Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

Waypoint Centre for Mental Health Care (Waypoint)

An inspired organization, we will change lives by leading the advancement and delivery of compassionate care

March 6, 2014

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 HQO (if required) in the format described herein.

ontario.ca/excellentcare
Overview

Consistent with its vision, Waypoint’s Board has endorsed a 2012-2017 Quality, Risk and Safety Plan which underscores a corporate commitment to a culture of continuous and measurable quality improvement. This plan informed the Board’s refresh of its strategic directions in the fall of 2013 and these directions in turn, formed the basis of the hospital’s annual plan. The projects selected for the Quality Improvement Plan (QIP) are a subset of the hospital’s annual goals.

As well, the QIP is aligned with our commitments to the Local Health Integration Network (LHIN), with the dimensions of quality and the key priority indicators endorsed by Health Quality Ontario (HQO), and with the required organizational practices and standards of Accreditation Canada.

The objectives of the 2014-15 QIP are to identify and communicate to the Waypoint community the following quality commitments:

1. We will provide safe care guided by best practice by reducing the use of physical and chemical restraints and by improving medication reconciliation on discharge
2. We will reduce unnecessary time spent in hospital by reducing alternate level of care days (ALC)
3. We will improve timely access to mental health services by reducing wait times for outpatients to be seen by a physician and by reducing readmissions to hospital
4. We will improve the patient experience with improved patient satisfaction levels
5. We will ensure the effective use of hospital resources by improving total margin

In accordance with the Excellent Care for All Act, Waypoint’s annual corporate QIP is developed in order to provide focus to the hospital’s quality, risk and safety activities. The plan, endorsed by the Board of Directors, is posted on the hospital’s external website, along with quarterly results. Further it is submitted to HQO and the LHIN annually once set, and at year end to report results.

Finally, Waypoint employs a corporate balanced scorecard reporting mechanism to ensure adherence to the execution of its strategic directions and objectives. With quality, risk and safety embedded throughout the directions and objectives, a continuous process of review of performance and monitoring and evaluation of results is sustained.

The context of this year’s QIP will be described in detail in subsequent sections but it is important to note that two key initiatives will be launched this year: the move of over half our patients to a new building and the planning for phase II of our electronic health record.
Integration & Continuity of Care

One of the key priorities in the North Simcoe Muskoka LHIN’s Integrated Health Services Plan (2010) was designing a system focused on integration and continuity of care. This has resulted in the creation of Care Connections, the LHIN’s planning document with 12 areas of patient care focus one of which is Mental Health and Addictions. Waypoint continues as the lead organization for Mental Health and Addictions. The 2013 Integrated Health Services Plan reaffirms the Care Connections initiatives.

Waypoint’s leadership role is focused on system integration to ensure right care, right time and right place for patients with mental health and addictions issues. This includes continuity of patient care across sectors for acutely ill mental health and addiction patients served across three hospitals and supported by a number of community organizations. As well Waypoint leads the Child and Adolescent Mental Health and Addictions Steering Committee which drives service integration and standardization of clinical tools across organizations from five ministries. Finally, Waypoint has been actively involved in a third Steering Committee addressing mental health and addictions services for patients in crisis and as a part of this work has recently introduced a walk-in clinic in collaboration with community partners to promote early intervention for patients in crisis thus deferring emergency visits.

Health Links have been established in five of our LHIN communities with a focus on seniors as the highest user of services. Waypoint is directly involved as a core member of the North Simcoe Muskoka Health Links and is discussing opportunities with a second Health Links in the Barrie area. We also look forward to further collaboration with the remaining three Health Links in the LHIN once their plans are approved. Internally we have initiated inquiries about the top users of our programs beginning with our Outpatient Geriatric Services.

As well, Waypoint remains focused on improving ALC wait times along with LHIN partners in acute care, the community and in long term care. Our Housing Services are actively working on creating partnerships to increase group home capacity in the LHIN. Waypoint has embarked on a transitional housing and day program initiative in partnership with Community Living Huronia for forensic patients with a dual diagnosis as well as a transitional housing program for regional forensic patients.

Waypoint is currently reviewing its outpatient services and examining gaps and potential opportunities to enhance continuity of care hence we will be including readmissions in our QIP this year. We have also developed a Central Intake process in the fall of 2013 to improve patient access to services. Central Intake ensures that key information is communicated to partners at the time of transfer and discharge. We believe this new service will continue to promote integration and facilitate continuity of care for the patient across the continuum of services as full implementation unfolds throughout 2014/15.
Challenges, Risks & Mitigation Strategies

An overarching challenge in achieving the identified targets is limited resources, both human and financial. Waypoint is opening a major new facility in the spring of 2014 relocating more than 50% of the hospital’s inpatient beds. Organizational readiness has been a key priority this year with a number of structures and processes put in place to address potential risks. Based on advice from experts, a “No Fly Zone” (in which no new initiatives are undertaken) has been put in place until July 2014 to allow staff and patients a period of adjustment to be completely safe and secure in the new environment thus potentially deflecting focus on other initiatives. The No Fly Zone reduces our time to focus on goal achievement to essentially a six month period.

Another challenge with many competing priorities is ensuring that our staff receive ongoing training and support as we formally adopt a philosophy of recovery which promotes trauma-informed care in a culture of least restraint. Our clinicians have received advanced education about trauma informed care and training on alternative therapeutic interventions to manage difficult, aggressive, and violent behavior. More training is planned in the coming year to sustain the culture of least restraint so this will become another area of focus in 2014-15.

