Executive Summary Accreditation Report



Waypoint CENTRE for MENTAL HEALTH CARE

Accredited with Exemplary Standing

May 2019 to 2023

Waypoint CENTRE for MENTAL HEALTH CAREhas gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until May 2023 provided program requirements continue to be met.

Waypoint CENTRE for MENTAL HEALTH CARE is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Waypoint CENTRE for MENTAL HEALTH CARE** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Waypoint CENTRE for MENTAL HEALTH CARE (2019)

Waypoint Centre for Mental Health Care is a 301-bed specialty mental health and addictions hospital located on Georgian Bay in Penetanguishene. Regionally Waypoint has 141 inpatient beds for patients requiring acute and tertiary care from Simcoe County, Muskoka, and parts of Dufferin County and Parry Sound. Outpatient and community transition services are also available both from locations in Midland and mobile clinicians. The hospital is home to the Waypoint Research Institute and the province's only high secure forensic mental health program with 160 inpatient beds. The hospital is recognized for exceptional care and its contributions to the understanding of mental illness.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

May 27, 2019 to May 30, 2019

Locations surveyed

- **1 location** was assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed Accredited with Exemplary Standing as of the date of this
 report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

• 6 sets of standards were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Waypoint Centre for Mental Health Care is commended for participating in the accreditation process. The organization continues to have a great deal to celebrate. Staff work tirelessly to provide safe, effective, care to patients.

The engaged board of directors is passionate about its fiduciary responsibilities for the patient populations served by the organization. Board processes are solid and continue to evolve to include the patient and family voice in a variety of ways. The board is engaged with the organization and the community.

The board is highly focused on safety and risk and has multiple ways to support its engagement in the safety and risk agenda. Issues related to quality are on the monthly agenda and there is always a patient story.

Waypoint continues to progress in ensuring it is using evidence-based research to improve patient and staff safety. There is a committee that supports evidence-based practice and the use of research to support care. The organization has a research institute and there are many opportunities to use research to support front-line care. Several examples were mentioned where research initiatives are driving positive changes to patient care.

Waypoint has a strong and passionate leadership team that supports the mission and the change management processes that are required as the organization continues to evolve.

Since the last on-site survey, Waypoint has fully implemented a state-of-the-art electronic health record, in partnership with another standalone tertiary hospital. A third hospital will be joining shortly. This collaboration facilitates strong documentation practices and will make data available for quality and research initiatives. The organization has made tremendous progress in becoming a data-driven organization and will continue to evolve. It is encouraged to advance its evaluation of key clinical initiatives.

Front-line staff are engaged and passionate about their work. They have embraced the many changes that have occurred in the organization over the past few years and appreciate the importance of patient and family-centred care. They work collaboratively with the Patient/Client & Family Council to ensure there is a strong patient voice throughout all clinical initiatives.

Waypoint is making tremendous progress in becoming a recovery-focused organization. This is evident in its daily operations and changes to professional practice. The organization acknowledges that there is more work to be done and it is looking forward to continuing this journey. It is in the early stages of initiating a new model of care to support patients' unique care needs.

The organization has an excellent plan and process to address emergency situations. The team is very prepared with elaborate initiatives, mock drills and strategic proposals to ensure the well-being of the patients and the staff.

Waypoint is highly respected by community partners who speak eloquently of the contributions the organization makes to the regional and provincial mental health system. The organization is generous about sharing knowledge and resources with other mental health organizations. It is noted to be a strong proponent of community-based care. Community partners encourage the organization to continue to evolve and spread the word about its specialty services.

Waypoint continues to advocate for improved patient care space in the building that was not part of the renewal project. Opportunities for the future include the new model of care that will support recovery, continuing evolution of the Waypoint brand, and reaching out to new communities to spread knowledge and advocacy on issues related to mental health stigma. There is also a tremendous opportunity for Waypoint to conduct multi-site research into specialized populations that it shares with its hospital partners.

