

Bloorview

KIDS REHAB

Health Equity Plan

Submitted to the
Toronto Central Local Health Integration Network
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Hospital Name: Bloorview Kids Rehab

Does your hospital have a health equity vision and if so, please describe how it aligns with the Toronto Central LHIN's definition? If not, is there a plan to develop one?

Proposed Health Equity Vision for the Toronto Central (TC) LHIN is to create and sustain a healthcare system in Toronto where all have equitable access to a full range of high-quality healthcare and support, and systemic and avoidable health disparities are steadily reduced.¹

The principles of health equity are reflected in Bloorview Kids Rehab's (Bloorview) mission, vision, and Values, as well as our work in the area of client and family-centred care and our strategic plan. As Canada's largest children's rehabilitation hospital, our vision is to create a world of possibility for kids with disability.

Bloorview's vision is well aligned with the TC LHIN proposed health equity vision and speaks to the unique needs and unlimited possibilities of all children and youth with disability. Bloorview's vision emphasizes the important role it plays in breaking down barriers to ensure a child's right to participate equally in our society.

BLOORVIEW'S MISSION

Bloorview Kids Rehab provides specialized programs and clinical care for children and youth with rehabilitation and complex care needs to enable them to participate in life to the fullest.

We are Canada's leading pediatric rehabilitation teaching hospital, dedicated to being at the forefront of clinical care, research and education. As a key resource for Ontario, we are committed to partnerships that build clinical, academic and community capacity and enhance the quality of life for children with rehabilitation and complex care needs and their families.

Our mission clearly articulates our role in forming, leading and collaborating in partnerships to enhance the quality of life for children with rehabilitation and complex care needs and their families.

BLOORVIEW'S VALUES

Caring
Client and Family-centred Care
Excellence
Innovation
Partnership
Respect

Respect and partnership, as well as client and family centred-care, are important core values at Bloorview and are fundamental to how we provide care and interact with our clients and their families.

STRATEGIC PRIORITIES

- Establishing centres for leadership in child development and participation
- Enhancing the output and impact of research

¹ Bob Gardner, Ph.D. *Health Equity Discussion Paper Executive Summary*. Toronto Central LHIN, July, 2008

- Innovating and excelling in teaching and learning
- Creating a knowledge hub for childhood disability
- Leading system change and integration and improved access to service

All our strategic priorities are guided by our mission and vision, and are implemented to reflect our values. However, our fifth strategic priority *Leading system change and integration and improved access to service* is particularly relevant in achieving health equity. This priority focuses on facilitating equitable access to a full range of high-quality health care and supports, reducing systemic and avoidable health disparities and building system capacity.

More specifically, achievement of this priority will:

- advance the childhood disability agenda
- address gaps in the pediatric healthcare system
- improve access in priority areas such as child development and participation
- profile and promote the child and youth disability agenda provincially and nationally

All of these activities are crucial ways to advance health equity across the pediatric health care system.

Please outline your hospital’s access and equity priority areas. Through what process did your hospital select these? (E.g. those involved, environmental factors, community engagement, who took leadership, etc.)

Through our review of Health Equity initiatives at Bloorview, and through Focus Groups and Telephone Interviews with families, clients and staff, we were able to identify a number of Health Equity themes. Based on these themes, we developed priorities.

Bloorview’s health equity priorities are:

1. Work with TCLHIN and Hospital Collaboratives to identify and implement Health Equity best practices and performance measurements and indicators relevant to Bloorview.
2. Improve the provision of culturally competent, supportive and welcoming care for all clients and families.
3. Reduce barriers for all clients and families created by language and literacy levels.
4. Use a Health Equity lens in our upcoming work on enhancing Client Family Centred Care (CFCC) at Bloorview and continue to build our comprehensive model of family support and involvement.

Section 1: Access, Priority Setting and Planning

1a) How do your hospital utilization patterns compare to the profile of who lives in your catchment? (If your catchment is undefined, where do the majority of your patients/clients come from?) Please indicate data sources.
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Bloorview serves about 7,000 children each year, with approximately 600 inpatient admissions and 52,000 outpatient visits. We see children with cerebral palsy, acquired brain injury, muscular dystrophy, amputation, epilepsy, spina bifida, arthritis, cleft-lip and palate, autism and other developmental disabilities. A small number of our clients have complex chronic diseases that require round-the-clock medical care.

Bloorview’s catchment area is very broad. We act as the local children’s treatment centre for Toronto, but also as a tertiary care facility for the province of Ontario and beyond.

The following client profile is based on data and information captured by the Health Records data base over a 3-year period from January 1, 2006 to December 31, 2008. Comparison data is from the Population Health Profile: Toronto Central LHIN
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Bloorview Profile

During the identified period, Bloorview saw 7,065 unique clients. 22.5% of these clients live within the TCLHIN. 72% (including the 22.5% from TCLHIN) live in the GTA. Less than 5% of the registered clients indicated that they needed an interpreter and 13% indicated the child lives within a single parent household.

Our data indicates that there has only been one homeless client registered at Bloorview in the past five years. In 2007-08 there were no out-of-country inpatient clients. In 2008-09 YTD there has been only one. Bloorview provides service for a small percentage of clients claiming Refugee Status. A process is in place to assist these families in applying for the Interim Federal Health Program.

