

Let's Make Healthy
Change Happen.



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

Waypoint

CENTRE *for* MENTAL HEALTH CARE
CENTRE *de* SOINS *de* SANTÉ MENTALE

03/04/2022

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.

ontario.ca/excellentcare

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 patients 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 Health Team for Specialized Population - 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 end of life 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 harm¹ 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 2022-2023, 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

¹ Harm is defined as an unexpected and normally avoidable outcome that may be reasonably expected to negatively affect a patient's health or quality of life, that is directly associated with the care or services provided and not a result of an underlying condition (Canadian Disclosure Guidelines, 2011).

- 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 2021-22 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 continued to focus its efforts to minimize or contain potential exposures to the virus for patients, clients, staff and members of our community. The list below highlights some of the key decisions and actions taken during the process:

- Maintained a twenty bed mental health admission unit as sole point of entry to hospital to minimize transmission of COVID
- More than doubled the Acute Assessment Program bed count. This facilitated needed access to mental health care to patients from across the region and the GTA,; thereby supporting acute care hospitals to focus on responding to pressures from COVID positive patients
- Specialized Geriatrics Services (SGS) raised awareness around mental health and confinement of residents in congregate care settings, and developed activity kits and recreational therapy in collaboration with the Alzheimer's Society.
- Expanded outpatient care through use of virtual care technologies, such as Ontario Telehealth Network, Ontario Structured Psychotherapy Program, Specialized Geriatric Services including supporting access to digital devices to reduce barriers to virtual care
- Streamlined behavioural support services in long term care settings to better identify and prioritize patients who need assessment to avoid Emergency Department admissions
- Maintained the 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
- Due to restricted patient access to the community and the campus 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
- Limited staff mobility across departments, and created dedicated teams for the COVID admissions unit, and the highly vulnerable geriatric psychiatry unit
- Safely reinstated patient activities, vocational therapy, education, central recreation, off-unit walk programs and broader campus access during intermittent periods of low case counts
- Developed a new in-house physical medicine call system to prevent transfer of patient to the Emergency Department and better manage medical issues after hours
- Implemented strategies to support clients to access COVID vaccination, including individuals admitted to Waypoint and those living in congregate settings in the community
- Waypoint and the three other stand-alone specialty Mental Health hospitals successfully developed a Mental Health Credit program in partnership with Georgian College. This program was accredited through the Ministry of Colleges and Universities and commences in the fall of 2022."

Collaboration and integration

The Central Ontario Health Team for Specialized Populations (the OHT)

<https://www.ohtspecialized.ca/> 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.

Why a regional OHT Model? When Ontario Health teams were introduced in 2019, the guidance was to form teams able to deliver a full continuum of services to population sizes between 350,000 to 500,000. In the northern part of Central Ontario, six OHTs were approved with attributed population sizes of 60,000 to 90,000. The challenge is that OHTs serving small populations do not have the critical mass to provide specialized team based care for people with less prevalent but very disabling conditions. To make the best use of limited specialist capacity, several organizations came together to create the Central OHT for Specialized Populations, an OHT that will provide specialized services across the six smaller OHT in the region.

This regional model OHT 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 Health Team for Specialized Populations are listed below. It is anticipated that the number 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
- 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 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's 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
- Reducing 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
- Improving early identification and intervention by implementing a standardized integrated pathway for treatment of anxiety & depression for children and youth

The Central Ontario Health Team for Specialized Populations uses the *Development Model of Integrated Care* (Minkman, 2012) to phase the development of a coordinated, integrated health team. This 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

The OHT made significant progress during 2021-22, including:

- Leadership and Governance
 - Legal Agreement (MOU) between team members established to plan and design the OHT in accordance with Ministry of Health Collaborative Decision Making Requirements

- Vision, Values and Mission statement established
- Guiding principles for sub-committees outlined
- Accountability structures for sub-committees developed
- Clinical Pathway Coordination and Integration
 - Sub-committees were created for each of the three priority populations; each with 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; developed a Preliminary Digital Health Design to support the Clinical Pathways and completed a Virtual Care Best practices guidance document.
- 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, Client and Family Partnership Framework developed and adopted
 - Collaborate with all six local OHTs in our region to build capacity and integrate SGS into their services
- Communication
 - Communication plan developed in English and French
 - Website established and launched
 - Established a Community of Practice for OHT Coordinators in North Central Ontario

The Central Ontario Health Team for Specialized Populations will continue to move into the model's second phase (*Experiment and Execute*) during 2022-23, 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 by implementing an experience based co-design approach to improvement
- *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. The Council partners with Waypoint Centre for Mental Health Care on specific initiative. 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 have an advisory function and collaborate with the hospital Leadership Team. 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 through membership in 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 its unique experience and expertise in the province, 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 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. Waypoint is working 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 tremendously, with virtual visits increasing significantly year over year.

