

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

20/02/2024

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 faith-based values. 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 mental health hospital operating over 300 beds, Waypoint is Ontario Health Central region's specialty mental health provider, is 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, as well as specialized geriatric services.

Waypoint has recently approved and is implementing five enabling plans for 2023-2026 in support of its Strategic Plan, which together, serve as an integrated roadmap in delivering on our current strategic priorities to Serve, Discover and Lead over the next three years.

As set out in our Quality, Risk and Safety Enabling Plan, our Vision is to lead, inspire and advance high-quality integrated care in mental health & addictions and specialized geriatric services. The directions of the plan include the following: drive quality improvement and patient and staff safety through evidenced-based approaches; build capacity and create environments for our people to deliver high-quality care; and evolve the structures needed to support continuous quality improvement and safety initiatives.

The enabling plans coupled with a recent organizational restructuring align with the four system priorities identified by Ontario Health for 2024/25 and put in place-dedicated resources to support this work.

NEW: Access and Flow

Waypoint is currently engaged in multiple quality improvement projects that prioritize the optimization of system capacity, timely access to care, and patient flow. In partnership with multidisciplinary teams across our region, 'cluster' organizations (Ontario Shores and The Royal - organizations that we share an electronic health record platform with), and internal work, Waypoint has identified the following initiatives, with a focus on digital health improvements as priorities. The initiatives include the following:

- working to improve communication/processes (Oceans/Meditech Integration),
- increase system capacity and improve the referral process (Novari Health),
- continue development on a regional system of high quality person-centred acute care service delivery (Clinical Services Integration),
- use of data to better understand the needs of patients and discharge destinations (Powerform).

This work is supported by a newly created director role at the organization that focuses on access and flow and aligns Waypoint with this identified system priority. Our focus in our QIP for 24/25 is to continue with the implementation of leading practices for ALC patients.

Equity and Indigenous Health

Advancing health equity for patients, clients, staff and community members requires strategic and sustained efforts. To prioritize and support this work, Waypoint developed a new position – Director, Collaborative Learning and Equity, Diversity & Inclusion (EDI) - and has included EDI as a crosscutting theme throughout our Enabling Plans. Waypoint’s EDI strategy and work plan for 2024/25 was developed in consultation with a diverse group of staff members and people with mental health or addictions lived expertise. It was also informed by:

- The evaluative report Waypoint’s Pursuing Equity Learning Network (PELN) Team received from the Institute for Health Care Improvement.
- Engagement sessions with patients/clients/staff, various community groups, and faith organizations (e.g.: Georgian Bay Métis Council, La Clé, Uplift Black, Gilbert Centre, Jampa Ling Kadampa Buddhist Centre, Indigenous Evaluation Circle, etc.).
- Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework (2020) and Addictions and Mental Health Ontario companion framework (2021).
- The Black Health Plan for Ontario (2023).

The activities and measurable outcomes detailed in Waypoint’s EDI Work Plan include training, policy review/development, data collection, and collaboration with the 6 Core Strategy project team to support a reduction in the use of restraint and seclusion practices. Equitable health outcomes is the ultimate goal of this work. Building capacity and knowledge of EDI practices and principles is aligned with Waypoint’s values, in particular: **Caring**, as the EDI work supports treating every person with compassionate sensitivity, and **Respect** by recognizing the inherent worth of every person as viewed through their diverse attributes.

Patient/Client/Resident Experience

The Patient/Client & Family Council (the Council) is an independent non-profit organization staffed entirely by service users and family members. The Council partners with Waypoint Centre for Mental Health Care on many initiatives. One of its core roles is to gather and share the experiences of clients and families. The Council engages clients one-to-one, via surveying, focus groups, community meetings and specific consultation activities.

