

Theme I: Timely and Efficient Transitions | Efficient | Custom Indicator

Indicator #3	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Percentage of patients with first follow up outpatient* appointment after discharge from inpatient service within 7 days (*Includes Waypoint Outpatient Services only)	75	85	79	--

Change Idea #1

Find efficiency through co-location with partners serving youth

Target for process measure

- Target to be determined

Lessons Learned

Building completion delayed. Co-location anticipated in spring 2020

Change Idea #2

Find efficiency through co-location with partners serving clients we share

Target for process measure

- To be determined

Lessons Learned

Building completion delayed. Co-location anticipated in spring 2020

Change Idea #3

Implement a patient navigation model

Target for process measure

- To be determined

Lessons Learned

Building completion delayed. Co-location anticipated in spring 2020

Change Idea #4

Improve discharge communication with community partners

Target for process measure

- 90% of 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.

Lessons Learned

This accreditation standard is now well established practice and is being sustained very well by the Acute Assessment Program which sees by far the greatest volume of discharges.

Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator

Indicator #6	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
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.	10.81	10.50	11.37	10.80

Change Idea #1

Increase staff and physician awareness of how early discharge planning can impact ALC days

Target for process measure

- 30 staff & physician will participate in educational discussions specific to early discharge planning and ALC

Lessons Learned

This was partially addressed. A focus on Horizon's (Geriatric Psychiatry Program) ALC rounds. A program Physician has agreed to be the ALC Physician Champion and will be engaged around role and education planning for physicians

Change Idea #2

Standardize the process of setting expected discharge date (EDD)

Target for process measure

- Yes the process is developed and implemented

Lessons Learned

A query was incorporated into the Recovery Plan of Care discharge planning section. The query information in the query is not reliably accurate. Recommend for next year that we measure the accuracy of the EDD compared to actual discharge date and share this info monthly with the Regional clinical programs.

Change Idea #3

Increase patient and family participation in care planning including Expected Data of Discharge (EDD)

Target for process measure

- 50% of ALC patients with relevant info documented and communicated.

Lessons Learned

The EDD for ALC patients is dependent on finding housing so is difficult to predict long range. Patients and families are engaged by clinicians and providers regarding their discharge plan and given copies of their Recovery Plan of Care.

Theme II: Service Excellence | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Percent positive response to the OPOC survey question "I think the services provided here are of high quality"	77	85	72	--

Change Idea #1

Improve the therapeutic programming (multi-year project)

Target for process measure

- Y/N the Evidence-based Advisory Council completed a review of therapeutic program inventory, conduct a gap analysis, and provide recommendations regarding gaps and potential efficiency in service delivery

Lessons Learned

The Evidence-Based Practice Advisory Council completed an inventory of purported therapeutic services offered to patients in each program. The council continues to engage clinical programs to identify those therapeutic services grounded in evidence, and to increase the proportion and / or consistent implementation of such services offered e.g., introducing Safewards; HQO quality standards for schizophrenia (inpatients)

Change Idea #2

Embed Recovery Plan of Care (All Programs)

Target for process measure

- 75% EDD documented/updated monthly (Regional Programs only)

Lessons Learned

The patient Recovery Plan of Care was introduced in all program areas. Increasing adoption and compliance is contingent on ongoing education, application and positive reinforcement for staff and leaders

Change Idea #3

Implement schema-focused therapy

Target for process measure

- 3 of staff trained as Advanced Therapists Total 10 of staff trained in basic SFT / 10 of clients receiving the therapy"

Lessons Learned

30 Clinicians trained in the delivery of schema-focused therapy. Supervision with the trainer arranged for the 10 individuals who took the advanced training under the leadership and direction of a Waypoint psychiatrist. The goal of this service is to provide an effective treatment for individuals struggling with emotion regulation/dysregulation. Outcome indicators are being developed to help assess effectiveness of therapy

Change Idea #4

Implement Reasoning & Rehabilitation model (High Secure Provincial Forensic Programs)

Target for process measure

- 100% of eligible Waypoint staff seeking Trainer Certification 100% of all eligible rehab patients have a completed LSI-R on file TBD
% of High Secure Provincial Forensic Programs implementing this program

Lessons Learned

The planning process used with the pilot unit was effective for spread planning – biweekly leads meetings, planning template, education sessions and materials for staff. One challenge was completion of the Level of Service Inventory (LSI-R) patient assessments. It is anticipated that this will be a challenge as the model is spread to more High Secure Provincial Forensic Programs.

