

Let's Make Healthy  
Change Happen.



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



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

02/25/2019

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](http://ontario.ca/excellentcare)

## Overview

Waypoint Centre for Mental Health Care (Waypoint), under a promise of Advancing Understanding, Improving Lives is a fully accredited 301-bed specialized mental health centre. Our services include 141 regional specialty adult inpatient beds and related outpatient services for residents of Simcoe County, Dufferin County and Muskoka/Parry Sound, as well as 160 provincial beds providing the province's only high secure, all male forensic mental health program.

The hospital is recognized for the provision of exceptional care to those most needing mental health services and research of severe behaviours associated with mental illness. Waypoint continues its affiliation with the University of Toronto along with numerous other institutions, and is internationally recognized for its contributions to scientific knowledge on violence, and the assessment and treatment of mental disorders.

Our strategic directions include: People We Serve, People Who Serve, Corporate Performance, Partnerships, and Research & Academics. Our Clinical Services Plan draws from each of these domains and is founded on a philosophy of recovery, and the need for culturally competent and trauma informed care, delivered in a culture of least restraint.

Consistent with its vision, Waypoint's Board endorsed a Quality, Risk and Safety Plan (2018-2023) that set out a ten year vision that "every patient will leave our care unharmed, hopeful and prepared for the next step in their journey". The plan includes specific goals to reduce preventable harm to patients by 50% by 2023, while simultaneously increasing patient and provider experience by 25%. Much of the clinical work intended to drive achievement of those outcomes is listed in the hospital's Clinical Services Plan (2018-2023) – a plan that aims to ensure Waypoint provide safe, world class quality care and services

Each year, the hospital's leaders and staff consider both plans, alongside our Strategic Plan, to help select, prioritize, resource and monitor improvements in care and service. For 2019-2020, the hospital's efforts include commitments to the North Simcoe Muskoka Local Health Integration Network, recommendations arising from external safety & clinical service reviews, and various other partnership initiatives. The specific quality commitments for 2019-20 include:

- Reducing the time patients spend in the hospital waiting for an alternate level of service
- Helping recently discharged inpatients to see a Waypoint outpatient clinician as quickly as possible
- Improving patients' experience through delivery of high quality services
- Supporting a safe workplace, with physical security, as well as positive relational, emotional, and psychosocial health
- Supporting patients with behavioural challenges through reduced use of physical/mechanical restraints and/or acute control medications

## Describe your organization's greatest QI achievements from the past year

The four specialty mental health hospitals worked collaboratively to review three Health Quality Ontario's quality standards for schizophrenia, dementia and depression. The partners confirmed fifteen common indi-

cators to be included in a standardized reporting tool. Three of the partners (i.e., The Royal Ottawa, Ontario Shores, and Waypoint) are implementing those standards as part of a common Meditech initiative.

On a related note, those same three partners submitted a report to Ministry of Health HIS Secretariat (September 30th, 2018) highlighting their successful collaboration to standardize clinical documentation across the three organizations. The partners surpassed the original target of 80% standardization and achieved greater than 96% documentation standardization for nursing and allied health and 99% physician documentation standardization.

Of note, the three partner organizations successfully incorporated best practices for patient care planning, culminating in the development of a shared recovery focused plan of care. Key activities included literature reviews of best practices in care planning; policy review to ensure alignment with findings from the literature reviews; shared care practices and policies; adoption of a common validated assessment tool; and a review of care planning expectations – the results of which were integrated into the new shared multi-site electronic medical record.

## Patient/client/resident partnering and relations

*From the 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, providing services to Waypoint Centre for Mental Health. One of its core roles is to gather the voice of clients and families and, along with its members' own experiences, and share this perspective with Waypoint Centre. The Council engages with our clients one-to-one, via autonomous peer-led groups, focus groups, community meetings and specific consultation activities, including administration of the annual client experience survey (the Ontario Perception of Care Tool for Mental Health and Addictions) and gathering feedback on services in keeping with the Declaration of Recovery Values.

