



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Centre for Addiction and Mental Health

Toronto, ON

On-site survey dates: June 14, 2015 - June 19, 2015

Report issued: August 19, 2015



ACCREDITATION CANADA
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Driving Quality Health Services
Force motrice de la qualité des services de santé

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About the Accreditation Report

Centre for Addiction and Mental Health (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in June 2015. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,



Wendy Nicklin
President and Chief Executive Officer

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Section 1 Executive Summary

Centre for Addiction and Mental Health (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization’s leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Centre for Addiction and Mental Health’s accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: June 14, 2015 to June 19, 2015**

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

- 1 Centre for Addiction and Mental Health, College Street
- 2 Centre for Addiction and Mental Health, Queen Street
- 3 Centre for Addiction and Mental Health, Russell Street

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

- 1 Leadership
- 2 Governance
- 3 Medication Management Standards
- 4 Infection Prevention and Control Standards

Service Excellence Standards

- 5 Substance Abuse and Problem Gambling Services
- 6 Community-Based Mental Health Services and Supports Standards
- 7 Mental Health Services
- 8 Biomedical Laboratory Services
- 9 Emergency Department









- **Instruments**

The organization administered:

- 1 Governance Functioning Tool
- 2 Canadian Patient Safety Culture Survey Tool: Community Based Version
- 3 Employee Engagement Survey as an approved substitute for the Worklife Pulse Survey

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	51	0	0	51
 Accessibility (Give me timely and equitable services)	51	1	0	52
 Safety (Keep me safe)	227	0	32	259
 Worklife (Take care of those who take care of me)	93	0	2	95
 Client-centred Services (Partner with me and my family in our care)	102	0	0	102
 Continuity of Services (Coordinate my care across the continuum)	37	0	0	37
 Appropriateness (Do the right thing to achieve the best results)	492	0	19	511
 Efficiency (Make the best use of resources)	33	0	4	37
Total	1086	1	57	1144

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	42 (100.0%)	0 (0.0%)	0	32 (100.0%)	0 (0.0%)	0	74 (100.0%)	0 (0.0%)	0
Leadership	46 (100.0%)	0 (0.0%)	0	85 (100.0%)	0 (0.0%)	0	131 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards	45 (100.0%)	0 (0.0%)	12	31 (100.0%)	0 (0.0%)	3	76 (100.0%)	0 (0.0%)	15
Medication Management Standards	57 (100.0%)	0 (0.0%)	21	61 (100.0%)	0 (0.0%)	3	118 (100.0%)	0 (0.0%)	24
Biomedical Laboratory Services	70 (100.0%)	0 (0.0%)	1	102 (100.0%)	0 (0.0%)	1	172 (100.0%)	0 (0.0%)	2
Community-Based Mental Health Services and Supports Standards	22 (100.0%)	0 (0.0%)	0	112 (99.1%)	1 (0.9%)	0	134 (99.3%)	1 (0.7%)	0
Emergency Department	44 (100.0%)	0 (0.0%)	3	69 (100.0%)	0 (0.0%)	11	113 (100.0%)	0 (0.0%)	14
Mental Health Services	36 (100.0%)	0 (0.0%)	0	88 (100.0%)	0 (0.0%)	0	124 (100.0%)	0 (0.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Substance Abuse and Problem Gambling Services	31 (100.0%)	0 (0.0%)	0	73 (100.0%)	0 (0.0%)	0	104 (100.0%)	0 (0.0%)	0
Total	393 (100.0%)	0 (0.0%)	37	653 (99.8%)	1 (0.2%)	18	1046 (99.9%)	1 (0.1%)	55

* Does not includes ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Information Transfer (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports Standards)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Emergency Department)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling Services)	Met	3 of 3	2 of 2
Two Client Identifiers (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Met	1 of 1	0 of 0
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Substance Abuse and Problem Gambling Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Emergency Department)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports Standards)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The organization, Centre for Addiction and Mental Health (CAMH) is commended on preparing for and participating in the Qmentum survey program. Since the previous survey this organization has intensified its focus on quality. The board of directors has overseen the translation of the organization's values into concrete operational strategies to achieve results. The trustees are passionate and invested in the improving the lives of those living with addictions and mental illness. They have strong board policies to ensure good corporate functioning. The board members are commended for their use of an ethical framework to help them in making resource and policy decisions. It was evident during the survey that they are engaged and work collaboratively with the chief executive officer (CEO) and senior leadership to further the goals of the organization. Also since the previous survey, the board has incorporated in-camera sessions into the meetings. They have recently undergone a rigorous process to recruit more diverse membership to the board. The board is encouraged to continue to seek ways to be representative of the community it serves.