While Waypoint is committed to continuing its efforts to improve its financial health and pursuing the Action Steps as outlined in the QIP, two significant financial negotiations remain outstanding, resolution of which will be fundamental to achieving a balanced budget. The first relates to the Crown’s commitment to wage harmonization/industry standardization as part of its Transfer Agreement with the hospital in 2008. This commitment is consistent with all other previously divested Provincial Psychiatric Hospitals, of which Waypoint (then Mental Health Centre Penetanguishene) was the last to be divested. The second relates to outstanding Post Construction Operating Plan (PCOP) approvals for the hospital’s major capital Redevelopment. Substantial Completion was achieved at the end of November 2013, and occupancy has commenced in stages; however, approvals for one-time and ongoing operating funds associated with incremental costs remain outstanding.

Waypoint has successfully completed Phase 1 of the Electronic Health Record (EHR) with the implementation of Admission Discharge Transfer (ADT) this year. Work has now begun on planning for Phase II of the EHR implementation plan. This initiative will require new workflow processes for clinical teams as implementation unfolds. The hospital will be engaging subject matter expertise to ensure successful implementation of the new software solutions in order to reduce associated risks.

Medication Reconciliation on admission has been successfully implemented for several years and now further expansion of this initiative to patient transfers and discharges is underway. A significant challenge is developing a system to anticipate unplanned forensic discharges. On occasion, patients are scheduled for court hearings and are discharged without warning leaving without their medications being reconciled.
Alternative Level of Care has presented a significant challenge in our LHIN so a concerted effort has been made amongst partners through regular teleconferences and communication in order to coordinate efforts across the region. This has resulted in some modest improvements and will be further advanced this year to ensure sustainability.

The senior team has deployed a strategic management implementation framework to keep us focused on alignment and meeting our quality commitments.

Information Management Systems

As one of Ontario’s four specialty mental health hospitals, Waypoint has partnered with the Centre for Addiction and Mental Health (CAMH), Ontario Shores Centre for Mental Health Sciences (Ontario Shores), and the Royal Ottawa Health Group (The Royal) in the development and implementation of an innovative and standardized approach to measure critical performance indicators of mental health care, a first for the province, which was launched at Health Achieve in November 2011. In 2013, this partnership expanded to 15 hospitals providing mental health services, including the Douglas Institute in Quebec. The indicators were developed in response to the hospitals' recognition of the need to have performance indicators specific to mental health care. The mental health indicators are reported publically on a quarterly basis, and represent performance in key areas including client complexity, client outcomes, client access, staff safety, human resources, fiscal responsibility and client safety.

Wait times has been identified as an important focus which resulted in a working session with provincial wait time experts in acute care to identify a wait time strategy for mental health and addictions.

Waypoint’s Decision Support team works closely with clinical staff and managers to review and analyze Resident Assessment Instrument-Mental Health (RAI-MH) data, supporting continual data quality improvement and enhanced understanding by staff regarding its utility as a clinical tool.

Locally, Waypoint is participating with the LHIN in the development of key mental health system performance indicators based on the work of HQO to better understand the needs of patient and client populations and develop coordinated approaches to address inequities. Improved information systems will lead to enhanced system performance management.

As well, the EHR (Phases I and II) is a key emerging enabler for clinicians to provide safe inter-professional care to the people we serve.

Lastly, Waypoint has been approved as a case costing site which will provide significant potential to understand the impact of our services and to identify opportunities for improvement. Preparation activities will continue throughout 2014/15 to support full implementation effective April 2015.
Engagement of Clinical Staff & Broader Leadership

By using an iterative process, the strategy planning and goal setting exercise became a collaborative process between various stakeholders including medical staff, nursing staff, allied health professionals and the Quality Risk and Safety Committee as well as the Quality Committee of the Board. Through communication of the Board’s strategic directions in relation to quality improvement, broader leadership is engaged in the development of the QIP and all are focused on the quarterly balanced score card review and discussion. The Board and the Physician Leaders are using the Ontario Hospital Association’s Quality Tool Kits to assess and guide their work plans.

The hospital has also embarked on a patient engagement planning process and as such is involving its Patient/Client/Family Council in discussion about the QIP and will publish and post the hospital’s quality commitments for patients, families, staff and visitors to access. An annual patient survey is conducted to ensure we understand the voice of the patient in our approach to service delivery.

Accountability Management

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

Eight indicators will be tied to executives’ compensation:

- Physical Restraints
- Chemical Restraints
- Medication Reconciliation
- Total Margin
- Wait Times
- Client Experience
- Readmission Rate
- Alternate Level of Care

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 – 3%
- All other VP positions eligible for variable compensation – 3%

All individuals will be held accountable for achieving the eight priority indicators tied to compensation, and each indicator will have an equal weighting.

Following the completion of fiscal 2014/15, 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.

**Health System Funding Reform**

Specialty psychiatric hospitals with forensic services like Waypoint’s have to date been excluded from patient-based funding as per the Ministry of Health and Long Term Care’s (MOHLTC) Guide to Patient Based Funding. This has been undertaken in recognition of their “specialized services (including legal and security) and the unpredictable nature of admissions and transfers, as a product of the legal system, including decisions of the Ontario Review Board”. As such, when HSFR is implemented for mental health facilities, allocations will be determined using cost data from the Management Information System/Ontario Hospital Reporting System in combination with the Ontario Cost Distribution Methodology information for all patient services.

We believe it is critical for psychiatric hospitals to be included in health system funding reform. This is necessary for us to effectively contribute to an understanding of system need and demonstrate the outcomes that justify access to available incremental resources.

Members of Waypoint’s Senior Leadership team (CEO and CFO) are active members of the HSFR governance structure and its working groups.

**Sign-off**

I have reviewed and approved our organization’s Quality Improvement Plan.

____________________  ____________________  ____________________
Board Chair          Quality Committee Chair         President & CEO
Betty Valentine      Roger Robitaille              Carol Lambie