Waypoint incorporates the experiences of service users and families by including Council members on all patient-focused committees, working groups and quality improvement committees, across the hospital. This starts at the top, with the Council having membership on Waypoint's Quality Committee, along with members of the Board of Directors and Waypoint Leadership team. Each meeting starts with a Council-presented patient story. The inclusion of the Patient/Family experience continues through active participation at clinical business review meetings, hospital wide quality initiatives, including the steering committee driving Health Quality Ontario standards implementation, and program level activities that improve the patient experience.

Going forward, more opportunities to incorporate experience information are on the horizon. This includes Waypoint's support of a Council-led Regional experience and engagement hub, with Experience Based Co-Design at key points on the development of care pathways, a vibrant partnership with Waypoint Research Institute and focused surveying of hospital patients during their recovery journey. The ongoing commitment to incorporating experience information is a real strength of Waypoint and is part of the fabric of what we do.

Provider Experience

Waypoint, like many health care organizations is experiencing significant human resources challenges. Since the COVID-19 pandemic, we have had to rely extensively on the use of agency staff to ensure we are able to deliver safe, high-quality care. In this post-pandemic period, we are implementing measures to decrease this reliance on agency staff and are making improvements to retain staff. One strategy we have been focused on is leading efforts to improve staff Health and Well-being not only at Waypoint but also across Central Region's hospitals as an effort to support capacity in the system. The project includes the introduction of a Stepped Care Model and digital tool to support a healthy workplace culture. Another area is incorporated into our People Plan and focuses on enhancements to staff development including a revised preceptor and mentor model. To support recruitment efforts, Waypoint has refreshed and enhanced its presence on social media, including more outreach. Employee Value Proposition has been refreshed and is set to be launched in January 2024. In addition, Waypoint hosted a networking event in the fall to attract new talent and employ a student engagement plan. Other strategies include offering the Nurse Graduate Guarantee Program, Supervised Practice Experience Partnership program, and Community Commitment Program, all as incentives to attract new talent.

Safety

Waypoint currently uses a standardized communication tool to communicate learnings and opportunities for improvement identified through patient safety incidents with targeted staff audiences at the organization. This tool can also be used organization-wide should the content be

appropriate. Sharing this information with patients and families is also a key component to ensure transparency. In addition, patient stories have been integrated into every meeting of the Quality Committee to ensure the patient voice and experience is heard.

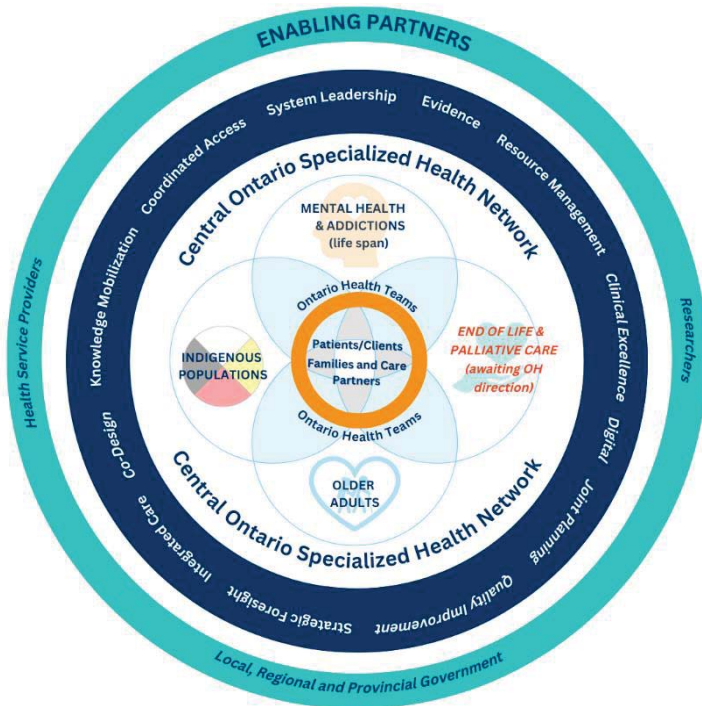
To expand on organizational learning from patient safety incidents the Quality, Patient Safety, Infection Control and Patient Relations department will initiate a quarterly newsletter to distribute information more broadly to all staff and Council members. This will ensure that all staff are aware of patient safety incident data as well as learnings and improvements intended to prevent reoccurrence. One key component of this new tool will be to include a patient story. The focus of this story will be to share the patient's perspective on their experience of harm. This strategy will strengthen organizational understanding and learning.

