Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP

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 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	Decrease Average Length of Stay (LOS) for clients discharged within 4-90 days Days Mental Health / Addiction patients Q4 2013-14 –Q3 2014 -15 ADT	25.90	25.40	24.90	Average length of stay is positively influenced by both robust discharge planning and availability of appropriate discharge destinations. The mental health sector continues to experience challenges with respect to appropriate places to discharge. As well, the client population we are serving continues to increase in complexity and co-morbidity. We have undertaken various strategic efforts aimed at reducing average length of stay. Throughout the year, outpatient services in specific areas underwent transformation, including the introduction of extended hours as well as enhanced ties with partners to provide community-based services necessary to discharge hospitalized patients. We are also increasing our efforts at creating effective discharge plans. An associated risk of decreased length of stay is potential increase in readmission rate. We are monitoring this closely with the goal of better understanding the populations at risk for readmission and factors that lead to readmission.

Change Ideas from Last Years QIP (QIP 2014/15)	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?
Early and consistent focus on discharge planning	Yes	We worked with CCAC on Home First strategies in an effort to apply the techniques used in general hospitals to reduce length of stay. This a key component of our approach to ensure appropriate hospitalization and strengthen implementation of our discharge policy that requires all inpatients to have discharge plan in place within 72

hours of admission. We are also undertaking a review of our discharge practices with a view to clarifying individual and team role accountability. We expect to continue with these initiatives in the coming year. We believe focused attention on discharge planning is an effective strategy to reduce unnecessary time in hospital.

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2	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. % N/a Q3 2013/14 OHRS, MOH	1.00	0.00	0.90	We have continued with diligent leadership monitoring and oversight, employing a number of strategies to achieve this goal.

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Implement attendance support program Reduce overtime Quarterly review of performance by executive leadership	Yes	Attendance support program was implemented and has led to decreased absenteeism.

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3	# of non-forensic long stay clients (patients who have been here for one year or more) Counts non-forensic long stay clients (patients who have been here for one year or more) annual ADT	47.00	46.00	29.00	The number of long-stay inpatients at the end of Q3 was the lowest of any previous quarter during the last 2 years. Of the 29 long stay clients still in hospital at the end of Q3 (86%) had been declared Alternate Level of Care. As a result of new external partnerships with high-support housing providers, a number of long-stay clients were able to move into the community. Without continued investment in supportive housing, we will be unable to continue this trend. A consequence of our success in discharging long stay patients is a marked increase in acuity and complexity of our admitted patient population. This is having an impact on our cost structure that will have to be recognized if we are to continue to address a significant unmet need for crisis and critical care for mental illness. We also changed our model of care for the Dual Diagnosis population, a population that tended to have long stays in hospital.

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Leadership and advocacy for system solutions Ongoing emphasis on discharge planning	Yes	As a result of new external partnerships with high-support housing providers, a number of long-stay clients were able to move into the community. We are continuing with system advocacy for high-support housing. Through the change in our model of care for the dual diagnosis population and working with partners in the Toronto Central Health Integration Network (TCLHIN) and those specific to the sector we have been able to discharge a number of complex clients.
Changes in the delivery of out-patient services	Yes	Transformational work was done with out-patient services. This work included the introduction of extended hours and enhanced supports in the areas of assertive community treatment teams and intensive case-management to strengthen community-based services. The additional supports have allowed for clients who previously could not be discharge successfully to be maintained in the community and receive appropriate follow up to prevent readmission.

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4	# of patients currently on or have completed an Integrated Care Pathway (ICP) either in an inpatient setting or ambulatory care Counts Mental Health / Addiction patients annual Integrated Care Pathways spreadsheets: all data related to ICP is currently captured manually	25.00	150.00	185.00	The annual target of 150 was exceeded by 23%. In Q3 45% of clients on an Integrated Care Pathway (ICP) were on the Emergency Department pathway for managing acute agitation and aggression, which was launched at the beginning of the quarter. Current ICPs are: Schizophrenia Inpatient; Late Life Schizophrenia Outpatient Pathway; Emergency Department: Management of acute agitation and aggression; First Episode Schizophrenia – Inpatient; Dementia (Inpatient) – Agitation and Aggression Bipolar Depression Outpatient Pathway; and Major Depression and Alcohol Dependence Pathway. CAMH leadership is in discussion with Ministry of Health and Long Term Care representatives and other Mental Health specialty hospitals to discuss standardization of care in Mental Health.

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Focus on the sustainability and growth of the 3 pilot ICPs in 2013/2014 Identify lessons learned and develop strategies for development and implementation of new Integrated Care Pathways (ICPs) planned for 2014/2015	Yes	The ICP initiative provides the opportunity to initiate the implementation of pathways specific to mental health and addictions within Ontario. ICPs are being developed using CAMH principles such as the recovery-based practice, trauma-informed and cultural-sensitive practice, and the best available evidence. Opportunity exists to integrate evidence-based research from CAMH and integrate it into standardized practice. ICPs will create a platform to evaluate new treatment protocols and conduct further Health Systems Research. The integrated care pathways are being spread beyond CAMH to other organizations with similar populations. Based on the

lessons learned we are developing new pathways to continue quality improvement through standardization of evidence based mental health care. We envision this work as becoming a resource for the entire system and welcome support in their further development. We are pleased with the uptake by the HQO ARTIC program as well as the openness to exploration for QBP (Quality Based Procedures) development.

