

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

January 27, 2026

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

In this section, you may wish to include a description of how your organization is working to improve care or an achievement that your organization is most proud of. This opening paragraph will set the context for what your organization will be working toward through QIP activities. Recommended length: 250 words

Waypoint is a Catholic hospital committed to providing excellence in specialized mental health, addiction, and geriatric services, grounded in research, education, and faith-based values. Our mission is to be a transformative organization that delivers compassionate care and positively impacts 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 of specialty mental health care. In addition to Ontario's only high secure forensic mental health programs, Waypoint delivers specialized geriatric mental health services that extend beyond inpatient care, supporting older adults with complex psychiatric, cognitive, and medical needs across inpatient, outpatient, and community-based settings. These services address dementia-related behavioural challenges, late-life mental illness, and functional decline, with a focus on interdisciplinary assessment, stabilization, consultation, and coordinated transitions in partnership with community providers.

In 2026, Waypoint launched its 10-Year Strategy, *Transforming Care, Driving Research, Building Healthier Communities*, which sets a bold and clear direction for the organization. By 2035, Waypoint aims to be an internationally renowned centre of excellence for mental health, addictions, and geriatric care, recognized for the effectiveness of our care, the impact of our research, and our influence on the healthcare system. This strategy is organized around four strategic directions: Serve, Discover, Lead, and Inspire, where Serve is founded on the delivery and advancement of high-quality and safe care driven by data and evidence.

The integrated planning process helps deploy multi-year strategic priorities and features quality improvement goals and initiatives that flow naturally from the strategy – not alongside it. Where appropriate, core indicators have been maintained to support stability of focus and allow emerging initiatives the time required to demonstrate meaningful impact. This includes system level efforts related to access, safety, equity, patient experience, and workforce capacity that continue to mature across the continuum of care.

Access and Flow

Ensuring good access and flow means that the right care is received in the right place at the right time across the health care system. Health service organizations are being asked to focus on initiatives that support access and flow, such as initiatives that support individuals in remaining in the community as long as possible and in avoiding unnecessary hospitalization or emergency department visits, and initiatives that ensure timely access to primary care providers. In this section, describe improvement work that your organization has accomplished or planned to ensure people across Ontario receive the right care in the right place and at the right time.

Improving access and flow remains a core focus of Waypoint's work as a specialized provider and regional partner within Ontario Health Central. Aligned with Waypoint's 10-Year Strategy, these efforts support timely access to the right level of care, strengthen transitions across the continuum, and build system capacity to better meet the needs of individuals with complex mental health and addiction challenges.

Waypoint continues its focus on stabilizing and maturing initiatives introduced in recent years. The innovative Waypoint At Home program remains central to this work. As a relatively new model, it is demonstrating early success in supporting safe transitions from hospital to community and reducing potentially avoidable emergency department use. Continued refinement, evaluation and scale of this program will be a key priority in 2026/27 as its impact continues to develop.

Efforts to reduce Alternate Level of Care days also continue through strengthened discharge coordination and partnerships with regional organizations. These collaborations support earlier transitions, more effective use of specialized resources, and coordinated planning across the region.

Waypoint is also advancing system integration through new and evolving initiatives. The development and launch of the Hart of Simcoe Health Outreach and Response Team (HART) Hub in Barrie reflects Waypoint's role in convening partners to address the intersecting challenges of homelessness, addiction, and mental illness. This interdisciplinary model provides pathways to care that reduce unnecessary hospital admissions. In addition, Waypoint has been designated as a sub-regional Network Lead Organization for neuromodulation services, including repetitive transcranial magnetic stimulation (rTMS), expanding access to evidence-based treatment options for anxiety and depression and supporting care outside of inpatient settings.

These initiatives reflect a few of the numerous efforts underway that aim to increase access to vital services in Central Region and help demonstrate its' sustained focus on building a single coordinated, responsive mental health system

Equity and Indigenous Health

Ontario Health is committed to driving improved and equitable access, experiences, and outcomes to reduce health inequities and advance Indigenous health across the province. Advancing health equity and Indigenous health for communities in Ontario requires strategic and sustained efforts.