Since Council members are embedded into all quality improvement committees at Waypoint, whether organization-wide and program-specific initiatives, they will be instrumental in co-designing improvements and ensuring alignment with the patient perspective or lived experience. They are key stakeholders to better inform how to ensure that learnings from patient safety events reach our patients and families in the most valuable format as we develop and expand on our learning culture at Waypoint.

NEW: Population Health Approach

In 2019, the Central Region Ontario Health Team (OHT) for Specialized Populations was established and identified by Ontario Health (OH) as an innovative model. Waypoint is a key player in this innovative model. In November 2022, as Ontario Health redefined the parameters for OHTs, the Central Region OHT for Specialized Populations evolved to become the Central Ontario Specialized Health (COSH) Network. The COSH Network is a network of agencies, clinicians, clients, families and care partners with expert knowledge, unique skills and experience in caring for people with highly complex needs with a lens of trauma, mental health and addictions, senior's health and palliative care services.

The COSH Network functions to avoid fragmentation of and ensure access to specialized services, ensure there is a critical mass needed to deliver specialized services, and to support identification of service inefficiencies in order to address service gaps.



We are committed to collaborating to better integrate regional specialized services as well as to working in partnership with OHTs in the region to build capacity for a population health approach that results in a full continuum of care from early intervention to treatment and harm reduction. We also aim to champion regional system innovation by raising awareness and supporting educational and training needs of those that deliver care locally. Specific current areas of focus for the COSH Network include the development of an integrated care pathway for anxiety and depression care, regional coordinated access for mental health and addiction services and implementation of a regional older adults strategy.



Contact Information/Designated Lead

Dawn Major
Manager of Quality, Patient Safety, IPAC and Patient Relations.
Waypoint Centre for Mental Health
500 Church Street
Penetanguishene ON L9M 1G3
705-549-3181 ext 2652
Cell: (705) 427-6913
dmajor@waypointcentre.ca

Executive Compensation

For 2024-25, our executives' compensation linked to performance will be on the following subset of quality commitments:

1. Patient harm associated with incidents of violence and aggression (severity 2-4)
2. Workplace violence incidents - frequency and 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 are held accountable for achieving the priority indicators tied to compensation, and all indicators will have equal weighting. Following the completion of fiscal 2024-2025, an evaluation of the organization's performance for each objective will be undertaken to determine whether the target was 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 and CEO, who will determine the pay per performance for the remaining eligible executives.

Sign Off

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

Board of Directors - Chair  (signature)

Quality Committee of the Board - Chair  (signature)

Chief Executive Officer  (signature)

Other leadership (as appropriate) _____ (signature)

