Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

Holland Bloorview
Kids Rehabilitation Hospital

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Ontario

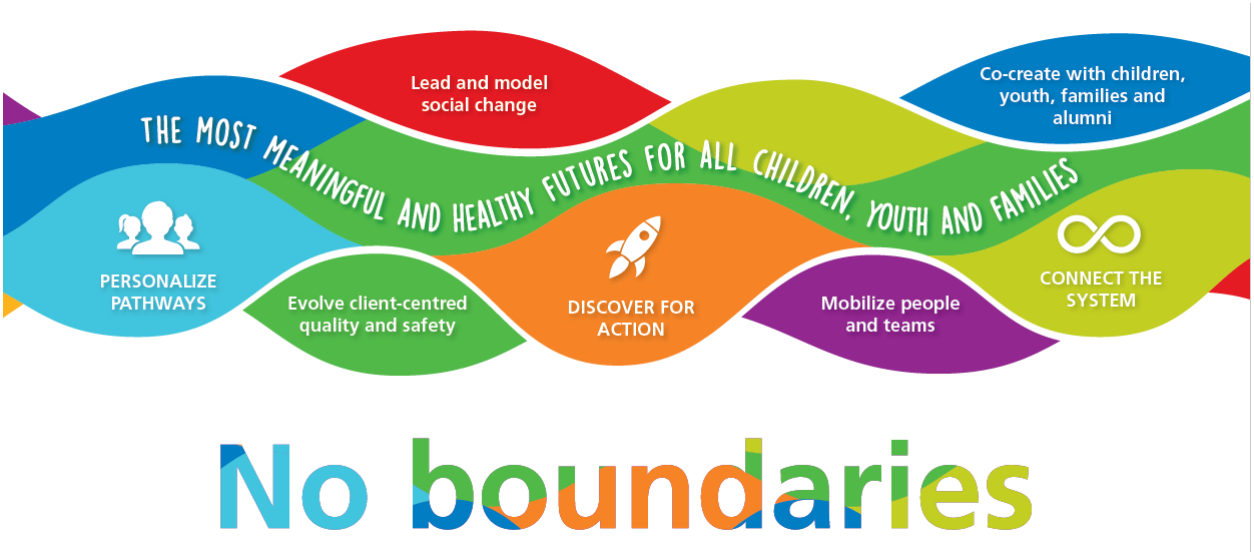
Overview

Holland Bloorview continues to lead pediatric rehabilitation provincially, nationally and internationally. We are committed to advancing high quality, safe care for our clients and families, partnering fully to better understand how to best advance the care experience and leverage new methodologies to co-create meaningful measures that identify success. In our new '*No Boundaries'* strategic plan, which guides our work until 2022, quality has a unique role in driving client and family engagement and partnership.

'No Boundaries' is a testament to our engagement culture with over 1000 voices captured in the development of the strategy. Clients, families, staff, volunteers and community stakeholders were engaged in the process that delivered a new vision to direct our work: 'the most meaningful and healthy futures for all children, youth and families'. The phrase 'many voices, one vision' captured the energy and excitement during the process that resulted in 36 idea generation sessions, 3 big questions, 8 strategy groups and one amazing plan. Families and youth were part of the strategy council that led this amazing work, ensuring the organization thought broadly and beyond the walls of Holland Bloorview.

"We want for our children what every parent wants – for our son to grow up to be an adult who has a community, a sense of purpose, and to be loved."

– Parent



Anchoring of the 2018/19 QIP: Quality and Safety is a fully partnered and co-led model with our clients, families and clinicians/staff. Our quality agenda has been co-created to ensure meaning and impact with all care decisions made together. Leveraging the 'evergreen' philosophy of Health Quality Ontario surrounding quality improvement work, our 2018/19 plan reflects the ongoing journey of our key priorities, building our capacity through the equal partnership of clients and families, while reflecting on system opportunities that will change the face of pediatric healthcare.

The principles of simplicity, focus/priority and partnership guide our work with an overall goal of providing the best possible client and family experience. In doing so, we concentrate on three strategic objectives focused on quality:

Enhance care and ensure safety for staff. We will evolve safe, standardized processes for medication reconciliation and fully partner with clients and families to create tools, transition pathways and models of care that are fully understood upon discharge. We create with staff and families processes that will ensure a positive working environment for all.

Improve access and integration. We will minimize the time clients and families must wait to receive service by listening to what matters most in their experience. We will ensure our families feel supported during transitions home or after a service has ended, and feel confident in continuing care for their child in the community.

Meaningful co-creation with clients and families. We will partner in all of our change initiatives fully and equally with our clients and families leveraging their experiences, knowledge and ideas to transform the care experience. We will harness the knowledge and skills of families to inform 'how' services and experiences are created.

Having successfully completed accreditation in the fall of 2017, with the organization having received exemplary status with 100% compliance in all standards for a second cycle in a row, we believe that this accomplishment was in part due to our partnership with our clients and families. Our 18 month journey of improvement ensured our families, youth and children were integrated as leaders into every accreditation team, including working groups, as well as having their own structure called Family Leader Accreditation Group (FLAG) which ensured the lens of families was embedded in all improvement work.

To build upon the success of this model of integration the FLAG structure will evolve into a more formalized group of Family Leader Quality and Safety Specialists (FLQSS) within the organization that will continue to drive quality improvement work in partnership with the organization to ensure meaningfulness and standardized care experiences.

