Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 4, 2026

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 what is seen at 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 are the foundation of all the work we do:

- Excellent Care – We are the trusted leader in excellent, safe and compassionate pediatric care and expertise and are focused on constant improvement.
- 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 transformation 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. The construction of CHEO's new Integrated Treatment Centre is well underway and this space 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.

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.

The Emergency Department (ED) remains a key access point for many children and youth. A major focus this year was reducing our time to provider initial assessment (PIA), ensuring that kids were seen faster in the ED. Numerous improvements were put in place to help facilitate this, including the introduction of a flow coordinator role. With these changes, we saw our PIA time reduce from 7.9 hours to 7.0, with some months getting as low as 5.0 hours. Sustaining these improvements through viral season is always a challenge, especially as we saw some extremely high volumes. The Kids Come First (KCF) Care Clinic was a key partner in helping CHEO manage these volumes. By extending clinic hours, expanding the KCF clinical criteria, and rescheduling non-urgent clinic appointments, the clinic was able to significantly support the ED. Within the first two weeks of December, KCF saw 978 patients, with 736 of them coming from the ED. KCF continues to be an important way for children and youth to access non-urgent medical care within our region, serving more than 28,000 patients this year alone, which represents 35% of our annual ED volumes.

To help ensure patients are seen in a timely manner, we place a high priority on ensuring kids are seen within the clinically recommended window for care. In ambulatory care, this has meant focusing on how patients access and experience care through standardizing how we schedule and book their appointments. Through this work, we have seen a 3.8% reduction in our no-show rate, down from 7%, as well as a reduction from 3% to 2.2% in our same-day cancellation rate. Additionally, through improvements that include adjusting clinic schedules and mobilizing nurses to complete independent follow up visits, the overall percent of care within window has improved from 47% to 50%, which represents thousands more kids seen more quickly.

In development and rehabilitation, we saw consistent gains in seeing more kids within the clinically recommended window, moving from 42% to 50% this year. This was done through the introduction of a nurse practitioner role in medical clinics who can conduct follow up visits and support physicians in their initial assessments. We have also shifted our service model in certain clinics, leveraging group visits and therapy. There has been a strong

focus on utilizing technology and piloting the implementation of Fast Pass, an Epic service which allows patients to readily pick up any last-minute cancelled appointments, helping to ensure no clinic visit goes unused. Gains have also been seen in our genetics program, where 42% of kids are now seen within window compared to 36% last year. By hiring more genetic counsellors and reviewing weekly targets and goals, the team is continuing to improve how many kids are seen each month.

We know that building a system of pediatric care is essential to ensure kids get the care they need closer to home. This can only be done through partnerships to develop pathways for seamless care between hospital and community. One of the ways we have done this is through building integrated care pathways, which are multidisciplinary care plans that detail steps to treat a specific clinical problem. Our asthma program has done this successfully through partnership and education with community pediatricians. Rather than seeing all kids at CHEO, we are now able to distribute over 500 referrals a year to community providers, resulting in a 50% decrease in our waitlist for asthma services at CHEO. Continuing to build integrated community pathways for multiple conditions will remain a key focus for CHEO in the coming years so that kids can continue to receive care closer to home, in the community.

Another way that we are working to strengthen the pediatric system of care is through our Kids Come First Health Team partnerships in the regional surgical program. Through this innovative model, pediatric surgeries are being done at partner community hospitals with CHEO surgeons providing the care. While it is common for pediatric surgeries to be done outside of pediatric hospitals in other parts of the province, this has represented a new way of delivering care in Eastern Ontario. The program now operates in four (4) community hospitals, with a fifth site being onboarded soon. We have seen a 41% increase in the number of cases performed compared to last year. Importantly, we also see increasing comfort among our partners in providing pediatric care, with some expanding the age criteria and types of surgeries able to be performed. As other sites gain experience with pediatrics, this strengthens the overall pediatric system of care in our region.

Many children with neurodevelopmental disorders and associated challenging behaviours are unable to access primary care due to their high needs. This year we launched the Extensive Needs medical clinic. This clinic aims to address these system gaps and customize the clinic experience to enable safe, thorough access to assessment, vaccination, and diagnostic services. The clinic includes a family doctor and nurse practitioner. Clinic volumes tripled this year, and the team continues to adapt the service as new information about unmet needs emerge.

