



Holland Bloerview
Kids Rehabilitation Hospital

Operating Plan 2026/27



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. The City of Toronto is covered by Treaty 13.

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: 2026/27 Operating Plan Overview and Context

Holland Bloorview enters 2026/27 at a pivotal point—midway through [HB2030](#) and facing increasing complexity in client needs, rapid advances in health innovation and ongoing sector-wide fiscal uncertainty. As Canada's hospital for children with disabilities and developmental differences, we remain steadfast in our commitment to delivering personalized, innovative, and client- and family-centred care that ensures the most meaningful and healthy futures for all children, youth and families.

This year's operating plan outlines how we will continue to advance our strategic goals in the face of system pressures. It provides a roadmap for strengthening access, enhancing quality and safety, embedding research, and leaning into every facet of our work. Supported by Together We Dare, the largest fundraising campaign in our history, 2026/27 represents a year of both ambition and discipline, driving innovation while also ensuring sustainability.

The medical, psychosocial and behavioral needs for the clients and families we serve are becoming increasingly complex. In recent years, behavioural incidents have risen by 50 per cent, demand for some specialized programs has increased by 30 per cent and nearly 40 per cent of client families are living at or below the poverty line. Given this reality, our team continues to work on strategic initiatives to increase access and advance personalized and precision care. Our goal is to ensure we can deliver the right care, to the right client, at the right time. We are also working with our partners to alleviate pressure and remove barriers within the system. In 2025/26 we designed new clinical pathways for emerging inpatient populations and established a partnership with CAMH to support the mental health needs of clients transitioning from our Extensive Needs Service.

Our journey to become a learning health system (LHS) remains central to a future where care and services for children, youth and families are agile, socially accountable and transformed by research and education. An LHS, built on seamless access to clinical data, is a system of continuous learning and improvement that drives accessible, precise and equitable care. Through unprecedented partnership across the hospital, we have built an informatics platform to access and link clinical and research data, within and beyond our walls. Over the next year, we will focus on embedding the data into everything we do to advance real-time clinical insights that will impact the clinical encounter, program design, organizational structures and health policy.

Thanks to the transformational [\\$30 million investment](#) in childhood disability from the Slaight Family Foundation, we continue to spread and scale discoveries and innovative technologies across the province and the country. Clinical brain computer interface technology and training have already expanded to four new centres across the province, through our partnership with Empower Kids Ontario, with plans to train sixteen more over the next few years. We are also increasing community access to evidence based recreational and life skills programs, enabling more children and youth across the province to benefit from inclusive and life enhancing programming.

The addition of an associate chief of implementation science in the Bloorview Research Institute will strengthen our ability to translate research into real world clinical practice, reduce barriers to cutting edge treatments and ensure innovations are implemented effectively across populations.

