

Let's Make Healthy
Change Happen.



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



3/22/2021

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Waypoint is a Catholic hospital, whose mission is to provide excellence in specialized mental health and addiction services, grounded in research and education and guided by the faith-based values of caring, respect, accountability and innovation. Our vision is to be an inspired organization that will change lives by leading the advancement and delivery of compassionate care.

As a fully accredited 301-bed mental health hospital, Waypoint is Simcoe Muskoka's specialty mental health provider, home to Ontario's only high secure forensic mental health programs, and provides an extensive range of acute and longer-term psychiatric inpatient and outpatient services. The hospital works with a broad array of patients, clients, families, and partners throughout our region. Staff aspire to meet the emotional, social and spiritual needs of all our patient and clients, promoting independence and enhancing quality of life, and working toward the best possible outcomes and experiences.

Waypoint is an academic research centre, affiliated with the University of Toronto along with numerous other institutions, and its contributions to scientific knowledge on violence and the assessment and treatment of mental disorders are recognized internationally. Waypoint is also a partner in the Central Ontario Regional Ontario Health Team for Specialized Populations: A network of agencies in Central Ontario providing person centered care for vulnerable people and their families/caregivers, including those with highly complex needs, requiring specialized intensive services through their lifespan, and with a lens of trauma, mental health and addictions, senior's health services and palliative care services.

Waypoint's Strategic Plan for 2020-25 highlights the next leg of our journey, focused on three strategic directions: Serve, Discover, and Lead. These directions leverage our Board endorsed Quality, Risk and Safety Plan (2018-2023), which lays out a quality framework and aspirational vision that "every patient will leave our care unharmed, hopeful and prepared for the next step in their journey". That plan includes specific goals to reduce preventable harm to patients by 50% by 2023, while simultaneously increasing patient and provider experience by 25%. Each year, staff and leaders work together to select, prioritize, resource and monitor the improvements that propel us toward this vision of care and service.

For 2021-2022, these efforts include:

- Reducing the time patients spend in the hospital waiting for an alternate level of service
- Improving patients' experience through delivery of high quality services
- Providing a culturally sensitive environment for all patients, clients, and families
- Supporting a safe workplace, with physical security, as well as positive relational, emotional, and psychosocial health
- Being effective and reliable stewards of fiscal resources

Describe your organization's greatest QI achievement from the past year

As with most health care organizations, the predominant quality activity for 2020-21 was adapting our services and partnerships to meet needs that stemmed from the global COVID-19

pandemic. Teams scaled back or deferred many of the planned quality improvements projects and partnerships. Instead, the hospital initiated its Emergency Operations Centre in March 2020, redirected efforts to minimize or contain potential exposures to the virus for patients, clients, staff and members of our community. Between March 2020 and February 2021, twenty-one patients and twenty-seven staff tested positive, predominantly from one program. Fourteen patients and all staff recovered, and 1,352 swabs came back negative. The list below highlights some of the key decisions and actions taken during the process:

- Opened a twenty-bed COVID admissions unit – the sole point of inpatient entry into the hospital
- Collaborated with Georgian Bay General Hospital, Chigamik Community Health Centre, Wendat Community Programs to open and staff a COVID-19 Assessment Centre
- Expanded outpatient care through use of virtual care technologies, such as Ontario Telehealth Network, Ontario Structured Psychotherapy Program, Specialized Geriatric Services
- Launched a new provincial COVID Front Line Wellness program in collaboration with four other Ontario hospitals and the Mental Health and Addictions Centre of Excellence at Ontario Health
- Restricted patient access to the community and the campus, in order to reduce exposure to COVID-19; assigned additional therapeutic recreation staff to all programs to ensure patients had access to activities and, where available, unit-adjacent courtyards throughout the most restrictive phases of the pandemic
- Applied an ethical lens to key decisions about rationing or deferring care e.g. temporary suspension of the voluntary concurrent disorders program
- Limited staff mobility across departments, and created dedicated teams for the COVID admissions unit, and the highly vulnerable geriatric psychiatry unit
- Quickly redeployed staff across departments to support areas of increase need (e.g. housekeeping, infection preventions and control)
- Deployed an empirical study for COVID-19 surveillance
- Safely reinstated patient activities, vocational therapy, education, central recreation, off-unit walk programs and broader campus access

Collaboration and integration

The Central Ontario Regional Ontario Health Team for Specialized Populations (the OHT) is a network of agencies, clients, families and care partners providing person centered care for vulnerable people living in Central Ontario and their families/caregivers. These include people living with mental illnesses and substance use disorders throughout the lifespan, including children with mental health issues with developmental, addictions, learning or other presentations; older adults living with dementia and/or frailty; people receiving palliative and end of life care; and Indigenous populations. Waypoint provides a leadership role with the Central OHT for Specialized Populations.

