27, 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 and clinician 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 26/27, 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. Traditionally, all dashboards have shown information/ data related to first appointments, but these make up only <15% of all appointments. Having greater access to all appointment data will allow a better understanding of access and flow through ambulatory services. In 26/27, we will be using analytics to predict inpatient occupancy 2 weeks in advance – so our Operations teams can plan resource utilization better.

EQUITY AND INDIGENOUS HEALTH

Since the launch of IDEAA (Inclusion, Diversity, Equity, Accessibility and Anti-Racism) Workplan in September 2023, significant strides have been made in helping make healthcare more equitable at Holland Bloorview. 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.

An update on the 2025-206 goals includes:

- Significant advancement of Indigenous health equity with a finalized smudging policy which gives families more autonomy to smudge; the establishment of a medicine garden and outdoor smudging area; signage for indoor smudging; and incorporation of Indigenous languages in the welcome signage at the main floor registration. We also took steps to demonstrate partnership with clients and family to alleviate harm (truth-telling) and actions taken based on family feedback (reconciliatory) during a screening using a video provided by a family.
- Continued progress on the roadmap to Confront Anti-Black racism (ABR), through strategic alignment and representation at TAHSN Anti-racism advisory committee and Ontario Health's Black Health Plan Working group. Continued engagement with community partners, including the Black Women's Initiative for Health, ensures that we created tie-ins that benefit both staff and clients and families. The Black Employee Resource Group continues to evolve with the introduction of new co-leads. There was also re-engagement with people leaders regarding HB's Roadmap to confront ABR after staff expressed a desire for more support (Spring 2025)
- The launch of the in-house Trauma and Violence Informed Toolkit, which reflects growing clinical awareness to holistically address the needs of families and clients by providing trauma informed care and becoming a trauma-informed organization. The resource has been referenced in recent organizational communications around high-profile global events causing distress to groups of staff and clients/families.

- Being recognized for our role in advancing inclusive workplaces via two Health Standards Organization (HSO) Accreditation Canada Leading Practice awards. Holland Bloorview's Employment Pathways team demonstrated leadership in building disability inclusive workplaces across Ontario's health care sector, through the Inspire, Hire, Train, Retain (IHTR) training now available to all Ontario healthcare organizations. Also recognized was the innovative Employment Pathways program model the team developed and delivered since 2007, supporting youth with disabilities to access meaningful early work opportunities.
- Other 2025-2026 highlights include:
 - o The co-creation of a new role via the Bloorview research Institute and IDEAA which resulted in the hiring of an inaugural Senior Specialist, Research Education and IDEAA, where the IDEAA office will offer support and dialogue and vice versa.
 - o First ever events which demonstrate a commitment to employee well-being: the raising of Pan African flag for Black History Month (2025); 2SLGBTQ+ employee resource group refresh (June 2025); Disability Pride Month flag raising and celebration (July 2025); Islamic Heritage Month (October 2025); and Holocaust Education Week (November 2025).

During FY26/27, IDEAA will continue to refine the following initiatives and assess changes qualitatively and quantitatively:

- Formalizing an Indigenous health equity strategy which will be informed in part by the hire of an Indigenous health equity specialist. Ongoing partnerships between staff in IDEAA, BIRT, Communications and Public Engagement, and Spiritual Care will provide a core group to support this individual.
- Strengthening existing employee resource groups with an eye to

sustainability and providing opportunities for Employee Resource Group co-leads to develop leadership skills.

- Advancing co-leadership within the IDEAA taskforce sub-committees and continuing to evolve the task force model and work closely with the Executive Leadership Team to embed change champions across the departments within the organization.
- Using a distributed accountability model to ensure continued alignment with the HB 2030 strategic goals including:
 - o Advancing work on our sociodemographic data collection and use to strengthen representational equity in staffing and leadership using priority use cases around recruitment and retainment
 - o Building awareness and knowledge of what it means to provide socially accountable care by advancing work on health equity and Indigenous health strategy through the development of a health equity education module and partnerships with the Indigenous Health Advancement Network.
- Outputs of the above projects will also support the continued work on the organization's anti-Black racism strategy as data analysis and health equity education continue to evolve.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Client and Family Integrated Care (CFIC) continues to be a key organizational value that enables the 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 their expertise and lived experience is foundational to everything we do at Holland Bloorview, as evidenced through well-established youth and family engagement programs, defined volunteer roles for Youth Leaders and Family Leaders, paid youth facilitator roles across a variety of clinical programs.