As the Council's Executive Director, I am a formal member of the hospital Leadership Team, an active participant in the annual planning process, and a member of the Quality Committee of the Board. The Council is also included in the weekly Leadership Team huddle, used to monitor progress on hospital initiatives, including those outlined in the annual Quality Improvement Plan. These high level engagement opportunities have demonstrated Waypoint's commitment to having the client and family voices heard at all levels of the organization.

The patient/client and family perspective has been included in many long term quality initiatives including the development of the Clinical Services Plan, the Quality Risk & Safety plan and the current refresh of the Strategic Plan. This strong commitment by Waypoint to hear the experiences of their patients/clients and families and to actively involve and partner with patients/clients and families, was clearly demonstrated throughout the process of developing these plans.

Going forward, the Patient/Client & Family Council will continue their involvement in the monthly Quality, Risk and Safety committee on all clinical programs, formally participating in policy review and sharing our

experiences on a variety of task groups and working committees, with the goal of improving the quality of services which impact clients and families. Involvement at various levels of work at Waypoint ensures that the patient voice is included at the outset, when challenges are being defined, and also to be part of driving the solution both at an overarching and at a program level.

## Workplace Violence Prevention

Waypoint's Senior Leadership Team and Board of Directors remain committed to providing a safe and high quality workplace. Our President & CEO participated in the provincial leadership table on healthcare workplace violence prevention, as did members of the senior leadership team, and the CEO was invited to sit on the Phase Two Provincial Leadership Table.

Waypoint continues to focus on patient and staff safety, with a commitment to ongoing improvement. The hospital has conducted three safety and security reviews in the last seven years, drawing on external and often international specialists including a psychologist and lawyer, a psychiatrist, and experts in security systems design and health and safety. These reviewers have noted that every reasonable effort is being made to identify and mitigate violence and to reduce or eliminate risk. They noted data that shows a continued decrease in adverse events in the new Atrium building, relative to those reported in former Oak Ridge building, and that Health and Safety training meets or exceeds legislated requirements.

The collected recommendations support continued organizational focus on three broad themes:

1. Physical Security (Governance, Perimeter Security/Building Access, Interior Security, The State of the Buildings).
2. Therapeutic Security (Internal Movement Decision Process, Dynamic Risk and Relational Therapeutic Security, Use of Force)
3. Human Resources and Occupational Health and Safety (HR Planning and Staff Satisfaction, Health and Safety, SPIRiT Incident Reporting Program, Ministry of Labour, Staff Injuries, Psychological Health Safety & Wellness, and Intranet communications).

Many recommendations were simple fixes, such as updating minutes of meetings and reviewing our job descriptions. Others were more substantial, such as reviewing our patient room extraction procedures – a key change idea to reduce restraint and seclusion use, as well a project for which Waypoint has partnered with an international expert. Of the recommendations provided, only one was cited as urgent – which was to replace the Toanche building.

The collected recommendations were phased over a number of years and more than 70% are complete as of February 2019. The remainder is in various stages of implementation and planning, with some key improvements reflected in this Quality Improvement Plan 2019-20. The Board of Directors monitors progress on these health and safety efforts through detailed monthly status reports, as well as through quarterly corporate balanced scorecard.

Waypoint and its peers in Mental Health Partners (formerly known as *Mental Health & Addictions Quality Initiative*) will continue to report on workplace health and safety outcomes, including the use of the *Safe & Well*

communication brand in each organization – a tool used to communicate regular updates on staff and patient safety.

Waypoint will also continue to monitor key safety processes and initiatives underway to support staff health and safety, including commitments to the Mental Health Commission of Canada's Declaration of Commitment to Recovery, and sustaining the National Standard for Psychological Health and Safety in the Workplace – to pursue a safe and healthy environment for all members of the Waypoint community: patients, clients, families, and staff.