Members of the OHT are committed to collaborating with other local OHTs to better integrate our services, build capacity for a full continuum of services, and ensure specialized services are accessible to patient populations whose care exceeds the knowledge and capacity of local

OHTs. Services of some partners will remain provincial in scope so that these highly specialized programs will be accessible to everyone in the province who needs them.

Why a regional OHT Model? Care of people with very complex and less prevalent conditions requires a level of specialization that is not available in sufficient supply for each local team to have its own full continuum of specialized services. Having a regional model will:

- avoid fragmentation of specialized services
- ensure there is a critical mass needed to deliver specialized services
- ensure access to specialized services
- support the identification of service efficiencies so that resources can be re-allocated to address service gaps

The initial members of the Central Ontario Regional Ontario Health Team for Specialized Populations are listed below and it is anticipated that the number list of partners will grow, as the model develops to include others who interface with the people we serve.

- Alzheimer Society of Simcoe County
- Canadian Mental Health Association Simcoe
- County of Simcoe LTC, Seniors and Emergency services
- Dr. Rob Meeder, Pediatrician
- Hands, The Family Help Network
- Mamaway Wiidokdaadwin Indigenous Primary Care Team
- New Path Child and Youth Mental Health Services
- North Simcoe Muskoka Hospice Palliative Care Network
- Patient/Client and Family Council
- Pine River Institute
- Waypoint Centre for Mental Health Care, including the North Simcoe Muskoka Specialized Geriatric Services (SGS)

The long-term goal of the Central Ontario Regional Ontario Health Team for Specialized Populations is to focus on continuing to improve quality of care so that people with complex health needs can live well in their communities. We will work closely with local OHTs to ensure seamless pathways for access to specialized care and excellent communication with providers in local OHTs. We have a foundation of trust and a track record of improvements that will serve as the foundation for our system transformation to an OHT. As our immediate priorities, we will continue to move forward on:

- improving access to crisis and community services
- building capacity for child and youth mental health and addiction
- improving access and building capacity for care of frail seniors
- building supports for end of life care
- providing culturally safe services for Indigenous peoples

The OHT focus is squarely on three priority populations: Frail seniors, Indigenous populations, and children and youth with mental health and addiction issues. The near-term goals for each population includes:

- Creating local Specialized Geriatric Services teams in each sub-region of North Simcoe-Muskoka
- Reduce opioid related harms by supporting the implementation of recommendations from Indigenous Opioid Strategy, which will include the development of culturally safe community based opioid treatment program
- Improve early identification and intervention by implementing a standardized integrated pathway for treatment of anxiety & depression for children and youth

The Central Ontario Regional OHT for Specialized Populations uses the *Development Model of Integrate Care* (Minkman, 2012) to phase the development of a coordinated, integrated health team. Our model aligns with Merit Vanguard, a partnership of organizations in the U.K. that have come together to develop new ways of working www.wmmeritvanguard.nhs.uk.

The model includes four phases:

1. Initiate and Design
2. Experiment and Execute
3. Expand and Monitor
4. Consolidate and Transform

By March 31, 2021, phase1 will be complete. The OHT met significant milestones including:

- Leadership and Governance
 - Legal Agreement (MOU) between team members established to plan and design the OHT including meeting the terms of the Ministry of Health Collaborative Decision Making Requirements
 - Vision, Values and Mission statement established
 - Guiding principles for sub-committees outlined
 - Accountability structures for sub-committees put in place
- Clinical Pathway Coordination and Integration
 - Sub-committees for each of the three priority populations were created. These sub-committees have plans in place to improve access, transitions and coordination for each priority population
 - Digital Health sub-committee completed Privacy Assessment for each partner agency, provided advice on options for managing Health Information (single custodian or separate entities) ; completed an assessment of digital assets and developed a Preliminary Digital Health Design to support the Clinical Pathways
- Patient, Caregiver and Community partnership
 - Joint learning on patient and caregiver partnership strategies, including Experience Based Design
 - Current state assessment of strengths and barriers on client and family partnership

