

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

February 12, 2025

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 dedicated to providing excellence in specialized mental health and addiction services, underpinned by research, education, and faith-based values. Our mission is to be a transformative organization that leads the delivery of compassionate care, positively impacting the lives of those we serve.

As a fully accredited hospital with over 300 beds, Waypoint serves as Ontario Health Central region's primary provider for specialty mental health care. It is home to Ontario's only high-secure forensic mental health programs and offers a comprehensive range of acute and long-term psychiatric inpatient and outpatient services, as well as specialized geriatric care.

Waypoint's Strategic Plan for 2023-2026 focuses on three main priorities: Serve, Discover, and Lead. These priorities are supported by five enabling plans that guide our efforts over the next two years. Our Quality, Risk, and Safety Enabling Plan sets the direction for delivering high-quality, integrated care in mental health, addiction, and specialized geriatric services. We aim to drive continuous improvement through evidence-based practices, enhance patient and staff safety, and foster an environment conducive to delivering exceptional care. As part of this, Waypoint is undergoing a new strategic planning process for 2026, ensuring that our efforts remain aligned with the changing healthcare landscape.

NEW: Access and Flow

Waypoint is actively involved in multiple quality improvement projects aimed at optimizing system capacity, ensuring timely access to care, and enhancing patient flow. A primary focus is on discharge coordination and reducing Alternate Level of Care (ALC) days. In partnership with external multidisciplinary teams, Waypoint collaborates with regional organizations like Ontario Shores and The Royal, as well as other healthcare providers, to improve ALC strategies.

Key initiatives include the **Waypoint At Home Program**, which supports patients post-hospitalization to ensure smooth transitions and reduce ALC, emergency department visits, and readmissions. Additionally, the **Urgent Outpatient Psychiatry Consultation** program offers urgent mental health consultations to seven non-Schedule 1 hospitals in our region, improving access to care and minimizing unnecessary hospital admissions.

Waypoint is also leading efforts to develop a **Regional Coordinated Access System** for mental health and addictions (MH&A) services. This initiative, still in the planning stages, will provide individuals and families with a single entry point for services, ensuring they are matched with the most appropriate care in their community.

In addition, Waypoint continues to build innovative housing partnerships to address systemic gaps, ensuring individuals have access to housing and essential services. We remain committed to working closely with housing and service providers and governmental bodies to enhance care coordination.

Equity and Indigenous Health

Waypoint is committed to advancing health equity for patients, clients, staff, and community members. In 2024, we were recognized as one of the three finalists for the Increased Equity Award through the Ontario Health System Quality and Innovation Awards. Our continued efforts focus on building and sustaining relationships with Indigenous partners and equity-deserving groups through the **Indigenous Health Circle** and community engagement sessions. Feedback from these groups is tracked, ensuring actions are taken based on their input, and participants are informed about the improvements made.

Waypoint plans to develop a **Language and Culture Repository**, which aims to enhance cultural safety for patients by providing opportunities to connect with staff who share similar cultural backgrounds. The **Equity, Diversity, and Inclusion (EDI) Task Force** will drive initiatives such as offering a wider variety of cultural foods and personal care products to meet the diverse needs of patients. Furthermore, Waypoint will continue Indigenous Cultural Safety Training for staff, in collaboration with the Regional Indigenous Cultural Safety Coordinator and the Barrie Native Advisory Circle.

Waypoint's **2025/26 EDI Strategy and Work Plan** will detail further projects aimed at improving equity and Indigenous health, ensuring that cultural and linguistic needs are met while fostering a diverse and inclusive environment for all.

Patient/Client/Resident Experience

The **Patient/Client & Family Council (PCFC)** is an independent, non-profit organization made up entirely of service users and family members. PCFC collaborates with Waypoint Centre for Mental Health Care on various initiatives, with a key focus on gathering and sharing the experiences of clients and their families. PCFC connects with clients through one-on-one conversations, surveys, focus groups, community meetings, and specific consultation activities.

Waypoint integrates the insights of service users and families by including Council members on all patient-focused committees, working groups, and quality improvement teams across the hospital. This involvement starts at the highest level, with Council membership on Waypoint's Quality Committee and Leadership Team. At these meetings, PCFC begins each session by presenting a patient story, ensuring that the work that follows remains focused on the patient experience. PCFC's role continues through active participation in clinical business reviews, regional initiatives, hospital-wide efforts, and program-level activities aimed at improving the patient experience.