The percentage of families reporting that they require interpretation services at Bloorview is much lower than the number of families who report that English is not their mother tongue in both the TCLHIN and Ontario. This may be an indication that families who do not speak English are underrepresented; however, several additional factors may be contributing to this information. Families may be reluctant to report information regarding their status or registration services may not be consistently asking families about the need for interpretation services.

Good data on prevalence and incidence of childhood disability is not readily available and is a source for concern in the pediatric field.

Data Field	Description	TCLHIN	Ontario	LHIN Range
Age of child / youth	14.28% 0-4 years 45.25% 5-12 years 40.46% 13-19 years			
Gender	61% male 30% female			
Interpretation service	4.3% indicated they required interpretation services 5 top languages reported were: Cantonese, Tamil, Spanish, Mandarin, Urdu	41.5 % English not mother tongue	28.1% English not mother tongue	56.9%-7.8% English not mother tongue
Living arrangements	13% report child does not live with both parents Of the 13%, 70% report child lives with mother	30% lone parent household	23.4% lone parent household	19.4%- 30% lone parent household
LHINs	23.7% Central (8) 22.5% Toronto Central (7) 10% Central East (9) 8% North East (13) 6% Central West (5) 5.8% Mississauga-Halton (6) 5.1% North Simcoe Muskoka (12) 2.7% North West (14) 1.6% Waterloo-Wellington (3) 1.45% HNHB (4) 0.7% South West (2) 0.55% South East (10) 0.35% Erie St. Clair 0.12% Champlain (11)			
No LHIN	1.8%			
GTA	72%			

(LHIN 5,6,7,8,9)				
Beyond GTA	28% of which 0.11% were out of province			

1b) What major inequities exist in regards to the social determinants of health among your patient/client populations? Please indicate data sources.

The social determinants of health as defined by the Public Health Agency of Canada are: "income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture"²

Research shows that families with children with disabilities are more likely to be living in poverty than other families. We know this is true for Bloorview clients as well.

Bloorview's clients and their families are marginalized within the current health-care system because they are children (a minority group within the larger population) and have chronic, complex medical and physical needs. Our clients and their families experience multiple, confounding challenges and inequities with respect to many of the above defined social determinants of health because they have a disability.

Through our data collection we heard that language and literacy, geographic and transportation challenges, socioeconomic status, financial hardship, housing and the lack of social supports and networks are significant inequities that many of our clients and their families face on an ongoing basis.

This information was compiled through Bloorview-led focus groups and telephone interviews completed in January 2009 with clients, families and staff. Facilitators and interviewers used a consistent set of questions to guide discussions and feedback. Information was also obtained about our clients and their families through decision support and through research and information collected for this report.

1c) Are there any specific health equity gaps and challenges that require greater attention at your hospital?

The following is a summary of feedback relevant to health equity that we received from staff, clients and families who participated in focus groups and telephone interviews.

Service mandate and hours of operation - Disability presents significant health equity gaps and challenges for families. In the mainstream health-care system, our families face many barriers in getting services for their child and have to rely on specialized services, which often have longer wait lists. These barriers include physical barriers (buildings where services are provided are not accessible), lack of awareness or understanding of how to provide treatment to a child with a disability (i.e. dental care), financial barriers, etc.

The definitions we use to describe disability (e.g. mild, moderate and severe) result in barriers to service. The availability of the range of Bloorview's services are based on diagnosis. In addition, criteria exists for services, which means some children will not meet the criteria, and are unable to access that services.

For example, children with a developmental disability and Autism Spectrum Disorder can access assessment, but not treatment. Within the system of care for children with autism,

² www.phac-aspc.gc.ca What determines health?

follow-up treatment is provided by community-based organizations.

The majority of clinics and services are only offered in the daytime. The library and resource centre are not open in evenings. This is a problem for families who work during the day and can't afford to take time off work or have other children that they must attend to.

Waitlists - There are lengthy and multiple waitlists. Parent quote: "You wait on one list and then you have to wait on another list...If you are on one waitlist you can't get services elsewhere."

Language and literacy - There is a lack of information and educational materials (brochures, websites, etc.) in multilinguals and the literacy level of information is often too high for many clients and families.

Interpretation services are available at Bloorview; however, this resource is not readily accessed outside of clinical appointments. There is no signage to alert families about the availability of this resource. Parent quote: "The first time I went to Bloorview one of the cleaning ladies helped me. If Bloorview had interpreters available on site when people came in the building that would help...Bloorview should have welcoming signs in lots of languages."

Families who do not speak English well feel they are treated differently and don't always get the information and treatment they need because they are not able to verbally advocate in an effective way. Parent quote: "I don't really know what is available because I can't speak English."

Geographic location and transportation - There are challenges getting to Bloorview. This is an issue for those in remote communities of the province as well as those living in the greater Toronto area, because Bloorview is not easily accessible by public transportation. The cost of parking was also noted as a barrier.

Staff - Participants said that the staff at Bloorview are not always aware of services offered in other areas of the organization. Staff need to make sure information is given to and shared with client not just the family and caregiver. Quote from youth: "Reports from doctor's visits were still going to my parents' homes when I was 17-18."

Staff don't have enough time to spend with families to answer their questions (especially if English is not spoken language).

