camh
mental health is health

2020/21 Quality Improvement Plan
"Improvement Targets and Initiatives"

AIM		Measure						Change			
Issue	Quality dimension	Measure/ Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
Theme I: Timely and Efficient Transitions	Efficient	7 day readmission - the number of stays with at least one subsequent hospital stay within 7 days divided by the total number of hospital stays in a given quarter	% / All inpatients	Hospital collected data / Q4 19-20 through Q3 20-21	4.2%	4.2%	Maintain current performance	Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring compliance with: 1) PODs as standard discharge practice across inpatient areas	Audits/feedback mechanism for compliance rates and targeted initiatives for areas identified from audits as needing improvement/support	% of patients with completed PODS	90% of patients with completed PODs
								2) ED Multidisciplinary Assessment for External Providers as standard discharge practice from the Emergency Department	Identify challenges associated with form completion, use evidence to inform potential solutions, and conduct improvement cycles to test ideas to enhance uptake	% of patients with completed Multi-D Form for External Providers sent to primary care provider within 48 hours of discharge	15% of patients with completed Multi-D Form for External Providers sent to primary care provider within 48 hours of discharge
								3) Discharge summaries completed within 48 hours of discharge and sent from hospital to the community care provider	Review key performance indicators with physicians during their annual re-appointment evaluations and engage in practice improvements to improve performance targets	1) % of discharge summaries completed within 48 hours 2) % of discharge summaries sent	1) 80% of discharge summaries completed within 48 hours 2) 70% of discharge summaries sent
								4) Physician consultation notes completed and sent	Review key performance indicators with physicians during their annual re-appointment evaluations and engage in practice improvements to improve performance targets	1) % of physician consultation notes completed within 7 days 2) % of physician consultation notes sent within 14 days	1) % of physician consultation notes completed within 7 days (CB) 2) % of physician consultation notes sent within 14 days (CB)
	Timely	90th percentile ED/EAU LOS (Emergency department wait time for inpatient bed)	Hours / ED patients	Hospital NACRS / Q4 19-20 through Q3 20-21 (YTD)	51 (updated methodology, ED & EAU combined)	CB	Methodology change - ED and EAU LOS combined. As a result of redevelopment our ED and EAU short stay will be combined, impacting our length of stay	1) Move Emergency Department (ED) to new building as part of Phase 1C and monitor the impact of the new space on ED Length of Stay (LOS). Expand on the Emergency Department Optimization work after transition is complete	1) Move Emergency Department to new physical location and implement refined processes (July - September, 2020)	Implementation of relocation plan to new physical location	Implementation of relocation plan to new physical location (Y/N)
									2) Gather current state data on triage process in new physical location, monitor performance against target, and conduct improvement initiatives where appropriate (October - December, 2020)	1) The median time from ED registration to start of triage 2) Duration of triage assessment 3) ED HOLD - Admit no bed	1) The median time from ED registration to start of triage (CB) 2) Duration of triage assessment (CB) 3) ED HOLD - Admit no bed (CB)

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								2) ALC remains a high-priority issue for CAMH as we are challenged to manage the length of stay for patients who require admission from our ED. As well, many of our ALC patients remain in our care due to a lack of good quality, appropriate and affordable supportive housing options. We will continue our advocacy efforts for a more coordinated and robust system-level strategy to address the housing crisis and we will continue to work with community agencies to build and sustain valuable housing partnerships	1) Continued collaboration with high support housing agencies to develop and submit proposals to the Ministry of Health and Long Term Care to create a variety of new housing options for ALC patients. If the funding is approved, the implementation of new housing partnerships is expected to improve bed flow throughout the hospital	1) Proposals developed and submitted 2) Proposal(s) accepted by the Ministry of Health and Long Term Care 3) Initiate implementation planning with the high support housing agency (or agencies) for the approved proposal(s)	1) Proposals developed and submitted (Y/N) 2) Proposal(s) accepted by the Ministry of Health and Long Term Care (Y/N) 3) Meeting scheduled with the high support housing agency to initiate planning (Y/N)
									2) Continued collaboration with Ontario Health/the Local Health Integration Network (LHIN) to participate in the Service Resolution Table to obtain supports for those patients that require additional resources to aid with discharge	# of patients we identify to bring to the Service Resolution Table	5 patients we identify to bring to the Service Resolution Table
Theme II: Service Excellence	**Patient-centred**	Percent positive result to the OPOC question: "I think the services provided here are of high quality"	% / All inpatients who completed the survey	Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool / Q4 19-20 through Q3 20-21	2019-20: 35% (Top Box)	35%	Indicator methodology change to Top Box. Maintain current performance	1) Continue implementation of the three-year Corporate Patient and Family Engagement Roadmap in partnership with patients/families. At CAMH, we know that involving patients and families in quality improvement and listening to their feedback helps us provide care that is better informed, more responsive to their needs, collaborative and more likely to achieve better outcomes and experience	Continue development of the Patient and Family Partners Program (PFP Program) which is designed to recruit and match patient and family partners (PFP) to advisory groups, committees, working groups and special projects across CAMH. PFP will be involved in partnerships, co-design initiatives, and improvements that impact quality and patient safety	1) Database completed including community-facing application process and staff-facing requests process 2) Recruitment initiated for PFP applicants concurrently with staff engagement requests 3) Matching of PFP with engagement opportunities 4) Completed PFP Program Evaluations for matched PFP and staff partners (patient, family and staff experience)	1) Database completed by June 2020 2) Ongoing with initial outcomes beginning in June 2020 3) Collecting baseline for number of engagement opportunities matched with a PFP 4) 10% of matched PFP and staff will complete PFP Program evaluations
								2) Development of structured therapeutic programs and activities which will be centrally facilitated in the Therapeutic Neighbourhood. The Therapeutic Neighbourhood will provide a dynamic environment where patients can work towards their goals by learning and acquiring new skills while actively engaging in their treatment. The long-term outcomes are to improve patient well-being and quality of life	1) Development of innovative evidence-based program curriculum/content 2) Development of a program schedule 3) Provision of staff training of structured treatment modalities 4) Development of an implementation and evaluation plan 5) Increase the hours of therapeutic programming offered	1) % of project milestones met 2) % of therapeutic programming hours offered	1) 80% of project milestones met 2) % increase of therapeutic programming hours offered (CB)

