

Building on Excellence

2005-2006 Performance Report



Bloorview

KIDS REHAB

From disability to possibility

Greetings from Bloorview Kids Rehab

It has been a monumental year for Bloorview Kids Rehab. After many years of planning and construction, we put the finishing touches on our state-of-the-art facility designed to support recovery and development in children living with disabling injuries and illnesses and congenital disabilities.

Our move into the new facility marks a turning point for treatment, research and education in the area of childhood disability in Canada. When our inpatients and the programs and services at our Bloorview site move into the new facility in the fall, it will be a historic moment for Bloorview Kids Rehab. It will be the final step in fully integrating our programming by bringing them together under one roof.



Bloorview Kids Rehab's spectacular new building is a showcase for accessible buildings and demonstrates a true respect for the children and youth that we serve. It's representative of how far we've come in the area of children's rehabilitation and pediatric complex continuing care.

The completion of our new facility wouldn't have been successful without the hard work of many people, the support of the Ontario government, and the commitment and funding we received from many in our community. With leadership gifts from the Grocery Foundation, and Mr. Bill Holland, our largest individual donor ever, we were successful in reaching our goal of raising \$45 million. The success of Bloorview's most aggressive fundraising campaign highlights unprecedented levels of community support for Bloorview and our 100-year old vision of empowering children with disabilities to find their rightful and fulfilling place in the world.

The Bloorview Research Institute also has a new home on the 4th Floor of our new building. As its capacity continues to grow, with the generous support of both the Bloorview Childrens Hospital Foundation and the Bloorview Kids Rehab Foundation, the Research Institute will be home to three new Research Chairs in partnership with the University of Toronto.

With a new backdrop for our ground-breaking work, it was also time for a stronger name and identity. We changed our name to Bloorview Kids Rehab from Bloorview MacMillan Children's Centre. Our new identity signifies the infinite possibilities we see in each child and reflects Bloorview's belief in exploring uncharted territories of clinical discovery and technological innovation in the area of childhood disability and complex continuing care.

It's very appropriate that this year also marks the 10th anniversary of the Youth Advisory Council (YAC). The YAC was set up to give youth a voice at Bloorview. The Council has become an outlet for youth to share their ideas, gain skills in advocacy and give back to Bloorview with their input into the development of new programs and services. Their participation and advocacy led to the creation of the Door 2 Adulthood website and recently prompted the TTC to reverse their decision to deny a Wheel Trans pass to a Bloorview research student with a disability from Mexico City.

As we embark on an exciting new path, we're confident that we'll continue to make great strides in working towards our goal of turning disability into possibility. We have much to be proud of and we look forward to another year of great milestones and achievements.

John H. Wedge, O.C.
Chair, Board of Trustees

Sheila Jarvis
President and CEO

What's new at Bloorview

Reception Volunteers

Bloorview's new Reception volunteers are people with life experience, who are empathetic, have experience with children with disabilities or are former clients themselves. "Reception volunteers allow Bloorview to provide superior customer service to its clients and families," says Barb Donald, Acting Director, Volunteer Resources and Reception. This past year, a diverse group of 28 volunteers are helping clients, families, visitors and interested community groups find their way in the new building. Soon these volunteers will expand their services to assist staff in providing information to visitors in the Grocery Foundation Resource Centre. Teaming knowledgeable reception and resource centre staff with committed volunteers allows Bloorview to continue building on excellence in customer service beginning at the front door and beyond.

This year Volunteer Resources participated with eight other Toronto hospitals in the first ever Standardized Volunteer Satisfaction Survey, which will be used to benchmark and assess volunteer satisfaction across Ontario. Bloorview Kids Rehab volunteers gave



the highest percentage of positive responses in three areas: Communication, Teamwork and Volunteer Recognition. This was more than any other participating hospital.

With over 1,000 volunteers contributing over 50,000 hours annually, volunteers are an integral part of our team. They are active from 8 a.m. to 8 p.m. seven days a week. They speak over 75 different languages, come from across the GTA, and represent over 200 educational facilities.

Child Development Project

In February 2005, the Child Development services at SickKids and Bloorview Kids Rehab were consolidated at Bloorview. With this critical mass of services in one location, Bloorview is creating a Centre of Excellence in Child Development. Bloorview will provide leadership in the areas of clinical care, research, education and advocacy. Over the past year, with funding from the Ontario government, Bloorview has been actively working to reduce the wait lists for these services. Through additional funding, our goal is to have an integrated system where clients are seen in three to four months for initial assessment.

In addition, two pilot community-based child development teams were created at St. Joseph's Health Centre and Toronto East General Hospital. These satellite clinics were chosen for their affiliation with the Child Health Network (CHN), and allow assessment and treatment expertise to reach families closer to home in the eastern and western parts of Toronto. With referrals to the community-based clinics being higher than anticipated, we are pleased to have provincial funding to continue these projects beyond the pilot stage.