Holland Bloorview continues to collaborate with a number of system partners to inform our quality agenda, ensuring we focus on local needs as well as needs that extend beyond our walls. Our partnership and engagement efforts include working with the International Pediatric Health Equity Collaborative (PHEC), Health Standards Organization (HSO), Accreditation Canada, Canadian Association of Pediatric Health Centres (CAPHC), CAPHC's Canadian Network of Children and Youth Rehabilitation (CN-CYR), Canadian Pediatric Decision Support Network (CPDSN), Ministry of Child and Youth Services (MCYS) Special Needs Strategy, Toronto Central Local Health Integrated Network (TCLHIN), Regional Quality Table, GTA Rehabilitation Network, Rehabilitation Care Alliance and the Toronto Academic Health Sciences Network (TAHSN) and the Ontario Hospital's Association (OHA).

QI Achievements From the Past Year

Our 18-month journey of quality improvement in preparing for our 2017 accreditation survey placed an additional focus on high-quality safe care, with secondary benefits of building a culture of curiosity, strengthened and evolved partnership with clients and families and a new sense of pride. Ninety-four per cent of our staff responded to our patient safety culture survey and 150 staff shared their voices in 15 focus groups that dove more deeply into where we should focus our collective efforts to advance our safety culture. There were 47 improvement initiatives to enhance care, over 1000 voices captured to understand what quality and safety meant to them at different organizational events and over 300 conversations to better understand where opportunities lay to advance care during tracer events. Our approach to client and family involvement in quality enhancement has led to substantial external recognition: 4 awards through the Canadian Patient Safety Institute (CPSI); recognition at the international Quality and Safety Forum; 2 FLAG members becoming the first patient surveyors across Canada; 2 FLAG members sitting on HSO technical committees as the family voice; staff being selected to sit as HSO committee members; and being invited to speak at high-profile events with sector colleagues across Canada to discuss our engagement process.

Some of the notable improvements that advanced patient safety include the following:

Quality Dimension	Improvements
Safety	• Implementation of medication sashes to act as a visual signal to staff and families to 'not to disturb care' when nursing staff are preparing medication. This has almost eliminated all medication interruption incidents entered in our risk management system. • Implementation of OmniCell – a narcotic management system to increase security of controlled substances/medications and medication safety • Implementation of a cannabis protocol for clients that require it for pain or seizure management. A new area for all healthcare that requires the building of process and structure that ensures safety for clients and families alike. To ensure a partnered approach with SickKids, monthly meetings enabled a consistent care experience with similar structures/processes to reduce the risk of harm across organizations. • An expressed breast milk program was developed to reflect the shift in population (over 20% increase in younger children) we are seeing as well as the need to streamline processes and structure to match established programs such as Sunnybrook Women's and Babies and SickKids. • Access to Kid Care for medication in partnership with SickKids is a strategic partnership between both organizations to reduce the risk of medication errors and promote smoother transitions. This electronic solution has reduced medication errors and confusion/calls between organizations.
Transitions	• A patient oriented discharge summary (PODS) was co-designed with clients and families and piloted as part of a larger system initiative through UHN Healthcare Human Factors. Incrementally through our 72 hour discharge summary call to every family leaving our inpatient services, we have seen improvement in families indicating they feel supported at transition. • A "transitions passport" was created to assist client and families during their stay at Holland Bloorview and beyond. A secondary unintended positive impact is families reporting they use this passport across the system in all of their appointments for their children. • An integrated coordinated care plan (ICCP) was implemented in our outpatient setting to identify what mattered most to clients and families in a centralized tool within the health record that would allow all teams to understand what clients and families are working towards.
Client Centred	• A family needs questionnaire for paediatrics (FNQP) was designed and implemented within our paediatric setting to enable goal setting/expectations prior to families entering Holland Bloorview to facilitate conversations and need.
Access	• An outpatient orientation package for families was developed and implemented in response to our family advisory committee indicating that similar to our inpatient services, outpatient families require fulsome information on services, expectations to guide them through their journey. • Expanded hours of service for outpatients clinics was implemented in response to our families and staff joint feedback to maximize efficiency, improve access to services and offer choice to families/staff in services. Developed and implemented in late 2017, this has seen a positive effect with improvements in access.
Effective	• Embedding a standardized approach to outcome measurement and following progress on the Quality Improvement Plan, performance scorecards and conversations using solution focused coaching to track service outcomes for clients and families
Population	• Our Get Up and Go persistent pain service is a newly identified program to address the growing need of youth and chronic pain. It provides services that meet the needs of the client while preparing them for real world living as they transition back home. • A spinal cord pathway was developed to address the shift in population and the need to build community based programming to build capacity outside the walls of Holland Bloorview.

Other notable achievements include the partnership between the Canadian Patient Safety Institute (CPSI) and Holland Bloorview to create a new module of patient safety for clients and families named "clinicians as partners." During the accreditation journey, we understood that clients and families need to be part of the conversation. Therefore, training was required to ensure families felt confident to integrate their knowledge and experience in ways that had meaning and impact. The module was focused on shared accountability for conversations on safety and how families need to co-lead in solutions.