The clinical programming at CAMH is structured in four program areas: Access and Transitions, Complex Mental Illness, Ambulatory Care and Structured Treatments, and Underserved Populations. The surveyor team had an opportunity to visit programming in all four service areas.

The community partners that were interviewed during the survey are generally satisfied that there had been significant improvements in care during the past few years. They stated access has improved and are pleased with the work that has been done around trauma informed care and counselling for trauma. The improved relationship with the police is noteworthy. Academic partners are eager to continue and enhance relationships to advance teaching and research agendas. Students report excellent experiences at CAMH, which helps with recruitment. Most of the partners interviewed were not aware of the strategic planning process and had not been involved, although they acknowledged that others in their organizations may have been. This presents an opportunity for CAMH to specifically dialogue with their stakeholders about their progress towards achieving goals in the Vision 2020 document. Partners wanted CAMH to be mindful that their policies often have an effect on other organizations that support those with mental illness and addictions. There are expectations that CAMH can facilitate and drive social change with regards to housing, food and employment.

The leadership of the organization understands that the push for quality improvement means investing in change management resources. The creation of the Enterprise Project Management Office (EPMO) has facilitated process rigour and staff support to implement the many quality improvement projects. The surveyors asked about organizational fatigue during their visits to units. Staff generally felt there are good resources and support to implement new policies and technology like the ICARE charting system. "Tired but energized" was a common sentiment. The presence of managers on units was noted as well as visibility of senior leaders on regular walkabouts. There is a robust communication plan, keeping staff and volunteers connected to the business of the organization.

There has been intensive work with clients and staff members on workplace violence prevention since the previous survey. All staff, students and physicians have mandatory training yearly. It was evident to the surveyors that this is an organizational priority. All incidents are reported and followed up. The implementation of a peer safety officer that debriefs with clients post restraint shows promise in learning about contributing factors from a client's perspective. The use of an integrated pathway in the emergency department for agitation and aggression is an example of a proactive process to reduce incidents. Encouragement is offered CAMH to continue to share its best practice work among health care organizations facing similar issues.

The organization is in a continuous quality improvement cycle. There are large organizational investments such as ICARE technology for improving the charting, order entry, medication management and transitions of care across the organization. There are CAMH-wide policies such as the Tobacco Free initiative, which took organizational courage and tremendous staff and stakeholder involvement. The integrated care pathways are another example of major change to clinical practice. The surveyor team saw many examples of unit level pilots that were being evaluated for possible spread across the organization. In addition, CAMH is in the middle of a long-term redevelopment plan that will see the in-patient services consolidated at the Queen Street location. Understanding the needs of clients during system and program level changes is being monitored. One formal way is by client experience surveys. Obtaining feedback can be a challenge with low participation rates. A recent innovative pilot using an iPad has proven successful in improving rate. Peer supports personnel to gather client experience is encouraged. Surveyors were told by clients that they are respected, felt safe and had a high level of trust for the staff.

Overall, there is a tangible sense of purpose across the organization, which is guided by the CAMH vision, mission and values.

Section 2 Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.



During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

-  High priority criterion
-  Required Organizational Practice
- MAJOR** Major ROP Test for Compliance
- MINOR** Minor ROP Test for Compliance

2.1 Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

2.1.1 Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The governing body is engaged and actively involved in supporting the vision and values of the organization. Board members fully support the quality and patient safety agenda. Since the previous survey the board has successfully integrated in-camera sessions at every board meeting. The committee structure allows the board members to fully discuss issues in an open and transparent environment. Committee minutes reflect that the board respects and follows its policies.