- Patient Engagement Framework developed
- Communication
 - Communication plan developed
 - Website established

The Central Regional OHT for Specialized Populations will move into the model's second phase (*Experiment and Execute*) during 2021-22, with plans that include:

- *Clinical Pathway Coordination and Integration*: Implement and evaluate at least one to two projects within each priority population to redesign and improve care using best evidence
- *Monitoring Evaluation and System Performance*: Establish System Performance Indicators along with a process for regular monitoring
- *Patient, Caregiver and Community partnership*: Continue to meaningfully partner with patients, families and caregivers
- *Communication*: Establish regular newsletters and website updates to reach wider audience

Patient/client/resident partnering and relations



From Yvette Brook, Executive Director of the Patient/Client & Family Council

The Patient/Client & Family Council (the Council) is a separate, non-profit organization staffed entirely by service users and family members and partners with Waypoint Centre for Mental Health. One of its core roles is to gather and share the voice and experiences of clients and families. The Council engages clients one-to-one, via autonomous peer-led groups, focus groups, community meetings and specific consultation activities. These include administration of the Client Experience Survey and gathering feedback on services in keeping with the Declaration of Recovery Values. The Council is also a partner in the development of a regional Innovative Ontario Health Team where co-design with clients and families is a foundational element.

As the Council's Executive Director, I am participate in the hospital Leadership Team and I am a member of the Quality Committee of the Board. During the annual planning process, the Council's advice was a key factor to prioritize patient experience improvement initiatives over others for the coming year. This direct impact on the work of the hospital shows not only the value that Waypoint puts on the experiences of its service users, but also that the level of engagement is firmly moving from inform/consult to co-design.

The Council's role in quality improvement will continue as a member of the various monthly program Quality, Risk and Safety Committees and policy review teams. Increasingly direct Council involvement is anticipated through participation in strategic project teams and other quality of care improvement working groups.

Workplace Violence Prevention

Waypoint's Senior Leadership Team and Board of Directors remain committed to providing a safe and high quality workplace, one marked by high levels of safety and engagement. This critical commitment to staff well-being aligns with our strategic direction of "Serve", which outlines the intent to "...foster a healing culture where staff, physicians and volunteers are inspired to provide exceptional service and care". Waypoint works to strengthen its healthy workplace with the tools, training, and processes for staff to better support our patients and each other, and receive satisfaction from their challenging work.

Given the provincially unique experience and expertise, Waypoint sees itself as a leader in the area of continuously improving workplace safety practices to provide a safe and healthy environment. The Board continues to monitor, expect improvements and invest in key initiatives to support staff health and safety. Recent investments include participation in a provincial pilot program lead by the Yale Center for Emotional Intelligence, Ontario Hospital Association, and funded by a Ministry of Labour Grant for Imperative for Organizational Wellness. We work with a peers hospital to explore the relationships among staff engagement, burnout and emotional intelligence, and have a team beginning to implement novel techniques to support positive workplace and leadership practices to help reduce staff burnout.

Virtual care

The pandemic created a tremendous sense of urgency, as our staff sought new ways to support patients and clients. Despite the short-term setback during early days of the pandemic, outpatient visits alone increased 10% overall, with virtual visits up over 313% year over year.

Waypoint provides Telemedicine Services through the Ontario Telemedicine Network (OTN) at the main campus in Penetanguishene, as well as Outpatient Services location in Midland. Staff and patients can connect through a secured network through any one of our ten units, or through their own personal computer via Personal Computer Videoconferencing (PCVC). During a Telemedicine clinical event clients can see, hear, and talk to their health care professionals or family just as they would if they were in person.

Patient use includes virtual pre-admission assessments, psychiatric consultation and follow-up, case conferences, and family visits. Other important uses at Waypoint include appearances at hearings with the Consent & Capacity Board or the Ontario Review Board for forensic patients. Waypoint has also been using e-consults, to reduce wait times to appointments with specialists, including dermatologists, endocrinologists and psychiatrists. Waypoint physicians in the Specialized Geriatric Services also provide e-consults for geriatric psychiatry patients and clients throughout the region.

The administrative and education functions of OTN allow staff real time communication through participation in various internal or external networking and educational events, or other professional development events including conferences or seminars.

The North Simcoe Youth Wellness Hub also provides a suite of virtual services to youth aged 12 to 25. These include primary care, mental health and addiction services, including dedicated times for youth to access providers directly, housing and employment services, and peer support services. Other services offered virtually include Indigenous cultural teachings, youth drop-ins, as well as Queer-Trans Connect. The hub maintains a very active social media presence, including the Red Couch podcast – an ongoing series of interviews with local service providers and health care professionals.