In this section, please share work that your organization has accomplished or planned to improve equity and Indigenous health (for example, implementation of an equity, inclusion, diversity, and antiracism workplan or a First Nations, Inuit, Métis, and Urban Indigenous health workplan [which may be based on Service Accountability Agreement obligations]).

Waypoint remains committed to advancing equity, diversity, and inclusion throughout our environment, services, and partnerships. This past year marked significant progress, including the Minookmii Indigenous Psychotherapy Program winning the Improved Indigenous Health Award from the Ontario Health System Quality and Innovation Awards. Developed in partnership with Mamaway Wiidokdaadwin, Minookmii reflects a collaborative model grounded in Indigenous ways of knowing and continues to shape how we build meaningful relationships with Indigenous communities. Waypoint also achieved Gold Level Designation on Simcoe County's Workplace Inclusion Charter, recognizing our commitment to cultivating an inclusive and culturally responsive workplace.

In 2026/27, Waypoint will reassess aspects of its organizational health equity to better understand progress over time and inform future areas of focus. This work will include ongoing and sustained improvements in how we collect and use race, ethnicity, language, sexual orientation, and gender identity data to improve services and experiences for both patients and staff.

Waypoint will also be introducing affinity groups to foster connection, community, and peer support among staff who share lived experiences or identities. These groups are an important step in building cultural safety and belonging within the organization. Additional initiatives to advance equity and Indigenous health will be detailed in Waypoint's 2026/27 EDI Strategy and Work Plan, reinforcing our commitment to sustained improvement, culturally grounded care, and strong partnerships with Indigenous communities.

Patient/Client/Resident Experience

Share how your organization plans to incorporate information from experience surveys; or other feedback received about care experiences into improvement activities.

The Patient/Client & Family Council (PCFC) is an independent, not for profit organization made up entirely of service users and family members. Our primary focus is providing peer support and advocacy within both the community and inpatient units at Waypoint Centre for Mental Health. In collaboration with the organization, we also support, guide, and co design initiatives, research projects, and committees. PCFC is focused on empowering the voices of clients and their families by advocating for their perspectives and sharing lived experience to inform care.

By bringing the insights of service users and family members forward, Waypoint is able to integrate these perspectives into patient focused committees, working groups, and quality improvement initiatives. PCFC's partnership with the Waypoint Research Institute continues to support patients, including those within the high secure forensic unit, to participate as active partners in research. This integration of lived experience is also reflected at the highest levels of the organization through PCFC participation on Waypoint's Quality Committee and Leadership Team. The sharing of patient and family stories through PCFC has become an integral part of these forums, helping to keep discussions grounded in real experiences of care.

Waypoint values the independence of PCFC and the importance of patient-led perspectives in shaping quality improvement.

Jodie Erb

Executive Director

Patient, Client & Family Council

Provider Experience

Many organizations are implementing innovative practices to improve recruitment and retention, (such as through incentive-based programs for nurses and personal support workers) workplace culture, and staff experiences. Describe practices or initiatives your organization has planned to improve recruitment, retention, workplace culture, or staff experience.

Waypoint is committed to strengthening the employee experience through an integrated focus on workforce stability, safety, culture, and professional growth. In 202/27, targeted recruitment efforts aligned with critical staffing priorities will continue, supported by partnerships with regional hospitals and tailored financial incentives such as referral bonuses and relocation assistance. Alongside recruitment, Waypoint is prioritizing the phased reduction of agency staffing through permanent hiring and internal capacity building strategies that promote workforce continuity and quality of care.

Retention remains a central priority. Expanded onboarding processes, including a two-year mentorship and training framework for clinical employees, are designed to support new staff and sustain the benefits realized through the organization's Model of Care by reinforcing consistent practice environments and team functioning. Leadership transition supports and refreshed management training further strengthen workforce stability.