The board and its committees receive regular and meaningful reports from the executive team. In between meetings the board is kept informed about any adverse events and other issues that may affect the organization's reputation. Board members have a strong and trusting relationship with the chief executive officer (CEO) and senior leaders.

The board recognized that it needed to enhance its recruitment strategy to achieve a more diverse board, and underwent a rigorous new process which is resulting in the selection of four new members that will help them meet this goal.

The board trustees interviewed were able to give examples of where their ethical framework had helped them in decision-making around resource allocation and policy development and cited the Tobacco Free Policy and Cannabis Use Policy.

A governance functioning tool is used to evaluate board performance. The results are indicative of a high-functioning board.

2.1.2 Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization underwent an extensive planning and stakeholder engagement process that involved the organization's leaders and their teams. Public and community consultations were instrumental in developing the Vision 2020 for CAMH. During the survey the surveyors saw many examples of the values being used as guidance for decision-making during their on-site visits.

Since the previous survey, the organization has been working to enhance the role of the Constituency Council. This council is made up of between 50 and 70 provincial stakeholders including representation from groups active in lived experience in mental Health and addictions. This council is seen as a great resource to CAMH, providing advice, insight and feedback to the organization. However there is still some uncertainty among council members about this change and how it will affect their role. Therefore, it is recommended that the organization continue discussions with stakeholders to clarify any misunderstandings that may continue to exist about the changes. The Empowerment Council is another important partner for CAMH, providing the organization with representation from a client perspective. The council promotes client involvement in decision-making and accountability structures at the patient and system level. There are good working relationships with staff and administration. The council was a strong advocate for the client during the development of the CAMH Bill of Clients Rights. The organization is encouraged to continue to embed the client voice in all aspects of their decision making.

The organization uses an Enterprise risk evaluation system and uses the results to stratify and mitigate risks to the organization. The board and the executive leadership monitor and discuss potential new risks on a regular basis.

Policies and procedures are accessible to all by way of the organization's intranet. New and refreshed policies are accompanied by an education component for staff, clients and volunteers.

The CAMH has many important partnerships with universities and other health organizations. The opportunities to create a more integrated approach to planning for mental health and addictions programming in the Greater Toronto area (GTA) and also the province are being explored. The organization is in a good position to take a leadership role to promote this direction.

2.1.3 Priority Process: Resource Management

Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The growing demand for services at a time when funding is frozen or decreasing presents challenges and opportunities for this organization. The Centre for Addiction and Mental Health (CAMH) has been creative in order to protect core programs and find money for reinvestment in accordance with strategic priorities. As an example, Lean methodology was used to inform the dual diagnosis restructuring initiative. Shortening length of stay in the in-patient unit has made it possible to create more out-patient capacity by redirecting resources.

The CAMH a4r Resource Allocation Tool is used by the board and the executive when making resource allocation decisions. This tool helps guide leaders to consciously consider ethical dimensions of work and planning principles such as patient safety, quality of work life, academic mission, fiscal accountability and system competence.

The organization has a rigorous reporting, auditing, and monitoring system at all levels, including strong oversight by the board of governors.

The acquisition of capital equipment is done via an annual call for requests. These are prioritized according to risk and alignment with the organization's strategy directions. The space planning and redevelopment process is formalized, with controls to ensure projects are on time and within budget. The Foundation has been instrumental in raising much needed money for capital and redevelopment.

Education for staff members on managing program and unit level budgets is available and promoted by the finance department. The organization is in the process of rolling out a system called "iManage" which will give managers just-in-time access to financial and decision support information.

2.1.4 Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The human resources (HR) plan in place is currently being refreshed and revised to better align with the organization’s strategic plan and priorities, with an enhanced focus on CAMH as a strategic business partner, talent and change leadership development. A focus of the Human Capital team has been on the building of capacity and stronger teams in HR to support the directions of CAMH; policy and procedure development to raise and sustain performance and change management strategies and support for the business change projects that have been introduced in the organization. An enhanced focus for CAMH going forward has been established by the team to build on the work completed with the development of a comprehensive strategy. Planning for the consultation process and further development of the plan and measurement with performance indicators is underway.