Key features of this year's work include: spreading the evidence-based Safe Wards program to additional units; sustaining the past three years work to embed the Mental Health Commission of Canada's National Standard for Psychological Health & Safety in the Workplace plan; exploring leading international practices to help reduce the use of restraint and seclusion; expanding a research program into workplace factors and barriers to support for psychiatric workers seeking help related to post-traumatic stress disorder; as well as continuing to introduce and spread the use of evidenced-based practices to better meet the recovery and therapeutic needs of our patients and clients (e.g., Recovery Plan of Care; Safe Wards, Concurrent Disorders; Reasoning & Rehabilitation; Schema-Focused Therapy; pharmacogenomics; and increased Therapeutic Recreation programing)

## Executive Compensation

For 2019-2020 our executives' compensation is linked to performance on the following subset of quality commitments:

1. Alternate level of care rate
2. Wait time for referred inpatients to be seen by Outpatient Services
3. Patient / client satisfaction with quality of services
4. Workplace violence indicator re: frequency
5. Workplace violence indicator re: severity
6. Restraints related to acute control medication use

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 currently based on Quality Improvement Plan performance is 3% for each of the positions.

All individuals will be held accountable for achieving the six priority indicators tied to compensation, and each indicator will have an equal weighting. Following the completion of fiscal 2019-2020, 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 actual amount of the payment will be determined by the Board/Governance Committee for the President/CEO and by the President/CEO for eligible executives.

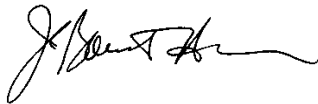
### Contact Information

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### 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



**John Barrett-Hamilton**  
Board Chair



**Jennifer Rodgers**  
Quality Committee Chair



**Carol Lambie**  
President & CEO

2019/20 Quality Improvement Plan  
"Improvement Targets and Initiatives"



Waypoint Centre For Mental Health Care 500 Church Street

AIM		Measure								Change				
Quality dimension	Issue	Measure / Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	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) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Theme I: Timely and Efficient Transitions	Effective transitions	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	C	Rate per 100 inpatient days / Mental health patients		972*	10. 5 Q3 YTD	10.5	Target is aligned with Waypoint's Quality Risk Safety Plan target for 2023 (fewer ALC days than 75% of peers). It will also be aligned to the anticipated (but not yet confirmed) Hospital Service Accountability Agreement. Recent peer performance ranges from 3.5% and 14%.	Increase staff and physician awareness of how early discharge planning can impact ALC days	Education and coaching support	Number of staff & physician educational discussions specific to early discharge planning and ALC	30	carry over from 2018/19
										Standardize the process of setting expected discharge date (EDD)	Implement a process to establish an expected discharge date (EDD)	Process is developed and implemented (yes/no)	Yes	carry over from 2018/19
										Increase patient and family participation in care planning including Expected Data of Discharge (EDD)	Document and communicate EDD, discharge plan, and discharge expectations to patient/family/SDM within 7 days of admission	Percentage of ALC patients with relevant info documented and communicated.	50%	carry over from 2018/19
	Timely access to care/services	Percentage of patients with first follow up outpatient* appointment after discharge from inpatient service within 7 days (*Includes Waypoint Outpatient Services only)	C	% / Discharged patients with mental health & addiction		972*	75% Q3 YTD	0.85	Increase target from 81% (2018/19 ) to 85%. This aligns with proposed technical changes to indicator calculation as well as Quality Risk Safety Plan target for 2023 (100%).	Find efficiency through co-location with partners serving youth	Open a Youth Hub with our partners	Number of clients seen (PSSP data)	Yes	
										Find efficiency through co-location with partners serving clients we share	Relocate and partner with Chigamik Community Health Centre	Hub is operational / seeing clients		Pending Ministry of Health Capital Branch approvals
										Implement a patient navigation model	Implement communication and shared planning process with co-located partners	# of community partners participating	TBD	
										Improve discharge communication with community partners	Continue to share discharge communication package with relevant community partners at time of discharge	All relevant community partners will have written discharge information available within 24 hours of patient discharge, to facilitate their support of the patients, by March 31, 2020.	90%	Currently exceeding 85% consistently
Theme II: Service Excellence	Person experience	Percent positive response to the OPOC survey question "I think the services provided here are of high quality"	C	% / Mental health patients		972*	77%	85%	Target increased from 82% (2018/19) to 85% in order to achieve Quality Risk Safety Plan target for 2023 (exceed performance of 50% of peers). Recent peer performance ranges between 88% and 90%	Improve the therapeutic programming (multi-year project)	Review of each program therapeutic services inventory to determine match with patient therapeutic needs on all programs	As part of a multi-year project to increase evidence based therapeutic programming, the Evidence-based Advisory Council will complete a review of therapeutic program inventory, conduct a gap analysis, and provide recommendations regarding gaps and potential efficiency in service delivery	Y/N	The goal of this work is to improve the program by program match between therapeutic patient programming and identified patient needs, as derived from the standardized recovery focused plan of care and RAI-MH.
										Embed Recovery Plan of Care (All Programs)	Sustain use of recently implemented recovery pan of care	% EDD documented/updated monthly (Regional Programs only)	75%	Continued work from 2018/19
										Implement schema-focused therapy	Staff training	# of staff trained as Advanced Therapists  Total # of staff trained in basic SFT  # of clients receiving the therapy	3  10  10	Organizing training in last quarter 2018 with plan to implement in mid 2019.
										Implement Reasoning & Rehabilitation model (High Secure Provincial Forensic Programs)	Reasoning & Rehabilitation	% of eligible Waypoint staff seeking Trainer Certification  % of all eligible rehab patients have a completed LSI-R on file  % of High Secure Provincial Forensic Programs implementing this program	100%  100%  TBD %	
										Spread Concurrent Disorders programming	Offer new programming to patients in the High Secure Provincial Forensic Programs	# of High Secure Provincial Forensic Programs to implement Concurrent Disorder groups	50%	
										Continue the Cultural Competence research project	Complete interview and analysis	# of recommendations made in final report  # of presentations on final report (internal & external)  % of recommendations with a proposed plan (further exploration, implementation, etc.)	5  4  100%	



