

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 25, 2025



Ontario
Health

OVERVIEW

CHEO is a global leader in pediatric health care and research. CHEO's Quality Improvement Plan (QIP) communicates our strategic directions and serves as a foundational document for many of our organization's activities. Unlike many organizations, the goals and Key Performance Indicators (KPIs) selected for CHEO's QIP align with our annual strategic KPIs, which ensures the organization remains clear on the priorities that we are driving.

In May of 2024, after a comprehensive and thorough engagement with our community, CHEO launched a new bold and ambitious strategy for the next five years. Our new strategy contains five strategic branches, which is the backbone to all the work we do:

Excellent Care – We are the trusted leader in excellent, safe and compassionate pediatric care and expertise and always strive to know, do and be even better.

Everyone Belongs – We respond to every unique need, going above and beyond to ensure safe and supportive spaces for Indigenous and diverse communities.

Strong Team – We branch out to attract, support, and teach the very best people and empower everyone at CHEO to make big, bold and meaningful contributions.

Bright Future – We all develop and leverage clinical expertise, research and innovation to create a stronger, healthier tomorrow – for kids here and around the world.

Connected Care – We work, educate, collaborate and advocate with

others to grow capacity, build expertise and bring care closer to home.

At CHEO, the focus is on stability, innovation and strategic transformation. We have built a strong foundation laid by past investments to strengthen our teams, expand our programs, and enhance our services to meet the evolving needs of pediatric health today and for years to come.

Our commitment to transform is about more than just expansion - it's about creating a sustainable future for the children and families we serve.

There is palpable excitement on our campus as CHEO undergoes an historic redevelopment. CHEO's new Integrated Treatment Centre has shovels in the ground, which is an exciting milestone as this building will serve more than 40,000 families and transform how we deliver care to families with children and youth with special needs, mental health challenges and complex medical conditions. CHEO is also making important upgrades to its existing Smyth Road campus to modernize areas of our current acute care centre, which will provide better care to children, youth, and families.

This past year, we also spent time celebrating as CHEO turned 50 years old in May 2024! It has been incredible for the organization to look back on the advancements in care that we have achieved over the last 50 years as we've grown and provided more services to children and youth in our region, and beyond.

ACCESS AND FLOW

In our pursuit of providing Excellent Care and Connected Care, two

branches of our strategy, CHEO has implemented several improvements that resulted in greater access to care and improved flow for the children and youth we serve at CHEO, and across our region.

In acute care, we have successfully reduced our waitlist for an MRI under general anesthesia by 50 per cent, meaning kids can get care sooner. Our centralized access program has streamlined how we book and schedule patients in our ambulatory care clinics and that has led to a decrease in the rate of no-show appointments. In sustaining these gains, we anticipate providing 3,000 new patient appointment slots every year. Our Kids Come First Care Clinic continues to be a valuable tool to support Emergency Department (ED) diversion and reduce pressure on CHEO's ED. As of Jan. 8, 2025, the clinic has seen 17,797 patients, which is approximately 25 per cent of our annual ED volume.

As part of our care for children and youth with eating disorders, the partial hospitalization program has added 1,427 patient days to our inpatient units. Without this program, youth would be in beds on our inpatient medicine or surgical floors. This program allows youth to receive the right level of clinical care, when they need it, from specialized providers.

As we often see, kids can face multiple health concerns at the same time. The Mental Health Consultation Liaison Service is an interdisciplinary group that provides highly specialized supports to CHEO's medical teams as they care for children and youth with mental health challenges related to physical health, illness or hospitalization. This team is on track to complete 444 inpatient consults by fiscal year end, which is a 74 per cent growth from the

program's first year in 2019-20.

Being discharged from hospital can also be a difficult transition period for patients and families. This year, we worked with our rapid response nurse team to offer guidance and support to families within one to two days of discharge from inpatient medicine. This initiative helps avoid return visits to the ED and reduce hospital readmissions. The initial pilot demonstrated a zero per cent re-hospitalization rate and, in November 2024, the program was expanded to support all inpatient medicine patient discharges. For mental health patients, CHEO took a similar approach through Supporting Transitions (ST), an interdisciplinary outpatient clinic offering up to eight weeks of mental health support to youth and their families following discharge from the Inpatient Mental Health Unit (6E) or the Mental Health Transitional Unit (MHTU). Prior to implementation, no such support existed to assist with the transition from inpatient care to community-based services. The ST service, launched in April 2024, has provided 676 encounters to 197 unique patients to date (FY 24/25).