Waypoint is committed to using patient feedback to drive ongoing quality improvements. In partnership with Waypoint, the Council surveys patients monthly, leveraging trusted, peer-based relationships to create safe spaces for honest communication while ensuring patient anonymity. Moving forward, Waypoint aims to directly translate survey results into tangible actions, so patients can see how their voices are leading to real change. PCFC will continue to amplify the voice of patients, strengthening connections across Waypoint and the broader community to support ongoing, patient-centered improvements.

Provider Experience

Waypoint is dedicated to enhancing the experience of its staff, with a focus on recruitment, retention, and ongoing development. In 2025/26, we will attend recruitment events tailored to meet internal hiring needs, and evaluate the effectiveness of financial incentive programs, such as relocation assistance and hiring bonuses.

Retention efforts include improving onboarding for new hires, with an extended mentorship and training model designed to support clinical staff for up to two years. A tailored **Resilience Model** will also be introduced to support staff well-being, offering resilience training specific to the needs of clinical professionals. These initiatives are part of Waypoint's commitment to fostering a supportive and sustainable workforce.

To strengthen workplace culture, Waypoint will continue to gather feedback through engagement surveys, using a modernized platform (Qualtrics) to pulse the organization. Action plans based on survey results will be monitored, with leadership development programs underway to cultivate compassionate, servant leaders who will drive improvements across the organization.

Safety

Patient safety is a core priority at Waypoint, and we continuously work to improve safety through initiatives such as the **Good Catch Program**. This program encourages staff to report near-miss incidents, helping to identify potential risks before they result in harm. By fostering a culture of proactive safety, Waypoint aligns with the principles of **Healthcare Excellence Canada's Rethinking Patient Safety report**, which emphasizes system-wide engagement and early identification of safety issues.

To complement this, **safety huddles** are being integrated across clinical programs, allowing teams to discuss potential risks, review near-misses, and collaborate on solutions. This initiative enhances communication, problem-solving, and a shared commitment to safety.

Waypoint is also participating in Ontario Health's **Never Events** reporting initiative, ensuring transparency and accountability in the prevention of critical incidents. These efforts work together to

create a culture of safety that benefits both patients and staff, reinforcing the importance of a collaborative approach to continuous safety improvement.

Population Health Management

Waypoint is deeply committed to improving population health through strategic collaborations and initiatives. The **Central Ontario Specialized Health (COSH) Network** is one such initiative, focused on regional system planning for 2025/26. This network uses healthcare data to inform improvements and priorities. Additionally, Waypoint supports **seven Ontario Health Teams**, including as a member of the joint executive table of the **Couchiching Ontario Health Team**, which prioritizes the social determinants of health.

Waypoint's population health initiatives include developing an integrated digital platform for physicians to screen patients for anxiety and depression and connect them directly with appropriate services. This platform takes a lifespan approach, addressing both child and youth mental health as well as adult care needs. Furthermore, Waypoint is involved in the **1Door.ca** initiative, a single online portal that simplifies appointment booking and information sharing for individuals and families seeking mental health support.

In addition, Waypoint is focused on fostering regional integration of specialized services, building capacity for population health approaches, and supporting education and training for those delivering care in the community. Current priorities include developing integrated care pathways for anxiety and depression and implementing a regional older adults strategy.



NEW: Palliative Care

Waypoint has revitalized its **Palliative Committee** to meet the statements within the **Quality Standard for Palliative Care**. This year, we have finalized a **care partner agreement** with the **North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN)** to streamline pain and symptom management consultations for patients. This collaboration improves the process for clinical staff to request palliative support.

Waypoint is also integrating comfort care and end-of-life order sets into its electronic health record system, enhancing the accessibility of palliative care resources. We are working to create a comprehensive intranet page where all employees can access key palliative care resources, regardless of their role.

Looking ahead, Waypoint will identify and train **palliative care champions** among frontline staff, develop a formal palliative education program, and establish palliative care carts equipped with educational resources for patients and families. This initiative will also focus on creating systems for early identification of patients who would benefit from palliative care and ensure integration into standard workflows for providers.

Contact Information/Designated Lead

Dawn Major

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Executive Compensation

For 2025-26, 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 (rate of incidents) and Severity (lost time claims)

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
- Vice President, Medical Affairs and Chief of Staff
- Senior Vice-President, Clinical Services 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 2025-2026, 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.