Seventeen family, youth and child leaders were trained over 1.5 days and became certified and subsequently trained staff in the PSEP modules to ensure equalization of knowledge. This innovation in partnership led to several awards including:

- Patient Safety Champion Award Honourable Mention (CPSI)
- Organizational Patient Safety Champion Award (CPSI)
- Power of an Organization – Innovations in Patient Safety Education (IPSE)
- Merck Award – Family Leadership Program (FLAG included)
- Health Standards Organization – Leading Practice

PSEP Training of Family, Youth & Child Leaders – Sept 30th and Oct 1st 2016

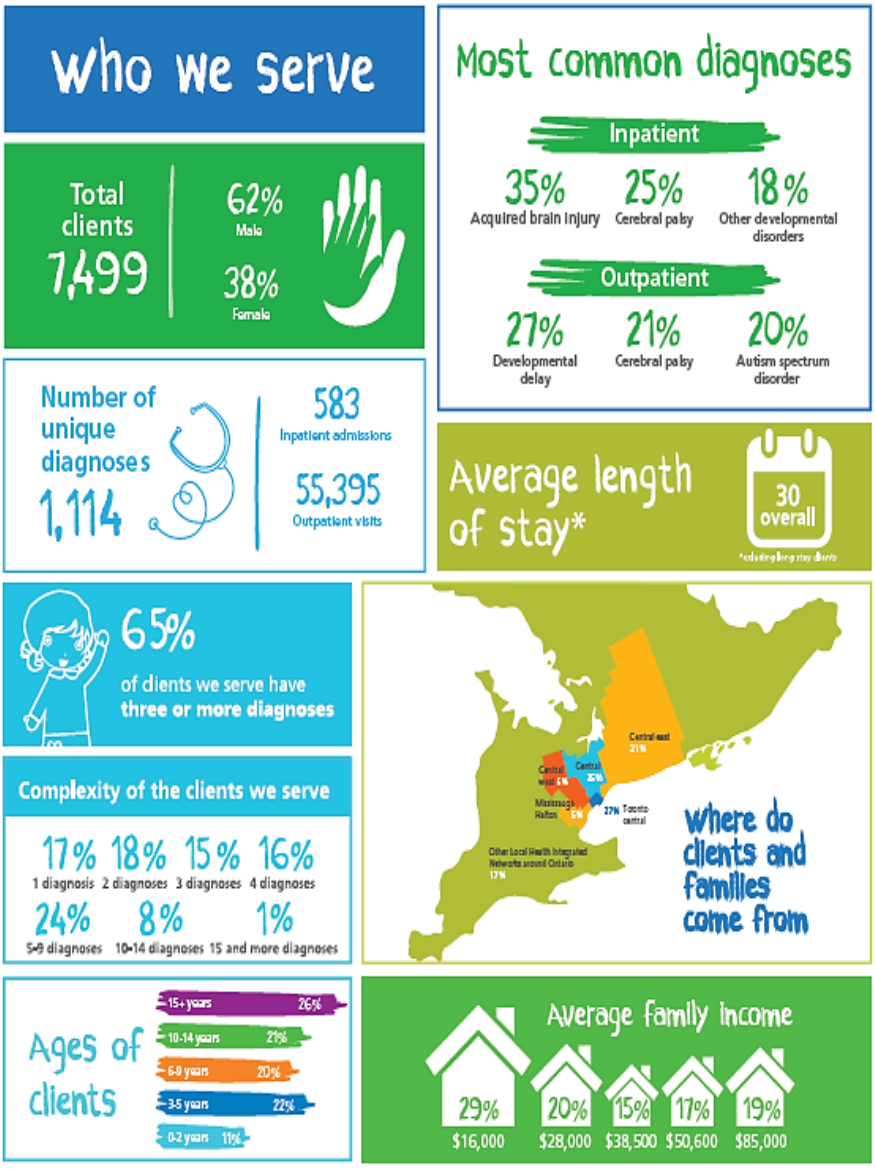
Notable as well was the organizational focus on strength based learning and solution focused coaching (SFC) which made incredible impact to quality, safety and client experience over the course of the past 12 months. Since implementation in 2017 over 220 individuals have been trained (staff, volunteers, families, mentors). We have also linked with other children's treatment centres across Canada, developed a series of filmed simulations demonstrating SFC in pediatric rehab and shared these examples internally and externally. Quantitative and qualitatively feedback about the training has been positive and the impact it has made for staff and for our clients and families - highlighted below:

- "SFC made me more sensitive and considerate to what clients really want and to spend more time exploring versus coming in as an "expert" and telling them what to do immediately."
- "Asking the right question can empower someone to recognize their own abilities and confidence to make a desired change, and can help reframe an issue to enable a more proactive plan."
- "SFC will help empower parents to consider themselves more consistently an integral, vital part of their child's growth, with the skills and expertise to help achieve goals"
- "Collaboration with families will be even more client-centred as we will get to the core of their hopes and determine solutions that are personalized."
- "I can see this changing the way team meetings are run and it will help staff identify solutions to issues they have."

Population Health

Holland Bloorview is a local, regional, provincial and national resource to clients and families in the area of childhood disability. On an annual basis we generate a community profile which includes information from many sources including our client experience survey, health equity survey, decision support team, patient relations team and our community outreach. While we are a provincial resource, over 73% of families reside in the Central, Toronto Central and Central East Local Health Integrated Network (LHIN).