The HR team is focused on healthy lifestyles, and the Tobacco Free CAMH initiative is an excellent example of the team's support. A strategy including support and clear expectations for clients, leaders, staff and physicians was completed with clear communication and support mechanisms established. Algorithms and policy implementation were developed and resulted in a comprehensive and recovery focused care model for a healthy tobacco-free hospital environment and workplace. The vice-president of HR and the medical director of Complex Mental Illness as project sponsors, along with teams, clients, staff and leadership of the organization are all commended on this initiative of introducing an evidence-informed system-wide practice.

Support for professional development is evident across the organization. During the survey excellent feedback was received from staff as to the numerous educational opportunities provided and the financial support offered. The Leadership Development Framework and Handbook provides an array of informal learning opportunities, several of which are offered via the Organizational Development department in the Human Capital team. In addition to these sessions, there are a number of courses that are offered by various departments, both internally and externally to CAMH, including leadership development.

The organization and team are focused on ensuring workplace health and safety and offer mandatory education and training in the prevention and management of aggressive behaviour (PMAB); in addition to completing audits.

The CAMH has a recently revised policy to address workplace violence prevention that outlines the program and resources available to support staff members to apply in their daily work. All updates are comprehensive and have included extensive consultation with key stakeholders including staff, the joint health and safety committee, professional practice, physicians, unions and affiliates. The team and organization overall are encouraged to continue in their efforts to promote safety as a key priority by way of ongoing education, audits, and the ongoing identification of risk mitigation strategies across the organization.

2.1.5 Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

A healthy and safe work environment is a strategic priority for this organization. The workplace violence prevention program provides mandatory training for all staff. The investment in the Enterprise Project Management Office (EPMO) shows an understanding of the need for rigour and measurement in quality improvement initiatives. Staff members commented that the support from this program was instrumental to the success of their quality initiatives.

The surveyors were impressed with the enthusiasm and commitment of the leadership to continually push for improvements to client care. The culture of quality was visible and in evidence across the organization. Results from quality initiatives are visible with the organization- posters, articles and reports. The surveyor team observed several quality projects that were piloted in one unit and then expanded to other units using plan, do, study, act (PDSA) methodology where staff members and clients were involved in the process improvement.

The prospective analysis using the failure modes effects analysis (FMEA) process was carried out on a unit where clients were increasingly bringing prohibited items onto the unit. The resulting quality improvement project has demonstrable positive outcomes, and thus, increased staff and client safety. This successful project is being expanded to other units.

Results from the Canadian Patient Safety Culture Tool are used to open a dialogue with staff members about what a just culture means to them. Issues are prioritized and used to create a roadmap for action with attached deliverables and accountabilities.

The balanced scorecard enables leaders to see trends and adjust priorities to achieve the desired outcomes. CAMH is encouraged to advance the work of the mental health and addictions quality initiative with Ontario's other three psychiatric hospitals to develop standard performance indicators.

The organization is recognized for its leading work on integrated care pathways. Knowledge transfer to other organizations will improve the delivery of mental health services globally. Commendation is given to CAMH for achieving Registered Nurses Association of Ontario (RNAO) designation as a Best Practice Spotlight Organization (BPSO).

2.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The CAMH has had an ethical framework in place for a number of years that the organization has reviewed, and the leadership team have recently supported engagement of the staff with the framework and ethics overall. A number of components have been addressed, including a revised focus for ethical decision-making on a daily basis; in addition to supporting decision-making for more complex cases.</p> <p>Ethical guideposts have been developed to guide ethical behaviour and decision-making for staff. CAMH has the e-GPS decision making tools that include worksheets for principle based decision making under five domains. The domains are: Clinical, Legal, Ethics, Organizational and Systemic. TheCAMH a4r tool prompt of conditions to ensure good process for resource allocation are: relevance, publicity and engagement, adherence and appeals and revision. Several education sessions with staff members across CAMH have been held, and the enhanced framework and tool is readily available on the website and intranet. The need for additional education for staff members on how to access the service and the use of the tools and the Decision Making Worksheet is recognized as an opportunity for improvement across the organization.</p> <p>Service teams identify a number of clinical cases where the framework is being used for complex mental illness. This includes discussions by the clinical teams, with a resulting review of the literature and policy implications. Many examples were provided to the surveyors where the ethical framework and ethics services were rated as helpful in resolving client situations.</p> <p>Opportunity exists to enhance the use and reporting of standardized processes to record and monitor the ethics issues that are being addressed in the organization. The ethicist is involved at a clinical level, and staff are interested to expand the use of the framework and worksheet processes within services. Consultation and application supported by the clinical care committee and the Advanced Practice roles is one example, amongst others. Consultation with clients via the Empowerment Council for broader public policy development has also been identified as a need for ethics services overall.</p> <p>Excellent processes are in place for reviewing the ethical implications of research activities. Specifically: education and clinical practice courses; review of deviation and adverse effects, and access via the community advisory committee for research with clients and families.</p>