Connecting care within our community continues to be a priority for CHEO. In Home and Community Care, we have improved our home care referral acceptance rate by 80.4 per cent and improved the missed care rate by 48 per cent compared to last year, ensuring children and youth receive the care they need at home. Through our neurodevelopmental health program, we have been offering the Extensive Needs Service (ENS) program to address unmet needs of children, youth and families with complex neurodevelopmental, behavioural, and mental health challenges. This three-year, proof of concept project is jointly funded by the Ministry of Health and the Ministry of Children and Social Services via Ontario Health — a

partnership of CHEO, McMaster Children's Hospital and Holland Bloorview Kids Rehabilitation Hospital. Between April and December 2024, 517 clients were supported by CHEO through this program, and we provided 8,340 clinical encounters. The program is having significant positive impacts for youth and families, as evidenced by an 89 per cent reduction in the average number of Emergency Department visits, and a 100 per cent reduction in average inpatient days for patients participating in this program.

For those experiencing mental health, addictions, substance abuse and/or neurodevelopmental health crises, CHEO has continued to grow and innovate its groundbreaking 1Call1Click.ca service, which supported over 8,100 patients between April and December 2024, allowing patients/families to connect with the resources they need, when they need them. The Community Mental Health Outpatient clinic expanded to provide care at the Aline Chrétien Health Hub, which ensured children and families could access care closer to home in the east end of Ottawa.

As part of our strategy for Connected Care, CHEO, as the main pediatric provider in our region, actively seeks ways to grow our pediatric expertise. For example, through our partnerships in the Kids Come First Health Team, we have grown the regional pediatric surgical program. The program brought pediatric surgery to community hospitals — a first for our region. This year, we are on track to complete 300 surgeries across three partner hospitals and will onboard a number of new sites in 2025-26 to continue to grow this program.

EQUITY AND INDIGENOUS HEALTH

CHEO has reframed the notion of an EDI plan with an I-IDEAS

framework and workplan.

CHEO's Office of Equity and Access has been renamed as the Office of I-IDEAS, which stands for Indigeneity, Inclusion, Diversity, Equity, Access, and Social justice. This change reflects the Office's broad mission and specific approach to each of the complementary concepts represented in the name. The Office creates, develops, and implements an I-IDEAS strategy that brings progressive outcomes and positive experiences for Indigenous, diverse and minoritized children, youth, families, learners, staff, and medical staff.

To achieve these goals, in 2024-2025, CHEO undertook the following actions:

- Observed 40 commemorative and cultural days and months through year through articles, shared resources, or events partnership with these communities.
- Profiled 10 staff and medical staff stories through CHEO communication channels.
- Reviewed and updated 30 policies with a lens of accessibility.
- Hired social workers and a navigator to support our Inuit patients.
- Developed a "Talking to Teams" toolkit to help support leaders and managers talk to their teams about challenging world events.

CHEO is working closely to build and sustain respectful relationships with Indigenous partners, communities and families. This year, CHEO attended several visits to host nations in our area to strengthen these relationships. Indigenous communities have actively participated in helping to design our Integrated Treatment Centre. We also have an Indigenous circle, an Indigenous-led and

chaired committee that consists of Indigenous staff, medical staff, families, partners, and allies. Trainings have been undertaken by various members of our leadership team on the topic of authentic engagement with Indigenous communities.

In the fall of 2024, CHEO launched a survey to better understand the make-up of our workforce that will help us strive towards ensuring we represent the populations we serve. As we begin to review the results of this survey, we also begin to build out a survey for patients, which will help us understand the make-up of our patient population and allow us to more clearly address gaps in our underserved populations.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At CHEO, the Patient Experience goal is to better understand the experiences of children, youth and their families, and learn their individual and collective needs. One of our priorities is to provide excellent care through better understanding patient experiences. Feedback is analyzed and shared with Patient Care Leadership Teams to guide their improvement work. This work is regularly presented to Family and Youth Advisors to ensure their feedback is incorporated as improvements move forward.

This year, we have also made large investments to actively seek ways to understand populations we serve. Our new surveying platform, used to gather feedback from patients and families, has significantly increased our response rate, allowing us to receive more feedback. We have also added demographic questions to the Patient Experience surveys so, for the first time, we can start to understand the varying experiences with CHEO by demographic group, as we aim to improve our support to every community we serve. Teams within CHEO all have dashboards of this data so we can use it to drive improvements at the program level.