Staff safety remains foundational to the employee experience. Ongoing efforts to prevent workplace violence, enhance response supports, and promote psychologically safe environments are closely aligned with organizational safety priorities.

To strengthen culture, Waypoint will continue leveraging engagement surveys and feedback mechanisms to guide improvement actions, with focused attention on trust in leadership, confidence in future direction, and staff well-being. Leadership development initiatives will

further cultivate high performing teams grounded in collaboration, shared purpose, and compassionate leadership.

Safety

Never events are serious patient safety incidents that should not occur if proper preventive measures are in place. In this section, describe your organization's approach to the prevention of never events as part of its overall patient safety strategy. What steps are in place to prevent never events, particularly in areas such as pressure injury prevention, surgery, or medication safety? Please provide a specific example from one of these areas to illustrate your organization's approach.

Never Events are serious patient safety incidents that should not occur when appropriate preventive measures are in place. Waypoint's approach to Never Event prevention focuses on the areas of highest relevance in a specialized mental health setting, where early risk identification and reliable system responses are essential.

Suicidality prevention aligns with the defined Never Event of patient suicide, or attempted suicide resulting in serious harm, in circumstances where suicide prevention protocols should have been applied for patients under the highest level of observation. This work is supported by an established suicide prevention program aligned with Accreditation Canada Required Safety Practices. Suicide risk is assessed at admission and reassessed during changes in clinical status, with findings documented and communicated across the interprofessional care team. When patients meet criteria for the highest level of observation, suicide prevention protocols are activated to support enhanced observation, environmental safety, therapeutic engagement, and individualized care planning. Emphasis is placed on continuity of risk recognition across shifts and care transitions to ensure safeguards remain in place.

Medication safety aligns directly with provincially defined pharmaceutical Never Events, including wrong-route administration, incorrect drug concentration, neuromuscular blockade without airway control, and administration of medications despite documented allergy. These risks are mitigated through multiple safeguards. High-alert medications are clearly flagged across clinical systems, and independent double checks are required prior to administration for medications that pose increased risk to patients. Annual e-learning reinforces protocols related to dangerous concentrations and routes, while weekly reports support pharmacist-led monitoring and follow-up. Medication reconciliation engages patients, families, and secondary sources to build a verified medication history at admission, transfer, and discharge. Allergy prevention is reinforced through pharmacist verification and real-time electronic alerts to prevent bypass of known risks.

Together, these strategies strengthen system reliability and ensure that workflows, technology, and team-based practices protect patients who may not be able to protect themselves.

Population Health Management

Population health management, as defined by the Rapid Improvement Support Exchange (RISE) program, is an iterative process that involves gathering data and insights from many partners (including nontraditional health care partners) about an entire population's health and social needs. These insights inform the co-design of proactive, integrated, person-centred, cost-effective, equitable, and efficient solutions with the goal of improving people's health needs along the continuum of care and well-being. In this section, share how your organization is partnering with other organizations (other health care partners or within Ontario Health Teams) and using population health–management concepts to serve the unique health and social needs of people in the community. Focus on the important considerations mentioned in the Resources below when describing your organization's partnerships and planned work.

Waypoint continues to advance a population health approach grounded in partnership, data, and coordinated mental health service delivery across Central Region. Several new and maturing initiatives focus on improving outcomes for people with complex needs in Simcoe County. The HART Hub provides integrated health and social services for individuals experiencing homelessness, mental health challenges, and substance use issues, while StreetReach extends this work through assertive outreach delivered by five community partners. These initiatives strengthen cross sector collaboration and help reduce avoidable emergency department use and hospital admissions.

Population health planning also reflects the growing needs of older adults living with mental health and cognitive complexity. Waypoint's specialized geriatric mental health services support older adults experiencing dementia-related behavioural challenges, late-life psychiatric illness, and co-occurring medical conditions, often in the context of frailty and functional decline. Through regional partnerships and system planning, Waypoint works to support timely access to appropriate levels of geriatric mental health care, reduce avoidable hospital use, and strengthen transitions for older adults across inpatient, community, and long-term care settings while strengthening support for caregivers.