CHEO supports a large number of children and youth with various mental health conditions. One of our focused initiatives this year was the Head-to-Toe (H2T) mental health screening program, a part of our Mental Health Consultation Liaison team’s services. This program aims to universally screen youth ages 12 and over who are admitted to the medical surgical wards at CHEO. This year, we were able to surpass our goal and saw 91.8% of eligible youth screened for suicide. This helps us know which kids need support and helps us intervene earlier in their care journey. Our Supporting Transitions program has enhanced timely access to follow-up care, reducing vulnerability during a high-risk period and supporting better continuity of mental health services for youth following

inpatient stays during the transition to community services. To date in the current reporting period, 54.4% of discharged patients have been engaged within 14 days, and 70.6% have received follow-up within 30 days, reflecting both sustained improvement and expanding program reach. While these figures demonstrate meaningful progress in closing the post-discharge care gap, post-implementation engagement rates are likely understated due to limitations in current tracking and documentation processes. Ongoing refinements to data capture are expected to provide an even clearer picture of the program's full impact.

For those experiencing mental health, addictions, substance abuse and/or neurodevelopmental health crises, CHEO has continued to work with partners to grow and innovate the Kids Come First Health Team's groundbreaking 1Call1Click.ca (1C1C) service, which has served over 8,500 children and youth between April and December 2025, allowing patients/families to connect with the resources they need, when they need them. Throughout this year, 1C1C worked through a backlog of referrals, cross trained other professionals that work in schools to help with peak demand times, and returned to having an extremely short wait list for service. As we develop and open our Integrated Treatment Centre, we will continue to innovate the 1C1C model to create one point of access and intake and enable a more seamless process for patients and families.

EQUITY AND INDIGENOUS HEALTH

CHEO has an Indigeneity, Inclusion, Diversity, Equity, Access and Social justice (I-IDEAS) framework that encompasses both Indigenous Cultural Safety and Health Equity. 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.

CHEO works closely to build and sustain respectful relationships with Indigenous partners, communities and families to inform the Indigenous Cultural Safety Plan. This year, CHEO attended several visits to host nations and urban Indigenous communities to strengthen these relationships. Indigenous communities have actively participated in helping to design our Integrated Treatment Centre model of care. 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 Executive and leadership team on the topic of authentic engagement with Indigenous communities.

CHEO has a Framework for improving Indigenous Health with two main areas from which actions fall.

1. Right Relations: Stronger and reciprocal relationships with First Nations, Inuit, Métis and Urban Indigenous (Indigenous) communities, partners organizations, and families.
2. Safe Care: Physically, psychologically and culturally safe care for all Indigenous patients and their families.

Work to advance Indigenous health includes:

- Published a Standard Work for Smudging,
- Developing Cultural Rights Guideline
- Brought direct capacity-building mental health services and connected care to Pikwakanagan First Nations (in state of

Emergency)
- Offer Indigenous Cultural Safety Training, including a new training addressing anti-Indigenous racism

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. In 2025 the results of the survey which includes the number of Indigenous, Black and racialized staff and medical staff who confidentially self-identified- was reported to the Board of Directors. This will inform recruitment strategies.

Other work to support health equity includes:
- Development of an Awareness and Education Framework and published new resources including Micro-aggressions Guide, Inclusive Communication Guide, and Lexicon
- Developed Black Canadian History and Current Health Disparities Training
- Developed Active Offer for French Language Services on-line module (launch March 2026)
- Observed 40 plus commemorative and cultural days and months through year through articles, shared resources, or events in partnership with these communities (e.g., Black Heath and Data panel, Islamic Heritage and Religious Health & Safety Panel, Le mois de la Francophonie)
- Reviewed and updated Accessible Environments and Service Policy.
- Developed Affinity Groups Framework and Platform for launch March 2026
- Delivered Report and Analysis on We Count! Workforce Demographic Data
- Developed training and standard work to pilot the collection and documentation on gender identity-related information in the electronic health record.
- Exploring the future development and offering of a Trauma Informed Care approach
- Continued to coordinate and engage 6 advisory groups, I-IDEAS Advisory, Accessibility Committee, and Black Experience Forum, French Language Services, Indigenous Circle, Sexual Orientation and Gender Identity and Expression Committees that bring lived experience experience to work in addition to community partnerships.

PATIENT/CLIENT/RESIDENT EXPERIENCE

At CHEO, the Patient Experience goal is to better understand the experiences of children, youth and their families, and learn about their individual and collective needs. One of our priorities is to provide excellent care by better understanding patient experiences through feedback.

