Access and Flow

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Median of Wait Time for All Neuromotor Therapy/services (including occupational therapy, physiotherapy, social work, psychology and speech-language pathology)	C	Days / Pediatric Patients	Hospital collected data / April-June; July-Sept; Oct-Dec; Jan-Feb	95.00	100.00	With the changes made to this program via the needs-based care model, the team would like to continue sustaining the current level of performance for this FY.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 New therapy criteria established for OT, PT, SLP and communicated to physician group. Care that is offered to Neurodevelopmental Vs Neurophysical

Methods	Process measures	Target for process measure	Comments
EMR system where referrals are tracked.	compare year over year referrals - continue to measure wait list and wait times monthly with clinician group	Collecting baseline data	

Change Idea #2 New urgent criteria to be seen by SW within 2-4 weeks			
Methods	Process measures	Target for process measure	Comments
EMR system where referrals are tracked.	Monitor number of urgent SW referrals every quarter - may indicate increased client complexity or how to better utilize the Family Resource Navigator	Collecting baseline data	

Change Idea #3 Upfronting Social Work (SW) for all new clients - additional new appointments per month for each SW			
Methods	Process measures	Target for process measure	Comments
EMR system where referrals are tracked.	Continue to monitor SW referral volume/waitlist/wait time with clinical staff on a monthly basis	Collecting baseline data	

Change Idea #4 New Family Resource Navigator (FRN) role to support client/family navigation/upfront care and social needs resources			
Methods	Process measures	Target for process measure	Comments
EMR system where referrals are tracked.	Review volume and types of referrals for FRN	Collecting baseline data	

Change Idea #5 New Behaviour Analyst role to support clients with behavioural needs so that they can better participate in therapy			
Methods	Process measures	Target for process measure	Comments
EMR system that where referrals are tracked.	Measure referral volume, types of referrals, could be an indicator of volume of clients not therapy ready	Collecting baseline data	

Change Idea #6 Reviewing intake process into the program			
Methods	Process measures	Target for process measure	Comments
EMR systems where referrals are tracked.	Implement new triage/clinical review on referrals into the program so that referrals can be appropriately directed	Collecting baseline data	

Change Idea #7 Socializing program populations across Holland Bloorview/Division Rounds to help create better expectations when referred to NMT program			
Methods	Process measures	Target for process measure	Comments
EMR systems where referrals are tracked.	Review year over year referral volume (received + accepted)	Collecting baseline data	

Change Idea #8 Working with Surrey Place to better collaborate on shared clients			
Methods	Process measures	Target for process measure	Comments
EMR systems where referrals are tracked.	Increase collaboration with Surrey Place to ensure clients get quickest and most appropriate access to care	Collecting baseline data	

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
3% increase in cumulative health equity survey responses	C	Number / Pediatric Patients	Hospital collected data / FY26/27	1382.00	1545.00	This target reflects opportunity for growth based on some of the initiatives that have been implemented during FY 25/26. These initiatives are geared towards increasing the survey uptake and reaching out to client populations who were previously not getting the opportunity to respond to the health equity survey.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Increase survey uptake: 1. Translating and inputting paper surveys into Meditech. 2. Uptake reports to track progress for Reg1 and Reg2. 3. Expansion of inclusion criteria to programs such as IET, nursery schools, O&P, and infant development programs. 4. Expand survey administration to programs where clients don't register at Reg1 or Reg2 (e.g., Dental Services and O&P). 5. Modify workflows to offer the survey pre-appointment. 6. Focused data collection at Reg2.

Methods	Process measures	Target for process measure	Comments
Health Equity Dashboard	Uptake reports for tracking progress from Reg 1 and Reg 2. # of surveys completed by month via the Health Equity dashboard	387 completed survey per quarter	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Inpatient Patient Experience question: Did they tell you what danger signals about your child's condition to watch for after you went home?	C	% / Pediatric Patients	NRC Picker / April-June; July-Sept; Oct-Dec; Jan-Feb	69.00	65.00	There has been quarter by quarter fluctuation for this indicator, with the average satisfaction rate of 69%. The goal for this FY would be to minimize the fluctuation by initiating quality improvement work.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1	The team had made a small change to the Patient Oriented Discharge Summary (PODS) section of “Signs and Symptoms” to better match the language of the experience survey. This change went into effect 12/18/2025.		
Methods	Process measures	Target for process measure	Comments
Inpatient experience dashboard	Monthly review of the experience question "Told danger signs to watch for"	65% topbox score	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Prevalence Rate of Pressure Injuries Greater Than Stage 2 and Unstageable per 1000 patient days	C	Rate / Pediatric Patients	Hospital collected data / April-June; July-Spet; Oct-Dec; Jan-March	0.09	0.14	This new target aligns with the Solutions for Patient Safety (SPS) Canadian Regional goal of 0.143. Furthermore, since the last FY, the teams have been doing quite well with the pressure injuries bundle that they have been consistently below the previous target of 0.2 prevalence rate.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Continue to implement the SPS evidence-based bundle of techniques to reduce PI

Methods	Process measures	Target for process measure	Comments
EMR system documentation and audits.	To aim for less or equal to the the SPS centerline for PI that are stage 2 on a rolling 12 month average. To aim for less or equal to the the SPS centerline for PI greater than stage 2 on a rolling 12 month average.	Less than Canadian regional average of 0.143 for PI stage 2	

Change Idea #2	1. % audits completed that were compliant with implementing the PI evidence-based bundle of techniques 2. Complete PI audits/month across all three inpatient units (SODR, BIRT, CCC)		
Methods	Process measures	Target for process measure	Comments
Monthly PI audits	100% compliance with bundles 2. 10 audits/month across three inpatient units	100% compliance with monthly audits.	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of medication reconciliation completed in identified ambulatory clinics where medication management is a major component of care	C	% / Pediatric Patients	Hospital collected data / Apr-June; July-Sept; Oct-Dec; Jan-March	83.60	90.00	This is a new indicator for the ambulatory teams and monitoring med rec closely within the ambulatory setting is a relatively new process. The 90% stretch goal will allow the teams to aim for realistic improvements throughout the course of this FY.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Review of data dashboard, routine auditing of medication reconciliation data, clinician follow-up, and standardized reporting through Safe Medication Committee, and Pharmacy & Therapeutics (P&T). Engagement from Ambulatory Nursing, NPs, and Physicians.

Methods	Process measures	Target for process measure	Comments
Ambulatory med rec dashboard	Monthly process observations and review of clinic-level performance data.	90% medication reconciliation completion rate in identified ambulatory clinics within the fiscal year.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rolling quarterly average of workplace violence incidence rate that results in staff harm	C	Proportion / Staff	Hospital collected data / Apr-June; July-Sept; Oct-Dec; Jan-March	1.08	1.50	The target is an average of six quarters. Since this is a new indicator and a different way of reporting on workplace violence, the goal for this year is considered achievable, but still a stretch as this is a new goal.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Launch of a new Code White response team to standardize the use of specialized roles with advanced expertise in behavioural management and de-escalation.

Methods	Process measures	Target for process measure	Comments
Safety event reporting system	Code White simulations and post event debrief to continually assess, strengthen, and optimize the effectiveness and safety of Code White responses.	• Code White response team established and operational by FY 26/27 • 100% of Code White events utilize the standardized response team and role structure	