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

Type Legend
M - Mandatory
P - Priority
C - Custom

AIM	Quality Dimension	Measure	Sponsor/Data Steward	Type	Unit / Population	Source	Organization	Current performance / Period / Source	Target / Period	Target Justification	External Collaborators	Change	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Data Components / Calculations Source System - Contact person if not in a source system	Target	Baseline & Period/Timeframe	Data Steward / Lead					
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)																								
Improve the patient experience by engaging patients in their plan of care by March 31st, 2025	Patient Centeredness	Percent positive responses to the annual OPOC survey question "Staff understood and responded to my needs and concerns." (Survey Question # 21)	Linda Adams Yaskov Keilikh Nick West	C	Inpatient population	2024 Annual OPOC Survey		80%	88%	10% improvement on 2023 annual results		Expand the utilization of the patient portal at Waypoint	Explore feasibility for utilization and implementation of a patient portal in additional Inpatient programs	Number of in-patient programs to implement the patient portal	Manual tracking by Jeannie Borg	1 Additional IP program by end of 24-25 (2 cumulative total)	1 (Georgianwood) Q2-23-24	Jeannie Borg						
								2023 Annual OPOC Survey			Provide patient education regarding the benefits of the patient portal and support sign up	Percent of eligible patients that are registered to the patient portal and there is evidence of them using the portal	Patient Portal via Power BI Report is in development	90% 10% buffer to allow for patients who decline use of portal	100% Q3 23-24 YTD 55 Enrolments 55 Admissions	Jeannie Borg								
										Strengthen utilization of the Recovery plan of care (RPOC) and the client assessment protocols(CAPS)	Implement strategies to support utilization of RPOC and CAPS across the organization	Percentage of patients with at least one CAPS updated in the last 28 days	Meditech via CNE dashboard All current Waypoint Inpatients	80% Q2-23-24 YTD	Linda Barron									
											Percentage of patients with all CAPS updated	Meditech via CNE dashboard All current Waypoint Inpatients	90% as per CNE Dashboard	54% Q2-23-24 YTD	Linda Barron									
Strengthen the diversity in our staff, address inequalities, engage our communities, and support equitable health outcomes by March 31st, 2025.	Effective	Percentage of audited Recovery Plans that include person centered culturally relevant goals and interventions	Jessica Ariss Heather Bullock	C	Inpatients	Manual Data Collection Professional Practice performs qualitative audits of Recovery Plan of Care. Jessica summarizes audit results. Monthly results are available by the end of the following month.		Aug 2023 50% Sep 2023 56% Oct 2023 63%	95%	General calculation information (not related to target): Does RPOC include a self-identified goal from the patient? Yes/No Does RPOC include associated, supportive interventions related to the self-identified goal? Yes/No Must be Yes answer to both questions to qualify as a RP including person centered culturally relevant goals and interventions. Audits are done monthly on 10% of the current inpatients on all inpatient programs. Professional Practice cycle through in a systematic order so different files are audited each month (rotating basis)		Develop and release an eLearning on anti-black racism across the organization	One completed eLearning module to be distributed organization wide	Percentage of staff who have completed the anti-black racism eLearning module	Entire hospital staff population eLearning system Kelly Taylor or Miranda Weicker	90%	Training to be rolled out early in 2024	Jessica Ariss / Kelly Taylor						
										Engage staff around the "Human Library Experience" and provide library cards to some staff.	Engage staff around challenging stereotypes and increasing understanding of people who face prejudice or discrimination.	Number of staff who participated in a "Human Library Experience"	Jessica Ariss - Manual tracking	300	Not available	Jessica Ariss								
										Develop an EDI committee and review Policies and Procedures with an equity lens, make updates and/or develop new Policies and Procedures to support equitable practice.	Use the newly developed EDI committee to review policies and procedures with an equity lens	Number of policies and procedures reviewed with an equity lens	Jessica Ariss - Manual tracking	5	Work to begin in spring of 2024	Jessica Ariss								
