Access and Flow | Efficient | Custom Indicator

Indicator #1

% 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. (Waypoint Centre For Mental Health Care)

Last Year		This Year		
10.20	**9.20**	**9.30**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement tool and begin capturing data from At Home program to drive improvement

Process measure

- # of clients who completed C-PROM at admission and discharge

Target for process measure

- At least 30 clients completed C-PROM at both admission and discharge by March 31, 2026

Lessons Learned

Early results for C-PROM showing positive improvements.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Expand use of At Home program

Process measure

- # of clients served through At Home program

Target for process measure

- 72 clients served through At Home program by March 31, 2026

Lessons Learned

78 clients served as of December 31, 2025. Client success stories are being highlighted internally and externally. Mental Health and Addictions training with Bayshore is being explored. This work is being presented at the Canadian Mental Health Leadership Forum in February 2026.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Increase # of Acute Assessment beds. Planned opening of new beds is September 2025

Process measure

- # of acute assessment beds in use by patients

Target for process measure

- 40 acute assessment beds in use by patients by March31, 2026

Lessons Learned

34 beds in place as of December 31, 2025. Level 3 opening date is set for January 27, 2026 and this will increase the bed count.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Optimize access to urgent outpatient psychiatry consults by increasing attendance rates

Process measure

- % of booked urgent outpatient psychiatry consult appointments attended

Target for process measure

- 80% of booked urgent outpatient psychiatry consult appointments attended by March 31 2026

Lessons Learned

Automated report finalized, launched CareDove in September with Georgian Bay General Hospital, which continues to go well (would like to expand direct booking to other hospitals as well). Wait time in November was 19.5 days.

Equity | Equitable | Custom Indicator

	Last Year		This Year		
Indicator #3 % positive responses to the annual PEP survey question "Staff were sensitive to my cultural needs (e.g. language, ethnic background, race)." (Waypoint Centre For Mental Health Care)	**81.00** Performance (2025/26)	**85** Target (2025/26)	**82.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented

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

Process measure

- % of patients with REaL data reported

Target for process measure

- 95% of patients with REaL data reported in EHR by March 31, 2026

Lessons Learned

Performance as of December 31, 2025 was 59% for REaL data collection. A change to how this information is prompted and documented within the EHR has impacted performance during the reporting period. Continued reinforcement of REaL documentation during inpatient admissions will support more stable and reliable equity data.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Sexual Orientation and Gender Identity (SOGI) data is documented in Electronic Health Record

Process measure

- % of patients with SOGI data reported

Target for process measure

- 95 % % of patients with SOGI data reported in EHR by March 31, 2026

Lessons Learned

Performance as at December 31, 2025 was 58% for SOGI. A change to how this information is prompted and documented within the EHR has impacted performance during the reporting period. Continued reinforcement of SOGI documentation during inpatient admissions will support more stable and reliable equity data.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Engage staff around the "Human Library Experience" and provide library cards to some staff.

Process measure

- # of staff who participated in a "Human Library Experience"

Target for process measure

- 300 staff participated in a ""Human Library Experience" by March 31, 2026

Lessons Learned

As at December 31, 2025, 264 staff have participated in a Human Library Experience. Work is ongoing to increase participating in the Human Library Experience.

Change Idea #4 ☑ Implemented ☑ Not Implemented

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)

Process measure

- % of patients who report the event increased their cultural awareness and/or cultural safety

Target for process measure

- 80% of patients report the event increased their cultural awareness and/or cultural safety by March 31, 2026

Lessons Learned

Work is underway to establish staff affinity groups, including the identification of leads, to support the delivery of cultural events for patients and staff.

Change Idea #5 ☑ Implemented ☑ Not Implemented

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)

Process measure

- # cultural events implemented

Target for process measure

- 2 cultural events implemented by March 31, 2026

Lessons Learned

Work is underway to establish staff affinity groups, including the identification of leads, to support the delivery of cultural events for patients and staff.

Change Idea #6 ☑ Implemented ☑ Not Implemented

Create a minimum of 2 Staff Affinity Groups representing particular equity-deserving groups (e.g., Indigenous, 2S-LGBTQ+, people of colour)

Process measure

- # of affinity groups and number of members in each group

Target for process measure

- 2 affinity groups with 5 members in each established by March 31, 2026

Lessons Learned

Work is underway to establish staff affinity groups, including the identification of leads, to support the delivery of cultural events for patients and staff.

