2019/20 Quality Improvement Plan
"Improvement Targets and Initiatives"

Centre for Addiction and Mental Health 1001 Queen Street West

camh
mental health is health

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 18-19 through Q3 19-20	5.2	5.70	Maintain current target	1) Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring compliance of PODs as standard discharge practice across in- and out-patient areas	Audits/feedback mechanism for compliance rates and targeted initiatives for areas identified from audits as needing improvement	% of patients with completed PODS	90% of patients with completed PODs
								2) Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring that discharge summaries are sent from hospital to community care provider within 48 hours of discharge	1) Education for physicians on ICARE process	% of discharge summaries completed	80% of discharge summaries completed
									2) Add this as a key performance indicator to the annual physician re-appointment evaluation	% of discharge summaries sent within 48 hours	60% of discharge summaries sent within 48 hours
	Timely	90th percentile ED LOS (Emergency department wait time for inpatient bed)	Hours / ED patients	Hospital NACRS / Q4 18-19 through Q3 19-20 (YTD)	17.5	17.50	Maintain current performance	Continued implementation of the ED Optimization Project: A three-phased quality improvement approach to improve patient experience, efficiency and quality of care for clients and staff within CAMH's Emergency Department (ED). This project looks to optimize aspects of both triage and discharge processes, using a team-based model that will look to improve the overall quality of ED services. The primary objective of the triage phase looks to decrease the wait time between registration and triage, having patients seen by a nurse in a more timely fashion. The primary goal of the discharge phase of the project is the implementation of PODS, to be provided to all patients discharged from the ED, as well as improvement and optimization of process for the dissemination of discharge summaries from ED Physicians to Community Physicians.	1) ED Triage Optimization Working Group: current state analysis, PDSA cycle, implementation of change ideas, staff education and training	1) Time from ED registration to start of Triage 2) Duration of Triage assessment	Collecting baseline for both Process Measures
									2) ED Discharge Optimization Working Group: current state analysis, PDSA cycle, implementation of change ideas, staff education and training	Implementation of PODS Powerform in I-CARE	The PODS Powerform was implemented (Yes/No)
									3) Data-driven: ongoing monitoring of performance, information on ED dashboard	Implementation of ED discharge note documentation in I-CARE	The ED discharge note documentation was implemented in I-CARE (Yes/No)
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 18-19 through Q3 19-20	76.6	76.60	Maintain current performance	1) Continued implementation of the three-year corporate patient and family engagement strategy in partnership with patients/families.	1) Introduction and implementation of the Patient and Family Engagement Facilitators and Patient and Family-Centered Care Clinical Specialist roles	Positions filled by June, 2019	Positions filled by June, 2019 (Yes/No)
									2) Development of the Patient Partnership Program	% of project milestones met	Monitor quarterly
									3) Patient and Family-Centred Care training for leadership (Institute for Patient and Family-Centred Care)	Leadership training delivered by May 31, 2019	# of leaders trained

