Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	% of high suicide risk patients with a completed Inter-professional Plan of Care (IPOC) (%; Targeted units; Most recent quarter available; Hospital collected data)	948	56.40	60.00	59.20	

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Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Augment completion rates of IPOC for patients identified as high suicide risk	Yes	Audits were helpful to identify gaps in process. Data is being monitored through the Key Performance Indicators.

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2	% of patients physically restrained during inpatient stay (%; All inpatients; Q4 17-18 through Q3 18-19; Hospital collected data)	948	4.68	4.68	4.40	

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Develop and implement an integrated approach to SAFEWARDS & TIDES expansion on target units	Yes	• The vision for CAMH's Trauma-Informed De-escalation Education for Safety and Self-protection (TIDES) training is to build a foundation to ensure the safety and wellness of everyone at CAMH. This is achieved through these three goals: o Enhancing skills and building confidence through team-based learning o Driving fundamental day-to-day processes proven to keep everyone safe o Bringing learning to the point of care • PDSA for new approach is live on 2 units (Concurrent Addictions Inpatient Treatment Service/Medical Withdrawal Service) • In the 2018 calendar year, all inpatient teams completed Day 1 of the TIDES training o All inpatient teams engaged in process implementation for key practice enhancements • In 2018, 80% of our outpatient teams completed Day 1 training
Increase completion of safety & comfort plans on admission, post events, and patient debriefs	Yes	These are being monitored through our Key Priority Indicators (KPI). Advanced Practice Clinical Leaders are supporting the care of complex patients including care planning and debriefs

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3	% of patients with completed demographic information (%; ED and all inpatients; Q4 17-18 through Q3 18-19; Hospital collected data)	948	90.40	93.00	87.90	

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Support the goals of the Health Equity strategy by collecting and using socio-demographic data to understand inequities in care	Yes	Our CAMH Health Equity Strategy was reviewed and refreshed in October 2018. This strategy was developed and implemented to apply a socio-demographic lens to key indicators on the Balanced Scorecard. In the Q1 2018 Balanced Scorecard, a detailed analysis was completed on our Emergency Assessment Unit and Emergency Department's average length of stay by equity indicators including age, ethnicity, gender, and LHIN of residence.

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4	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; Q4 17-18 through Q3 18-19; Hospital collected data)	948	5.70	5.70	5.20	

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Expand and enhance evidence-informed discharge optimization project	Yes	Methods: 1. To continue to improve medication reconciliation upon discharge: • Our rates for Medication Reconciliation are at 95%. Key improvements included: o Adding the Estimated Discharge Date to the Patient List in our electronic health record, I-CARE o Implementation of the Patient Oriented Discharge Summary (PODS) with tailored medication information linked to the Medication Reconciliation discharge plan o An alert added to I-CARE for physicians to complete medication reconciliation at discharge o An additional significant enhancement was the roll out of the Community Pharmacy Medication Summary, faxed via I-CARE, to the patient's pharmacy on their behalf. This summary pulls in information based on the discharge Medication Reconciliation plan to delineate changes in medications relative to those at admission – categorized as new, changed, stopped or continued 2. To entrench use of our Patient Oriented Discharge Summary (PODS) as standard discharge practice across the hospital: • Implementation of PODS across CAMH was completed in July 2018. To ensure ongoing monitoring and sustainability, this indicator has been adopted on the Balanced Scorecard 3. To improve completion of discharge summaries in a timely manner: • As part of the Discharge Optimization project, there was a focus on moving from a policy of 72 hours to 48 hours to complete the Discharge Summary note. In Q1, we were below target at 65%. To support improvement, the indicator was adopted on the Balanced Scorecard and Physician Reporting. Continuous improvement support will be provided to continue to work towards the target

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5	90th percentile Emergency Department (ED) Length of Stay (LOS) (Hours; ED patients; Q4 17-18 through Q3 18-19 (YTD); Hospital NACRS)	948	14.20	14.20	17.50	Please note a correction to our 'Target' as stated on our previous QIP - it should be 13.5 hours (not 14.2 hours as indicated).

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Enhance acute care capacity at CAMH	Yes	Our new 23-bed unit opened in 2018, occurring more quickly than planned. The Bridging Clinic has serviced approximately 1200 patients in its first year and its demonstrated impact has resulted in significant expansion from its initial implementation. Further expansion planning underway to support Bridging hours on evenings and weekends and CTO monitoring, case management, and additional Skills Groups. Since the Bridging Clinic extended its hours in July 2018, our Emergency Department (ED) now diverts, on average, 14% of their visits to the Bridging Clinic (lower acuity patients). A new overnight physician shift in our ED, which came into effect in July 2018, has resulted in more patients being discharged overnight, resulting in decreased overcrowding. The ED Optimization Project is underway to support improved efficiency, quality of care, and patient experience. The new ED Multidisciplinary Assessment form was implemented in August with 70% fewer questions.

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6	Average length of stay (ALOS) for inpatients admitted to the Emergency Assessment Unit (EAU) through the ED (Hours; All inpatients admitted through ED and subsequently transferred to another inpatient unit; Q4 17-18 through Q3 18-19 (YTD); Hospital collected data)	948	19.90	19.90	21.60	Please note a correction to our 'Target' as stated on our previous QIP - it should be 16.9 hours (not 19.9 hours as indicated).