Experience | Patient-centred | Custom Indicator

Indicator #2	Last Year		This Year		
% positive responses to the annual PEP survey question "I felt safe in the facility at all times" (Waypoint Centre For Mental Health Care)	**72.00** Performance (2025/26)	**82** Target (2025/26)	**85.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☑ Not Implemented

Develop process for patients to bring forward safety risks anonymously

Process measure

- # of patient identified risks brought forward anonymously

Target for process measure

- 2 patient identified risks brought forward anonymously per month or 24 per year by March 31, 2026

Lessons Learned

Progress has been delayed due to the complexity of the care environment and the need to ensure the approach is appropriate for the patient populations served. Additional refinement is required prior to implementation.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Bringing patient voice to daily safety huddles by addressing patient identified safety risks

Process measure

- # of patient identified risks at safety huddles

Target for process measure

- 2 patient identified risks brought forward at safety huddles or 24 per year by March 31, 2026

Lessons Learned

Early progress has been made, with patient-identified safety risks beginning to be incorporated into daily safety huddles. Six risks have been identified to date. Ongoing work is focused on expanding and sustaining this practice to support achievement of the annual target.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Realign Just Culture eLearn to new adopted framework and policy

Process measure

- % of staff compliance with new Just Culture eLearn

Target for process measure

- 90% staff compliance with new Just Culture eLearn by March 31, 2026

Lessons Learned

90% target achieved as of December 31, 2025. Continuing to reinforce through daily huddles.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Continue to build on Tiered Mentorship Model to reach desired level of Clinical Mentors

Process measure

- # of clinical mentors in place

Target for process measure

- 60 clinical mentors in place by March 31, 2026

Lessons Learned

26 Clinical Mentors in place as of December 31, 2025. Remaining participants in Leadership training expected to result in a total of 56 Clinical Mentors by Q4.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #5 Number of incidents of Violence and Aggression (severity 2-4) (Waypoint Centre For Mental Health Care)	**745.00** Performance (2025/26)	**670** Target (2025/26)	**560.00** Performance (2026/27)	**--** Percentage Improvement (2026/27)	**NA** Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Implement Forensic Care Assistants (FCAs) on all forensic in patient programs

Process measure

- # of active Forensic Care Assistants (FCAs)

Target for process measure

- 50 active Forensic Care Assistants (FCAs) by March 31, 2026

Lessons Learned

106 Forensic Care Assistants in place as of December 31, 2025.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Implement Forensic Care Assistants (FCAs) on all forensic in patient programs

Process measure

- % of scheduled FCA hours worked by an FCA

Target for process measure

- 100% of scheduled FCA hours worked by an FCA by March 31, 2026

Lessons Learned

90% of scheduled FCA hours worked by an FCA as of December 31, 2025.

Change Idea #3 ☐ Implemented ☑ Not Implemented

Integrate Safewards Enhancing Relational Safety and Security Awareness at onboarding

Process measure

- % of onboarded staff receiving 3.5hr training session on Relational Safety & Security (with Safewards component)

Target for process measure

- 100% of onboarded staff receiving 3.5hr training session on Relational Safety & Security (with Safewards component) by March 31, 2026

Lessons Learned

We intended to integrate Safewards and relational security into onboarding. That work has been delayed for a variety of operational reasons. As a result, it is not functioning as a driver of harm reduction yet, and we should not expect it to show up in the outcome data.

Change Idea #4 ☐ Implemented ☑ Not Implemented

Horizon Happiness project - integrate intervention into care plans

Process measure

- # of times non-pharmalogical intervention is used for therapeutic engagement

Target for process measure

- Non-pharmalogical intervention is used 5 days per week or 20 days per month for therapeutic engagement by March 20, 2026

Lessons Learned

The Horizon Happiness project was trialed and found not to provide the anticipated value for that patient population. That initiative is being adapted for a different context. This is not failure. This is learning. But again, it means we should not expect outcome movement from it.

Change Idea #5 ☐ Implemented ☑ Not Implemented

Horizon Happiness project - integrate intervention into care plans

Process measure

- % of patients whose RPOC includes use of non-pharmalogical intervention

Target for process measure

- 100% of Horizon patients have a RPOC that includes use of non-pharmalogical intervention by March 31, 2026

Lessons Learned

The Horizon Happiness project was trialed and found not to provide the anticipated value for that patient population. That initiative is being adapted for a different context. This is not failure. This is learning. But again, it means we should not expect outcome movement from it.