Staff are not very diverse. Staff quote: "Staff not aware of cultural and religious beliefs to help them understand where family is coming from."

Financial - Cost of programs (camps, swimming, etc.), parking and daycare is a barrier to accessing service.

Community's awareness of Bloorview - Community providers are not always aware of the services offered and as a result they may not refer clients to Bloorview.

Section 2: Promising Practices

2a) Please briefly describe a maximum of 5 current hospital initiatives that help to improve access to health services by underserved or underrepresented populations?

Which population do they target and/or which access barrier do they seek to remove?

In what ways is success being measured and what outcomes yielded as a result? Please provide samples of related documents if any.

Client and Family-Centred Care (CFCC)

At Bloorview client and family-centred care is seen as an approach to care that is grounded in mutually beneficial partnerships among health care providers, children, youth and families (Institute for Family Centered Care). It is based on five core principles: dignity, respect, information sharing, participation and collaboration. Client and family-centred care has a significant influence on positive health-care interactions involving all clients and it ensures that care is customized to the client and families needs and values, and according to their diverse background and challenges.

Bloorview has completed several activities to refresh its understanding and commitment to client and family-centred care. During the past year Bloorview has:

- Facilitated café conversations for staff, clients and families to identify, define and confirm key components of CFCC
- Struck a CFCC committee to lead a formal review of CFCC at Bloorview
- Developed and distributed a CFCC survey to staff, clients and family members and is using survey results to develop a CFCC action plan

Targeted population and access barrier: All Bloorview clients and families

Measurement and outcomes: A confidential all staff, family and youth survey revealed that 78% of staff feel CFCC is integrated as a core value /priority; 91% feel that leaders through their “words and actions” encourage and support CFCC and 90% say that clients and families are encouraged to participate in care planning and decision making. Bloorview has an excellent client and family - centred foundation on which to build.

Current Leading practices in client and family-centered care are:

- 1) The integral role of family and youth advisors as partners in the health-care team and Bloorview’s Family and Youth Advisory Councils
- 2) Family Support Programs and Family Resource Centre

Supporting our children, youth and family members as advisors and leaders Bloorview has a long tradition of engaging clients and families as partners in delivering, planning and designing health care. Family and youth advisory committees provide a forum for clients and families to provide input, and work with staff to enhance services and supports for families and youth.

Bloorview’s youth and family advisory councils provide a vehicle for ensuring that as an organization we stay connected and aware of the needs of families. Board members, the President and CEO and the Vice-President of Programs and Services attend the Family Advisory Council that meets monthly.

The Tell Us What You Think Client and Family survey is an organizational survey that Bloorview uses to obtain feedback from client s and families regarding their clinical experience.

Issues Resolution Procedure provides a structures process to address families’ concerns and complaints.

Targeted population and access barrier: All Bloorview clients and families

Measurement and outcomes: Issues and complaints identified through the *Issues Resolution Procedure* or the *Tell Us What You Think* survey are tracked and monitored by the FRC until

resolution.

2) Family Support Programs

a) Financial Support Fund

Through the Bloorview Foundation, children with physical disability and their families can access financial assistance for the following expenses:

- Adaptive equipment (not eligible for Assistive Devices Program funding) and home renovations
- Medications (not funded by the Trillium Drug Plan)
- Recreational programs offered by Bloorview and community agencies
- Transportation costs incurred in order to get to and from appointments
- Cost of meals and accommodation

Targeted population and access barrier: Children and youth with rehabilitation and complex care needs and families experiencing financial hardship.

Measurement and outcomes: Annual costs and nature of funding are tracked and monitored. The information is used to determine the annual budget. Business cases advocating for additional funding are generated based on the data collected. The budget was increased by 60% in 2008-09 in response to the previous year's funding patterns, increased costs and demands. Bloorview's social workers have advocated for increased funds to address issues related to the costs families face in making their housing accessible.

b) Onsite Accommodations

Ten onsite fully accessible suites are available for parents and caregivers who require overnight accommodation to attend clinic appointments or be with their child during their inpatient stay. Parents can book a suite for a nominal fee; however, no family is refused access to accommodations because of financial reasons.

Having onsite accommodations means that families of children with physical disability can be with their child and fully engaged in the health-care process. It also means that those families experiencing socio-economic or financial strain can stay at Bloorview without undue financial hardship.

Targeted population and access barrier: Children and youth with rehabilitation and complex care needs and families experiencing financial hardship or from remote communities throughout the province.

Measurement and outcomes: Bloorview tracks occupancy rates and uses a satisfaction survey to obtain feedback from families who access the accommodation facilities. Year to date occupancy rate for FY 2007-08 is 57%. In FY 2007-08 the overall satisfaction rate was 93%.

c) Interpreter Services

Clients and families have access to professional interpreter services free of charge when attending any appointment, family meeting or activity at Bloorview. Bloorview uses Multi-Languages Corporation, Access Alliance and Bloorview staff that have completed onsite interpreter training.

Targeted population and access barrier: Children and youth with rehabilitation and complex care needs and families with language barriers.