Over the past several years we continue to see our populations shift in our inpatient setting with younger and more complex children receiving services. In the past year alone we have seen the distribution of clients under the age of two doubling translating into new ways we experience our families and provide care (e.g. younger vented patients, children still being breast fed). Practically, we've placed a strategic focus on skill development of staff to provide high quality safe care for infants as well as fostering external partnerships to ensure continuity of care. To the right are some quick facts about the population we serve and where they come from regionally.

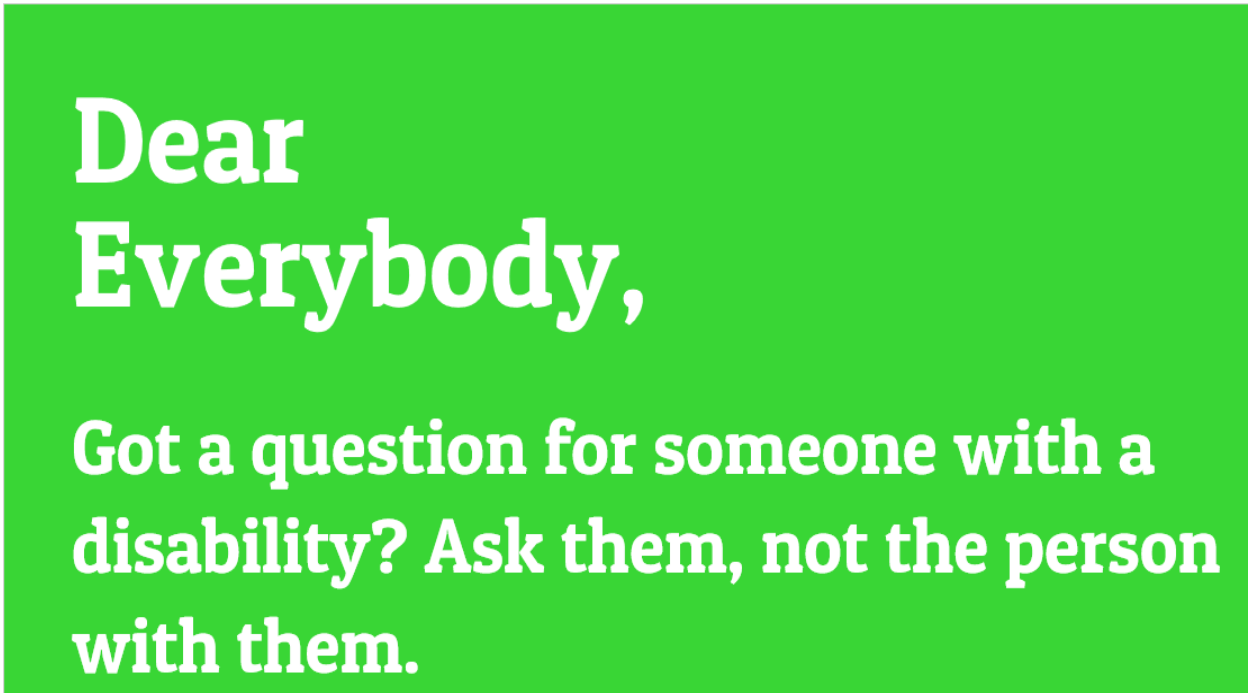


Equity

Equity, Diversity and Inclusion (EDI) are strong drivers of health outcomes. Equity provides opportunities and removes barriers to ensure everyone's needs are met; diversity challenges us to have broad representation of people's backgrounds, abilities and perspectives while inclusion ensures everyone participates. We all have a responsibility to develop, promote and support an equitable, diverse and inclusive environment for everyone who works, learns, volunteers and receives care at the hospital. We all see the world a little differently and are influenced by things such as gender, age, income, experience and background.

'No Boundaries' 2017-2022 focuses on equity and diversity through leading and modelling social change as a strategic enabler. Hallmark initiatives will focus on influencing public policy related to inclusivity in schools, workplaces, healthcare and transportation, as well as leveraging the insights of people with disabilities to guide decisions.

A major focus this year was the launch of a multi-year anti-stigma strategy with our 'Dear Everybody' campaign (deareverybody.ca) to increase awareness of children and youth with disability. The campaign amplifies the voice and experience of our clients and families. In doing so, we hope to reduce disability related stigma and promote a more inclusive society.



Our Dear Everybody campaign includes statements such as:

- Not everyone with a disability looks like they have a disability.
- Just because someone doesn't do something the way most people do it, doesn't mean they can't do it.
- Being afraid to say the wrong thing to someone is no reason to ignore them.
- Whispering is rarely as discreet as you think it is.
- Talking to someone with a disability like they're a baby is rude unless they're a baby.
- Just because someone doesn't speak the way you do, doesn't mean they don't have a lot to say.
- If being around someone with a disability makes you feel uncomfortable, you aren't around someone with a disability enough.
- If we can't include everyone in a game, we aren't playing it right.
- Not everyone in a wheelchair needs to be fixed.
- Prosthetic arms are very cool, but staring isn't.
- Disability isn't awkward but stairs and doors can be.
- People with disabilities have good days and bad days, just like you.