Waypoint also plays a leadership role within seven Ontario Health Teams, including chairing the Social Determinants of Health and Mental Health and Addictions Working Group in the Couchiching OHT and participating on the Joint Executive Table. These partnerships support shared planning, early identification of population needs, and system level coordination informed by the social determinants of health.

As the Network Lead Organization for the Ontario Structured Psychotherapy Program in North Simcoe and Muskoka, Waypoint applies a population health lens to expand access to evidence-based therapy for anxiety and depression. OSP analyzes referral patterns, wait times, priority populations, and equity indicators to identify gaps and co design solutions with local partners. Its centralized intake and stepped-care model ensure people receive the right level of support at the right time, while standardized clinician training builds regional capacity.

Waypoint is also scaling digital and navigation supports, including MyDAWN, which enables pediatric mental health screening and is one example of our commitment to integrating mental health and primary care. Additionally, 1Door.ca is expanding to streamline access and connect individuals leaving the emergency department to community based mental health supports such as the Urgent Psychiatric Clinic.

Together, these efforts strengthen an integrated, equitable, and person-centered mental health system across Central Ontario.

Palliative Care

In this section, describe how your organization integrates palliative care into care along the illness trajectory (including end-of-life care) and how the care provided improves the quality of life of patients with life-limiting illnesses (and their families and care partners); consider the Themes and corresponding considerations below. Please provide 3 specific examples of activities within your organization that demonstrate a commitment to enhancing quality of life. Describe how these activities achieve the standard of care set out in the Quality Standard for Palliative Care or in the Palliative Care Health Services Delivery Framework. If applicable, describe how data and feedback are used to improve care.

Waypoint continues to integrate palliative care across the illness trajectory by aligning practices with the Quality Standard for Palliative Care and supporting patients, families, and care partners through coordinated, person-centered approaches. The Palliative Care Committee guides this work, ensuring early identification, symptom management, and embedding end of life care across programs.

This year, Waypoint strengthened staff readiness through expanded education, including a mandatory palliative care e-learning module completed during new staff onboarding and annual thereafter. This ensures all clinical employees have foundational competencies as outlined in the Palliative Care Health Services Delivery Framework.

Waypoint enhanced its capacity to care for patients with complex needs by supporting ten clinical staff to complete the Fundamentals of Palliative Care course - a feature of the partnership and memorandum of understanding with the North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN),

Waypoint also advanced key tools that improve quality of life. End of life and comfort care order sets were launched in the EHR to support consistent, evidence informed care at the point of need. In addition, palliative care carts are being developed to provide easily accessible comfort and educational resources for patients and families across units, improving support during critical moments.

These initiatives demonstrate Waypoint's commitment to delivering high quality palliative care grounded in early identification, staff competency, and partnership with specialized palliative

care providers. Ongoing staff feedback and collaboration with NSMHPCN will continue to guide improvements that enhance comfort, dignity, and quality of life for patients and their families.

Contact Information/Designated Lead

Sean Bisschop
Director, Strategic Projects & Change Management
Waypoint Centre for Mental Health
500 Church Street
Penetanguishene ON L9M 1G3
705-549-3181 ext 2863
sbisschop@waypointcentre.ca

Executive Compensation

For 2026-27, 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 (rate of incidents)
2. Workplace violence incidents - frequency (rate of incidents)
3. Staff with extended injury recovery at 12 months (rate of leaves that extend to 12 months duration)

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
- Vice-President, Clinical Services and Chief Nursing Executive
- Vice-President, Integrated Health Delivery System & CCSO
- 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 2026-2027, 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 Committee will determine the pay per performance amount for the President and CEO upon recommendation by the People Culture and Compensation Committee. The Board and the President and CEO will jointly determine the pay per performance amount for the Vice President Medical Affairs and Chief of Staff upon recommendation by the People Culture and