Change Idea #5

Spread Concurrent Disorders programming

Target for process measure

- 50% of High Secure Provincial Forensic Programs will implement Concurrent Disorder groups

Lessons Learned

Concurrent disorders programming was expanded to all High Secure Provincial Forensic Programs that have addiction/concurrent disorders staff in place to support the work.

Change Idea #6

Continue the Cultural Competence research project

Target for process measure

- 5 recommendations made in final report 4 presentations on final report (internal & external) 100% of recommendations with a proposed plan (further exploration, implementation, etc.)

Lessons Learned

This project is not a typical quality improvement project, in that it was not designed to make changes to any existing services, practices, or policies. However, it did make an impact in that it improved our relationships with local Indigenous organizations and community members, by including them in the design, execution, analysis and interpretation of the research. This project will make further impact in that it will lead to additional research and more traditional quality improvement projects, suggested through the results and recommendations. These recommendations included: making cultural safety visible throughout the buildings (e.g., signs with commitment to cultural safety, etc.), and providing targeted education for staff and leaders on how to promote and sustain cultural safety. If other organizations are considering ways to improve their Indigenous cultural safety, we recommend working with Indigenous partners, and allowing them to define what cultural safety means to them and how best to go about achieving it. Each community may have different ideas about that, and every organization may be at a different point in their journey. However, in every case, initiating an Indigenous co-led project is the first step in embracing the spirit of the change: relationship-building, trust, inclusion, knowledge sharing, and reducing systemic and structural power hierarchies.

Change Idea #7

Increase staff knowledge and awareness of cultural competence and safety regarding patient care

Target for process measure

- 100% of active staff will have completed the Human Rights (Creed-based) e-learn by June 30 2019

Lessons Learned

A human Rights E-learn was launched with an emphasis on cultural safety with a requirement that all Waypoint staff achieve an 80% success rate. We also provided Indigenous Cultural Safety training to the advanced level for 30 clinicians, and basic training for another 30 staff. Cultural Safety is an element in all clinical ethics consultation that occurs across the hospital.

Theme III: Safe and Effective Care | Safe | Mandatory Indicator

Indicator #1	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	347	326	286	286

Change Idea #1

See work plans for (1) workplace violence frequency (2) reducing acute control restraint use and (3) physical / mechanical restraint use

Target for process measure

- See work plans for (1) workplace violence frequency (2) reducing acute control restraint use and (3) physical / mechanical restraint use

Lessons Learned

No lessons learned entered

Theme III: Safe and Effective Care | Safe | Custom Indicator

Indicator #4	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Percentage of quarterly clinical assessments indicating acute control medication use (i.e., chemical restraint)	1.90	3	0.80	--

Change Idea #1

Spread the evidence-based Safe Wards program

Target for process measure

- 100% of of priority Safe Wards interventions implemented on target units

Lessons Learned

The implementation of Safewards required steady daily focus and dedicated champions and managers to educate, role model, implement and sustain the Safewards modalities. Safewards has served to further strengthen the patient staff therapeutic relationship by increasing engagement; reinforcing patient staff partnership in recovery; the promotion of a safe environment; and decreasing risk of harm. From a change management perspective, some staff questioned the value of the program in the absence of clear empirical evidence for its efficacy in with specific patient groups. Our research and knowledge translation team was engaged to help assess the efficacy in the pilot areas. The roll-out has taken longer than anticipated because of competing priorities and staffing challenges. A sustainable and ongoing staff training plan is required.