AIM		Measure								Change				
Quality dimension	Issue	Measure / Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
										Increase staff knowledge and awareness of cultural competence and safety regarding patient care	Spread Human Rights & Creed based training	% of active staff having completed the Human Rights (Creed-based) e-learn by June 30 2019	100% of active staff	Achieved 85% in 2018/19 Q3 YTD
Theme III: Safe and Effective Care	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	M A N D A T O R Y	Count / Worker		972*	260 Q3 YTD	326	Maintain current target. Target is based on a 5% reduction over 2017/18 calendar year results (343 reports). Target is based on all reported events, regardless of outcome or severity. The definition includes verbal threats which we know to be under-reported.	See work plans for (1) workplace violence frequency (2) reducing acute control restraint use and (3) physical / mechanical restraint use				
		Workplace Violence Frequency (Lost time claims per 100 full time equivalents)	C	Rate / Worker		972*	2.31 Q3 YTD	0.93	Maintain current target. Inconsistent results over the last two full years make it difficult to select a different target (2016/17 = 1.58, 2017/18 = 0.84).	Improve compliance in Internal Responsibility System, specifically related to risk/incident reporting and follow-up	Improve communication between Manager, workers, and Occupational Health Safety staff re: risk incident reports, investigations, and mitigating actions	% of eligible incident files closed within 30 days and that can result in a closure letter being sent. (eligible = files that have Manager follow-up and mitigation plans)	90%	Carry over from 2018/10. Currently at 79%
												increase % of Managers investigating/responding to incident reports automatically (without H & S reminders).	100%	A six month audit up to December 31, 2018 shows performance at 81%
		Workplace Violence Severity (Lost time claim days per 100 full time equivalents)	C	Rate / Worker		972*	33.87 Q3 YTD	37	Maintain current target. Inconsistent results over the last two full years make it difficult to select a different target (2016/17 = 6.41; 2017/18 = 39.16)	See work plans for (1) workplace violence frequency (2) reducing acute control restraint use and (3) physical / mechanical restraint use				
	Safe care	Percentage of quarterly clinical assessments indicating acute control medication use (i.e., chemical restraint)	C	% / Mental health patients		972*	1.9% Q3 YTD	< 3	Continue to improve from 2018/19 target of 4% . Waypoint has been under 3% for the last 2 years and leads performance among peers. Quality Risk Safety Plan target for 2023 is to use few acute control medications than 75% of peers.	Spread the evidence-based Safe Wards program	Provide staff training	Percentage of priority Safe Wards interventions implemented on target units	100%	Safe Wards mitigates factors influencing rates of conflict meaning all those patient behaviours that threaten their safety or the safety of others (violence, suicide, self-harm, etc.), and containment on units meaning all the things staff do to prevent those events from occurring or seek to minimize the harmful outcomes (e.g. violence, special observation, seclusion, etc.).The Safe Wards model indicates that there are a set of conflict originating factors that can give rise to specific flashpoints which can then trigger a conflict incident. The Safe Wards model depicts six domains of originating factors: the staff team, the physical environment, outside hospital, the patient community, patient characteristics and the regulatory framework. Staff can influence rates of conflict and containment by reducing or eradicating the factors that contribute to them, preventing flashpoints that arise from them and cutting the link between flashpoints and conflict. Conflict and containment can be reduced if there is action on a multitude of fronts.