Compensation Committee. 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)

Access and Flow

Measure - Dimension: Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% 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	C	% / Other	IntelliHealth, MOH / 2026-2027	9.30	9.20	Given that the previous target was not achieved, it will be carried forward as we strengthen the alignment of our change initiatives	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 At Home program Demonstrate positive patient outcomes

Methods	Process measures	Target for process measure	Comments
Assessing recovery goals from patient perspective Canadian Personal Recovery Outcome Measure (C-PROM)	# of At Home Program clients who completed C-PROM at admission and discharge	50 At Home Program clients who completed C-PROM at admission and discharge	continued focus on this from previous year

Change Idea #2 Expand use of At Home program

Methods	Process measures	Target for process measure	Comments
Increased enrollment of appropriate clients	# of clients served through At Home program	92 clients served through At Home program	continued focus on this from previous year

Change Idea #3 Improve data quality to increase accuracy of measurement for x% of clients receiving service. Implement API with an attribution logic within Greenspace. Work with the CoE to towards problem-specific outcome measurement.

Methods	Process measures	Target for process measure	Comments
Improve Data Quality to improve accuracy of measurement for % of clients receiving service. Implement API with Green Space. Work with the CoE towards problem-specific outcome measurement.	OSP Reliable Improvement Rate – (Completed Clients) (reported by individual quarter)	55% of clients demonstrating improvement	metric on balanced scorecard

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% of clinical programs that have completed an EQUIP Organizational Equity Self Assessment to identify equity strengths and gaps	C	% / Other	Hospital collected data / 2026-2027	0.00	80.00	A 80% target reflects the foundational intent of this work, ensuring most clinical programs complete the EQUIP Organizational Equity Self Assessment to establish a consistent system-wide baseline that enables meaningful comparison, shared learning, and coordinated equity improvement planning in future years.	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Develop and distribute a standardized EQUIP information package and guideline for all clinical teams

Methods	Process measures	Target for process measure	Comments
A standardized information package and guidance will be developed and distributed to all clinical teams to support a consistent understanding of the purpose, scope, and expectations of the Assessment. Distribution and uptake will be monitored to ensure readiness and alignment prior to implementation.	# of clinical teams who have received information package and guidance	100% of clinical teams have received information package and guidance	

Change Idea #2 Patients' Race, Ethnicity, and Language (REaL) data is documented in Electronic Health Record

Methods	Process measures	Target for process measure	Comments
Identity data will be reinforced through standardized workflows and alignment with existing electronic health record practices. Data completeness will be monitored over time to assess uptake and inform future equity-focused improvement efforts.	% of patients with REaL data reported	95% of patients with REaL data populated by March 31 2027	

Change Idea #3 Patients' Sexual Orientation and Gender Identity (SOGI) data is documented in Electronic Health Record

Methods	Process measures	Target for process measure	Comments
Gender Identity data will be reinforced through standardized workflows and alignment with existing electronic health record practices. Data completeness will be monitored over time to assess uptake and inform future equity-focused improvement efforts.	% of patients with SOGI data reported	95% of patients with SOGI data populated by March 31 2027	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
% positive responses to the PEP survey question "There were enough activities of interest to me during free time"	C	% / All inpatients	Hospital collected data / 2026-2027	62.00	72.60	10% improvement over baseline performance	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	No
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Assess current programming offerings (Therapeutic & non-therapeutic)

Methods	Process measures	Target for process measure	Comments
Review of current program offerings (therapeutic and non-therapeutic)	# of programs assessed	100% of programs assessed	

Change Idea #2 Inform staff and patients of available programming

Methods	Process measures	Target for process measure	Comments
Host 'Activity Fair' showcasing all available programming (therapeutic and non-therapeutic). Opportunity to collect patient feedback.	# of staff and patients who attended Activity Fair	Collecting Baseline	