Decrease harm associated with incidents of Violence and Aggression (severity 2-4) for our patients by March 31st, 2025.	Safe	Number of incidents of Violence and Aggression (severity 2-4)	Linda Adams/Co Sponsor Rob Desroches Chad Draper / Yaskov Keilikh	C	Organization wide (inpatient and outpatient population)	SPIRIT Dashboard - Patient Safety		822 incidents for the 12 months ended Sep 30, 2023	740 incidents of Violence and Aggression severity 2-4	As per the 6 Core Strategies project lag measure 10% reduction over FY's 2023-24 and 2024-25		Explore opportunities to minimize the requirement to utilize Code Whites across the organization	Review and debrief all episodes of Code White and identify opportunities and strategies to prevent patient behavior escalations	Number of "true" code whites called per quarter	SPIRIT Kellie Dimino	37 per quarter Approx 15% reduction	173 for 12 months ended Dec 31, 2023 therefore 43 per quarter	Chad Draper Kellie Dimino						
										Implement Safewards on all inpatient programs	Review and implement the 10 modules with the inpatient teams	Number of programs with safewards implemented	Manual tracking by Kim Felipe	2	3 (Beckwith A, Beckwith B, Bayview) Nov 5, 2023	Chad Draper Kim Felipe								
										Implement training of clinical staff specific to the provision of mental health care	Provide mental health specific training to clinical staff via the established educational plan	% of Inpatient Clinical Staff trained in specific module of the Waypoint Core Curriculum: "Intro to Mental Health"	Manual tracking by whom TBD	85% Casual staff and various leaves are a barrier to 100% compliance.	TBD As of Jan 2, 2024 # trained: 77 New Hires: 11 Agency Staff: 50 OSWs Note: Only 106 active staff	Laura Naumann Training rolled out in February 2023 for Clinical staff as a portion of orientation.								
Decrease the frequency and severity of workplace violence by March 31st, 2025.	Safe	Workplace Violence Frequency	Josh Mace Demetrios Kalantzis	C	Organization wide	SPIRIT & Management Reporter		2023/24 Q2 YTD 3.6	1.2	Aligns with Strategic Balanced Scorecard		Improve our staff competency in Therapeutic Intervention training	Ensure 100% of all active staff are offered the opportunity to attend Therapeutic Intervention training.	% of staff with current Therapeutic Interventions training (within the 18 month renewal time frame)	Manual tracking by Miranda Weicker (OD)	85% Casual staff and various leaves are a barrier to 100% compliance.	Q2-23-24: 78%	Josh Mace						
										Workplace Violence Severity	Organization wide	SPIRIT & Management Reporter		2023/24 Q2 YTD 56.7	22	Aligns with Strategic Balanced Scorecard		Develop effective violence reduction strategies for the top 3 programs experiencing high staff incidents	A developed A3 with violence reduction strategies identified and implemented	Number of Clinical Programs with a Violent Incident Reduction strategy (A3).	Manual tracking by H & S department. Will include direct reporting to the JHSC.	3 Programs (Based on most violent incidents)	New measure. Practice currently in place as a QI initiative.	Josh Mace
										Strengthen managers implementation of risk mitigation strategies for employee harm events within the required time frame	All employee harm events will be completed and closed within 72 hours	% of employee Spirit files completed with mitigation strategies within 72 hours of submission	Manual tracking by Jenn Birms (H & S department) Tracking started in 2023-24	100%	100% mitigation rates last year, but not all within 72hr timeframe.	Josh Mace								
Improve ALC throughput for the organization by March 31st, 2025.	Efficient	Alternate Level of Care (ALC) Throughput. The ratio of the number of discharged ALC cases to the number of newly added ALC cases within a specific period of time	Jaime Charlebois Linda Adams		Inpatients	Meditech	972	Meditech	1.0 or >1	As per Hospital Service Accountability Agreement (HSA)		Continue implementation of ALC leading practices	Implemented Leading practices	Number of implemented leading practices	Manual Tracking by Jaime Charlebois	June 2024 target is 9 Dec 2024 target approx (9 +2) = 11	6/9 at Dec 31, 2023	Jaime Charlebois						
										2023/2024 Q2 YTD 0.9 Nov 2023 YTD 0.8			Expand on ALC leading practice # 11 - Build relationships & seek funding to increase available access to alternate discharge options	Create formal partnerships within the community to reduce ALC burden in house.	Number of formal partnerships created	Manual Tracking by Jaime Charlebois	Dec 2024 - 1 Partnership Empower Simcoe - MOU	2 at Dec 31, 2023 Weber House & LDOF	Jaime Charlebois					
										Expand on ALC leading practice # 4 Survey internal program staff regarding early identification and assessment practices of all inpatients.	Survey and chart review in collaboration with Clinical Managers, Social Workers and Nursing Informatics.	% of those patient charts audited which had fulsome early identification and assessments prior to ALC designation	Manual Tracking by Jaime Charlebois	To gather baseline - process not in place yet	TBD	Jaime Charlebois								