Measurement and outcomes: Bloorview tracks annual costs and most frequently requested languages. The Interpreter Services budget has more than doubled from 2006-07 to 2008-09,

with the actual costs consistently exceeding budgeted funding during the past three fiscal years. A survey is used to obtain feedback from staff, clients and families regarding the quality of the interpretation experience. The organization makes changes and improvements in processes based on this feedback. As of November 30, 2008, there have been 733 interpreter assignments in FY 2008-09. The most requested language is Cantonese. For more information, see section 3c.

d) Ronald McDonald Playroom (Onsite Daycare for Clients and Siblings)

Many families who come to Bloorview find inadequate child care supports a significant barrier to accessing health-care resources for their child. The Ronald McDonald Playroom provides families with a place to leave their children in order to consult with doctors and therapists and research information in the onsite Resource Centre or Library. The service is offered for clients and siblings of clients. Arrangements can also be made by staff or parents to book the playroom for evenings and weekends for special Bloorview events.

Feedback from families and staff regarding the playroom is extremely positive.

Targeted population and access barrier: All Bloorview clients and families, and clients and families experiencing financial hardship.

Measurement and outcomes: Data is collected on the number of clients and siblings who access the playroom. The playroom is used almost equally by clients (47% of attendances) and the siblings of clients (53% of attendances). The mean number of children using the playroom per day is 8.04 with increased use during the summer months and March break.

e) The Grocery Foundation Resource Centre is located on the main floor of our new facility. It is an open and inviting space adjacent to the main reception, library, cafeteria and Ronald McDonald Playroom. Clients and families are encouraged to access information on programs and services offered at Bloorview, use the computers to access information on the web, access support and find help navigating the system through the Family Resource Centre Staff.

Upon request, the centre loans equipment such as car seats and bikes to trial before buying a new item.

The Grocery Foundation Resource Centre seeks to remove barriers to information for clients and families through family education, financial support and assistance with navigating the health-care system. It serves anyone who asks for assistance and information, regardless of whether they are clients of Bloorview and strives to support those whose first language is not English with the assistance of translators. Our physical space sets the standard for universal access in welcoming those who have disabilities.

f) The Family Relations Coordinator (FRC) in collaboration with families, clinicians and other service providers the FRC provides information about community resources and develops education sessions to strengthen the family's role as advocates for their child. The FRC works with clients, families and staff to identify and resolve issues and concerns that may affect the quality of service or client and family satisfaction.

Partnerships and Advocacy

Bloorview Kids Rehab develops and participates in collaborative partnerships to address service needs of clients and families at the community, regional and provincial level. We partner and collaborate with our clients and their families through the Youth Advisory Committee and the Family Advisory Committee.

Bloorview is also represented on major pediatric, teaching hospital, research, professional practice, education, and rehab and complex continuing care networks within the GTA and

across Ontario, Canada and in some cases, internationally. We work with others to advocate around policy changes and systemic improvements that will benefit children with disabilities and their families. Our involvement in networks and partnerships is critical to building capacity in agencies and across the pediatric continuum to better support children with disabilities in their community. Examples include advocating for affordable, accessible housing and membership on the Child Health Network. See 2c for further details on our partnerships and advocacy initiatives.

Building System Capacity

Bloorview is working collaboratively with northern, remote Ontario communities to provide specialized services and clinics through Telehealth videoconferencing. Examples include dental services, cleft lip and palate and neuromuscular clinics.

2b) Are there hospital based initiatives that address the social determinants of health identified in 1b? Please describe briefly.

Financial Support Fund - See 2a
Interpreter Services - See 2a
Onsite Accommodations - See 2a

Stepping Stones Triple P: Positive Parenting Program

Triple P is an early intervention strategy for families of children ages two through eight with physical or intellectual disabilities who are at risk of developing behavioural and emotional disorders. The Triple P program is facilitated by social workers at Bloorview who aim to increase parenting competence and decrease behavioural difficulties in children with disabilities.

Parent Information Networking (PIN)

PIN sessions are weekly drop-in groups for inpatient parents to connect with other parents, share experiences, learn about community resources and plan for discharge. This supportive environment helps parents cope with the stress of having a child in the hospital, provides a social support network and fosters personal health.

Advocacy Efforts

Bloorview has identified a number of systemic issues that impact children with disabilities and their families, and it has worked with the appropriate authorities to influence a system response to address the issue. For example:

- Bloorview recognized that the fee structure for Prosthetics and Orthotics under the Assistive Devices Program (ADP) had not been adjusted for many years and was leaving families with large out-of-pocket expenses for equipment needed to live their day-to-day lives (i.e. wheelchairs, walkers, etc.). Bloorview was successful in working with ADP to adjust their fee structure to better reflect the actual costs for equipment and reduce the financial impact on families.
- Bloorview identified that finding affordable accessible housing is a major challenge for many families who have a child with a disability. Bloorview combined the results from focus groups with research on housing and its relation to the broader social determinants of health. Research found that families who have a child with a disability are more likely to be living in poverty and have a higher need for affordable housing than other populations. They also found that adequate housing is directly linked to positive social and health outcomes for children with disabilities and families. Bloorview is actively working to advocate for the unique needs of families with children with disabilities and to ensure that they are not forgotten in housing policy.
- Bloorview is a member of the Toronto Transit Commission committees addressing access for citizens with disabilities. Bloorview social workers are advocating for the

Toronto Transit Commission Wheeltrans Service to expand the eligibility their criteria to include ambulatory clients with cognitive deficits. This initiative speaks to the broad definition of disability and the exclusion that currently exists of individuals based on diagnosis.