Internally the organization has looked to create permanent structures to embed equity and diversity in the day-to-day work done by staff, volunteers, students and families. Examples include fostering more respectful environments, reducing barriers to participation and supporting better work outcomes. We've also created an "equity lens" to put an EDI focus on creating, running or reviewing:

- an equitable work environment
- an inclusive committee or project
- a clinical program or service and;
- communication materials

Externally in June 2017 we marked the first Canadian hosting of the International Pediatric Health Equity Collaborative (PHEC) in partnership with SickKids with members across Canada and the United States. Members have a shared interest in removing barriers to care for children and their families, and developing tools for system use internationally. The meeting highlighted key work and the celebration of the first published paper on EDI from this collaborative in the BMC Paediatrics - "A patient and family data domain collection framework for identifying disparities in pediatrics: results from the pediatric health equity collaborative."

Integration & Continuity of Care

Integration and coordination of services continues to be a key system focus within healthcare. Ensuring clients have their healthcare needs met at the right time in the right location is of paramount importance. For pediatrics, the well-being of the entire family is a determinant of health outcome. As a healthcare system, every organization has a responsibility to understand the linkages, maximize resources, provide high quality safe care in the right location to help Ontarians and their families reach their healthcare goals.

Within the pediatric realm, integration and coordination becomes exceedingly important for our clients and their families as funding is multi-sectorial, across geographical boundaries and care is provided in a variety of environments (e.g. school, home). Access to care spans different locations, requires strong partnerships across sectors and agencies with an intimate knowledge of services that are often geared to specific age ranges. Transitions between organizations are a reality of their journey through the rehabilitative process. Some families may experience very few transitions, while others navigate transitions often. Transitions can take many forms (e.g. acute care, rehabilitation, children's treatment centres, school and home), often are difficult, confusing and leave families questioning if they have missed any element in their child's care. System integration is vital to care being maintained across transitions, and along the journey of pediatrics to adulthood.

Holland Bloorview endeavors to create seamless transition pathways that reduce risk, reduce readmission rates to acute care facilities, enhance the trust from our clients and families, and eliminate waste within the system. Bridging the gap to ensure that clients and families are supported when they transition to the community requires planning and deliberate effort. Our 2017-2022 'No Boundaries' strategic plan is focusing on personalized pathways and connecting the system in tandem with a specific transitions strategy to support families within and beyond Holland Bloorview.

We must ensure that families receive support, feel safe and understand their role as caregiver. We must also evaluate the transitions process to ensure effectiveness from the perspective of clients and their families.

With this in mind, Holland Bloorview, in its third year of the 'evergreen' plan, will continue to focus its efforts on system integration through the following activities:

1. **Understanding medications upon discharge.** Medication reconciliation and medication understanding is a key safety activity. Evidence suggests that transition points are an area of risk where incidents occur. Not checking in with families for their knowledge of medication prior to discharge increases risk.

   While not placed on the QIP this year, we will continue to monitor medication reconciliation across all transfer points within our inpatient and outpatient settings through our quality committee, safety committee and Board of Trustees to ensure our performance is sustained. This year there will be a continued focus on educating clients and families on medication protocols, visual infographics to simplify and embed the five questions to be asked surrounding medications to prepare clients and families during transition home in the safest possible way. We will incorporate translated versions of the "5 questions" (see illustration) poster into our discharge conversations to ensure families receive information that is most meaningful to them.

2. **Safe Transitions Home:** Transitions take on many forms in pediatric rehabilitation encompassing the entire continuum of care. Discharge is often one of the most challenging elements of one's journey through the health system. Transitioning from a safe and highly structured environment such as a hospital setting back to home often creates anxiety and concerns for many families as there are significant amounts of information, and specific activities that require follow through. While this process can be seamless, through focus groups and surveys with families, we recognize that having a touch point shortly after discharge is meaningful. During our engagement with families, youth and children, the discharge call continues to be seen as a necessary and helpful process. Reaching out to our clients and families enhances the patient discharge experience, provides families the opportunity to ask questions surrounding their child's care and enables the organization to identify and plan improvement initiatives. Our 72 hour post inpatient discharge calls contributes to a safe transition home and provides an opportunity for follow-up. Understanding a family's perspective, coupled with a fulsome review of our internal discharge materials will ensure safe and meaningful transitions for families whose reintegration back into the community may be overwhelming.

   Novel this year was the use of 'Design Thinking' methodology to better understand what focus is required to advance transitions in the outpatient setting. While we will continue our inpatient process of

calling families after discharge, we will be aligning the 'transitions strategy' to our outpatient priorities. This deep and partnered conversation will enable valuable outcome metrics to be developed and qualitative narratives that will support improvement.