PROVIDER EXPERIENCE

Our work is fueled by the talented people who choose to build a career at CHEO. In an increasingly competitive marketplace for talent, we seek to create an attractive workplace culture where people can come to do their best work. Our efforts have been rewarded: we were named as the top health-care employer in Canada two years in a row by Forbes magazine and the results from our annual engagement survey showed a five percent increase in overall engagement in 2024. We take feedback from the engagement survey seriously. Leaders in all areas work with their

teams to implement changes to improve the experiences of our staff, medical staff, learners and volunteers. For example, concerns were shared that the cafeteria was closed by mid-afternoon, limiting available food options for patients, families and staff during evenings and overnights. CHEO responded by implementing a modernized vending machine in the cafeteria that provides 24-hour access to healthy fresh food prepared daily.

We have been actively seeking ways to improve our recruitment and retention efforts, as part of our Strong Team strategic branch. To support this goal, using the Make Kids Count funding, CHEO built its first Talent Acquisition team that now consists of talent acquisition specialists, coordinators and a manager. This has greatly improved the recruitment efforts of the organization and supported the recruitment and onboarding of nearly 300 new workers. CHEO has also enhanced retention efforts by addressing market compensation issues, expanding benefits for staff including unlimited mental health benefits, and expanding vacation entitlements for long-service employees. This not only helps to honour long-serving staff but offers a greater incentive for new employees to continue their employment with CHEO in the long run. We also actively participate on national committees seeking to address solutions to train and recruit specialized health-care positions.

In terms of wellness, we have incorporated a framework that considers health from an organizational and individual perspective. Some of our wellness initiatives include:

- Homewood Health Team Services-Employee Assistance Program
- Hospital-wide Peer Emotional Empowerment Program of Support

(PEEPS)

- Medical Staff Wellness and Peer Support program
- Animal-assisted therapy for workers
- Free on-site massages
- Monthly Medical Staff Pop-up lounges
- Events for Learners and Medical Learners
- Events to build connection within and across teams
- “Pebbles in the Shoe” quality improvement projects
- Leadership and staff training that incorporates principles of psychological safety and trauma informed approaches
- I-IDEAS diversity survey and projects

SAFETY

As part of our Solutions for Patient Safety (SPS) work, CHEO prioritized Safety Habits training for all staff, medical staff, learners, and volunteers in 2024. This included education on safety habits tools, fair and just culture, and joy in work (finding meaning and purpose in the work you do). After our first year, 87 per cent of staff/medical staff received this training. Since the inception of this training, we have seen more safety reports entered, including near misses, indicating the training has had a positive effect on our safety culture.

Reviewing safety incidents when they happen allows us to learn and make improvements to improve the safety of care we provide and the environment we work. The safety team also regularly meets with unit leadership to review safety reports, and these touch bases have significantly accelerated the acknowledgement and closure of safety events. There has also been an increase in the number of tasks and follow-ups entered, indicating improved communication between teams about safety events. Our safety reporting system

also incorporates the patient’s preferred language so we can better understand the impact of safety disparities in an event and incorporate that into our learnings.

In 2024-25, we shifted from a focus on serious safety events to harm events to track preventable harm to patients and staff, such as falls, surgical site infections, etc. The Harm Index creates an increased awareness of the different types of preventable harm occurring in the organization and allows for more discussion on how to prevent harm, resulting in a more proactive approach to safety.

Part of reinforcing our safety culture is done through our Senior Leader Walk Rounds. During these rounds, our Executive Leaders, including members of our Board, walk to different areas of the hospital with the purpose of reinforcing safety as a core value of CHEO, putting a face on safety, and finding and fixing critical safety and system issues. Since re-starting this practice in April 2023, we have completed 107 walk arounds to date.

PALLIATIVE CARE

The death of a child is a life-altering experience for families. In Ottawa, a robust Pediatric Palliative Care program offered by CHEO in conjunction with Roger Neilson Children’s Hospice (a standalone, 10-bed pediatric hospice), prioritizes the care of infants, children, youth, and their families throughout the course of a life-limiting and serious illness. This includes care at end of life and throughout the bereavement phase with evidence-based grief support services. At the organizational and health service planning levels, there are opportunities to ensure systems, processes and resources are in place whether supports are needed day or night.

This year, the CHEO + Roger Neilson Children's Hospice Bereavement committee is reviewing the process for, and working toward, increased access to memory making and grief support with an emphasis on the after-hours period when resources are typically lean. The goal is to ensure all families of patients who die, regardless of time of day, receive the same level of compassion and support. A multidisciplinary team with representatives with a range of experiences across the hospital and hospice are working together to make improvements and recommendations that can be shared more broadly. The objectives include increasing access to supports for families and designing processes that are supportive to the health-care providers caring for families at a devastating time.