The organization is looking forward to developing the youth centre and the community health hub and is congratulated for its leadership in both endeavours.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

The quality dimensions are:

Accessibility: Give me timely and equitable services

Appropriateness: Do the right thing to achieve the best results

Client-centred Services: Partner with me and my family in our care

Coordinate my care across the continuum

Efficiency: Make the best use of resources

Population Focus: Work with my community to anticipate and meet our needs

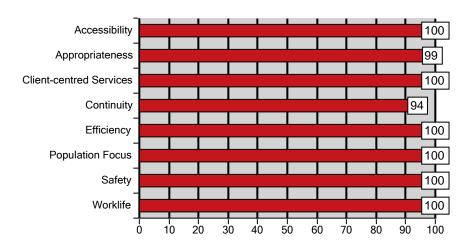
👔 Safety: Keep me safe

Morklife: Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service "looks like." It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



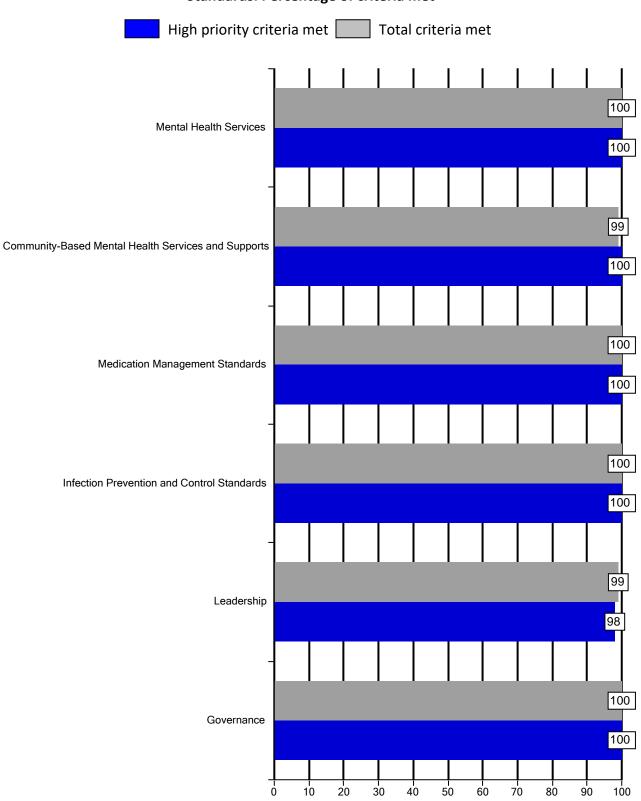
Overview: Standards results

All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

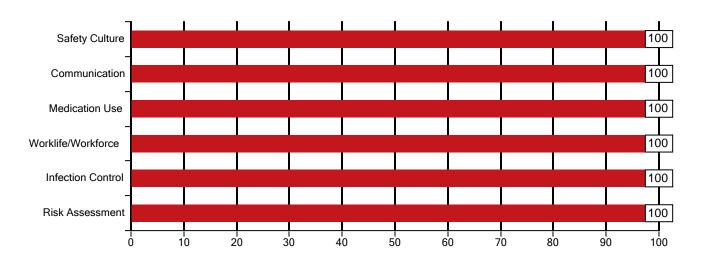
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPS are categorized into six safety areas, each with its own goal:

- Safety culture: Create a culture of safety within the organization
- **Communication**: Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- Medication use: Ensure the safe use of high-risk medications
- Worklife/workforce: Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control**: Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- Risk assessment: Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

On-site survey Accreditation Report and Decision The organization submits data related Progress review Ongoing to accreditation. education, Self-assessment coaching, The organization Instrument results and support continues its quality and action plans improvement activities. Sentinel event summary Mid-cycle consultation Evaluate progress and identify concerns

Qmentum: A four-year cycle of quality improvement

As **Waypoint CENTRE** for **MENTAL HEALTH CARE**continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

1 Waypoint Centre for Mental Health Care

Appendix B

	Required Organizational Practices
Safety Culture	
	Accountability for Quality
	 Patient safety incident disclosure
	 Patient safety incident management
	Patient safety quarterly reports
Communication	
	Client Identification
	 Information transfer at care transitions
	 Medication reconciliation as a strategic priority
	 Medication reconciliation at care transitions
	The "Do Not Use" list of abbreviations
Medication Use	
	Antimicrobial Stewardship
	High-Alert Medications
	Narcotics Safety
Worklife/Workforce	
	Patient safety plan
	 Patient safety: education and training
	Preventive Maintenance Program
	Workplace Violence Prevention
Infection Control	
	Hand-Hygiene Compliance
	 Hand-Hygiene Education and Training
	Infection Rates
	Reprocessing
Risk Assessment	
	Falls Prevention Strategy
	Suicide Prevention