The Central Ontario Regional Ontario Health Team for Specialized Populations is also developing a digital health strategy, which will focus on optimizing virtual care opportunities.

Executive Compensation

For 2021-22, our executives' compensation is linked to performance on the following subset of quality commitments:

1. Total margin
2. Inpatient satisfaction
3. Workplace violence indicator re: frequency
4. Workplace violence indicator re: severity

The following positions meet the definition of “executive” within the meaning of the Excellent Care for All Act, Section 1 and regulation 444/10 and are subject to the variable compensation:

- President & Chief Executive Officer
- Psychiatrist in Chief
- Vice-President, Clinical Services
- Vice-President, Quality & Professional Practice, CNE
- Vice-President, Corporate Services
- Vice-President, Human Resources and Organizational Development
- Vice-President, Research and Academics

The amount of pay for performance is 3% for each position. All individuals will be held accountable for achieving the priority indicators tied to compensation, and all indicators will have equal weighting. Following the completion of fiscal 2021-2022, an evaluation of the organization's performance for each objective will be undertaken to determine whether the target has been met, or partially met, and whether the full amount or any portion will be paid. The Board/Governance Committee will determine the pay per performance amount for the President/CEO, who will do so for the remaining eligible executives.

Contact Information

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan for 2021-22



Board Chair



Board Quality Committee Chair



Chief Executive Officer

2021/22 Quality Improvement Plan
"Improvement Targets and Initiatives"



Waypoint Centre For Mental Health Care 500 Church Street, Penetanguishene , ON, L9M1G3

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	Efficient	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data.	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / Jul 2020 - Sep 2020	972*	11.60%	12.00%	Health Quality Ontario asks organizations to report current performance for the three moths of Jul-Sep 2020 (i.e. 11.6%). Waypoint historically negotiates the ALC target as part it's Hospital Service Accountability Agreement (not yet confirmed) based Q3 YTD performance (i.e. 12.0%). We strive to maintain that Q3 YTD performance of 12.0% through 2021-22, and work toward further reduction through 2022-23 in order to meet the 2018-2023 Quality Risk Safety Plan target of fewer ALC days than 75% of our peers. Given the current ALC environment related to the system inter-dependencies to Waypoint patient movement (e.g., housing), the ALC rate is at risk of trending upward over the next few years.	Central Ontario Regional Ontario Health Team for Specialized Populations, Home and Community Care North Simcoe Muskoka, Simcoe County, Homes for Special Care	1)Implement an ALC Escalation Policy	Patient / Client Flow department in partnership with clinical programs. Performance, success and barriers to be monitored regularly via balanced scorecard and cascaded performance huddles	# of patients with escalation review completed/ # of patient identified ALC	TBD % of patients that qualify will have an ALC Escalation Review completed within 10 business days	The process will identify patients that meet certain thresholds of number of ALC days. Once the threshold is met, a summary will be prepared and small group will review the case and create an action plan. This might include escalating the case to Home and Community Care, Long Term Care or other partners, as well as continued close monitoring by the Waypoint team (clinical program team and Manager Patient/Client Flow). This increased attention and specific action plan should result in a discharge from Waypoint sooner, and help decrease # ALC Days
											2)Decrease wait time for inpatient bed	Patient / Client Flow department in partnership with clinical programs. Performance, success and barriers to be monitored regularly via balanced scorecard and cascaded performance huddles			
Theme II: Service Excellence	Patient-centred	Percent positive response to the OPOC survey question "I think the services provided here are of high quality"	C	% / Mental health patients	Ontario Perception of Care Tool for Mental Health / 2020-21	972*	72 (2019)	74.00	This year's target is aligned with Waypoint's Quality Risk Safety Plan goal to improve patient satisfaction by 25% by 2023, and to exceed at least 50% peer specialty psychiatric hospitals. Pandemic response delayed the 2020 survey. Current performance cites 2019 results.	Patient Client & Family Council	1)Implement Health Quality Ontario hospital quality standards for schizophrenia	To be monitored by project evaluation committee	(1)long-acting injectables offered and received (2) % clozapine offered and received (3) % patients screened as appropriate (4) % patients referred for Cognitive Behavioural Therapy for psychosis (5) % Family Intervention Therapy initiated	To be determined	This work is a partnership with the specialty psychiatric hospitals and being implemented in partnership with a community of practice
											2)Increase activities available to patients during their free time	To be monitored by the Rehabilitation & Transition Services team	(1) Number of after hours programming per week available to inpatient units (2)Increase the number of weekend services offered	To be determined	Work on hold during pandemic
	Effective	Total Margin: Total Operating Surplus (Deficit) with amortization added back divided by Revenue (expressed as a %)	C	% / All patients/clients	Hospital collected data / 2020-21	972*	4.7	>0	To maintain a positive fiscal standing within an acceptable performance corridor, with a lower limits not less than 0%		1) Increase outpatient service volumes	Improve how we triage clients and distribute workload, which would include assessing clients readiness to engage	To be determined	To be determined	
											2) Increase outpatient service volumes	Standardize decision process and principles re: number and type of contact attempts for clients who are not responding	Implemented (yes / no)	To be determined	
											3) Increase outpatient service volumes	Streamline process for internal referrals (e.g. to other disciplines/groups) and internal communications	To be determined	To be determined	
											4) Increase outpatient service volumes	Reduce missed appointments / no shows	Reduce number of no shows	To be determined	
		Number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / Jan-Dec 2020	972*	182	240	Unlike other indicators, Health Quality Ontario requires organizations to report current performance for the calendar year. This indicator has shown a marked degree of variability over time, and recent quarterly performance has risen to approximately 49 incidents per quarter. The performance goal is to sustain and stabilize performance during 2021-22, with a target of 60 or fewer incidents per quarter. Efforts include continuous improvement of multiple processes put into place over the past number of years (See previous QIPs)		1)Improve the execution of planned room extractions	To be monitored by the Restraint and Seclusion Steering Committee	(1) Number of staff and patient injuries (2) Number of planned room extraction interventions (3) Adherence to standard work	To be determined	This work is on hold during the pandemic. Staff injury reports related to specifically to planned room extraction are assumed to be low relative to actual injuries. However, four injuries were documented in 2019: Three were lost-time injuries, and one required first aid. The intent of the initiative is to reduce the frequency of extractions and to make them safer, with a goal of zero staff and patient injuries per year.

