This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.
Part A:
Overview of Our Hospital’s Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for hospitals to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual hospital. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your hospital and even more broadly with other initiatives underway in your hospital and across the province. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

Please refer to the QIP Guidance Document for more information on completing this section.

In completing this overview section of your hospital’s QIP, you may wish to consider including the following information:

- Provide a brief overview of your hospital’s QIP.
- Describe the objectives of your hospital’s QIP and how they will improve the quality of services and care in your hospital.
- Describe how your plan aligns with other planning processes in your organization.
- Describe how your plan takes into consideration integration and continuity of care.
- Describe any challenges and risks that your hospital has identified in the development of their plan.

Consistent with its vision, Waypoint’s Quality and Safety Framework underscores a corporate commitment to a culture of continuous and measureable improvement with respect to safety and quality care. The Framework, endorsed by the Senior Management Team in January 2011, describes a vision for safe and high quality care, and summarizes key structures and process to achieve this vision.

The Framework applies to all Waypoint programs and services, and can be used by all staff and managers to improve, monitor, build evidence about, and/or advocate for further improvements in safety and quality dimensions. It has been designed as a flexible document that can be used in different ways according to needs and circumstances:

- as the basis for developing safety and quality plans
- as the basis for policy development
- to review current quality improvement activities
- to design and revise goals for improvement
- to analyze safety risks and potential solutions
- as a teaching and educational tool to provide an overview of the core concepts in the safety and quality to promote discussion and engagement with consumers, clinicians, managers and researchers about opportunities to contribute to safety and quality improvement

Conceptually, Waypoint’s quality and safety vision is supported by corporate values and strategic directions, and incorporates processes/practices for ethical discernment, risk management, utilization management, performance measurement, patient, staff and environmental safety, and quality improvement. It lays the foundation to:
• connect strategic directions with tactical planning
• provide a vital link between the dimensions of safety
• establish Waypoint’s foundation as an academic health sciences centre, and
• provide quality services and support to patients and their families, the community and our staff

In summary, Waypoint is committed to:
• Defining high quality care
• Creating a positive patient experience
• Ensuring that we are responsive and accountable to the public
• Working in partnership with others to ensure continuity of care and to provide smooth transitions for patients and families
• Holding our executive team accountable for its achievement; and
• Being transparent

Aims and Measures

Waypoint has identified six Priority initiatives for 2012/13:

We will provide safe and quality care by:
• Reducing use of physical restraints; we will achieve a 5% reduction
• Improving medication reconciliation for patient discharges; we will ensure 100% reconciliation on a designated program

We will ensure the effective use of hospital resources by:
• Maintaining organizational financial health; we will achieve a total margin greater than or equal to 0

We will improve access to mental health services by:
• Reducing wait time for admission to Homes for Special Care; we will reduce Wait 1 to 3 by 10%

We will improve patient-centredness by:
• Improving patient satisfaction; we will achieve a 5% improvement in Very Good and Good overall patient satisfaction rating on care received

We will improve system integration by:
• Reducing unnecessary hospital readmissions; we will reduce the readmission rate within 30 days for regional tertiary non-forensic patients by 10%

One additional Aim is identified for 2012/13 as follows:

We will improve system integration by:
• Reducing unnecessary time spent in mental health care by reducing ALC days; we will reduce percentage of ALC regional tertiary patient days waiting for long term care by 5%
Alignment with other Planning Processes

These indicators and initiatives are consistent and aligned with a number of quality and safety initiatives:

<table>
<thead>
<tr>
<th>Provincial Initiatives</th>
<th>Patient Satisfaction/Experience Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Canada</td>
<td>Medication Reconciliation</td>
</tr>
<tr>
<td>LHIN/HSAA</td>
<td>Total Margin</td>
</tr>
<tr>
<td>Ontario Mental Health and Addictions Quality Initiative</td>
<td>Physical Restraints</td>
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<td>Total Margin</td>
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<td></td>
<td>Patient Satisfaction/Experience Survey</td>
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<tr>
<td></td>
<td>ALC</td>
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Challenges, Risks and Mitigation Strategies

An overarching challenge in achieving the identified targets is limited resources, both human and financial.

Our target includes achieving a total margin greater than or equal to 0. Based on our budget projections, this will only be accomplished if we receive industry standardization funding from the Ministry of Health and Long-Term Care, consistent with the experience of the other provincial psychiatric hospitals, to support wage negotiations which occurred post divestment from the provincial government.