Change Idea #3 Implement Therapeutic Programming Governance

Methods	Process measures	Target for process measure	Comments
A therapeutic programming governance structure will be established to support oversight, decision-making, and consistency in activity planning and delivery across programs.	Terms of Reference Developed	Terms of Reference has been approved	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff with extended injury recovery at 12 months	C	% / Staff	Other / Trailing 12 months at Dec 31, 25	0.00	1.75	Median of the last 4 quarters	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Increase staff competency

Methods	Process measures	Target for process measure	Comments
Ensure active staff are supported to attend training	% of staff completed competency training	90% of staff completed competency training	Baseline & Period/Timeframe 87%

Change Idea #2 Increase supervisor competency

Methods	Process measures	Target for process measure	Comments
Enhancements to SPIRiT system and new reporting fields to improve data	# of manager follow-ups with staff	100% of files include manager follow-ups with staff	Baseline & Period/Timeframe 100% -Q3 25/26

Change Idea #3 Incident mitigation strategies

Methods	Process measures	Target for process measure	Comments
Quarterly monitoring of A3's at JHSC	% improvement in leading programs (Bayview & Horizon)	10% improvement in leading programs	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Reported Incidents of patient violence/ aggression	C	Count / All patients	Hospital collected data / 2026-2027	763.00	720.00	A FY 26–27 target of ≤ 720 incidents reflects a 5.6% reduction from current performance and an 11.3% reduction from baseline	

Is this indicator related to:

Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Implementation of the Responsive Behaviours of Risk (RBoR) framework to support staff in identifying and responding to distress-based behaviours using patient-centred approaches.

Methods	Process measures	Target for process measure	Comments
Implementation will include standardized guidance, staff engagement sessions, and centralized oversight to support reliable application, with ongoing monitoring to assess uptake and alignment with patient-centred approaches.	% of Violence/Aggression incidents with specific event type = RBoR	50% of Violence/Aggression incidents with specific event type = RBoR	

Change Idea #2 Widening our View of Harm (HEC) with Horizon & Bayview to expand our understanding of non-physical harm.

Methods	Process measures	Target for process measure	Comments
This initiative will be implemented through facilitated learning and testing sessions with participating programs to support a shared understanding of patient harm beyond physical injury. Structured activities will be used to apply harm concepts in practice, with centralized coordination and monitoring to inform refinement prior to broader spread. (Activity sessions hosted by PS/QI)	# of staff participating in sessions	50 staff participating in sessions	

Change Idea #3 Reduction of False Code Whites

Methods	Process measures	Target for process measure	Comments
Implementation will focus on standardizing device use practices, reinforcing expectations through staff engagement, and monitoring incident patterns to assess effectiveness and guide adjustments.	# of false code white calls related to ELPAS	<173 false code white calls related to ELPAS	

Change Idea #4 Optimize Unit Operational Support Workers (UOSW) role on High Secure Provincial Forensic (HSPF) Programs

Methods	Process measures	Target for process measure	Comments
The UOSW role will be evaluated to assess effective use as intended. Implementation will be monitored through defined program-level measures to assess uptake, reliability, and opportunities for adjustment.	% of UOSW hours used to support designated activities	90% UOSW hours used to support designated activities	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Workplace Violence Incidents Rate	C	% / Staff	Other / Trailing 12 months at Dec 31, 25	2.26	2.59	Median of the last 4 quarters	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	No

Change Ideas

Change Idea #1 Incident mitigation strategies

Methods	Process measures	Target for process measure	Comments
Quarterly monitoring of A3's at JHSC	% improvement in leading programs (Bayview & Horizon)	target 10% reduction	"9.3% reduction achieved at q3 25/26 "

Change Idea #2 Increase staff competency

Methods	Process measures	Target for process measure	Comments
Ensure active staff are supported to attend training	# of staff completed competency training	90% of staff completed competency training	

Change Idea #3 Increase supervisor competency

Methods	Process measures	Target for process measure	Comments
Enhancements to SPIRiT system and new reporting fields to improve data	# of manager follow-ups with staff	100% of files include manager follow-ups with staff	