2.1.7 Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The CAMH maintains a strong emphasis on communication at all levels of the organization that focuses on engaging individuals served and their families, staff, the CAMH board of trustees, the community at large, and external partners. The organization employs a variety of approaches to communicate information in a strategic way and these include: face-to-face interactions; written communication, and electronic media. A staff survey on communication at CAMH has been conducted and it has helped inform the 2015/2016 strategic communications plan as well as the corporate communications framework. These are aligned with the CAMH Vision 2020 strategic plan.

There is an established and comprehensive research program with a commitment to seeking out emerging practices that are well-supported in the literature and practice. Several new standardized plans of care have been developed and knowledge translation is emphasized. The CAMH Public Affairs actively liaises with the media, the public, and individuals served to respond to a variety of inquiries.

Communications staff across the organization routinely collaborate with Public Affairs and Research to broadcast organizational information and research with intention. For example, a deliberate approach was used to disseminate the cannabis policy. Great media attention was received from this and the communication strategy proved successful at relating the information and maintaining the reputation of CAMH. Other communications initiatives include the profile-raising of the nursing role at CAMH where a newsletter, video, and Insite features were created to share across the organization.

The CAMH continues to be purposeful in its use of social media and has developed policies to support this form of communication internally and externally to the organization. The CEO Blog: “Call me Catherine”, the daily broadcast, Insite and various twitter and other social media accounts, all serve to increase communication. Another way that specific messages are shared is via managers that receive: “To Managers: What You Need to Know” emails that are short and precise so that they can be shared with staff.

The mandate of promoting awareness about mental health and reducing stigma are supported with public awareness campaigns. The effectiveness of these campaigns is seen in the feedback from individuals that use CAMH services, especially those that may be accessing services for the first time. Face-to-face communication is promoted at CEO Townhall meetings, executive leadership team walkabouts, team meetings, huddles, and the Ambassador Campaign.

2.1.8 Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is a carefully orchestrated plan for capital renewal. Mock-up tours are offered where clients and other stakeholders are consulted regarding the interior designs of new facilities, including client common areas, rooms, pharmacy and nursing stations. Contractors are provided an orientation regarding the role and function of CAMH and its clients. Training is provided to contractors with an emphasis on minimizing the impact of construction on the environment. Staff members and other stakeholders are informed on a regular basis of the progress in capital renewal using Insite and other forms of communication.

The physical environment is clean, comfortable and orderly, with an emphasis on staff and client safety and client privacy. Newer structures are spacious with ample natural lighting. The grounds surrounding the CAMH buildings are well-groomed. The previous accreditation survey noted that CAMH has been recognized as one of the front runners in the "greening hospital" initiative. This focus continued to be evident during this survey with a focus on implementing both energy saving and environmental initiatives.

Both housekeeping and maintenance staff receive an orientation and training regarding working in mental health settings. Maintenance staff members are knowledgeable about building codes, regulations and guidelines, and are encouraged to initiate work orders for needed maintenance. Back-up diesel generators are tested regularly by in-house maintenance staff as well as contractors. Fire drills are implemented on an annual basis for all clients and staff. Audits are regularly conducted regarding environmental and ligature risks.