3. **Authentic Client and Family Partnerships:** Clients and families want to be empowered to advocate for their needs, or their child's needs, and be able to function as the 'integrator and system connector' for themselves or their child. At Holland Bloorview, partnership is authentic and includes active participation in decision making and having an equal voice in initiatives that impact care. In the 2018/19 QIP, partnership will take shape in three key activities:

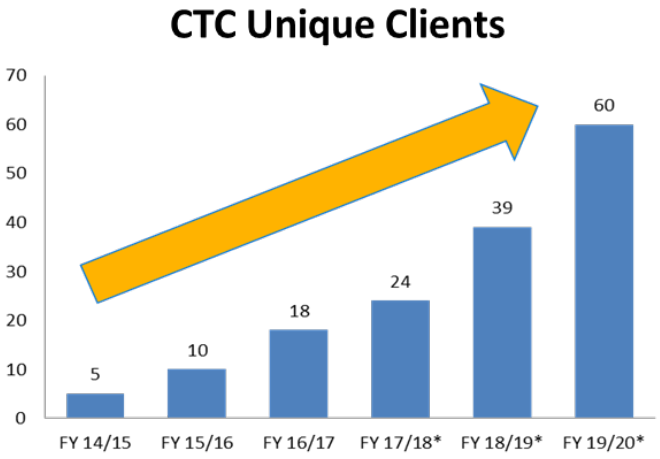
    a. Ensuring that all families are provided with a survey post concern to understand if they felt respected, supported and satisfied with the end result ;
    b. Monitoring the client experience through a pediatric rehabilitation tool that can be benchmarked internationally; and
    c. Hearing back directly from our kids about their care experiences through an innovative child-focused feedback process.

    Supportive listening, shared accountability and a commitment to advance care are ways that we engage with our clients and families. Every year, we challenge ourselves to have clients deeply engaged in conversations about care.

4.System Partnership and Solutions: Building on our ongoing partnership and collaboration with SickKids since the 2014/15 QIP, we are continuing the work to enhance transitions between both facilities for complex transitional care (CTC). We continue to partner on common initiatives to increase patient flow between organizations, enhance the family experience and build system capacity for managing kids who are medically complex or fragile.

Accomplishments this past year included:

- Since inception, a 6 fold increase in the number of children moved from acute care to rehabilitation
- Increased system flow between organizations
- Development of key performance metrics
- Finalization of client experience survey and beta testing on inpatients
- Finalization of staff experience survey



Holland Bloorview and SickKids are committed to clients and families receiving the best possible care that will achieve the best possible outcome while meeting the psychosocial needs of the family. This year will be a journey of partnership, shared understanding and solution focused system partnerships to ensure timely access to effective care.

In addition to this shared partnership, Holland Bloorview is a founding member of the Kids Health Alliance. Kids Health Alliance is led by The Hospital for Sick Children (SickKids), Holland Bloorview Kids Rehabilitation Hospital (Holland Bloorview), and the Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre (CHEO – OCTC).

Looking to the future, we see increasing demand in a complex system of care for children and youth. Nearly 20 per cent of Ontario's population is younger than 18, and that's expected to grow by 600,000 children and youth over the next two decades — that's nearly five times the population of Kingston.

Kids who face injury, illness or disability – and their families – rely on a complex network of care hospitals, home and school environments, as well as publicly funded and unfunded community services. These facts, coupled with the growing fiscal and demographic pressures on the health-care system, highlight the importance of focusing on the health-care needs of children and youth — both current and future. Together with our partners we will create a more coordinated, consistent, high quality system of care for children, youth and their families.

Access to the Right Level of Care – Addressing ALC Issues

Alternate Level of Care (ALC) is the percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying a hospital bed (acute care or rehab) has finished their phase of his/her treatment and requires alternative care. Within a pediatric setting, ALC has a slightly different implication as our challenges are across the transition from child into adulthood and finding placement, as well when families are not able to take a child home based on modifications to support the transition.

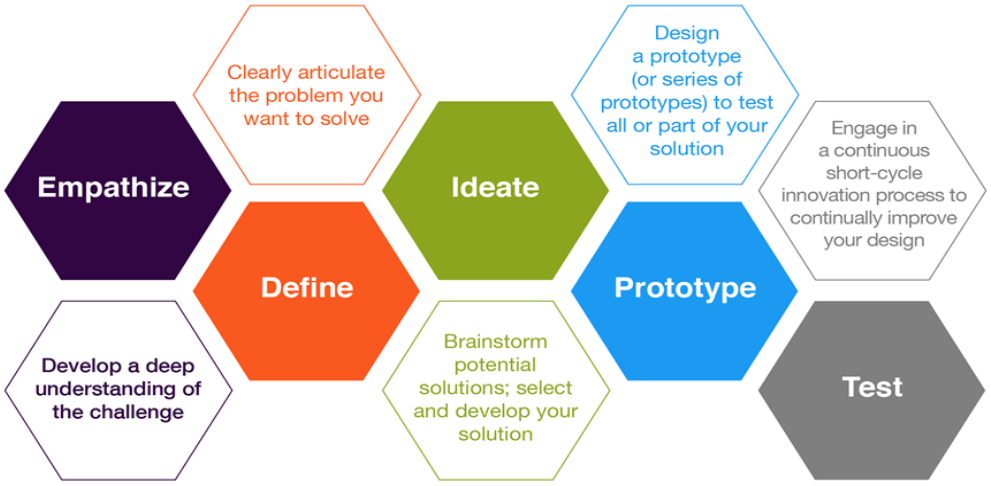
Our ALC is primarily situated within the complex continuing care service which meets the needs of clients with unstable chronic illnesses and/or multi-system diseases. Many clients have tracheostomies or require mechanical ventilation. Although clients may be admitted to the respiratory/complex continuing care unit for extended periods, the goal is to facilitate discharge to the community. In 2017 we continued our partnership and focus on transitioning our youth into group homes and care facilities that enables them a more fulsome lived experience and quality of life. This has been accomplished through building capacity within the system through education and support to community providers.

