

Access and Flow

Measure - Dimension: Efficient

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Median of Wait Time for All Neuromotor therapy/services	C	Days / Pediatric Patients	EMR/Chart Review / Jan 2022-Dec 2023	98.00	100.00	Median allows for measuring improvement.	

Change Ideas

Change Idea #1 Continue to Expand Group Programming

Methods	Process measures	Target for process measure	Comments
Set up group programing for sub population to complete weekend group therapy (youth)	Number of participants Sessions completed	Complete 2 cohorts groups	Moving clients who would benefit from group programming allows for more program capacity and aligns with other transition programming

Change Idea #2 Appointment Service Improvement Work

Methods	Process measures	Target for process measure	Comments
Implementation of automated voice and text reminders through Patient Connect, a Meditech solution. The solution aims to reduce no-shows for ambulatory appointments as well as improve the client and family pre-appointment experience by receiving confirmations/reminders for upcoming appointments. We expect to see a corresponding increase in cancellations, and the team will work to create workflows that allow us to book appointments at short notice so as to not increase empty physician slots.	Increase cancellation, last minute appointments booked, decrease in no shows	No direct targets but will be measuring impact on neuromotor program	

Equity

Measure - Dimension: Equitable

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of new clients who complete Sociodemographic Survey	C	% / Clients	EMR/Chart Review / April 2024-March 31st 2025	CB	70.00	First full fiscal year collecting. Focused on ensuring strong ongoing process for new clients.	

Change Ideas

Change Idea #1 We ask because We Care

Methods	Process measures	Target for process measure	Comments
Promotion of Sociodemographic Survey	Posters % of staff trained in target areas % of leaders trained	80% staff training 80% of leaders trained	

Change Idea #2 Digital collection pre appointments

Methods	Process measures	Target for process measure	Comments
Set up digital system for clients to enter this instead of completing on paper. (Will still offer paper collection to ensure equitable access.)	System set up (Y/N) Messages sent to Clients (#) Percentage of Clients Sent Digital Digital Completion Rate (%)	TBD once system is set up	Currently in exploratory review of this indicator.

Experience

Measure - Dimension: Patient-centred

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percent 'excellent' rating by clients and/or families to the question: Overall how would you rate Holland Bloorview?	C	% / Pediatric Patients	Other / 21/22	CB	CB	Based on historic data collection with previous mail survey.	

Change Ideas

Change Idea #1 Increase awareness among staff and families of new discharge survey and delivery method (online)

Methods	Process measures	Target for process measure	Comments
Continuation of surveying inpatient and outpatient clients.	Number of surveys sent out to clients electronically Number of surveys electronically completed	No target, as new survey vendor and process.	

Change Idea #2 Expand our language offerings.

Methods	Process measures	Target for process measure	Comments
Partner with other pediatric organizations to share translated surveys that are applicable to Holland Bloorview's population.	Number of translated surveys available Understand top languages spoken by clients and families.	No target, as new survey vendor and process	

Change Idea #3 Increase Email collection

Methods	Process measures	Target for process measure	Comments
Adding email to registration forms (on going)	% of clients with emails collected	90% of applicable clients	

Safety

Measure - Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of Medication reconciliation completed for inpatients at discharge	C	% / All inpatients	EMR/Chart Review / Jan 2022 -Dec 2023	99.07	95.00	Reflective of improving discharge medication reconciliation rates in the organization.	

Change Ideas

Change Idea #1 Education for clinicians not completing medication reconciliation at discharge.

Methods	Process measures	Target for process measure	Comments
Continue completing monthly medication reconciliation audits	Continue sharing medication reconciliation audit data at Medication Committees	No target, rather goal of sustaining audits to see where gaps exist in medication reconciliation completed at discharge for further follow-up.	

Change Idea #2 Existing strong performance in this indicator with goal to maintain/improve.

Methods	Process measures	Target for process measure	Comments
Continue to complete medication reconciliation electronically.	Continue to complete audits on medication reconciliation completed on discharge. Continue to perform chart reviews on clients without medication reconciliation completed	No target, goal to continue current practices to maintain performance.	

Measure - Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of Pressure Injuries greater than stage 2 and Unstageable per 1000 patient days (rolling average)	C	Rate per 1,000 patient days / All inpatients	Hospital collected data / Jan 1st 2022 -Dec 31 2023	0.11	0.20	Decrease from target from last year as last years performance shows organizational improvement	

Change Ideas

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

Methods	Process measures	Target for process measure	Comments
1. Continue to implement the SPS evidence-based bundle of techniques for PI for all at risk clients 2. Nursing/interprofessional staff to complete PI documentation to capture PI prevention practices 3. Monitor and record PI outcome data monthly 4. Share PI data via monthly HAPI newsletter and quality huddles	To aim for less or equal to the the SPS centerline for PI that are stage 2 on a rolling 12 month average. To aim for less or equal to the the SPS centerline for PI greater than stage 2 on a rolling 12 month average.	Less than SPS centerline of 0.287 for PI stage 2. Less than SPS centerline of 0.107 for PI stage 3 or greater.	

Change Idea #2 Continue to conduct PI audits to evaluate adherence to bundle elements

Methods	Process measures	Target for process measure	Comments
1. Review each audit that is completed for compliance to PI bundle elements 2. Monitor # of audits completed and # of audits completed that were compliant with all bundled elements 3. Record data	1. % audits completed that were compliant with implementing the PI evidence-based bundle of techniques 2. Complete PI audits/month across all three inpatient units (SODR, BIRT, CCC)	1. 100% compliance with bundles 2. 10 audits/month across three inpatient units	Continue PI discussion in at weekly quality huddle rounds

Measure - Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Ratio of repeated workplace violence incidents (same initiator) to total number of workplace violence incidents	C	% / Worker	Local data collection / April 2022- Dec 31st 2023	42.00	45.00	Continued focus on preventing workplace violence; focusing on a desire to reduce the number of repeat initiators	

Change Ideas**Change Idea #1 Use of the Patient Safety Plan.**

Methods	Process measures	Target for process measure	Comments
Use of the patient chart to ensure there is safety plan in place if patient has behavioral patterns and triggers that can harm staff (ex.biting, spitting, kicking, pulling hair, scratching) Including proactive safety plans for ENS clients	% of safety plans created proactively # Repeat of incidents # of code whites	Less than three incidents in the same month	If more than three incidents in the same month, then staff should develop a new strategy with team by reviewing the safety plan or use PPE to ensure staff safety.

Change Idea #2 Improve staff ability and confidence to address complex client situations

Methods	Process measures	Target for process measure	Comments
1. NCI organization wide training 2. CBS training	Percentage of staff trained in NCI (In high risk areas) Number of staff trained in advanced NCI training Number of Holland Bloorview staff trainers	100% of staff trained in high risk areas	Using data of code whites, behavioral issues we have focused training in areas with more incidents. We have a new extensive needs program that focuses on serving clients with behaviors that impact access to care.