2.1.9 Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The CAMH is closely involved with all-hazard and emergency response planning. The approach to emergency preparedness is interdisciplinary, involving not only members of the CAMH community but city hospitals, the Community Care Access Centre (CCAC), community agencies, the Toronto police, physicians, and others. There is a well-orchestrated line of communication with partners and other organizations in the community and CAMH participates actively with partners in planning and implementing all-hazard and emergency response planning.</p> <p>During the past year there has been an emphasis on planning for the Pan Am and Parapan AM games, scheduled to take place in Toronto in July 2015. Extensive planning has gone into developing contingencies for these games, including the prospects of heat, illness and disasters. Along with other community partners, CAMH has recently completed three mock emergency preparedness scenarios in preparation of the games.</p> <p>Personnel from Patient Flow have been closely involved and recently, the CCAC added a full-time employee to the CAMH staff to assist with patient movement/flow. Infection prevention and control (IPAC) resources are closely aligned with emergency preparedness and IPAC has been included in all-hazard and emergency response planning.</p> <p>There is a Point of Care team that relays information back to the CAMH staff in the event of a disaster or other untoward event. Emergency preparedness disaster and emergency plans appear to be well-organized with roles and responsibilities clearly identified. As a part of the planning for the PanAmerican games, the business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.</p> <p>Emergency preparedness training for CAMH staff has occurred using several modalities, including e-learning, table-top drills, and mock drills. The organization currently does not involve simulation teams but there are plans to involve simulation exercises in the future. Policies and procedures are reviewed annually and when necessary, there are revisions and upgrades. Training is provided to staff members when there are changes to the policies and procedures.</p>

2.1.10 Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The team is actively involved in addressing patient flow across the system, and has addressed a number of priorities to manage access through the "front door" of CAMH and also the "back door". For example, dedicated resources are in place with the establishment of a leadership dyad administrative/and medical clinical lead for Access and Transitions. Specific roles are also in place in the team addressing access and transitions with bed flow for the complex mental illness population at both Queen Street and College Street locations, and forensic out-patient services. Resources are also dedicated to patient flow and navigation for Alternate Level of care clients (ALC), and out-patient services across the organization. These teams are engaged with clinical support services and physicians and staff to develop strategies.

The team is actively working with the Community Care Access Centre (CCAC) in the Local Health Integration Network to ensure clients are provided with appropriate housing and community supports to avoid admissions, when possible. Staff members are also participating each morning in bed calls via a local network to address capacity issues, and there is discussion underway for the future development of a provincial registry system. An overarching mechanism to address bed flow in the Local Health Integration Network is supporting a lot of this work, and for which the CAMH is an active member.

The Mental Health and Addictions Acute Care Alliance (the Alliance) aimed at optimizing the utilization of the Toronto Central Local Health Integration Network's existing acute mental health and addictions resources has facilitated collaborative relationships among the member hospitals and the University of Toronto's Department of Psychiatry to support improved inpatient service utilization and patient flow across the system. A strategic plan for the next three years (2014-2017) is in place to direct the efforts and activities of CAMH as an active partner. Key areas of focus include the reduction of avoidable emergency department (ED) visits, and in-patient readmission rates, support for implementation of best practice guidelines for in-patient care, and increased integration among addiction and mental health services and supports. Additional strategies and directions have been developed and implemented including: monitoring of wait-lists, transfer of patients on the day shifts to ensure safety for clients and staff with the additional resources available at these times, tracking of the number of Alternate Level of Care (ALC) clients admitted and LOS data review with service and patient flow managers.

The team recognizes the need to ensure "back door" strategies are also incorporated to facilitate patient flow and discharge and has developed some innovative models to support this direction. One example is incorporation of standardized assessment and communication tools to share between departments and care settings such as the situation, background, assessment and recommendation (SBAR) tool. Another example is the development and implementation of urgent care centres in some of the services at CAMH, such as the Anxiety and Mood urgent care service. The team is encouraged to continue efforts to address this as a priority area and ongoing focus for improvement.