While ALC remains a provincial strategy, Holland Bloorview continues to work with all stakeholders to ensure safe and appropriate transition of clients across the continuum of care.

Engagement of Leadership, Clinicians and Staff

Quality continues to be a shared commitment and accountability throughout all levels of the organization. Engagement is the cornerstone of our development, planning and implementation of improvement initiatives that impact care. Staff across the organization participates actively in various quality committees, working groups and huddles to advance the organization's integrated quality management plan.

Our QIP development process continues to be rigorous and staged to enable the engagement of multiple stakeholders while incorporating time for iterative review, feedback, revision before finalization. This year the organization leveraged 'design thinking methodology' that brought clinicians, staff and families together to create an experiential and empathic environment that enabled the conversations of co-creation in different and meaningful ways. Over 60 voices were captured during this process with outcomes that will lend themselves to other strategic priorities within the organization. Staff and families equally reported feeling safe to share their stories, emotions and embraced the shared empathy.



Patient/Resident/Client Engagement

The success of our FLAG structure in accreditation naturally lent itself to the evolution of having this highly skilled group of Family Leader Quality Safety Specialists (FLQSS) taking on the full engagement process for clients and families with the organization providing support. Over a two month process of engagement, our family leaders (formerly the chair and vice chair of FLAG) conducted the following:

- Inpatient feedback sessions – real time with families receiving current services;
- Open forums – family leaders extended invitations to provide insight on quality and safety;
- Youth advisory committee – survey and generative questioning to understand what mattered most;
- Children's advisory committee – survey and generative questions to understand what mattered most;
- Family advisory committee – focus group activities and conversations to identify meaningful areas of conversation

Key insights generated:

1. Quality and safety have different meanings depending on the journey of the family. Families that were in the process of receiving care cited sleep, food and consistent nursing care as primary issues. For others, access, knowledge translation, medication management and resolution of complaints were highlighted. Additionally, families in the early process of receiving care required significant education of quality and safety from a systems perspective.

2. Transition continues to be a key area of focus for clients and families within and beyond Holland Bloorview. Many expressed the 'warm handover' as being crucial to safe transitions home and having clinical staff connect to follow through on recommendations, or conversations was perceived as supportive and integral to their success at home. Transitions were discussed in the context of other Holland Bloorview programs/services and the need to ensure an integrated and coordinated approach to care. Also discussed was the need to build system capacity and to create "mini centres" similar to Holland Bloorview to help with transitions.

3. Client experience and partnership was also validated as an ongoing area of opportunity and to ensure that co-creation/co-design continued in ways that captured experience, knowledge and shared accountability.

4. Families validated that the current foci of the organization were appropriate and that targets/measures continued to challenge in ways that lead the system. Discussed was the need to pause, celebrate and acknowledge the work completed and innovate in different ways to advance safety in paediatric rehabilitation.

5. Youth and child advisory committees shared their voices that safety meant easier explanations, inclusion in the conversation, collaboration and goal setting, mental wellness and overwhelmingly transitions within and across the organization.

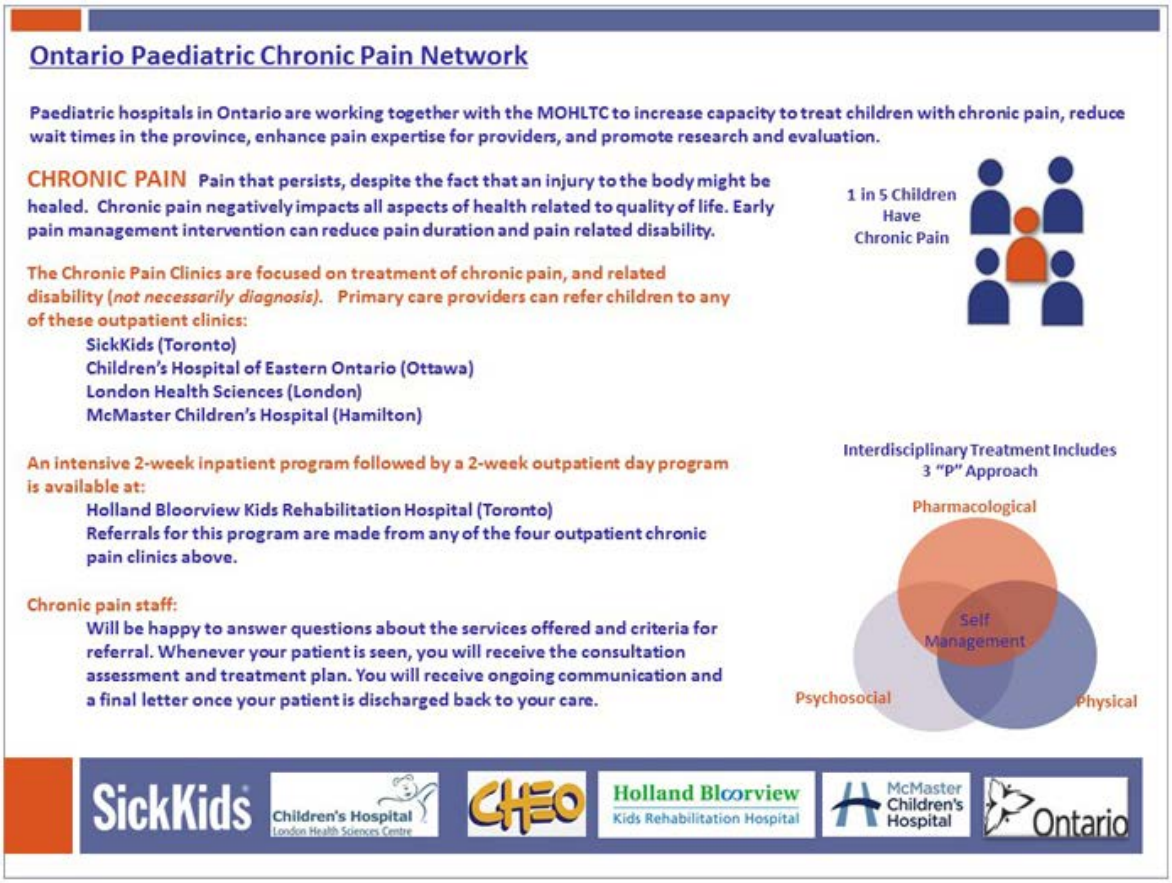
In addition to our FLQSS leading the 'in person' engagement, our client and youth experience surveys also identified similar themes surrounding transitions, coordination of care, respectful communication and understandable information. In total we harnessed over 60 voices through engagement from families, youth and children and ~ 400 voices through surveys to help us understand what was important.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