Indicator #5	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Percentage of quarterly clinical assessments indicating physical/mechanical restraint use	11.70	9	10.10	--

Change Idea #1

Spread the evidence-based Safe Wards program

Target for process measure

- 100 % of priority Safe Wards interventions implemented on target units

Lessons Learned

The implementation of Safewards required steady daily focus and dedicated champions and managers to educate, role model, implement and sustain the Safewards modalities. Safewards has served to further strengthen the patient staff therapeutic relationship by increasing engagement; reinforcing patient staff partnership in recovery; the promotion of a safe environment; and decreasing risk of harm. From a change management perspective, some staff questioned the value of the program in the absence of clear empirical evidence for its efficacy in with specific patient groups. Our research and knowledge translation team was engaged to help assess the efficacy in the pilot areas. The roll-out has taken longer than anticipated because of competing priorities and staffing challenges. A sustainable and ongoing staff training plan is required.

Change Idea #2

Reduce patient room extractions

Target for process measure

- collecting baseline

Lessons Learned

We completed a current state mapping of our current planned room extraction process, from the time a decision is made to extract a patient to the time the debriefing is completed. Following the receipt of an external expert report, a future state mapping session was conducted and a phased implementation plan developed and initiated. E.g. Created a Manager checklist that includes the various reasons for an extraction (e.g. Self-harm)

Change Idea #3

Decrease time patients spend in seclusion

Target for process measure

- 50 hours per week

Lessons Learned

We assigned a dedicated seclusion relief team to assist and escort patients in long term seclusion. At times, it was difficult schedule the appropriate types and/or numbers of staff to deliver the service. Though, the team has been impactful and is key ongoing part of the standard work on Beckwith.

Change Idea #4

Decrease time patients spend in seclusion

Target for process measure

- 100% of identified cases reviewed every 60 days, as per policy

Lessons Learned

Ethical reviews including participation from an external hospital ethicist to review select patient cases with the clinical team. Consistently completed, hard to schedule at times as requires a manager or director of the program to be present for the meeting, tracking system in place

Change Idea #5

Decrease time patients spend in seclusion

Target for process measure

- 100% of identified cases reviewed according to predetermined timelines (TBD)

Lessons Learned

External psychiatric consultations to review select patient cases with the clinical team. Consultations has not yet started as a results of scheduling challenges and competing priorities for the external psychiatrists. Pending schedule confirmation, we planning to begin these consultations by March 20, 2020.

Change Idea #6

Decrease time patients spend in seclusion

Target for process measure

- To be determined

Lessons Learned

Improve access to reliable data through newly developed restraint and seclusion database and reports. Database has technical issues at times, requires manager diligence.

Change Idea #7

Investigate pharmacogenomics services through a research project

Target for process measure

- To be determined

Lessons Learned

The proposed project is currently working the Research Ethics Board process.

Indicator #7	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Workplace Violence Frequency (Lost time claims per 100 full time equivalents)	2.31	0.93	2.25	--

Change Idea #1

Improve compliance in Internal Responsibility System, specifically related to risk/incident reporting and follow-up

Target for process measure

- (1)90% 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) (2) 100% of Managers investigating/responding to incident reports automatically (without H & S reminders).

Lessons Learned

1. Occupational Health maintained an indicator that measured Incident Follow-up. Specifically, we measures % of files with Follow-up and Mitigation Strategies in place in writing when file was closed. This was put in place to identify areas that may not be adding follow-up to the file, or that may not be implementing strategies to reduce the likelihood of the event happening again.
2. QIP Indicator was in place that measured # of Workplace Violent Incidents across the Hospital. Further analysis of this indicator identified programs that were major contributors to this indicator. A collaboration between N. Pilon and J. Mace led to identification of specific quality improvement initiatives on both Bayview and Horizons (N. Pilon developed a targeted A3 for each program that specifically identified potential contributing factors to incident rates and strategies to reduce the impact of those factors).

Indicator #8	Last Year		This Year	
	Performance (2019/20)	Target (2019/20)	Performance (2020/21)	Target (2020/21)
Workplace Violence Severity (Lost time claim days per 100 full time equivalents)	33.87	37	27.42	--

Change Idea #1

See work plans for (1) workplace violence frequency (2) reducing acute control restraint use and (3) physical / mechanical restraint use

Target for process measure

- See work plans for (1) workplace violence frequency (2) reducing acute control restraint use and (3) physical / mechanical restraint use

Lessons Learned

No lessons learned entered