Patient experience reviews feedback in two different formats; one is the patient experience survey sent to patient and families after their visit via Qualtrics. The Qualtrics platform has increased the number of surveys (from 5 previously to 12 currently) and ease of use for surveys, which has resulted in an increased response rate of approximately 30%. These rates are shared with leadership, executive teams, and the board, allowing transparency and ability to understand where improvements are necessary. The survey also contains demographic questions which help CHEO better understand the population served.

The second format is CHEO's feedback files. Patient experience specialists meet with patient/families/caregivers to discuss any concerns, complements, or complaints, allowing families to directly share feedback in real-time. This feedback is shared with the local leadership on a regular basis allowing for quality improvements to happen at the unit level. The feedback files are reviewed and themed creating data that demonstrates trends in areas, to create improvement opportunities. This data is shared with local leadership as well as executive members, Family Advisory Committee, and Quality and Safety Committee of the Board.

PROVIDER EXPERIENCE

Once again, CHEO celebrates being named on the 2025 Forbes Top Employer list. This is a demonstration of the powerful and positive engagement of CHEO staff, Medical Staff, Learners and Volunteers. CHEO has spent the last year ensuring that our efforts on recruitment and retention remain laser sharp. We have been successful in refining a CHEO Turnover report for staff that tracks staffing issues and successes in the hospital on a monthly basis. It also identifies areas where Talent Services needs to focus recruitment and retention efforts.

CHEO has also done substantial work to support Wellness and Engagement efforts. In the past year, Staff and Medical leaders worked together to update a shared Wellness Framework with the view of identifying areas where we need to add more supports and services across the organization. This work will continue into the next fiscal year. Other ongoing projects from 2025 include the integration of an organization-wide trauma informed approach, a quality improvement pilot aimed to identify and reduce administrative burden for physicians/medical staff (Pebbles in the Shoes) and in 2026 participation in the Health Canada funded Health Workforce Well-Being Plan being led by the Royal College of Physicians and Surgeons of Canada.

In the past year CHEO also celebrated shifting to a new benefits provider, Collaborative Benefits which aims to provide more streamlined service to the people at CHEO. In addition, this year we have been finalizing a new attendance support program for staff that has the objective of keeping people healthy and at work. Our disability management services have also been brought in-house, to ensure that our Occupational Health nurses and specialists are providing the best customized and personalized care for our staff from their disability start date, throughout their disability, to their

return to the workplace.

There are always obstacles to be faced but we are constantly learning and growing. Our teams have a lot to be proud of from 2025-26 and we look forward to the next year of challenges, change and achievements.

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.

PALLIATIVE CARE

The comprehensive 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 compassionate end-of-life care as well as ongoing, evidence-based bereavement support.

Children with palliative care needs—and their families—should be supported in choosing their preferred setting for care and, when applicable, their preferred place of death. There remains an ongoing opportunity to strengthen the structures, processes, and resources required to ensure families have timely access to the support and essential palliative medications they need in their preferred care setting, be it hospice, hospital or home.

Last year, as a strategic priority for the Kids Come First Health Team, CHEO's Home and Community Care (HCC) team and Roger Neilson Children's Hospice (RNCH) established a working group dedicated to enhancing care and improving timely access to medications for children and families who wish to receive palliative and end-of-life care at home. Communication and collaboration between HCC, RNCH and partners within the Champlain region was strengthened, specialized education was developed and provided to Service Provider Organizations, and processes were streamlined. While many improvements were made, there remains a challenge with the timely delivery of essential palliative medications to children and youth receiving end of life care in hospice and home settings, and this remains a focus for the upcoming year.

POPULATION HEALTH MANAGEMENT

CHEO continues to play a key leadership role in the Kids Come First Health Team, which now includes more than 80 organizational partners across the Eastern Ontario region, along with physicians and a strong group of family partners who contribute lived and living expertise to regional planning and service design. Together, we work to understand needs in the community and strengthen access to coordinated care for newborns, children, youth, and their families.

A major area of collaborative work is the Vaccinate and Up to Date program, now in its third year. The initiative has progressed from early capacity building to an efficient, data informed model that delivers strong throughput and helps close routine immunization gaps. Partners continue to refine clinic scheduling, location selection, and staffing models, resulting in steady growth in both client assessments and vaccines administered despite offering fewer clinics overall. This year also included Inclusive Immunization Clinics for children who require additional support due to developmental, medical, or sensory needs. Delivered jointly by CHEO's Child Life and Neurodevelopmental Health teams and Ottawa Public Health, these clinics provide a calmer, more supported environment and will become a seasonal offering moving forward.