Youth and family leaders are also embedded as active members on over 55 hospital committees and working groups. While co-creating our new 2030 strategic plan, we conducted over 150+ touchpoints with youth and families and engaged Family and Youth leaders as members of the strategy taskforce. Our strategic plan continues to reflect our commitment to the co-design of programs, services, and clinical pathways in partnership 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.

We relaunched our client and family experience survey (leveraging the Qualtrics platform) in late 2023 and continue to explore ways to enhance response rates and analyze the data to inform improvement efforts.

We also continue to monitor family experience through the Family Navigation Hub, which connects families to resources and supports in response to identified social needs such as housing or food insecurity, health literacy, or access to transportation or respite services. As part of our quality improvement efforts, we have established a 50% target of families rating their satisfaction with the Family Navigation Hub service at greater than 3 out of 5.

PROVIDER EXPERIENCE

One of our four pillars of our “Transformative Care, Inclusive World: Holland Bloorview 2030” strategic plan is Healthy Team. As we near the mid-point of our strategic plan timeline, “we remain 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. 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 available mental health supports for staff, including organization-level mental health promotion and individual-level mental health intervention, as well as 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. We also enhanced our mental health employee benefits coverage in response to employee engagement survey feedback. We also partnered with our retail food provider to expand access to healthy food options and enhanced food options in the 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. We have also continued to evolve our Clinical Scholar. Following expansion to occupational therapy and physiotherapy in late 23/24, the initial full year of activity focused on clinical mentorship and onboarding for new and novice clinicians through 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.

We are continuing to explore opportunities for expansion of clinical scholar roles in other disciplines beyond nursing, OT and PT s we see these roles as supporting staff to gain required specialized skills, and to develop our capacity to support learning health systems principles.

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. To sustain this initiative, Error Prevention training is a mandatory requirement for all new staff to complete via e-learning modules within three months of their hire date. As of Q3 FY 25/26, 91.3% of our new clinical hires have been trained in Error Prevention. The

Error Prevention training equips staff with 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 2025 to 25 coaches, 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. Our behavioural observation tool enables Safety Coaches to capture and track data on observed practices and the use of error-prevention tools during peer coaching interactions. For FY 26/27, we will conduct quarterly reviews of 100% of Safety Coach behavioral observation tool responses to identify the least-utilized error-prevention tools. Based on these findings, we will develop at least one Just Culture-informed safety story per quarter, focused on these tools, illustrating their impact, and sharing them through established safety communication channels.

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. Recommendations to enhance leader report-outs at the DSB will be implemented this year, including the introduction of a dedicated Thursday spotlight to highlight and recognize staff who consistently demonstrate HB values.

Since June 2024, the Rehabilitation and Complex Continuing Care units continue to conduct the 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. Rehabilitation and Complex Continuing Care (Rehab/CCC) continues to lead daily safety huddles, a key high-reliability leadership method within the SPS Leadership Methods toolkit. These huddles occur Monday through Friday and serve as an essential forum for keeping leadership informed of frontline operations. They provide a structured opportunity to review operational status, identify and address issues, assign ownership for follow-up actions, and ensure alignment on the day's priorities and focus.

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.

Looking ahead to FY 26/27, we will continue to strengthen and sustain our cause analysis program. Key priorities include ongoing monitoring of training assessment results and establishing a structured Cause Analysis pathway to support new leaders as they join the organization.

In parallel, we are reviewing ACA documentation within Meditech to identify trends and inform targeted improvement actions. We are also formalizing roles and expectations to reinforce accountability for completing Apparent Cause Analyses. These quarterly reviews will help ensure consistency, maintain momentum, and enhance the overall reliability of our approach.

In FY 25/26, we 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 opportunities list of safety issues to address.

