

Let's Make Healthy
Change Happen.



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

camh
mental health is health

03/05/2020

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.

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Overview

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in the field. With a dedicated staff of more than 3,000 physicians, clinicians, researchers, educators and support staff, CAMH offers outstanding clinical care to more than 34,000 patients each year. Mental illness is the world's leading cause of disability and affects more than 6.7 million Canadians. People with mental illness face multiple barriers to accessing timely mental health care and many do not receive care until they are critically ill. Demand for CAMH services grows rapidly. Since 2012, Emergency Department visits have increased by 87%.

Slated for release early in 2020, CAMH's new Strategic Plan, *One CAMH*, unites the community behind a bold call for a new definition of health — one that brings mental health care into the centre of health care. Developed in collaboration with staff, physicians, patients, family members, students, volunteers, system partners, and councils and committees, the plan introduces a new mission and vision statement and invites new ways of working together in a time of system transformation. At CAMH, 'we are dedicated to patient, family, and community well-being. We improve access to integrated care, answer the most difficult questions about mental illness and remove barriers to belonging. Together, we choose hope.' Our vision is 'Health Redefined.' We animate our vision through three new strategic directions that wrap around all of our work: Inspire, Include and Impact.

CAMH's multi-year redevelopment of our Queen Street site will reach a significant milestone in fall 2020 as we move into our new buildings. Their leading edge design reflects our commitment to creating environments that are inclusive and respectful.

As an organization, we work to improve care for many under-served and marginalized populations. We are champions for health equity and have made a long-term organizational commitment to reduce disparities in mental health care and champion inclusion to make mental health care available to all communities. CAMH makes a continuous effort to reduce disparities in mental illness and treatment through advocacy, data collection, policy-related activities, and research and training programs and by enhancing the cultural appropriateness of our services offerings in key populations. We have a renewed focus on alignment across CAMH to enable a next level of partnership with First Nations, Inuit and Métis partners. Through the launch of Shkaabe Makwa, we will improve and expand the ways in which we support wellness locally and in the community.

Describe your organization's greatest QI achievement from the past year

There is a strong connection between quality care and safe care. This year CAMH's greatest quality-improvement accomplishment was our streamlined and focused effort to prevent and reduce workplace injury through our Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) initiative. At CAMH, we use a "Prevent, Respond, and Improve" approach to drive continuous

improvement in achieving our safety goals. We openly discuss and learn from incidents, use data and evidence to make decisions, and build on the best of our successes.

Efforts to enhance patient and staff safety have been driven through our Safe & Well CAMH initiative. Launched in 2015, we have been on a five-year improvement journey to achieve the following:



Building strong therapeutic relationships with our patients is a fundamental part of keeping everyone safe. TIDES is an important feature of Safe & Well CAMH and has three goals:

1. Enhancing skills and building confidence through team-based learning, in partnership with people with lived experience
2. Driving fundamental day-to-day evidence-based processes proven to keep everyone safe
3. Bringing learning to the point of care by facilitators, who are point-of-care staff members

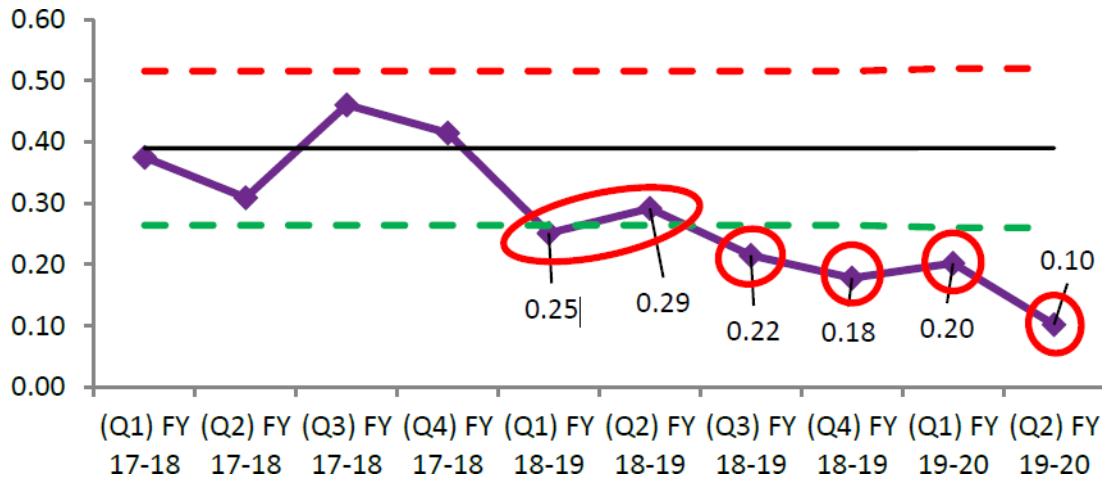
Grounded in trauma-informed and patient-centred care, TIDES is an integrated program that is mandatory for every direct and indirect service in- and outpatient staff and physician. It supports confidence and competence in crisis prevention, de-escalation and physical interventions. This is achieved through strengthening the relationships that underlie those situations. Fundamental principles include knowing and understanding patients, families, teams and oneself, and translating this into enhanced prevention, safety and collaboration.