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5	In house survey - Inpatient positive responses to "Overall how would you rate the care and services you are receiving? positive responses (add together those who respond 'Excellent, Very Good and Good") % Mental Health / Addiction patients annual Hospital collected data	65.20	66.00	68.70	In 2014, inpatient satisfaction on the annual client experience survey improved to 68.7% from 65.2% in 2013 and outpatient satisfaction to 92.3% from 91.7%. There is little information regarding the factors that lead to patient satisfaction in a mental health population. This is an area for further exploration. In 2014, in addition to the annual CES we partnered with Shift Health Paradigms Ltd. (SHP), a healthcare technology company, to create a custom electronic in-patient survey to better understand what contributes to our clients' overall satisfaction with their care. This survey was shorter and at a modified literacy level than our annual survey. Two areas related to overall satisfaction were identified as: i) activities and programming and ii) understanding medication side effects. These areas are targeted for focused improvement. We also noted, in this pilot, that when we used a short, interactive tool with simple language, overall, client satisfaction based on the same question as the annual survey was 84.9% for our inpatient population.

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Further data analysis to identify areas for targeted improvement Increase data reliability Improvement in response time to client complaints submitted via	Yes	Excellent Care for All Act (ECFAA) and Accreditation Canada require annual Client Experience Surveys. The survey tool was developed specifically for our populations,

Client Relations Office. Work with stakeholders including the CAMH Client Empowerment Council.	in collaboration with Accreditation Canada, and has been administered annually at CAMH since 2010 and adopted by our peer hospitals - Waypoint Centre for Mental Health Care, Ontario Shores Centre for Mental Health Sciences, and The Royal Ottawa Mental Health Centre in 2012. While the survey has undergone extensive review, it has not been validated. Over the past year there has been considerable discussion re: validating the tool or adopting a different validated tool and several tools were reviewed. Accreditation Canada is in the process of validating the tool and we are participating fully in this process by sharing our experience and data.

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6	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital. % All patients Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data	N/A	CB	CB	We have implemented a fully electronic health record named I-CARE. We have leveraged the benefits of having an electronic system to elevate/standardize the practice and limit variation in how medication reconciliation is completed. Both the method for doing medication reconciliation and for collecting the data have changed with the new system, thus making it impossible to compare with data from prior years. Prior to I-CARE, medication reconciliation was a manual process and the indicator was calculated using a representative sample. I-CARE gives us the ability to include 100% of admitted patients in our calculation for the indicator. This is a more accurate and robust measure. Therefore our target for 14/15 was to determine a new baseline utilizing the new system. It is important to note that this performance does not mean medication reconciliation at admission is not fully implemented. This is an Accreditation Canada Required Organization Practice and through chart audits we are confident that the requirements are being met and safety is not compromised. Our goal is to reach 100% using a new rigorous process with higher expectations.

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Improve tracking mechanism for medication reconciliation Ensure all clinical staff (interprofessional team) understand their roles and responsibilities	Yes	The change idea was implemented as intended; The shift to I—CARE has necessitated changes in the process for doing medication reconciliation and these changes have

throughout the process including documentation of the best possible medication history (BPMH) in the Cerner system	impacted on the entire inter-professional team. We have increased pharmacy support and have pharmacists playing a key role in process redesign as well as physician education. We are also undertaking revisions of how the tool works. Our goal is to create a standardized and comprehensive process and reduce variation by practitioners. These revisions are in the process of being implemented.

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7	Physical Restraints: Number of admission assessments where restraint use occurred in last 3 days divided by the number of full admission assessments in time period % All patients Q4 2010/12 - Q3 2012/13 OMHRS, CIHI		4.00	3.23	CAMH met its target of being below the provincial average of 4.00%. We continue to be a leader in this area in our sector with year to date use below the provincial average. CAMH is committed to reducing restraint use. CAMH is routinely identifying areas of risk; learning from clients through post-incident debriefs; safety planning with clients on admission and throughout hospitalization; utilizing comfort/ sensory tools in addition to continual enhancement of staff skills through our Prevention and Management of Aggressive Behaviour (PMAB) program and a focus on tools to promote comfort and well being.

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Re-evaluate current restraint practices to identify opportunities for further education and process improvement	Yes	A review of the current restraint practices was completed and decision made to focus on promoting debriefs and alternatives to restraints as well as implementing a more structured approach to better understanding the factors contributing to aggression (including patient factors, environment, policy, and professional practice) Learning from post incident and weekly debriefing are critical to enhancing care. The weekly debriefing form and process were revised and automated. The data is now themed based on patient feedback. Data sharing has been enhanced and we are requiring teams to review all incident s (including “near miss” and successful de-escalation) as part of the weekly debrief. We have implemented a quality improvement initiative with two Plan, Do, Study, ACT (PDSA) cycles to embed routine debriefs and to learn from patients about contributing factors to the restraint event and possible alternatives. Preliminary data are shows an increase in the number of patient debriefs and is identifying areas for targeted intervention. Education on promoting alternatives to restraint is being integrated into the discussion of I-CARE adoption.

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8	Reduce involuntary missing clients Counts Mental Health / Addiction patients annual Q4 2013/14 to Q3 2014/15 Hospital collected data	80.00	76.00	67.00	Absconding is a top patient safety issue in mental health care and monitoring unauthorized leave is an important indicator to monitor. Continued leadership oversight including review of processes related to assessment, documentation, and communication has led to the improvement in this area. We have also reviewed our processes for passes and privileges and have identified the value of ongoing assessment and good team communication.

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Incident reviews to identify additional contributory factors Change in process for contractors and visitors going unto inpatient units Enhanced leadership oversight that extends to off hours (evenings, nights, weekends, and holidays.)	Yes	Detailed reviews and attention to factors that contribute to unauthorized leave of absence are having a significant impact in decreasing the number of these events.