Change Idea #6 ☑ Implemented ☐ Not Implemented

Review current code white wireless system due to number of false codes related to ELPAS device and alarm fatigue

Process measure

- # of false code white calls related to ELPAS

Target for process measure

- <173 false code white calls related to ELPAS from April 1, 2025 - March 31, 2026

Lessons Learned

Performance remains below target. Refreshed diagnostic analysis has identified additional system-level contributors, leading to new change ideas focused on reducing false activations associated with staff transitions and entry processes. These will be tested through upcoming improvement cycles.

Indicator #6

Workplace Violence Incidents Rate (HQO) (Waypoint Centre For Mental Health Care)

Last Year		This Year		
3.31	**3**	**2.26**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Incident mitigation strategies

Process measure

- # of Workplace Violence Incidents occurring on top contributing programs (Horizon & Bayview) % reduction

Target for process measure

- 10% reduction in Workplace Violence Incidents occurring on top contributing programs (Horizon & Bayview) by March 31, 2026

Lessons Learned

With targeted mitigation strategies focused on the top contributing programs, year-to-date performance shows a 9.3% reduction in workplace violence incidents compared to the prior YTD period as of December 31, 2025, indicating progress toward the target.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase staff competency

Process measure

- % of staff completed competency training (TI, PRE & MoC6 additional training)

Target for process measure

- 90% of staff completed competency training by March 31, 2026

Lessons Learned

Completion of core violence prevention and mitigation training (TI, PRE, and additional MoC6-aligned education) continues to trend upward. As of the most recent quarter, completion rates are approaching the 90% target, with steady gains observed across training streams. Based on current momentum, the organization remains on track to achieve the 90% completion target by March 31, 2026.

Change Idea #3 ☑ Implemented ☐ Not Implemented

Increase supervisor competency

Process measure

- % of files that had mitigations strategies shared back with staff

Target for process measure

- 100% of files had mitigations strategies shared back with staff by March 31, 2026

Lessons Learned

The process measure tracking the proportion of files with mitigation strategies shared back with staff has achieved the 100% target. All reviewed files included documented feedback and communication of mitigation strategies to relevant teams, demonstrating consistent follow-through and reliable learning loops as of the current reporting period.

Change Idea #4 ☑ Implemented ☐ Not Implemented

Increase supervisor competency

Process measure

- % of events that included a debrief

Target for process measure

- 100% of required events included a debrief by March 31, 2026

Lessons Learned

The process measure tracking the proportion of events that included a debrief has achieved the 100% target. All applicable events documented completion of a debrief, reinforcing consistent post-event reflection and team learning as part of the patient and staff safety response.

Indicator #4

Lost Time Claims-wage loss benefits at 12 months (WSIB) (Waypoint Centre For Mental Health Care)

Last Year		This Year		
1.72	**3.03**	**0.00**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented

Incident mitigation strategies

Process measure

- % reduction of Workplace Violence Incidents occurring on top contributing programs (Horizon & Bayview)

Target for process measure

- 10% reduction in Workplace Violence Incidents occurring on top contributing programs (Horizon & Bayview) by March 31, 2026

Lessons Learned

With targeted mitigation strategies focused on the top contributing programs, year-to-date performance shows a 9.3% reduction in workplace violence incidents compared to the prior YTD period as of December 31, 2025, indicating progress toward the target.

Change Idea #2 ☑ Implemented ☐ Not Implemented

Increase staff competency

Process measure

- % of staff completed competency training (TI, PRE & MoC6 additional training)

Target for process measure

- 90% of staff completed competency training (TI, PRE & MoC6 additional training) by March 31, 2026

Lessons Learned

Completion of core violence prevention and mitigation training (TI, PRE, and additional MoC6-aligned education) continues to trend upward. As of the most recent quarter, completion rates are approaching the 90% target, with steady gains observed across training streams. Based on current momentum, the organization remains on track to achieve the 90% completion target by March 31, 2026.

Change Idea #3 ☑ Implemented ☐ Not Implemented

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Process measure

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Target for process measure

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Change Idea #4 ☑ Implemented ☐ Not Implemented

Increase supervisor competency

Process measure

- % of events that included a debrief

Target for process measure

- 100% of required events included a debrief by March 31, 2026

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The process measure tracking the proportion of events that included a debrief has achieved the 100% target. All applicable events documented completion of a debrief, reinforcing consistent post-event reflection and team learning as part of the patient and staff safety response.