Compliance rates with TIDES training delivery is on-track. TIDES Day 1 and Day 2 training is complete for inpatient direct service staff and Day 3 training is currently under way. Direct service staff in high-

priority outpatient services has received outpatient-specific TIDES training. As of January 2019, all inpatient units went live with the implementation of evidence-based practice enhancements.

As a result of strong compliance with training and implementation, we have observed a correlated decrease in rates of workplace violence* incidents over the past two fiscal years (see graph below).

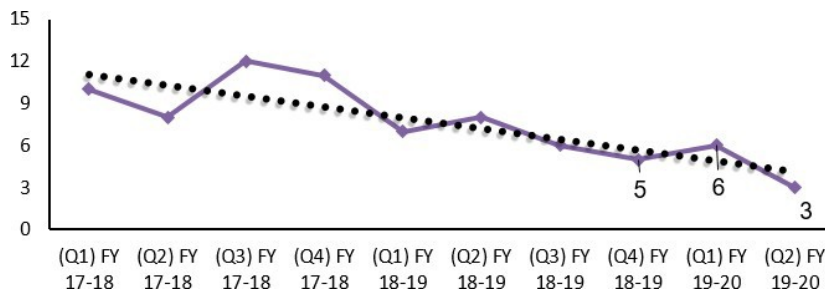
Workplace Violence (WPV) Rates – Staff



Methodology: Number of WPV incidents against staff resulted in time lost per 100 FTEs. Upper and lower control limits and average calculated based on FY 17-18 data.

* Workplace Violence Definition: The exercise of physical force by a person against CAMH personnel, in a workplace, that causes or could cause physical and/or psychological trauma/harm/injury/illness or that gives a person reason to believe that s/he or another person is at risk of physical and or psychological trauma/harm/injury/illness (AHR 3.13.26 Workplace Violence Prevention ProgramPolicy).

Incidents per Quarter (Total Number)



The rate of workplace violence incidents resulting in time lost for staff decreased in Q2 FY 19-20 compared to Q1 FY 19-20. This data point fell outside the lower control limit indicating special cause variation. It is noted that there was <1% change in total FTEs (2967 in Q1 to 2947 in Q2) while total workplace violence incidents reported decreased by 50%.

In the last two fiscal years, a gradual decline in incidents reported per quarter is observed (see graph above).

The TIDES Program is delivered on a biannual cycle alternating between in- and outpatient services. Ongoing monitoring and evaluation of the program, associated processes, and needs of CAMH clinical teams and patients ensures a continuous improvement cycle in an effort to ensure high-quality care and safety.

Collaboration and integration

The patient journey is at the centre of everything we do. Effective partnerships and integration are at the core of our belief that Mental Health is Health. To provide the best possible mental health care to CAMH patients, we continue to use our resources and influence to help build modern, sustainable, and connected systems of care. We continue to work with partners from Ontario Health Teams, community agencies, hospitals, primary care, as well as with partners across sectors like education, justice, and housing. Examples of CAMH partnerships and integration initiatives at the local and provincial level that will continue in 2020-21 include:

- Implementation of the Ontario Structured Psychotherapy program with the Royal Ottawa Hospital, Waypoint Centre for Mental Health Care, Ontario Shores Centre for Mental Health Sciences, and community agencies across the province that will deliver cognitive behavioural therapy to 100,000 Ontarians.
- Ongoing scale and spread of best practices in early psychosis interventions for Transition Aged Youth through programs like NAVIGATE in partnership with young people with lived experience, their family members, the University of Toronto, Canadian Institutes of Health Research Strategy for Patient-Oriented Research, the Early Psychosis Intervention Ontario Network and five early psychosis programs, responsible for covering 45% of Ontario's geographic area.
- CAMH is working with the Mental Health Commission of Canada and community partners including Punjabi Health Community Services in the GTA and the Ottawa Newcomer Health Centre to develop a culturally adapted form of cognitive behavioural therapy for people of South Asian origin. Previous research has shown higher rates of anxiety and mood disorders for this population compared to immigrants from other parts of the world, primarily due to cultural and socio-economic factors. People of South Asian origin also have the highest perceived barriers to mental health treatment, and are 85% less likely to seek treatment for mental illness than those who identify as white. This builds on work that CAMH has taken to culturally adapt cognitive behavioural therapy for people of African and Caribbean origin.