2c) Describe specific partnerships, projects or activities that your hospital has undertaken with other organizations to address health equity, including those addressing the broader social determinants of health. Please include the names of those organizations and outcomes of the projects.

- Bloorview Kids Rehab has developed multiple strategic linkages and networks at the community, regional, provincial, national and international level to address the needs of clients and families. It is represented on major pediatric, teaching hospital, research, professional practice, education and rehab and complex continuing care networks.
- Through these relationships, there is information sharing and collaboration which leads to identification of synergies and reduces duplication and gaps in service. This often leads to partnerships to address service needs. Bloorview works with others to advocate around policy changes and systemic improvements that will benefit children with disabilities and their families. Our involvement in networks and partnerships is vital to building capacity in agencies across the pediatric continuum to better support children with disabilities in their community.
- The following are examples of the type of partnerships, projects and activities that Bloorview has undertaken:
 - In partnership with the Child Health Network, Toronto Preschool Speech and Language Services and Community Interagency Committees, Bloorview has successfully established satellite Child Development Clinics at North York General Hospital, Toronto East General Hospital and St. Joseph's Healthcare Centre resulting in improved access to this specialty service. Children and their families now receive expert child development services close to home, eliminating the need to travel outside the local community for healthcare.
 - The LIFEsPan (Living Independently and Fully Engaged) service is a partnership between Bloorview and Toronto Rehabilitation Institute (TRI), funded by the TCLHIN, to prepare youth for transition to adulthood, coordinate transfer of care from pediatric to adult health services, and develop specialized services for adults with childhood onset disabilities.
 - Staff from Bloorview and TRI work collaboratively to facilitate smooth transfer and maintain continuity of care. The Growing Up Ready framework provides the foundation for the services at Bloorview aimed at preparing young adults and their families for transition to adult life. The adult services at TRI are based on the client's self identified goals in: emotional and physical health, social and recreational aspects, communication, mobility, vocation, education, funding, housing, household management and self care.

The Lifespan clinic measures: number of new clients, client visits at Bloorview and TRI, clients transferred, client satisfaction, and wait time for the first appointment.

To assess how the LIFEsPan has impacted client's health, participation and quality of life, we will be collecting health and life outcomes such as vocation and participation data.

- Bloorview has been instrumental in the last five years of partnering with the City of Toronto, Children’s Services to develop their Every Child Belongs inclusionary programs in childcare. We have been given funding to have a team of a resource teachers and occupational therapists in the community to build capacity so all children have access to childcare.
- We are active members of CITYKIDS. This is a broad network of agencies across Toronto working together to provide single point access, coordinated intake and service delivery to children with special needs and their families
- Bloorview is a member of the Ontario Association of Children’s Rehabilitation Services (OACRS). OACRS is the strong, united provincial voice influencing policy, planning, programs, and funding to maximize the potential for all children and youth facing physical, communication or developmental challenges best met through a Children’s Treatment Centre (CTC). OACRS represents 20 CTCs across the province.
- The Hospital Collaborative (HC) on Marginalized Populations is a group of Chief Executive Officers, and/or their designated representatives from Toronto-area hospitals working in partnership to reduce health inequities for vulnerable and marginalized populations.

Services for uninsured clients have become a primary area of focus for the HC. Bloorview has not experienced the high volumes of uninsured clients seen in acute care, but views uninsured clients as a very important and relevant health equity concern and will continue to be an active participant in this work.

As a result of the data demands of health equity planning, HC members are collaborating with the Centre for Research in Inner City Health (CRICH) on a project entitled “Measuring Equity of Care in Hospitals: From Concepts to Indicators”. The objective is to report on optimal approaches for conceptualizing, operationalizing and measuring equity of care in hospital settings, through a review and synthesis of the literature on equity measurement in health care settings. It is important for non-acute, specialty hospitals such as Bloorview to participate in this initiative to ensure the unique measurement needs of specialty hospitals are being considered within this project.

- A list of community partners can be found in appendix a

Section 3: Policies, Procedures and Standards

3a) What specific policies, procedures and/or standards does your hospital have to ensure equitable access and treatment for all patients/clients? (E.g. a Patient Charter)
How do you ensure that these policies are followed?

HR Policies

Code of Conduct
Employee Assistance program HR-025
Anti-workplace Harassment HR-405
Workplace Violence Program HR-530

Client Care Policies

Board /Governance Commitment to Diversity policy BG - 040
Statement of Commitment to Diversity
Bill of Rights and Responsibilities
Family Support Fund CF-110

Issues Resolution Procedure CF-122
Staff Accessing a Bioethics Consultation AC-075
Suicidal Risk CF-205
Visitors Inpatients, Day Patients and Outpatients CF- 210
Family Team Goal Plan – Inpatient, Day Patient PP- 005

Education and a structured communication plan are developed to inform staff of new policies. Managers and professional practice leaders monitor clinical performance and compliance with policies on a day-to-day basis. Compliance with policies, procedures organizational mission and core values are monitored through the performance achievement process. Through e-learning, a more structured process will be developed to monitor staff awareness of critical policies on an annual basis.

3b) How does your hospital provide for the delivery of culturally-competent care? Please provide specific examples.