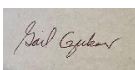
Sign Off

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



Quality Committee of the Board - Chair



President & Chief Executive Officer



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
Issue																		
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 inpatient's feelings of safety at Waypoint by March 31st, 2026	Patient Experience	Percent positive responses to the annual PEP survey question "I felt safe in the facility at all times"	Dawn Major Nick West/ Yaakov Kelikhis	C	Inpatient population	2025/26 Annual OPOC/Monthly PEP Survey		72% 2023/24 Annual OPOC Survey	82% FY 25/26 (April 1 2025 - March 31 2026) PEP Survey Data	10% improvement in % positive response over 23/24 OPOC performance based on 24/25 OPOC/ YTD PEP performance of 76% (6% improvement)		Develop process for patients to bring forward safety risks anonymously Bringing patient voice to daily safety huddles by addressing patient identified safety risks Realign Just Culture eLearn to new adopted framework and policy Continue to build on Tiered Mentorship Model to reach desired level of Clinical Mentors	QJT to develop process Add item on script template to allow space for patient risks to be discussed Update eLearn content and assign annually to all staff via eLearning platform Recruitment and training of clinical mentors	# of patient identified risks brought forward anonymously # of patient identified risks at safety huddles % of staff compliance with new Just Culture eLearn # of clinical mentors in place	Manual tracking by PS/QI Coordinators (K.Wright & K. Dininio) Manual tracking by PS/QI Coordinators (K.Wright & K. Dininio) Entire hospital staff population ELearning system Kelly Taylor Manual Tracking by Clinical Education L. Naumann	2 per month or 24 per year 2 per month or 24 per year 90% 60	Collecting Baseline Collecting Baseline Elearn to be launched in Q4 2024/25 21 mentors in place and another 12-14 being trained in Feb 2025	Katie Wright Katie Wright Katie Wright / Kelly Taylor Laura Nauman
Strengthen the diversity in our staff, address inequalities, engage our communities, and support equitable health outcomes by March 31st, 2026.	Equity	Percent positive responses to the annual PEP survey question "Staff were sensitive to my cultural needs (e.g. language, ethnic background, race)."	Jessica Ariss/ Rob Desroches	C	Organization wide (inpatient and outpatient population)	2025/26 Annual OPOC/Monthly PEP Survey		81% 2023/24 Annual OPOC Survey	85% FY 25/26 (April 1 2025 - March 31 2026) PEP Survey Data	4% improvement in % positive response over 23/24 OPOC performance based on 24/25 OPOC/ YTD PEP (PEP is in patient only) performance of 82% (3% improvement)		Create a minimum of 2 affinity groups representing particular equity-deserving groups (e.g., Indigenous, 2S-LGBTQ+, people with disabilities) Staff affinity groups will plan and deliver cultural events for patients and staff (e.g., Truth and Reconciliation event, Pride Month event, Black History Month Event) Patients' Race, Ethnicity, and Language (ReaL) data is documented in Electronic Health Record Sexual Orientation and Gender Identity (SOGI) data is documented in Electronic Health Record Engage staff around the "Human Library Experience" and provide library cards to some staff.	Data captured through excel spreadsheet tracking Affinity groups will plan meaningful cultural events in their area of expertise EDI Dashboard (pulls this data from the Inpatient Admission Assessment) Engage staff around challenging stereotypes and increasing understanding of people who face prejudice or discrimination.	# of affinity groups and number of members in each group # cultural events implemented Evaluation form - Percentage of patients who report the event increased their cultural awareness and/or cultural safety % of patients with ReaL data reported % of patients with SOGI data reported Number of staff who participated in a "Human Library Experience"	Manual excel tracking - Nicole Robitaille Manual excel tracking - Nicole Robitaille BI Dashboard BI Dashboard Jessica Ariss - Manual tracking	2 groups with 5 members in each 2 events 80% or greater satisfaction rating 95% 95% 300	Collecting Baseline Collecting Baseline 81% - October 2024 (target achieved previously, drop in performance when process changed) 79% October 2024 (target achieved previously, drop in performance when process changed) 142	Nicole Robitaille Nicole Robitaille and Jess Ariss Jessica Ariss Jessica Ariss