CAMH has also undertaken a number targeted initiatives and strategies — both internally and in collaboration with external partners — to address Alternate Level of Care (ALC).

- Targeted Initiatives:
 - Partnership between CAMH and 14 community agencies to develop an ALC High Support Housing Initiative.
 - Development of a licensing agreement between CAMH and LOFT and CAMH and the CMHA to operate transitional housing onsite.
- Current ALC Strategies:
 - Collaborating with high support housing agencies to develop and submit nine proposals to the Ministry of Health and Long Term Care to create a variety of new housing options for ALC patients.
 - Collaborating with the Local Health Integration Network (LHIN) to participate in the Service Resolution Table (SRT) to obtain supports for those patients that require additional resources to aid with discharge.
 - Collaborating with the LHIN to partner with and shape new transitional housing that will be ready in January 2020.
 - Development of an internal report that can capture in-the-moment ALC data so that the right patient is being matched with the right housing and community supports as they become available.
 - Active engagement with community agencies to secure priority access to beds for CAMH patients.
 - Maintaining current housing agreements with community agencies. There are approximately 400 beds in the community that are associated with these agreements.
 - Implementation of a Consultation Liaison (CL) model in CAMH's Complex Care and Recovery Program, which will support geriatric, forensic, dual and schizophrenia patients who are located across the organization through consultation and knowledge exchange by an inter-professional team.

Patient/client/resident partnering and relations

A CAMH promise to our community is that we will work continually to improve the care and supports we provide to patients and their family circle. We understand that to keep that promise, we must include patients and families in all aspects of our organizational, clinical, research and education initiatives to achieve care of the highest quality. Our work to engage patients and families has been guided by CAMH's previous and new strategic plans. A highlight of our care improvement work is the CAMH TIDES training program, designed to promote the important therapeutic relationships that support staff and patient safety. This program helps our staff hone the skills to deliver the best possible care to patients in a way that respects their unique needs. TIDES is co-created with, and co-delivered by, people who have lived experience.

Another highlight is the boldest chapter of our Queen Street site transformation into a mental health facility of the future. Patients and families have been, and continue to be, engaged in helping us create spaces that inspire hope and healing, such as informing the selection of furnishings and other items, and drafting a vision for the future forensic building. Our patient and family engagement plans also include deepening patient participation as partners in research and education and a patient portal for faster access to health information.

Our hospital also has unique input structures that ensure opportunities for meaningful patient and family involvement. These include the Patient and Family Engagement Roadmap, inclusive of patient and family advisory committees, and the Empowerment Council. The Board of Trustees and our board committees explicitly include these voices.

We partnered with our patients, families and people with lived experience in the development of our 2020-2021 QIP to ensure that we incorporated their experiences of care, perceptions and concerns, as well as their ideas for QIP change ideas:

- The Patient and Family Experience team engaged 264 patients (inpatient and outpatient) and 33 family members through 21 focus groups and 113 street team conversations that occurred on 21 inpatient units and 16 outpatient clinics.
- Information collected from the Ontario Perception of Care tool for Mental Health and Addictions (OPOC-MHA) also informed our QIP development by helping to identify areas of strength and areas for improvement. Specifically:
 - The OPOC-MHA provided patients with the opportunity to voice their opinions on access, quality of our services, participation and rights, clinicians' knowledge, care environment and overall experience.
 - We surveyed family members, including those who are registered patients receiving their own services.
 - Programs reviewed OPOC survey data for quality improvement ideas (e.g. how to improve satisfaction, medication safety).
 - The Quality team hired and trained surveyors with lived experience of mental illness through CAMH's Employment Works! Program to administer the OPOC.
- Patients, family members, and the Empowerment Council are represented on our program Quality Councils where they provide important insight and ideas for quality improvement efforts and QIP change ideas.
- Information/data gathered through our Client Relations Office (e.g. trends in complaints or concerns voiced by patients and family members) informs QIP indicator selection and change ideas and we utilize our health equity data and incident data from our SCORE system to inform QIP development.