Transitions Conference

Growing up ready has become the philosophy and approach to all aspects of programming within the Life Skills and Wellness Institute at Bloorview Kids Rehab. It was also the theme of this year's Transitions Conference III.

"It's encouraging to see so many people from around the world together for a common purpose."

– Transitions Conference III participant

The conference supports Bloorview's ambition of building a Centre of Excellence in the area of transitions into adulthood for youth with disabilities. Held from May 11th-13th, 2006, Transitions Conference III brought together health care leaders interested in the topic of youth transitioning to adult services. The 11 delegates and 230 participants came from Canada, Ireland, Britain, Sweden, Australia, and the USA. During this three-day event, participants were able to generate strategies to collaborate in international research, network, and share resources. Having the world's experts in transitions together in one place proved beneficial for consensus-building. It was an opportunity to share today's work for tomorrow's best practice and to establish an international network.

2005-2006 Performance Indicators

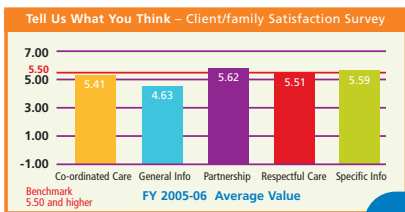
Our Performance Report is modelled on the Ontario Hospital Association's (OHA) report card and includes four categories of indicators: Client Perspective; Clinical Utilization and Outcomes; System Integration and Change; and Financial Performance and Conditions. Where available, indicators are rated against known benchmarks, trends in practice patterns, evidence in literature, and international standards. Indicators are rated using a three-star system: needs improvement (★), good (★★), and very good (★★★). Representatives from Erikoak, the Ontario Child Health Network, our Family Advisory Committee and Board of Trustees determined the ratings.



Client Perspective

Satisfying Clients and Families: ★★★ (Very Good)

Bloorview Kids Rehab strives to provide the highest quality of programs and services to its clients and families. Obtaining feedback from families and clients is key to being able to improve our services. In April 2005, Bloorview reviewed and revised the process it uses to collect feedback from families. We replaced a non-standardized telephone survey with a standardized mail-out survey called the Measure of Processes of



Care (MPOC). This questionnaire, developed by *CanChild*, allows us to measure the level of client and family satisfaction against similar treatment facilities, and has increased our response rate significantly from 106 surveys in 2004-05, to 690 surveys in 2005-06. Ninety-five per cent of families rated their overall satisfaction with our service as good or excellent. Results from the client satisfaction survey were above the benchmark in three of the five areas, with Partnership scoring the highest at 5.62 out of 7.0. With our General Information rating at 4.63, we will focus our efforts to improve in this area over the next year.

Consistency of care is an important factor in good quality care. Bloorview is proud that 71.2 per cent of our nurses are full time staff. This exceeds the benchmark of 70 per cent as outlined in the MOHLTC Accountability Agreement.

Clinical Utilization and Outcomes

Family Team Goal Planning: ★★★ (Very Good)

Family centred care is a core value at Bloorview. In 2004, Bloorview introduced an improved Family Team Goal Plan (FTGP) process. As part of this improved process, Bloorview asks each family to identify their hopes and expectations for their child's treatment upon admission to Bloorview. This enables Bloorview's interdisciplinary health care team to set meaningful goals that match the family's hopes and expectations for their child. With nurses playing a significant role in coordinating the FTGP, in 2005-06, 90 per cent of inpatients had a Family Team Goal Plan, which is up from 60 per cent in 2002. During the next year, Bloorview will be focusing on increasing the use of the FTGP in the Day Program. Bloorview's aim is to ensure that every client and family is involved in the Family Team Goal Plan process as part of his or her treatment.

Goal Attainment Scaling: ★★★ (Very Good)

Bloorview is proud to be a leader in the use of Goal Attainment Scaling (GAS), an internationally recognized rehabilitation measurement tool of a client's progress. This year, physiotherapists (PTs) and occupational therapists (OTs) extended their use of GAS to most diagnostic and clinical programs at Bloorview Kids Rehab. Goals are set using the GAS system following a comprehensive assessment of the client and a discussion with the client and family. The goals reflect the current outcome priorities and the anticipated level of accomplishment following therapy with a PT or OT. Overall, goal scores from both PTs and OTs were within the benchmark scoring region of 50 points indicating we are on target. In the future, Bloorview plans to develop a system to compare our goal attainment success rate with other children's treatment centres.

Change in Clinical Outcomes: ★★ (Good)

Bloorview Kids Rehab uses the WeeFIM® Instrument, an internationally recognized outcome measure that is used to document change in clients' abilities due to rehabilitation and recovery. WeeFIM® measures a client's functional status in the areas of self-care, mobility and cognition. As of 2005-06, it has been consistently used by nurses at Bloorview for planning and evaluating with all active inpatient rehabilitation clients.