Do you have any special programs or policies that address the needs of Aboriginal and Francophone communities? Please describe.

Bloorview's approach to care is based on an acceptance of difference, which is congruent with our mandate to serve children with disabilities. Disability, in and of itself, can be considered an example of diversity. People with disabilities are not given equal access to participate in all the typical life activities and Bloorview works closely with our clients to help them build the skills needed to handle these scenarios.

By the nature of what we do, Bloorview promotes a climate that welcomes, understands and respects the diversity of our clients and families and supports the provision of culturally competent care. Some examples of culturally competent care include the following:

- Access to interpretation services, free of charge
- There is a non-denominational meditation room on site so that inpatient clients and families have access to spiritual care
- Inpatient menus are sensitive to cultural and religious preferences
- Staff orientation focuses on Bloorview's core values: caring, client and family-centred care, excellence, innovation, partnership and respect
- Bloorview follows a statement of diversity and bill of rights and responsibilities
- Annual performance achievement process provides staff with feedback regarding their compliance with code of conduct, policies, procedures, organizational mission and core values
- The leadership forum (comprised of all senior leaders, managers and directors) coordinates information and education sessions on culturally competent care and diversity topics such as workplace harassment
- Nursing practice endorses family systems nursing as the preferred model of practice
- Clients and families are members of key organizational committees such as the Family Team Goal Planning Committee, Quality Forum and Bioethics Forum
- Bloorview provides lunch and learn sessions for all staff on topics such as how to work with an interpreter. These sessions also highlights the diversity of Ontario and the impact language has on clients with disability and their families in receiving equitable access to high quality healthcare
- Café conversations and in-service education sessions are hosted to engage clients, families and staff on culturally sensitive topics such as 'what is client and family-centred care' and 'what does respect look like at Bloorview?'
- Access to financial support is available to low income families
- Client satisfaction survey and issues resolution procedure in place
- Bloorview has a Family Relations Coordinator, Family Advisory Committee and Youth Advisory Committee

- With our newly-built building, we have a fully accessible facility
- Family accommodations in the child's room or in private onsite suites

Embracing Diversity: An Active Journey

In March 2008, Bloorview social workers highlighted the importance of understanding and embracing all aspects of diversity, through a large cafeteria display entitled *Embracing Diversity: An Active Journey*. The three panel display defined the elements of diversity - race, gender, age, socio-economic status, sexual orientation, religion, ability - and encouraged staff to identify where we have invisible or unrecognized areas of privilege or advantage.

Over 80 Bloorview staff, clients and families participated in building a diversity wall by writing down and posting one quality about themselves that identified their uniqueness. A grand rounds speaker challenged us to look at personal attitudes and organizational and systemic barriers to full the inclusion and participation of those who are marginalized in society. In addition social workers display in their offices City of Toronto posters proclaiming WELCOME in 88 languages and signs indicating 'Positive Space' for the lesbian, gay, transgender and bisexual community.

Bloorview does not have policies that specifically address the needs of Aboriginal and Francophone communities. Only 1% of interpretation requests are for French speaking clients and families.

3c) What non-English language services are provided corporately?

How are these services provided? (E.g. Volunteers, staff, contractual agreements, family members, telephone, etc.)

Please name or attach the list of languages available and the number of requests you receive for each language, if this is recorded.

Bloorview provides professional interpretation services for those clients and families who indicate at registration that an interpreter is required. Bloorview uses Multi-Languages Corporation and Access Alliance for face-to-face and telephone interpreter services. Education sessions are also offered for all staff on how to work with an interpreter. These sessions highlight the impact language has on clients with disability and their families receiving equitable access to high-quality healthcare.

Bloorview covers the cost of interpretation at the following rates:

- face-to-face interpretation services cost \$50.00 per hour (two hour minimum)
- telephone interpretation requests are \$12.50 per quarter hour

The following process is in place to support the booking of interpreters:

- Scheduling staff book an interpreter for all medical appointments based on information obtained during registration
- Staff who schedule their own appointments (e.g. therapy) complete a Meditech requisition to request an interpreter for their client. Registration staff then arrange an interpreter for the appointment.

The demand for interpretation services has continually increased over the past three years. In 2006-07, there were 511 interpretation assignments, in 2007-08 the number increased to 728. The number of requests from April 1, 2008 until November 30, 2008 was 733 interpretation assignments for 28 different languages (see appendix b).

The top 10 languages in 2008-09 (YTD) are:

Language	Number of Request	% of Total Request
Cantonese	96	13
Tamil	90	12

Spanish	89	12
Mandarin	58	8
Urdu	57	8
Farsi	55	8
Vietnamese	36	5
Arabic	34	5
Somali	30	4
Korean	28	4

3d) Does your hospital have dedicated FTE or other positions that promote, lead or address your health equity goals? (E.g. Director of Corporate Diversity, Access or Human Rights Officer, Mentorship Coordinator, Equity Trainer, etc.) If yes, please list main role components.

The following positions support Bloorview's health equity goals.

- Family Relations Coordinator
- Interpreter Services Coordinator
- Social Work- Addressing health equity issues is a core job responsibility for all Social Workers

3e) How has your hospital implemented any special initiatives to mentor, recruit and retain staff from diverse communities? (E.g. where jobs are posted, Internationally Educated Professionals projects, staff education, etc.)