Kids Come First is also finalizing two new education modules, one focused on routine immunizations and one on food insecurity, to support healthcare professionals across the region.

The Kids Come First Home and Community Care work to modernize the Personal Support Services delivered to pediatric home care

clients has involved close collaboration amongst our Service Provider Organizations (SPOs), leading to updated service agreements that are more responsive to the needs of families in our region.

A new partnership with the Ottawa Nurse Practitioner-Led Clinic and Kids Come First Care Clinic is working to address the gap of unattached pediatric patients who may otherwise seek care from the Emergency Department due to lack of available primary care providers. A referral pathway is being established to help attach young patients to a nurse practitioner and research is underway to assess the impact of this on hospital utilization.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Reducing the proportion of patients leaving without being seen (LWBS) has been an ongoing quality improvement focus. In 2025, monthly LWBS rates were generally lower than the corresponding months in 2024, with sustained improvement across much of the year. As part of a hospital-wide quality improvement initiative addressing time to physician initial assessment, CHEO introduced an Ambulatory Zone (AZ) flow coordinator. This role has had a significant positive impact on patient movement and use of ambulatory clinical space. Despite high patient volumes during the December influenza surge, patient flow through the ambulatory zone was more efficient compared with the prior year.

Review of return visits requiring admission identified several recurring issues. A) Many patients had early or evolving illness that was not clinically apparent at the initial visit despite appropriate assessment. B) Patients who left without being seen or experienced long waits were more likely to return with more severe illness. C) Children with complex medical conditions, immunosuppression, cancer, mental health concerns, or social vulnerability were overrepresented among return visits. In response, ongoing and planned initiatives focus on reducing wait times and LWBS through improved front-end flow, expanded use of ambulatory and Rapid Assessment Zone spaces, and continued use of the Ambulatory Zone flow coordinator. Additional emphasis will be placed on reassessment and escalation pathways for higher-risk patients to support earlier recognition of clinical deterioration.

EXECUTIVE COMPENSATION

In 2026-2027 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 Quality, Strategy, and Family Partnerships, VP Research, Medical Department Chiefs of Pediatrics, Surgery, and Psychiatry, Chief Branding and Communications Officer, 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's executive compensation program is applicable only to the following positions: 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 Quality, Strategy, and Family Partnerships, VP Research, Chief Branding and Communications Officer, Chief Talent Officer.

In all cases 6% of the annual base salary is linked to pay-for performance with 50% allocated to achievement of the organizational targets set out in the QIP (max 3%) and the other 50% based on achievement of individual/team objectives (max 3%). Partial achievement of an indicator results in partial payment. For FY 25, each member of the executive compensation program received 1.2% out of a possible 3% for achievement of QIP indicators.

QIP Indicators that must be achieved for payout:

Decrease harm index to 12 or lower
Increase the percent of care within the clinically recommended window to 60% or more
Decrease 90th percentile Time to Inpatient Bed to 12 hours or less
Decrease time to provider initial assessment in the ED to 5 hours or less
Achieve a quality of patient/caregiver experience score of: ED =84%:Outpatient =95%: Inpatient =91%
Achieve 80% or more of senior leaders who complete the introductory training on Trauma Informed Care
Achieve 80% or more positive score on CHEO's engagement survey
Achieve the top 10th percentile among hospitals for attendance and healthy return to work rate
Increase the percentage of departments completing one or more improvement huddle per month (target TBC)
Increase the percentage of referrals diverted to community partners to 30% or more

Terms:
Each target is worth 10% of the total available payout (of the possible 3% available for the QIP). Within each target, it is weighed on a scale of 0 for not achieved, 1 for partially achieved and 2 for achieved. Therefore, partial achievement of an indicator is worth a partial payout for the indicator. (i.e. 1 partially achieved target = 5% payout, 1 fully achieved target = 10% payout, 1 fully achieved target and 1 partially achieved target = 15% payout). Full achievement of all 10 targets would result in 100% payout. Partial achievement of 10 targets would result in 50% payout.

CONTACT INFORMATION/DESIGNATED LEAD

Mari Teitelbaum
VP, 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