In 2005/2006, WeeFIM® outcome scores indicated that overall, the inpatients were making clinically important, positive changes in their functional abilities during their stay at Bloorview Kids Rehab. In the area of mobility Bloorview clients scored 26 per cent, exceeding the benchmark of 20 per cent. This year, the group of 127 inpatients who had WeeFIM® completed at admission and discharge showed a significant gain of 11.2 per cent points in their total score. In the future, we want to expand beyond WeeFIM® to assess the goals our clients reach after their treatment at Bloorview.



System Integration and Change

Sharing and Creating Knowledge and Innovation: ☆☆ (Good)

The Bloorview Research Institute continually strives to improve in all areas of research. In the Research Institute's second full year of operation a number of initiatives were realized. Capacity building in the Research Institute is evidenced by the training of 13 graduate students from Canada and Mexico pursuing their Masters and PhD degrees. In 2005-06, we received \$1.2 million in external grant funding from a variety of provincial, national and international funding agencies and had an average of two new grants per full time scientist (FTE). This meets the external health care research programs' benchmark of two grants per scientist. In 2005-06, there was an average of two publications per full time scientist (FTE) with Bloorview Research Institute scientists publishing 30 articles in high-impact journals. While this meets the benchmark from similar research programs, our goal is to see this number increase in the future to exceed the benchmark.

Employee Satisfaction: ☆☆☆ (Very Good)

Bloorview's commitment to employee satisfaction is highlighted by its dedication to employee health and wellness. The design of our new facility allows us to continue to provide opportunities for staff to participate in healthy initiatives. We host an annual Health and Safety Week, which provides staff with information and clinics on

workplace safety, and physical and mental wellbeing. In the summer of 2006, the employee fitness room will open. In-house Pilates classes, staff swim time in our pool, our wellness points system and our free employee assistance program (EAP) are other examples of the variety of wellness initiatives and opportunities that Bloorview offers.

Employee attendance is viewed as one of the indicators of employee satisfaction and wellness. In 2005-06, Bloorview staff took an average of 6.91 sick days. This represents a three per cent reduction from 2004-05. Bloorview is proud to be well below the OHA benchmark of 10.8 sick days annually per staff.

In 2007, Bloorview will once again participate in a staff satisfaction survey along with a number of other teaching hospitals. The results of this survey will provide us with further feedback about how we can continue to offer programs and initiatives to benefit staff wellness.

Financial Performance & Conditions

Resource Management: ☆☆☆ (Good)

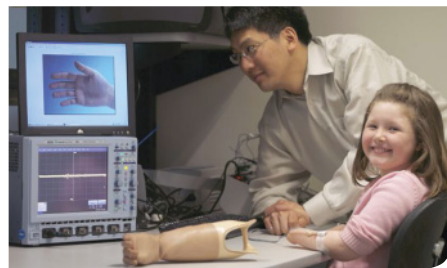
Bloorview Kids Rehab continues to demonstrate commitment to sound financial management. Bloorview received a 3.1 per cent increase in funding from the Ministry of Health and Long-Term Care (MOHLTC) in this past fiscal year and ended the year with a surplus of \$184,150. This surplus represents 0.3 per cent of our global funding, which is comparable to our goal of 0.33 per cent in our MOHLTC Accountability Agreement. This surplus supports ongoing capital investment.

Our current ratio (short-term assets/short-term liabilities) for the year was 1.04 signifying that Bloorview continues to be able to meet its short-term obligations. We are particularly pleased to be in this position given the impact that the construction and move into our new facility had on our revenues and costs for the year.

Our full financial statements are available on our website at www.bloorview.ca.

Bloorview Research Institute's Five Theme Areas

*Epidemiology/Prevention
Health Measurement/Outcomes
Research
Evaluation of Practice
Innovation and Development
Participation*



About Bloorview Kids Rehab

Bloorview Kids Rehab is Canada's largest children's rehabilitation hospital. We are a provincial facility that sees almost 7,000 children and youth on an outpatient basis, and we have over 650 inpatient admissions each year and almost 52,000 outpatient visits from all over Ontario, across Canada and around the world. We serve infants, children and youth with physical and developmental disabilities, rehabilitation needs and complex health needs.

In 2002, we partnered with the University of Toronto to become Canada's first teaching hospital in children's rehabilitation. We are home to the Bloorview Research Institute, which was created in 2004 through an endowment from the Bloorview Childrens Hospital Foundation. This year, we opened the doors of our new state-of-the-art facility, a building that sets the standard for universal accessibility.

The new Bloorview Kids Rehab is "one of the finest examples of contemporary architecture in this city," whose every detail communicates the message "that the disabled lead real lives and belong in the real world."

— Christopher Hume, *Toronto Star* architecture columnist



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