2021/22 Quality Improvement Plan
"Improvement Targets and Initiatives"



Waypoint Centre For Mental Health Care 500 Church Street, Penetanguishene , ON, L9M1G3

AIM		Measure									Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme III: Safe and Effective Care	Safe	Workplace Violence Frequency (Lost time claims per 100 full time equivalents)	C	Rate per 100 / Worker	Hospital collected data / 2021	972*	1.0	1.5	Maintain at 1.5 incidents 100 full time equivalent staff hours. This is an index indicator and the target represents one or fewer long term injuries per month. Any value exceeding the target represents two or more long term injuries per month. The performance goal is to sustain and stabilize performance during 2021-22, with a focus on continuous improvement of multiple processes put into place over the past number of years (See previous QIPs)		1)Improve the execution of planned room extractions	To be monitored by the Restraint and Seclusion Steering Committee	(1) Number of staff and patient injuries (2) Number of planned room extraction interventions (3) Adherence to standard work	To be determined	This work is on hold during the pandemic. Staff injury reports related to specifically to planned room extraction are assumed to be low relative to actual injuries. However, four injuries were documented in 2019: Three were lost-time injuries, and one required first aid. The intent of the initiative is to reduce the frequency of extractions and to make them safer, with a goal of zero staff and patient injuries per year.
		Workplace Violence Severity (Lost time claim days per 100 full time equivalents)	C	Rate per 100 / Worker	Hospital collected data / 2021	972*	39.3	35.0	Experience with this measure shows that a single extended staff health leave has a dramatic effect on performance. Given the fluctuation in this measure over time, the goal is to sustain and stabilize performance during 2021-22, with a focus on continuous improvement of multiple processes put into place over the past number of years (See previous QIPs)		1)Improve the execution of planned room extractions	To be monitored by the Restraint and Seclusion Steering Committee	(1) Number of staff and patient injuries (2) Number of planned room extraction interventions (3) Adherence to standard work	To be determined	This work is on hold during the pandemic. Staff injury reports related to specifically to planned room extraction are assumed to be low relative to actual injuries. However, four injuries were documented in 2019: Three were lost-time injuries, and one required first aid. The intent of the initiative is to reduce the frequency of extractions and to make them safer, with a goal of zero staff and patient injuries per year.