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7	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. (Rate per total number of discharged patients; Discharged patients ; October – December (Q3) 2017; Hospital collected data)	948	77.00	80.00	93.28	

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Continue to leverage technology and physician level accountability to increase completion of medication reconciliation	Yes	Our completion rates for medication reconciliation at discharge are very good: 95% for both Q1 & Q2 2018-2019. Several key interventions, as part of the Discharge Optimization Project, contributed to the increase including: • Adding the Estimated Discharge Date to the Patient List in I-CARE which helps pharmacists engage in the process while covering multiple units • Implementation of the Patient Oriented Discharge Summary (PODS) with tailored medication information linked to the medication reconciliation discharge plan • A physician alert added to our electronic health record, I-CARE, for physicians to complete medication reconciliation at discharge when placing the patient discharge order • An additional significant enhancement was the roll out of the Community Pharmacy Medication Summary, faxed via I-CARE, to the patients' pharmacy on their behalf. This summary pulls in information based on the discharge medication reconciliation plan to delineate changes in medications relative to those at admission – categorized as new, changed, stopped or continued

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8	Number of Lost Time Claims related to a workplace violence event expressed as Workplace Violence Incidents per 100 Full Time Employees (FTEs) (Rate; 100 FTE; Q4 17-18 through Q3 18-19; Hospital collected data)	948	0.36	0.34	0.30	Please note a correction to our 'Target' as stated on our previous QIP - it should be 0.3 (not 0.34 as indicated).

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Expand and enhance implementation of Safe & Well CAMH program, and Workplace violence committee recommendations and annual work plan	Yes	1. To expand and continue implementation of our poster campaign on safety awareness and zero tolerance of workplace violence: • Zero Tolerance signage is now at the entrances to all CAMH buildings and in all elevators across all sites • Joint Health and Safety Committee (JHSC) poster campaign kicked off in August 2018 with a 12 month poster campaign highlighting JHSC, a monthly safety tip, and new tagline 'Safety is Everyone's Responsibility' 2. To implement/adopt recommendations from risk assessments completed on high acuity units: • Unit-specific recommendations are all in progress or completed • Organizational recommendations are over 33% in progress or completed and currently continue to be prioritized for implementation 3. To implement supervisor competency training for workplace violence (PSHSA + 1-day CAMH specific training): • Training implemented with first session taking place October 2018. All sessions fully booked 4. To implement/adopt appropriate recommendations from the Leadership Table on Workplace Violence: • We are reviewing and prioritizing recommendations for applicability and implementation. Many of CAMH's current efforts are being seen as leading practices by key stakeholders

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9	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period. (Count; Worker; January - December 2017; Local data collection)	948	CB	CB	609.00	

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10	Percent positive result to the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) question: "I think the services provided here are of high quality" (%; All inpatients who completed the survey; Q4 17-18 through Q3 18-19; Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC))	948	80.20	80.60	76.60	Please note a correction to our 'Current Performance' as stated on our previous QIP - it should be 75.9% (not 80.2% as indicated). Please note a correction to our 'Target' as stated on our previous QIP - it should be 76.3% (not 80.6% as indicated).

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Utilize discharge survey methodology to enhance patient experience at discharge	No	Strategy was revised to focus on PODS implementation rather than the discharge pilot.
Continue implementation of patient-oriented discharge summaries (PODS) to provide improved patient information re: medications and next steps in care post discharge	Yes	1. To expand PODS to Emergency Department and Emergency Assessment Unit: • ED Optimization initiative currently underway which includes triage, discharge and exploring the use of the Team Based Model. As part of the discharge processes, PODs will be implemented in the ED and EAU 2. Continue implementation of PODS on other units: • Implementation of PODS across the hospital's inpatient units completed in July 2018
Enhance corporate patient engagement strategy in partnership with patients/families	Yes	To implement year 1 deliverables of the Patient Engagement Strategy that was developed in partnership with patients/families: • Three-year patient and family engagement road map developed in partnership with patients/families. The foundational project milestones for year one are complete (e.g. implementation of the 'This is Me' page in our electronic health record, I-CARE, and to develop patient/family engagement facilitator roles, and to include patients/families in organizational governance), additional year one deliverables are in progress

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Enhance quality improvement capacity and focus on local QI initiatives	Yes	To implement daily team huddles to outpatient services with a focus on local quality improvement initiatives: • Outpatient Huddles implementation underway, targeting all units to be live by end of fiscal 2018-19
Strengthen integrated and interprofessional approaches to care	Yes	To continue to consolidate addictions assessment services and strengthen interprofessional approaches to care: 1. Development of the COMPASS service: • All clients requesting core addiction services now go to one single service. Clients are streamed to other specialty services if required after the assessment process in COMPASS • Standard assessment form in ICARE is being finalized and should be rolled out in the next month • Clients are screened for overdose risk, more fulsome assessment occurs when risk is indicated and Naloxone is available in the service 2. Concurrent disorder screening at Access CAMH: • Screening at Access CAMH also allows for standard approach to screening for suicide and overdose risk and escalation occurs for positive screens