Waypoint provides Telemedicine Services through the Ontario Telemedicine Network (OTN) at its 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 visit clients can see, hear, and talk to their health care professionals just as they would if they were attending in person.

Patient use of technology includes virtual pre-admission assessments, psychiatric consultation and follow-up, case conferences, and family visits. Other important uses of technology at Waypoint include appearances at hearings before the Consent and 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, co-lead and co-located within Waypoint's Outpatient Services 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 Health Team for Specialized Populations is also developing a digital health strategy, which will focus on optimizing virtual care opportunities.

Executive Compensation

For 2022-23, 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:

- Chief Executive Officer
- Vice President, Medical Affairs And Chief of Staff
- Vice-President, Clinical Services and Chief Operating Officer
- Vice-President, Patient Experience and Chief Nursing Executive
- Vice-President, Corporate Services and Chief Financial Officer
- Vice-President, People and Chief Human Resources Officer
- Vice-President, Partnerships and Chief Strategy Officer
- Vice-President, Research & Academics and Chief Scientific Officer

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 2022-2023, 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 2022-23



For Board Chair and Board Quality Committee Chair



Chief Executive Officer

2022/23 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 / 2021-22 Q3 YTD	972*	12.60%	12.60%	Health Quality Ontario asks organizations to report current performance for the three months 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	Wait 3 for select inpatient programs (Bayview, Horizon, Sans Souci)	To be determined	Decreasing the number of ALC Days (via discharge to other housing) will allow for patients on the Wait List to be admitted to inpatient Regional Tertiary bed sooner, thereby decreasing Wait time 3. We should monitor Wait Times and ALC in the same huddle. The most significant Wait Time is Wait 3 and one of the key barriers to reducing Wait 3 is patient designated ALC occupying ALC beds.
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*	75	75	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
		Percent positive response to the survey question "Staff were sensitive to my	C	% / Mental health patients	Ontario Perception of Care Tool for Mental Health / 2020-21	972*	84	87	Target is aligned with Waypoint's Quality Risk Safety Plan target for 2023 which targets 75%'ile of peer specialty psychiatric hospitals	Patient Client & Family Council	1) Use data to inform practice	Data collection and reporting related to the use of restraint and seclusion among racialized groups	(1) Proportion of Restrained / Secluded Patient Population by Race (2) Proportion of Restrained / Secluded Patient Population by Creed		
	Effective	Total Margin: Total Operating Surplus (Deficit) with amortization added back divided by Revenue (expressed as a %)	C	% / All patients/clients	Hospital collected data / 2021-22 Q3 YTD	972*	3.26	>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	
Theme III: Safe and Effective Care	Safe	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 / 2021-22 Q3 YTD	972*	189	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. The performance goal is to sustain and stabilize performance during 2022-23, 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 entries	To be monitored by the Restraint and Seclusion Steering Committee	(1) Number of staff and patient injuries (2) Number of planned room entries (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 Frequency (Lost time claims per 100 full time equivalents)	C	Rate per 100 / Worker	Hospital collected data / 2021-22 Q3 YTD	972*	1.9	1.5	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 2022-23, with a focus on continuous improvement of multiple processes put into place over the past number of years (See previous QIPs) Anything over 1.5 = 2 LTI's/month Anything under 1.5 = 1 LTI/month		1)Improve the execution of planned room entries	To be monitored by the Restraint and Seclusion Steering Committee	(1) Number of staff and patient injuries (2) Number of planned room entries (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 entries 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 room entries 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 / 2021-22 Q3 YTD	972*	32.4	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 2022-23, 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 entries	To be monitored by the Restraint and Seclusion Steering Committee	(1) Number of staff and patient injuries (2) Number of planned room entries (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.