Bloorview:

- Holds an annual job fair as part of its Youth at Work program, for youth aged 16-20, which focuses on introducing teens with disabilities to the world of work.
- Has place an increased focused on hiring people with disabilities, over the past year.
- Is an equal opportunity employer
- Advertises job vacancies externally on its website
- Conducts several international searches for nursing and key positions every year and has hired people from the US, UK and Australia
- Makes every effort to recognize overseas experience in candidates
- Participated in the University of Toronto's Mentorship Program in Health Sciences specifically targeted at Aboriginal and Black youth
- Is developing a recruitment and engagement plan that will include a diversity strategy
- Developmental pediatricians internships and residencies are considered broadly (i.e. we currently have residents from Jamaica and the middle east)

3e) Please give some examples of how your hospital accommodates patients/clients, visitors and staff with disabilities and/or other special needs in compliance with the Ontarians with Disabilities Act.

Due to the accessibility needs of many of our clients and their families, accessibility is a priority for Bloorview and is foremost in our planning, program development and services. In designing and planning for Bloorview's new building, the organization placed a special focus on creating a welcoming and accessible building. The accessibility features of our building surpass the standards outlined in Ontario's building code and exceed the standards outlined by the American Disability Act, the most stringent standards that exist.

Highlights of Accessibility Features of Bloorview Kids Rehab's facility

Using universal design standards, we are confident that Bloorview Kids Rehab will be a model for accessible building construction and design for years to come. The accessibility features - both inside and outside the building - have been subtly incorporated into the design of the building. Here are some highlights of the accessibility features:

- The parking lot and drop off points are level with the entrance
- The main elevators are large and double-sided to allow people in wheelchairs and other

mobility devices to use both doors.

- The building is designed vertically rather than horizontally, which means there are shorter distances to walk and wheel in the building.
- The hallways in the building are extra wide to allow for wheelchairs, walkers, hospital beds and tricycles to pass each other safely.
- All room signs include Braille and raised lettering for the room numbers.
- Doors are wide enough to accommodate wheelchairs, scooters and shower stretchers.
- All inpatient washrooms and shared showers are fully accessible.
- The layout and design of the building is straightforward to make it easy to find your way around and to promote independence.
- Easy-to-read signage and directories, located across from all elevators, and large windows will help people understand where they are in the building.
- The recreational pool has a ramp in the shallow end and a handrail all the way around the inside of the pool. The therapy pool has a ceiling mounted lift.
- There are adjustable tables throughout the building, including in the cafeteria and Grocery Foundation resource and education centres.
- There are over 150 automatic door openers throughout the building.
- Large washroom stalls allow wheelchairs to move and turn easily.
- On each floor, there is at least one washroom with a large-size change table
- An accessible path that runs along the back of the building and through the garden makes the outdoors accessible.

Bloorview also works closely with other community providers to help increase accessibility for our clients in the community, outside of Bloorview's specialized programming. For example, our Active Living Centre exists to facilitate active participation by kids with disabilities in recreational activities. We work with community centres and organizations across Ontario to make their activities more accessible. We also provide accessible and adapted equipment to facilitate participation for children with disabilities through our Equipment Loan Program.

Our commitment to accessibility is an ongoing focus for Bloorview, and we continue to monitor external innovations related to accessibility that may be relevant for Bloorview, which is done primarily through our Accessibility Planning Advisory Committee (APAC).

Section 4: Governance

4. Do you collect information to evaluate how well your employees and Board of Directors reflect the communities you serve? If yes, please describe how well your employees and Board reflect your communities and indicate your data sources. If not, please explain why.

There is a systematic process for recruiting members of the Board of Trustees. Board members are chosen based on knowledge, skills and expertise needed to achieve Bloorview's strategic goals. A skills chart identifies each Board member and the knowledge, skills and expertise they bring to the board.

Bloorview's Board of Directors is comprised of 16 community members. This year, we will recruit two new members - the Governance Committee is seeking to recruit with ethno-cultural diversity in mind. Our Board is diverse from a gender, age, religion and disability context.

While we do not collect specific information to evaluate the ethnic diversity of our staff we believe that our staff does reflect the rich diversity of the communities we serve. As mentioned in 3d) Bloorview is developing a recruitment and engagement plan that will include a diversity strategy.

Section 5: Targets and Measurement

5a) Please outline the goals and action plans to address your health equity and access

priorities.

Feedback from the Focus Groups and Telephone Interviews was used to inform Bloorview's priorities, goals and plan.

Bloorview has identified the following Health Equity priorities:

1. Work with TCLHIN and Hospital Collaboratives to identify and implement Health Equity best practices and performance measurements and indicators relevant to Bloorview.
2. Improve the provision of culturally competent, supportive and welcoming care for all clients and families.
3. Reduce barriers for all clients and families created by language and literacy levels.
4. Incorporate a Health Equity lens in our upcoming work on enhancing Client Family Centred Care (CFCC) at Bloorview and continue to build our comprehensive model of family support and involvement.

As a result, Bloorview has identified a number of initiatives already underway, as well as a number of new initiatives that will address these health equity gaps.