Decrease harm associated with incidents of Violence and Aggression (severity 2-4) for our patients by March 31st, 2026.	Safe	Number of incidents of Violence and Aggression (severity 2-4)	Rob Desroches Chad Draper / Yaakov Kelikhis	C	Organization wide (inpatient and outpatient population)	SPIRIT Dashboard - Patient Safety		745 incidents for the 12 months ended Sep 30, 2024 SPIRIT	670 incidents of Violence and Aggression severity 2-4 10% reduction year over year for FY's 2024-25 and 2025-26	As per the 6 Core Strategies project lag measure 10% reduction year over year for FY's 2024-25 and 2025-26		Implement Forensic Care Assistants (FCAs) on all forensic in patient programs Integrate Safewards Enhancing Relational Safety and Security Awareness at onboarding Horizon Happiness project - integrate intervention into care plans Review current code white wireless system due to number of false codes related to ELPAS device and alarm fatigue	Recruitment and retention strategies Effective use of FCA's Relational Safety and Security component added to orientation (1.5hrs) and expanded to 3.5hrs in 2025 Acquire intervention and integrate utilization into RPOC Develop working group to evaluate effectiveness of current equipment and identify opportunities for improvement	# of active Forensic Care Assistants (FCAs) % of scheduled FCA hours worked by an FCA % of onboarded staff receiving 3.5hr training session on Relational Safety & Security (with Safewards component) # of times non-pharmalogical intervention is used for therapeutic engagement % of patients whose RPOC includes use of non-pharmalogical intervention # of false code white calls related to ELPAS	Manually tracked HR (Claudia Fein) SMART Report Tracking through orientation participation report (PS/QI Coordinators) Manual tracking Manual tracking SPIRIT system	50 100% 100% 5 days per week or 20 days per month 100% 173 (20% reduction)	9 as of November 15th 2024 Collecting Baseline First session held on November 5th (all FCA's received training) 120 FCAs received training Collecting Baseline Collecting Baseline 230 (Nov. 1 2023 - October 31 2024)	Nicole Jones/Claudia Fein Kausal Katie Wright Brittany Rutan Brittany Rutan Ryan Cole / Katie Wright
Decrease the frequency and severity of workplace violence by March 31st, 2026.	Safe	Workplace Violence Incidents Rate (HQO)	Josh Mace Rohit Tandon	C	Organization wide	SPIRIT & Management Reporter		Sept 30, 2024 - 12 month rolling result = 3.31% 23/24 Fiscal = 3.67% 22/23 Fiscal = 2.56%	3.0%	10% improvement over past performance. Acuity, HHR challenges anticipated to impact.		Incident mitigation strategies Increase staff competency Increase supervisor competency	Quarterly monitoring of A3's at JHSC Ensure 100% of all active staff are supported to attend training Enhancements to SPIRIT system and new reporting fields to improve data	# of Workplace Violence Incidents occurring on top contributing programs (Horizon & Bayview) % reduction % of staff completed competency training (TI, PRE & MoC additional training) % of files that had mitigations strategies shared back with staff % of events that included a debrief	SPIRIT system Manual tracking by Miranda Weicker (OD) SPIRIT system SPIRIT system	10% reduction 90% 100% 100% of required events	Q2 YTD - Horizon 55, Bayview 36 Horizon - +12%, Bayview +20% 85% Collecting Baseline (starting Dec 2 2024) Collecting Baseline (starting Dec 2 2024)	Josh Mace Josh Mace Josh Mace
		Lost Time Claims-wage loss benefits at 12 months (WSIB)		C	Organization wide	Manual tracking of WSIB Claims		Sept 30, 2024 - 12 month rolling result = 1.72% 23/24 Fiscal = 0.00% 24/25 Q2 YTD = 3.03% Past 6 year average 4.45% (Ontario Shores 13% past 6 months)	3.03%	Target based on 24/25 Q2 YTD performance								
Decrease repeat Emergency Department visits for patients discharged from Waypoint in patient program (30 days return visit) for mental health and addictions by reporting on March 31st, 2026.	Access & Flow	% of applicable Waypoint inpatient discharges that have a subsequent unscheduled ED visit for a MH&A reason within 30 days of their Waypoint inpatient discharge.	Rob Desroches/Dr. Young Rhonda Johnstone	C	Inpatient Discharges	Intelli-health	972	Q4 23/24 = 10.2%	9.20%	1% reduction/improvement Target based on 1% improvement over current performance		Implement tool and begin capturing data from At Home program to drive improvement Expand use of At Home program Increase # of Acute Assessment beds. Planned opening of new beds is September 2025 Optimize access to urgent outpatient psychiatry consults by increasing attendance rates	At Home program - assessing recovery goals from patient perspective Canadian Personal Recovery Outcome Measure (C-PROM) At Home program Redevelopment of level 3 Toanche Enhanced communication and information provided to clients including at discharge	# of clients who completed C-PROM at admission and discharge # of clients served through At Home program # of acute assessment beds in use by patients % of booked urgent outpatient psychiatry consult appointments attended	Tracking by Rhonda J. Manual Calculation - excel by R. Johnstone Manual tracking Manual Calculation - excel by R. Johnstone	30 72 clients served 40 80%	Collecting baseline 24 clients accepted to program as of Nov. 7th 2024 34 68% for October	Rhonda Johnstone Rhonda Johnstone Brittany Rutan Rhonda Johnstone