Opioid prescription, monitoring and consumption in paediatrics can be a complex issue as it often involves not only the child, but the family unit. One in five people live with chronic pain in Canada and until recently there were only eight paediatric multidisciplinary chronic pain clinics in Canada with several provinces not having any services. This becomes even more challenging for families and costly from a system perspective as health care providers in the community may not have enough training in assessment and management of chronic pain.

In 2013 the Chronic Pain Network for Paediatrics was developed to advise on a provincial strategy for managing pain in children. The original work found that those who were seen in a tertiary referral chronic pain clinic used other healthcare services less frequently and obtained better outcomes. Since inception five acute care chronic pain programs have been established and one intensive inpatient rehabilitation program housed at Holland Bloorview.

The Get Up and Go Program at Holland Bloorview is a rehabilitation program aimed at helping children regain function and return to usual activities. It consists of a two week inpatient stay followed by a two week day patient program. During this time, a multidisciplinary team works together on a plan that reaches personal goals and addresses medication management including opioid use. As the first of its kind across Canada the results have been positive with clients and families returning to function and quality of life.



In addition to this inpatient programming, Holland Bloorview is committed to the management and monitoring of narcotics/opioids through our automated dispensing cabinets and pharmacy vault. Both structures enhance the safety, security and accountability of opioid prescription and create a 'closed loop' medication system with improved traceability and auditability to ensure active oversight.

Workplace Violence Prevention

Holland Bloorview is committed to the safety and well-being of their staff, volunteers and students. We believe that everyone has the right to work in an environment free from harassment and discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed (religion), sex (includes

pregnancy), sexual orientation, age, record of offences, marital status (including common-law, divorced, separated), family status or disability (physical or mental). There are several policies & procedures, education through e-learning, employee assistance program and domestic violence/personal relationship resources to support our staff.

Every five years, the organization undergoes a workplace violence risk assessment that identifies areas of opportunity to strengthen structures, controls and allocation of resources to ensure we minimize or eliminate risk. Based on this assessment, Holland Bloorview develops a 5 year plan and focuses on key initiatives. We are scheduled to re-assess ourselves in 2018. Community safety for practitioners providing care within home settings was the focus of improvement over the past year and work will continue into 2018/19.

Incidents and trending is provided to the senior management team annually or at the discretion of leadership as needed. In compliance with the new legislation, information will be discussed at the quality committee of the board and the board of trustees quarterly, coupled with typical performance scorecard discussions.

Performance Based Compensation

By legislation, a portion of senior executive compensation must be performance-based ("at-risk") and linked to measures arising from the QIP. Accountability is spread across all executives with equal weighting of all indicators selected. The selection of the 2018/19 indicators is aligned with the strategic direction of the hospital and reflects stretch goals in areas of desired improvement. In 2018/19 the 'pay for performance' indicators will be pulled from the safety and access dimensions.

Table 1

Dimension	Measure	Proposed Target	Performance Corridor		
			Zero payout	100% payout	120% payout
Safety	**% of families rating that health care providers gave an understandable explanation of medicines**	95%	Less than 85.5%	85.5% to 95%	Greater than 95%
Safety	**% of families and clients reporting they felt they were adequately supported in preparing for discharge**	90%	Less than 81%	81 to 90%	Greater than 90%
Access	**% of children seen within 137 days for first diagnostic assessment in autism**	55%	Less than 49.5%	49.5 to 55%	Greater than 55%

The percentage of QIP at risk pay for each executive is uniformly twenty-five percent of total at risk pay, with 3.75% of the President & CEO salary at risk and 2.5% of all other 'executives' salary at risk for QIP measures and targets.

Contact

If you would like to know more about our initiatives, engagement process or key learnings, please feel free to contact Sonia Pagura, Senior Director of Quality, Safety and Performance at spagura@hollandbloorview.ca .

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Chair of the Board of Trustees
Cally Hunt

Chair of the Quality Committee of the Board
Laurie Hicks

President & CEO
Julia Hanigsberg