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Theme III: Safe and Effective Care	**Safe**	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	Count / Worker	Local data collection / January - December 2020	YTD: 521 Incidents	521	Maintain current performance	Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	1) Optimization of in- and outpatient huddles through 6-month fidelity checks with targeted training/recommendations for areas identified as needing support	% of inpatient units and outpatient clinics with completed 6-month fidelity checks	95% of inpatient units and outpatient clinics with completed 6-month fidelity checks
									2) Implement revised Supervisor Competency Training	Number of Managers who have received the revised training	50-75 Managers trained
									3) Continue implementation and adoption of the recommendations from the risk assessments completed on high-acuity units	% of recommendations in progress or completed	95% of recommendations in progress or completed
									4) Continue roll out of staff education/training for Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) training in outpatient programs	% of outpatient staff trained on TIDES	95% of new outpatient staff will receive TIDES training prior to commencing work
		% of patients physically restrained during inpatient stay	% / All inpatients	Hospital collected data / Q4 19-20 through Q3 20-21	4.4%	4.4%	Maintain current performance	1) Continuation of Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) trainingimplementation and sustainability and utilization of practice enhancements of TIDES. The Vision for TIDES is to build a foundation to ensure the safety and wellness of everyone at CAMH. This is achieved through these three goals: 1) Enhancing skills and building confidence through team-based learning 2) Driving fundamental day to day processes proven to keep everyone safe 3) Bringing learning to the point of care	1) Continue TIDES implementation through various training modalities (e.g. Simulation, Inpatient/Outpatient, Hospital Orientation, and Program Specific)	TIDES training completion rate	80% TIDES training is completed
									2) Continue work with clinical units to implement practice enhancements and PDSA cycles for improvement	1) % of new admissions with "This is Me" completed within 7 days of admission (in our EHR) 2) Completion rate of Safety & Comfort Plans	1) 30% of new admissions with "This is Me" completed within 7 days of admission (in our EHR) 2) 76% Completion rate of Safety & Comfort Plans
								2) Implementation of the Canadian Patient Safety Institute (CPSI) Teamwork and Communication Safety Improvement Project. The goal of this initiative is to empower direct-care teams to actively solve local-level teamwork and communication issues that are impacting patient safety outcomes	Optimize an evidence-based tool (e.g. SBAR) to continuously improve care team communication that reduces the number of restraint events on a pilot unit (Geriatric Admissions Unit – B)	1) % of staff educated/trained using TeamSTEPPS communication tool (e.g. SBAR) 2) % of patients that had multiple de-escalation strategies identified in an Emergency Use of Restraint Powerform 3) % of Safety and Comfort Plans completed within 72 hours of admission or following a restraint event 4) % of patient debriefs completed 72 hours after a restraint event	1) 80% of staff educated/trained using Team STEPPS communication tool 2) 70% of patients had de-escalation strategies identified in an Emergency Use of Restraint Powerform 3) 76% of Safety and Comfort Plans completed 4) 30% of patient debriefs completed 72 hours after a restraint event

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Equity	**Equitable**	Percent positive response to the OPOC Survey question, “Staff were sensitive to my cultural needs (e.g. religion, language, ethnic background, race)”	% / All inpatients who completed the survey	Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool / Q4 19-20 through Q3 20-21	2019: 55% (Top Box)	CB	New Indicator for 20-21	1) Implementation of a training program, under Fair & Just CAMH, that examines unconscious bias, anti-Black racism, and other root causes of racial disparities in health outcomes to increase staff and leadership knowledge, awareness and capacity. This is one of many equity-focused priorities under Fair & Just CAMH – a CAMH-wide initiative – to advance equity, diversity and inclusion. Key milestones will be in data sharing, health outcomes, training and other supports	Implement equity-based trainings for CCR Forensics program staff (pilot)	1) Number of training sessions completed 2) Number of staff trained	1) 6 training sessions completed 2) 200 participants trained	
								2) Expansion and enhancement of Interpretation Services (IS). CAMH provides interpretation services free of cost to our patients. We offer over 45 languages and receive over 3000 requests annually. Access to IS at CAMH is underutilized. An internal review shows that the use of IS for inpatients is inconsistent. We are conducting a multipronged study to increase awareness and utilization of IS across CAMH	1) Add Indigenous languages to languages offered by IS at CAMH 2) Conduct focus groups with inpatient CAMH staff to increase IS awareness and identify barriers to use 3) Host CAMH-wide event to increase staff awareness of IS	1) Number of Indigenous languages added 2) Number of focus groups 3) Number of participants who attend event	1) 1 language added 2) 8 focus groups completed 3) 40 event participants	