Waypoint has embarked on a Clinical Services Planning process to guide future programming and services. As part of this process we are formally adopting a philosophy of recovery and further fostering a culture of least restraint. The Least Restraint Committee has identified that our clinicians require knowledge about trauma informed care, and education and training on alternative therapeutic strategies to manage difficult, aggressive and violent behavior. New tools will be developed to support the culture of least restraint and to promote staff and patient safety.

Although Medication Reconciliation on admission has been successfully implemented for several years, expansion of this initiative to patient discharges may be at risk as a result of challenges recruiting pharmacy staff.

This will be the inaugural use of the Patient/Client Experience Survey tool developed by Accreditation Canada for the mental health population. There may be challenges identified with the tool or process. This survey tool was earlier piloted by our colleagues at the Centre for Addiction and Mental Health (CAMH) and we are working with CAMH and the two other free standing psychiatric hospitals (Royal Ottawa and Ontario Shores) to develop a standardized approach, methodology and analytical framework to allow for peer comparisons and benchmarking. This will create some challenges in coordinating efforts and controlling variables but is part of an overall commitment which all four organizations have endorsed to
working together as a sector to enhance quality of care and service delivery for the mental health population.

Although Waypoint has managed to reduce Regional Tertiary Alternative Level of Care (ALC) for Long Term Care (LTC) by 14.6% at the end of Q3 for 2011-12 relative to 2010-11, our % ALC is significantly lower than in other North Simcoe Muskoka LHIN (NSM LHIN) hospitals and there may be little room for further improvement. Another risk is reduced LTC capacity with the closure of 26 interim LTC beds at the IOOF LTC facility in Barrie which is scheduled for September 2012. Further improvement may be realized through a process quality improvement initiative that is already underway in collaboration with the CCAC and facilitated through the NSM LHIN. The impending introduction of mobile behavioural support teams in the NSM LHIN may also assist.
Part B: Our Improvement Targets and Initiatives

Purpose of this section: Please complete the “Part B - Improvement Targets and Initiatives” spreadsheet (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP Short Form package for submission to HQO (QIP@HQOntario.ca), and to include a link to this material on your hospital’s website.

[Please see the QIP Guidance Document for more information on completing this section.]
Part C: The Link to Performance-based Compensation of Our Executives

The purpose of performance-based compensation related to ECFAA is to drive accountability for the delivery of quality improvement plans (QIPs). By linking achievement of targets to compensation, organizations can increase the motivation to achieve both long and short term goals. Performance-based compensation will enable organizations to ensure consistency in the application of performance incentives and drive transparency in the performance incentive process.

Please refer to Appendix E in the QIP Guidance Document for more information on completing this section of the QIP Short Form. The guidance provided for executive compensation is also available on the ministry website.

Manner in and extent to which compensation of our executives is tied to achievement of targets

[Compensation should be linked to targets for the CEO and those members of the senior management group who report directly to the CEO, including the chief of staff (where there is one) and the chief nursing executive. Members of the senior management team who do not fall under the definition of “executive” as listed in the regulations (i.e. those not reporting directly to the CEO) may also be included in performance-based compensation, at the discretion of the organization. Please refer to the regulation (Ontario Regulation 444/10) and the guidance on executive compensation available from the ministry’s website.]

Our executives’ compensation is linked to performance in the following way:

Five indicators will be tied to executives’ compensation:

- Medication Reconciliation on Patient Discharge
- Financial Health/Total Margin
- Wait Times for Homes for Special Care
- Patient Satisfaction/Experience
- Readmission within 30 days

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/CEO
- Psychiatrist in Chief
- Executive Vice-President Clinical Services
- Vice-President Corporate Services
- Vice-President Human Resources and Organizational Development
- Vice-President Research and Academics

The amount of pay based on performance is:

- President/CEO – 3%
- Psychiatrist in Chief – 1%
- All other VP positions eligible for variable compensation – 3%
All individuals will be held accountable for achieving the five Priority indicators tied to compensation, and each indicator will have an equal weighting.

Following the completion of fiscal 2012/13, 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 CEO for direct reports.
Part D: Accountability Sign-off

[Please see the QIP Guidance Document for more information on completing this section.]

I have reviewed and approved our hospital's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*. In particular, our hospital's Quality Improvement Plan:

1. Was developed with consideration of data from the patient relations process, patient and employee/service provider surveys, and aggregated critical incident data
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning processes and considers other organizational and provincial priorities *(refer to the guidance document for more information)*.

John McCullough  
*Board Chair*

Roger Robitaille  
*Quality Committee Chair*

Carol Lambie  
*Chief Executive Officer*