Actions

Initiatives underway:

- Mandate review to define the appropriate role for Bloorview in providing health care services for children with Autism Spectrum Disorder
- Our H.R. practices include being an equal opportunity employer and new initiatives to look at hiring from diverse communities, including people with disabilities
- Enhancing Bloorview's Client and Family Centred Care (CFCC) commitment
- A commitment to using plain language in all public information
- A Welcome to Bloorview (patient directory) is in development; translation is being considered
- Ongoing commitment and focus on access to care
- Bloorview has an ongoing commitment to building capacity in the community to serve children with disabilities closer to home in a strategic way.

New Initiatives:

- Offer cultural competency training to staff
- Install a multi-lingual Welcome sign at the front entrance to clearly illustrate our openness to serving everyone
- Develop a multi-lingual insert with appointment letters advising clients of the availability of interpreters
- Enhancing our promotion of the availability of financial support for low income families

5b) Please provide some examples of how you incorporate your access and equity objectives, or use an equity lens, in your initiatives to address the MOHTLC and LHIN priorities? (E.g. Strategic Plan, Wait Times Reduction, Patient Safety, Staff Interactions, Capital Projects including Facility Improvements, etc.)

Our core strategies for clinical service delivery are in the following key areas:

- 1) improving access to services for children with disabilities who require developmental assessments and treatment, adapted communication devices and intervention and inpatient rehabilitation services,
- 2) building an integrated and coordinated system of care through effective partnerships and collaboration, and
- 3) leveraging system capacity through exploring and implementing different models of service delivery.

These core strategies are very clearly aligned with health equity principles.

Two recent examples of using an equity lens in our work include:

- Development of our strategic plan had active involvement of families and community partners. They influenced the priorities in the plan, which outlines the future direction of the organization.
- In the development of our new facility, we had active involvement from families and clients. Their input was used to design every element of the facility, but they had particular influence in the design of inpatient rooms, washroom facilities, elevators and clinical space. In addition, our architects, planners and designers did a field trip in which they navigated a number of interior and exterior spaces in the community using a wheelchair to enhance their awareness of the barriers that people with mobility devices would encounter in every day life. This greatly influenced the design and layout of the facility.

In addition, we have committed to using community engagement strategies in a more concerted way when making any significant changes or decisions. For example, we are about to review and define our mandate in providing service to children with autism. There will be a large community engagement component built into this process.

5c) What indicators and tools are used to monitor progress? (E.g. interpreter requests, accessibility plan implementation, balanced scorecards, patient compliments and complaints, etc.)

- % of clients indicating preferred language other than English
- % of registered clients requesting interpreter services
- # of interpretation requests by language per fiscal year
- Cost of interpretation services per fiscal year
- Type and amount of funding provided due to financial hardship per fiscal year
- Client demographic information by postal code, LHIN boundaries
- Tell Us What You Think survey results and feedback themes per fiscal year
- # of Issue Resolutions completed and overall Issue Resolution themes per fiscal year

5d) What information and data do you require in order to better identify and monitor health inequities?

- Information regarding staff diversity and cultural competency education and training
- Benchmarks and targets that are relevant to non-acute specialty hospitals to measure performance
- Information regarding best practices in health equity that are relevant to non-acute specialty hospitals
- Better national prevalence and incidence data on childhood disability

5e) How are members of diverse communities, staff and board members involved in planning and setting health equity priorities for action by your hospital? (E.g. community engagement approaches)

- Bloorview has developed a framework for community engagement, which will be used for any significant service decisions and changes going forward.
- Staff have participated in focus groups to share their perspectives regarding health equity. This information has been used to develop our current plan.
- Family Facilitators have participated in both focus groups and individual interviews.
- Family Advisory Council (FAC) and the Youth Advisory Council (YAC) have participated

in focus groups to identify barriers to information and service and provide suggestions regarding health equity priorities.

- In addition to focus group discussions, families have participated in individual telephone interviews regarding health equity.

Section 6: Communications

6. In what ways are your health equity goals communicated to the following groups?

We use a variety of communications methods and vehicles to communicate our Vision, Mission, Values, Strategic Priorities and other initiatives. These include: staff and physician communiqués, all staff meetings, intranet and staff department meetings.

Board of Directors - Board Meetings

Patients, clients, families and community members - Website, external newsletter, bulletin boards, committee presentation (e.g. YAC, FAC) and trickling information through staff

Health and Social Service Partners - website, external newsletter, email, annual mailings (ie. Annual Report)

The Toronto Central LHIN- health equity plan, operating plan, meetings and updates (in addition to the methods listed above in communicating to health partners)

Section 7: Potential Roles for the Toronto Central LHIN

7. Does your hospital have specific requests, actions or comments that the LHIN should consider to ensure a system-wide approach to improving health equity?

- Create a central database of best practices
- Identify most appropriate data elements and indicators for collecting, analyzing and tracking health equity information
- Develop common methodology and definitions for capturing data and information regarding health equity and social determinants of health and share the information through a series of workshops
- Develop a TCLHIN centralized process and strategy for accessing and funding interpretation services and translating information into multilanguages
- Provide support to fund hospital based health equity programs and initiatives

Section 8: Attachments

8. Please list all attachments to this report here.

Appendices:

- A. Community partners
- B. Summary of Interpreter Services assignments 2007-08, 2007-08, YTD 2008-09

Section 9: Contact and Authorization

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