Children with palliative care needs and their families should be able to choose their preferred setting of care and place of death. Whether they choose the hospital, hospice or home setting, they must have timely access to palliative care support including palliative medications. This year, CHEO's Integrated Home and Community Care and Roger Neilson Children's Hospice have formed a working group focusing on improving care and timely access to medications for children and their families who choose to receive palliative and end-of-life care in the home setting.

POPULATION HEALTH MANAGEMENT

CHEO is a proud, facilitating partner in the Kids Come First Health Team, which includes over 70 organizations striving to connect high-quality care for children and youth in the Champlain region. Initiatives profiled above such as the regional surgical program and the rapid response nursing program have started within the Kids Come First Health Team.

This year's highlights of the partnership include:

Vaccinate and Up to Date: CHEO is a host organization for the Kids Come First – Vaccinate and Up-to-Date program aimed at helping children and youth catch up on their routine vaccinations following the disruptions of the COVID-19 pandemic. Through this collaboration and since its inception, over 40,000 vaccines have been administered to more than 20,000 children/youth. This year the partners were able to support the expansion of the provincial respiratory syncytial virus (RSV) prevention program by offering this additional protection for all babies. As of Dec. 31, 2024, 720 babies have been immunized in our Vaccinate and Up –to-Date clinics.

Youth and Family/Caregiver Partners of Kids Come First have been working to improve the health-care experience for children, youth, families, and caregivers in the region. These partners are leading projects like the Medical History Tool; designed to help youth, families, and caregivers talk to health-care professionals about their health and well-being and collaborating alongside other partners to bring invaluable lived expertise to initiatives such as developing infant and early child pathways in the region.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY

PROGRAM (EDRVQP)

New to the QIP narrative this year is the inclusion of commentary of the Emergency Department Return Visit Quality Program. This program aims to build a culture of continuous improvement in the ED by having each organization identify, audit and investigate underlying causes of return visits to their EDs and help us take steps to address these causes.

In the 2023-24 audit, it was noted several patients left without being seen by a physician (LWBS) and returned with progression of illness requiring admission. To address these concerns, we implemented a nursing medical directive for disposition of select patients with low urgency complaints, which would allow lower-acuity patients to be seen by a nurse to address their complaint. This was aligned with the redevelopment of the fast-track area in the ambulatory area of the ED, the Rapid Assessment Zone (RAZ). Although uptake was initially low on our nursing medical directive, we are actively seeking ways to increase the use of this directive so patients can receive care in a timelier fashion.

In the 2024-25 audit, there is a similar theme of patients that LWBS and return with serious illness. We actively examine each case even though the number of patient cases where this occurs remains small. Although these patients likely had progression of disease, the long wait times on the first visit may have affected the delay in the second presentation to the ED.

To focus on our long wait times, we seek ways to increase the use of our Rapid Assessment Zone and overflow spaces during peak times, as physical space is often a barrier to successful flow of patients through the ED.

We have also started a large quality improvement initiative with a hospital-wide lens to address the time before a provider's initial assessment. In this work, we will add a pediatric emergency medicine physician at triage to ensure timely access to care and add a dedicated flow coordinator to help improve the use of clinical space and maximize patient flow.

EXECUTIVE COMPENSATION

In 2025-2026, the Executive Team includes: President & CEO, Chief of Staff (CoS), Senior VP Clinical Services & Chief Nursing Executive (CNE), Senior VP Corporate Services and Chief Financial Officer, VP Acute Care, VP Child Development & Community Services, VP Mental Health & Addictions, VP Quality, Strategy, and Family Partnerships, VP Research, Medical Department Chiefs of Pediatrics, Surgery, and Psychiatry, Chief Branding and Communications Officer, Chief Privacy Officer and General Counsel, Chief Talent Officer, and Director of the Office of I-IDEAS. Not all of these members report to the CEO directly or are designated as executives covered under the compensation policy.

CHEO has an executive compensation structure that strives to be market competitive and aligned to the commitment to continuous quality improvement. Executive compensation is a combination of base salary and short-term incentive (performance pay) tied to the achievement of organizational and individual quality indicators. Annually, the board approves organizational quality indicators in keeping with CHEO's strategy, which is followed by the CEO and each member of the executive team establishing annual goals for their contributions to achieving these targets.

CONTACT INFORMATION/DESIGNATED LEAD

Mari Teitelbaum

Vice President - Strategy, Quality & Family Partnership

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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

Board Chair

Board Quality Committee Chair

Chief Executive Officer

EDRVQP lead, if applicable