As we move into FY 26/27, Executive Leader Rounds (ELR) summary reports will be provided to our Executive team, highlighting organization-wide and area-specific safety themes raised by staff. These themes will be consolidated into a Top 10 Opportunities list, offering a clear view of emerging or potential safety concerns. This reporting approach will equip Executive leaders with actionable insight to guide and support portfolio leaders in collaboratively addressing issues with their teams. ELRs also continue to serve as a

critical mechanism for Executive engagement—enabling leaders to connect directly with staff, understand the current “pulse” of the work environment, strengthen relationships, and foster psychological safety by encouraging open feedback on safety-related matters.

In addition to ELRs, Operational Leaders will be updating their current staff-rounding practices in FY 26/27 to align with SPS recommendations by adopting Leadership Learning Conversations (LLC)-a modern, high-reliability safety culture tool. The LLC approach is designed to help frontline leaders embed proactive safety principles into Holland Bloorview’s overall safety strategy by strengthening collaboration, learning directly from frontline work, and enhancing the systems that drive continuous improvement.

Preventing client falls continues to be a key priority at Holland Bloorview. To reduce fall-related harm, we will continue to conduct a falls-prevention audit across the Rehabilitation and Complex Continuing Care inpatient units. Monthly audit results will be monitored to identify trends, outcomes, and opportunities for improvement. This audit incorporates the SPS-recommended bundle of pediatric fall-prevention techniques, which emphasizes evidence-based practices and high-reliability principles aimed at minimizing fall-related risks.

Since FY 24/25, reducing employee harm associated with patient behavioral events (PBEs) has remained 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.

In FY 26/27, Holland Bloorview will launch a new Code White response team to standardize the use of specialized roles with advanced expertise in behavioural management and de-escalation. This implementation will be supported by routine Code White simulations and post event debrief to continually assess, strengthen, and optimize the effectiveness and safety of Code White responses.

PALLIATIVE CARE

NA

POPULATION HEALTH MANAGEMENT

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.

Building on the progress achieved in the 2025/2026 fiscal year, the Extensive Needs Service continued a focus on integration of patient health equity and population health data to inform the delivery of high quality and equitable care. The partnerships developed in the previous two years are now at a state of maturity with over 200 children with complex neurobehavioural challenges served across our three ENS service provider partners: Michael Garron Hospital,

Grandview Kids and Children’s Treatment Network. Our demographic data continues to highlight increasing needs in Peel region, and we continue to work with service providers in that region to advocate for increased access to locally provided expert care.

An essential component of the ENS program is the provision of in-home respite for clients and their caregivers. Respite provides a much-needed break for caregivers while their child receives high quality, specialized respite care. ENS partnered with VHA Home Healthcare to provide this highly specialized in-home service. Using client demographic data, we have worked with VHA to hire and train behavioural support respite workers who provide care to clients in geographic clusters across the GTA. Through utilization of a geographic cluster of care delivery, VHA service providers have maximized service delivery hours, providing over ten thousand hours of respite in the first three quarters of the fiscal year. 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.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

NA

EXECUTIVE COMPENSATION

	Zero Payout	50% Payout	100% Payout	120% Payout
1.1 Pressure Injuries Rate (QIP) Prevalence Rate of Pressure Injuries Greater Than Stage 2 and Unstageable per 1000 patient days	Greater than 0.167	Between 0.155 and 0.168	Between 0.156 and 0.142	Less than 0.143
1.4 % completion med rec in identified ambulatory clinics where medication management is a major component of care (QIP)	Less than 37.4%	Between 37.5% and 74%	Between 75% and 89%	Greater than 90%
2.3 Rolling quarterly average of workplace violence incidence rate that results in staff harm (QIP)	Greater than 1.80	Between 1.65 and 1.79	Between 1.5 and 1.66	Less than 1.5
4.2 3% increase in cumulative health equity survey responses (all methods) (QIP)	Less than 1096	Between 1097 and 1390	Between 1391 and 1545	Greater than 1545

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 27, 2026**

Catherine Roche, Board Chair

Sarah Kramer, Board Quality Committee Chair

Bruce Squires, Chief Executive Officer

NA, EDRVQP lead, if applicable