Workplace Violence Prevention

Workplace violence prevention is a top priority at CAMH. Safe & Well CAMH, a strategic initiative, is now in its fifth year and continues to support existing and new initiatives. The work is guided by a strong governance structure led by senior leaders with representation from all portfolios at the steering committee. There have also been significant efforts – with very positive outcomes – to work proactively and collaboratively with our ONA and OPSEU union partners on all initiatives. Significant resources have been invested in both training for staff and management. TIDES is a mandatory training program for all staff and is continuing to roll out across the organization to all outpatient programs, following the successful implementation to inpatient programs. In addition to staff training, the organization has committed resources towards Supervisor Competency Training for all management staff. We piloted a three-day training last year — two days PSHSA training and one day CAMH specific. We are currently revamping the training to make all three days CAMH specific. This new training will roll out in fiscal 20/21.

Additionally, we will be formalizing our Mental Health Strategy in 20/21 to further support our staff, focus on horizontal violence, racism and oppression in the workplace, and support staff around two-person safe searches. Our success is evidenced through our rates of workplace violence decreasing over the past two fiscal years. We report quarterly via the Patient Safety Report to the Clinical Quality Committee of the Board, and through updates to the Board of Trustees.

Virtual care

CAMH is committed to being a leader in virtual care and is developing a robust digital health strategy that embraces patient and family co-design, leverages partnerships and fosters a culture of inclusive innovation that, together, moves us from ideas to reality.

As a leader in telemedicine within Ontario, CAMH currently delivers approximately 3,000 virtual visits per year to patients living in Ontario, in over 250 predominantly rural and remote locations. CAMH also delivers an integrated care model (ICM) of telepsychiatry that regularly connects 45 primary care organizations (including six sites that serve First Nations Inuit and Métis communities) to a dedicated psychiatrist via telemedicine and e-consultations, providing over 230 hours of indirect care (case consultations, education, etc.), in addition to clinical assessments.

As an early partner with the MOH and OTN's Partner Video Project, CAMH is piloting the integration of non-OTN virtual platforms for clinical use in Ontario (which will significantly increase our volume of virtual visits). As part of this work, we also inform the provincial strategy as members of the provincial Partner Virtual Visit Solution Steering Committee. Finally, CAMH leverages the ECHO (Extension of Community Healthcare Outcomes) model to connect over 1,200 primary care providers in a community of practice that uses weekly interactive videoconferences to share best-practices and to provide case-

based learning. Each year, the ECHO Ontario Mental Health Program delivers over 270 hours of virtual training, further building capacity amongst care providers in Ontario. In addition, CAMH has partnered with the University Health Network to train new ECHO projects provincially, nationally and internationally, via the ECHO Ontario Superhub, to ensure the implementation of high-quality innovative ECHO projects.

CAMH is also developing capacity to offer Internet-delivered Cognitive Behavioural Therapy (iCBT) for patients with mood and anxiety disorders. CBT is an evidence-based intervention for mood and anxiety disorders, and most of the 6,000-plus patients seen in CAMH's Mood Disorders Clinic receive a recommendation for CBT. The challenge is that in-person CBT requires 12-16 weekly visits, which can be difficult for many patients (because of work, family, and/or academic obligations). The option to receive therapy online is anticipated to allow more patients to access this important treatment. Given that the iCBT is an emerging intervention, CAMH will be undertaking a proof of concept pilot, which will inform potential scale and spread. Key learnings will be shared.

Executive Compensation

At CAMH, the executive team's compensation includes "at risk" pay in the range of 25% for the CEO and 15% for the executive team. The link to the QIP target achievement, as noted in the table (page 10), is set at 5.0% for the CEO and 3.0% for the executives. The even distribution across all domains of quality reflects our belief that the domains for quality are inter-related and together lead to high-quality care.

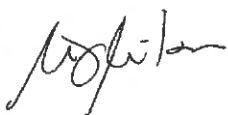
Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safe	Workplace violence prevention	20.0%	1.0%	0.6%
	Reduce use of physical restraints in mental health			
Timely	Reduce wait times in the Emergency Department and EAU	20.0%	1.0%	0.6%
Patient- Centered	Improve patient satisfaction (inpatient services)	20.0%	1.0%	0.6%
Effective and Efficient	Reduce the percentage of patients who are readmitted to hospital within 7 days of discharge	20.0%	1.0%	0.6%
Equitable	Staff were sensitive to patient's cultural needs (e.g. religion, language, background, race)	20.0%	1.0%	0.6%
Total 'at risk' pay related to QIP			5.0%	3.0%
Total 'at risk' pay not related to QIP			20.0%	12.0%
Total 'at risk' pay			25.0%	15.0%

Contact Information


Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan



David Wilson
Board Chair



Adelina Urbanski
Board Quality Committee Chair



Dr. Catherine Zahn
President & CEO