		Percentage of quarterly clinical assessments indicating physical/mechanical restraint use	C	% / Mental health patients		972*	11.7% Q3 YTD	9	Maintain current target. Quality Risk Safety Plan target for 2023 is to use fewer such restraints than 50% of peers. Performance of all peers recently under 4%. Data for 2019/20 will vary from previous years as we have recently moved to collecting data directly from EHR	Spread the evidence-based Safe Wards program	Provide staff training	Percentage of priority Safe Wards interventions implemented on target units	100%	Safe Wards mitigates factors influencing rates of conflict meaning all those patient behaviours that threaten their safety or the safety of others (violence, suicide, self-harm, etc.), and containment on units meaning all the things staff do to prevent those events from occurring or seek to minimize the harmful outcomes (e.g. violence, special observation, seclusion, etc.).The Safe Wards model indicates that there are a set of conflict originating factors that can give rise to specific flashpoints which can then trigger a conflict incident. The Safe Wards model depicts six domains of originating factors: the staff team, the physical environment, outside hospital, the patient community, patient characteristics and the regulatory framework. Staff can influence rates of conflict and containment by reducing or eradicating the factors that contribute to them, preventing flashpoints that arise from them and cutting the link between flashpoints and conflict. Conflict and containment can be reduced if there is action on a multitude of fronts.
										Reduce patient room extractions	Implement leading international practices	# of planned room extractions	collecting baseline	We have work to do on accurately capturing the number of planned patient room extractions. Current performance is derived from a proxy measure related to the number of times that relevant safety equipment is signed out from the Forensic Security Office. As a consequence, we are not capturing either (1) the instances that equipment was deployed but not required (i.e., over-reporting), or the number of times safety equipment was signed out and used for multiple extractions (i.e., under-reporting). There is considerable effort underway to implement new practices
										Decrease time patients spend in seclusion	Assign seclusion relief team to assist and escort patients in long term seclusion	Average weekly hours of seclusion relief offered to patients on eligible programs	50 hours per week	Initial program has scheduled staff to provide approximately 8 hours seclusion relief per day, seven days per week. Initial rollout has been successful with very few cancellations.
		Decrease time patients spend in seclusion	Ethical reviews including participation from an external hospital ethicist to review select patient cases with the clinical team	Percentage of identified cases reviewed every 60 days, as per policy	100%	Maintain current performance at 100%								



AIM		Measure								Change				
Quality dimension	Issue	Measure / Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
										Decrease time patients spend in seclusion	External psychiatric consultations to review select patient cases with the clinical team	Percentage of identified cases reviewed according to predetermined timelines (TBD)	100%	New process for 2019-20
										Decrease time patients spend in seclusion	Improve access to reliable data through newly developed restraint and seclusion database and reports	Measure under development	TBD	Continue to develop a new process for 2019-20
										Investigate pharmacogenomics services through a research project	Participate in genetic testing according a research protocol (to be determined)	# patients enrolled	TBD	Related to a research initiative