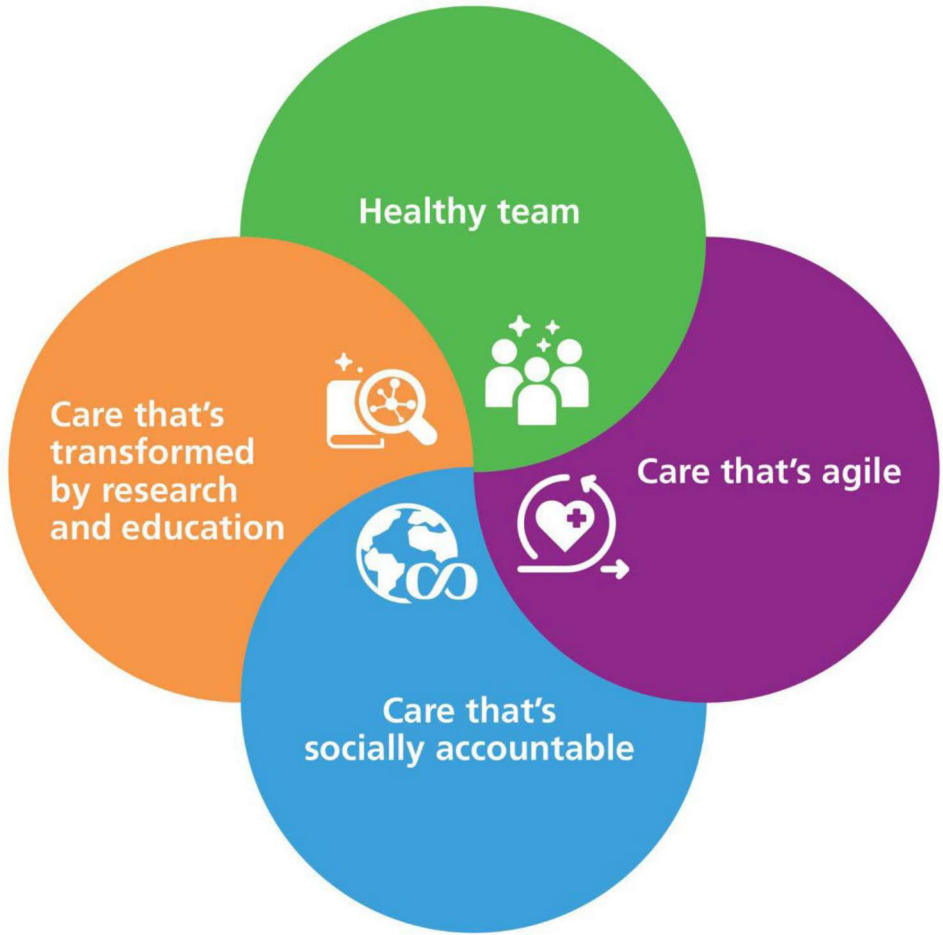
With the backdrop of geopolitical tensions across the world, our commitment to confront hatred, challenge discrimination and build communities that are grounded in empathy, dignity and humanity is stronger than ever. Over the last year we have supported four employee resource groups, built resources and created spaces for employees and clients and families that build a culture of inclusion. Aligned with our continuous journey towards Truth and Reconciliation, in June 2025, we opened outdoor smudging areas to provide safe, accessible and welcoming spaces for Indigenous clients, families and staff to practice an important cultural and spiritual tradition.

Our healthcare system is dependent on partnerships with clients, families, communities, academic and healthcare institutions, government and donors. In the upcoming year, we will strengthen existing partnerships and explore new ones to improve access, support transitions across care settings, and build capacity within the system. These relationships will be anchored in mutual respect, shared accountability, and a collective vision for the healthiest futures for children and youth.

Amid an unstable global economy and persistent pressures on provincial government priorities, our healthcare system is experiencing significant strain. Sector-wide financial pressure continues in 2026/27 and Holland Bloorview will be submitting a deficit budget for the fourth consecutive year. The provincial government has asked hospitals to create a multi-year forecast that includes low-risk measures to create a balanced budget. This will be a key focus in 2026/27 and will require prudent planning, financial discipline and careful alignment of resources with strategic priorities. This operating plan has been developed with this reality in mind, ensuring that investments are focused on initiatives that advance excellence in care, enable sustainable growth and support our staff 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