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								2) Ensure compliance of the patient-oriented discharge summaries (PODS) to provide improved patient information re: medications and next steps in care post discharge	Audits/feedback mechanism for compliance rates and targeted initiatives for areas identified from audits as needing improvement	% of patients with completed PODs	90% of patients with completed PODs
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 2018	609	609.00	Maintain current performance	Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	1) Expansion and implementation of huddles in outpatient areas and optimization/enhancement of inpatient huddles	% of outpatient clinics with completed huddles implementation	100% of outpatient clinics with completed huddles implementation
									2) Implement a staff support program with immediate one time counseling from those staff involved in critical incidents	Staff support program implemented	Staff support program implemented (Yes/No)
									3) Implement and adopt recommendations from the risk assessments completed on high acuity units	Number of recommendations in progress or completed	65% of recommendations in progress or completed
									4) Implement Day 2 and Day 3 of TIDES training as part of clinical orientation with a focus on self-protection skill and team code white interventions	% of inpatient staff trained on Day 2 and Day 3 of TIDES	80% of inpatient staff trained on Day 2 and Day 3 of TIDES
		% of patients physically restrained during inpatient stay	% / All inpatients	Hospital collected data / Q4 18-19 through Q3 19-20	4.4	4.74	Maintain current target	Implementation of the 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) Staff education/training for Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES)	TIDES training completion rate	80% TIDES training is completed
									2) Work with clinical units to develop implementation plan for practice enhancements and PDSA cycles of improvement re: implementation of practice enhancements	1) Completion rate of TIDES 'This is Me' page in I-CARE (our EHR) 2) Completion rate of Safety & Comfort Plans	1) Completion rate of TIDES 'This is Me' page in I-CARE (our EHR) - Collecting Baseline 2) Completion rate of Safety & Comfort Plans - 65% completion of Safety & Comfort Plans
		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	Hospital collected data / Q4 17-19 through Q3 19-20	0.3	0.30	Maintain current performance and target	Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	1) Expansion and implementation of huddles in outpatient areas and optimization/enhancement of inpatient huddles	% of outpatient clinics with completed huddles implementation	100% of outpatient clinics with completed huddles implementation
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		Total number of eligible registered outpatients for whom medication reconciliation was completed as a proportion the total number of registered outpatients with medication reconciliation required to be completed	Rate per total number of eligible registered outpatients / Total number of registered outpatients	Hospital collected data / Most recent quarter available	CB	CB	Collecting Baseline	A formal outpatient medication reconciliation implementation project proposal was approved in September 2018. Key dedicated personnel (a pharmacist and project manager) are now working on the plan and implementation. Components include: • Revising the policy to improve feasibility and tracking • Establish clinic workflows • Implement training program • Improve reporting functions • Improve I-CARE reminder to complete med rec in outpatients	<u>Phase One</u>: 1) Approve newly revised med rec in outpatients policy (with clarified role responsibilities, and simplified predetermined list of medications required for med rec completion)	Policy approved	Policy approved (Yes/No)
									2) Assess what alerts and reports could be developed and utilized in our electronic health record (I-CARE) to remind physicians if med rec has not yet been completed when required (i.e., when first prescribing a medication from the specified list, at 6 month intervals and at discharge) for qualified patients	1) Assessment completed 2) Implementation of new alerts and reports	1) Assessment completed (Yes/No) 2) Implementation of new alerts and reports (Yes/No)
									3) Develop 15 min. base training (1 of 2 trainings) on how to perform basic I-CARE functions and then training on med rec process during December-March; supplemented by how-to's and videos. Also, med rec help account created - op@camh.ca (i.e., for training requests from prescribers)	1) Training developed and supplemental support documents created (How-to's and videos) 2) # staff who the training has been disseminated to	1) Training developed (Yes/No) 2) Supplemental support documents created (How-to's and videos) (Yes/No) 3) # staff who the training has been disseminated to (Collecting Baseline)
									<u>Phase Two</u>: 1) Assist/advise clinics in establishing workflows for med rec (target Feb/March 2019) 2) Assess compliance from April onward 3) Develop patient medication summaries for use following med rec	Audits to assess compliance	Collecting Baseline
Equity	**Equitable**	% of patients with completed demographic information	% / ED and all inpatients	Hospital collected data / Q4 18-19 through Q3 19-20	87.9	93.00	Maintain current target	To improve demographic data collection in the Complex Care & Recovery Programs' Forensic inpatient areas	Improve Health Equity Powerform Completion rates on the Forensic Inpatient Units by reviewing program-wide and individual unit results with the Forensic inpatient managers and sharing patient-specific data obtained from our Performance Improvement team with clinical teams. Improve the Health Equity Powerform Completion rates on the Forensic Inpatient Units by developing clinical team-specific strategies for completion of the Health Equity Powerform for patients with incomplete files (e.g. integrating the completion of the Health Equity Powerform into their required assessments/Powerforms on admission)	% Health Equity Powerforms completed for patients with incomplete files	Less than or equal to 7% of incomplete Health Equity Powerforms