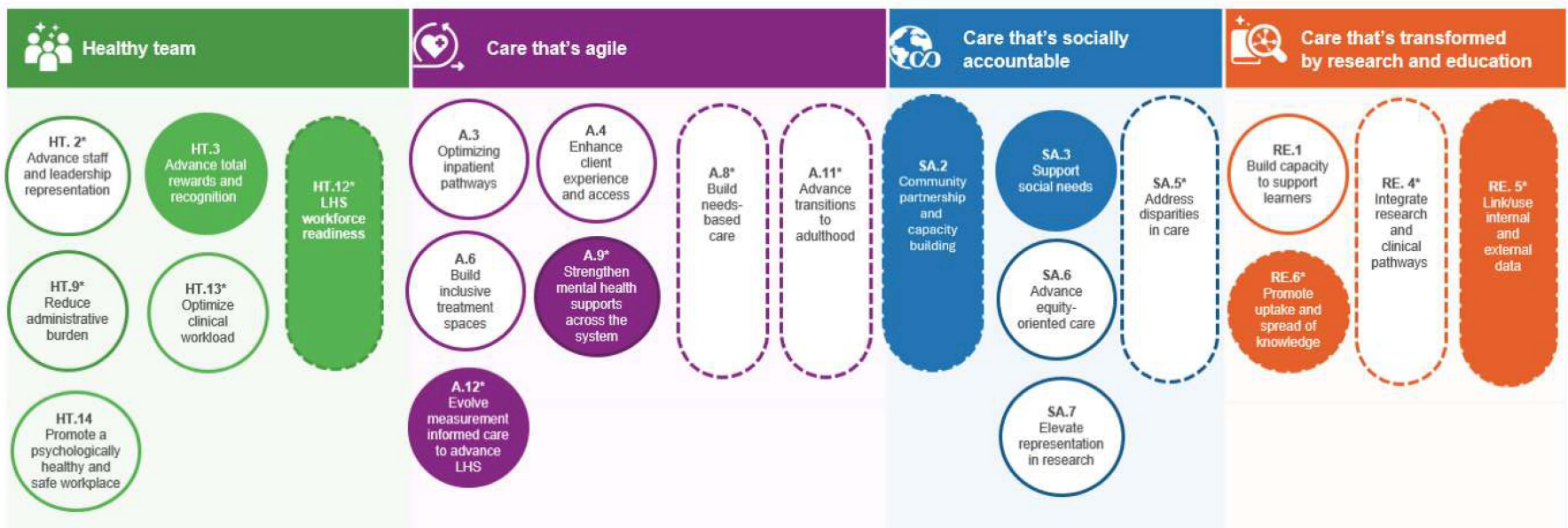
We will lead with a lens on environmental, financial and human sustainability.

Section 2: 2026/27 Operating Priorities

As we operationalize our bold strategic pillars in HB2030, we continue to use our annual strategy map to set our operating and strategic goals and objectives. The strategy map is co-designed with teams across the hospital and designed to move us closer to our HB2030 vision of care and services that are agile, socially accountable and transformed by research and education. While some are annual, the majority are complex, multi-year priorities and evolve over time. Each priority has an executive sponsor and is supported by operational leads and the strategy management team. The strategy map is a reflection of collective leadership, partnership and accountability across the hospital.

Funding for this work comes from a variety of sources, including our operating budget, capital plan, annual foundation grants and research grants. Our new Together We Dare \$100M fundraising campaign is actively seeking funding to support our transformational HB2030 vision. As the campaign builds momentum, we anticipate new funding to further propel these priorities forward

STRATEGY MAP FOR 2026/2027



*Project outcomes critical to becoming a learning health system

OUR COMMITMENTS

Caring Safely | Co-design | IDEAA | Reach | Sustainable

Solid = new/evolved White = ongoing



Large scale with regular ELT reporting

Section 3: 2026/27 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 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 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 scorecard

	Quarterly Target	Annual Target
1.0 Caring Safely		
QIP		
1.1 Pressure Injuries Rate Prevalence Rate of Pressure Injuries Greater Than Stage 2 and Unstageable per 1000 patient days	<0.143	<0.143
QIP		
1.3 Patient Experience Did they tell you what danger signals about your child's condition to watch for after you went home?	>65%	>65%
QIP		
1.4 % completion med rec in identified ambulatory clinics where medication management is a major component of care	>90%	>90%
2.0 Team Experience		
QIP		
2.3 Rolling quarterly average of workplace violence incidence rate that results in staff harm	<1.5/100 FTE	<1.5/100 FTE
3.0 Operational Excellence		
QIP		
3.7 Neuromotor Services/Therapy Median Wait Time (Wait 2) Access to first therapy appointment after initial assessment (wait in days)	<100 days	<100 days
4.0 Health Equity and Client & Family Experience		
QIP		
4.2 3% increase in cumulative health equity survey responses (all methods)	>386	>1,545

Appendix 2: Strategy scorecard

 HB2030: Strategy Scorecard		2027 Target	FY 26/27	April 2026-Sept 2027	FY26/27
Healthy team 	% of applicants completing sociodemographic survey	50%			
	% 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	600			
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%			