Commendation is given CAMH for the development and implementation of the centralization of ambulatory referrals that includes a 'live' answer, information and referral telephone line. Implemented in the fall of 2014, clients, families and care providers can now access out-patient services in one place at CAMH. With a centralized referral form and process for registration, improved response times are being noted with the

resources of dedicated clinicians, information specialists and support staff. An excellent and innovative service is the Access CAMH Family line that has recently been introduced. This line is available to family and friends with questions and concerns about mental health and addiction issues.

The team is encouraged in its efforts in the development and monitoring of performance measurement to address the changes being implemented and planned as it relates to enhancing recovery by improved access to integrated care and supports. Additional opportunities for improvement identified include enhanced community partnerships, outreach and enhanced integration with primary care.

2.1.11 Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The organization reviews medical devices and equipment needs on an annual basis. Any medical devices and equipment needs are evaluated against a well-defined procurement process that balances clinical requirements with fiscal responsibility. Research equipment undergoes the CAMH process along with those established by organizations funding research. The CAMH has also established a furniture procurement process as part of the large campus redevelopment project that is underway.</p> <p>Recently, CAMH began to collaborate with other large mental health facilities in Ontario to share information about procurement processes and equipment and the potential for partnering in the purchase of equipment to increase buying power. Encouragement is offered CAMH to continue standardizing the brands and types of equipment purchased to help reduce costs and mitigate risk of error associated with variation in equipment.</p> <p>The organization provides training in the use and maintenance of the equipment and devices purchased. All medical devices such as automated external defibrillators (AED) and vital signs machines are managed by GE’s asset management process. This includes GE maintaining an inventory and maintenance of medical devices in the clinical areas. Items not covered under GE include research equipment such as magnetic resonance imaging (MRI) scanner, and non-electronic clinical equipment like non-motorized hospital beds and these are catalogued by the research or maintenance departments. Standard operating procedures (SOPs) have been created to outline approved cleaning requirements and maintenance schedules for all equipment. Maintenance of some specialized equipment is only performed by the manufacturer.</p> <p>Sterilization and reprocessing of equipment is reserved for specific items like those used in the dentistry service and research laboratories. The SOPs outline sterilization processes and the designated staff members are trained in how to reprocess items and track this in a log.</p>

2.2 Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Clinical Leadership

- Providing leadership and overall goals and direction to the team of people providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Organ and Tissue Donation

- Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Diagnostic Services: Laboratory

- Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions

2.2.1 Standards Set: Biomedical Laboratory Services

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Diagnostic Services: Laboratory

The CAMH laboratory and diagnostic department serves clients in the in-patient, community, and research-based programs. The laboratory follows stringent guidelines as set out by multiple governing agencies, including the Institute for Quality Management in Healthcare (IQMH), and is International Standards (ISO) certified.

The laboratory provides routine collection and testing of blood and urine and sends specimens to other laboratories for tests not performed on site, for example, microbiology testing. There are collection sites at the Queen Street and College Street campuses as well as technicians that attend the in-patient units to collect blood. The laboratory has engaged in several quality improvement initiatives and the conversion to more automated processes to improve capacity to process specimens and provide results to clinicians.

Diagnostic services include electro-encephalogram (EEG), electrocardiogram (ECG), and radiographic imaging (Xray) which are performed in the department, and with an option to have portable EEG and ECG go to the units. Xrays are provided by an external vendor that is on-site two days per week. A recent quality improvement project examined the low number of individuals that did not show for ECG testing will result in changes to how these services are offered to improve the completion rate. Plans are also underway to change the process of how ECGs are read by external consulting cardiologists.

The laboratory and diagnostic services are fully integrated with ICARE and specimens are easily traced via this electronic system. The team is focusing on the optimization phase to enhance the types of reports automatically generated to better inform the organization on the processes and outcomes.

The team describes adequate space and resources to perform the work and has noted that in the future it may be necessary to create a strategic plan to accommodate the growing research enterprise and anticipated relocation of the College Street programs to the Queen Street campus.

2.2.2 Standards Set: Community-Based Mental Health Services and Supports Standards

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

8.5 The organization's hours of operation are flexible and address the needs of the individuals and families it serves.	
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Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The organization has a strong commitment to the people served and provides individualized care that focuses on individuals' strengths and goals. Clinical programs have undertaken reviews of their services to reflect the CAMH mission and strategic plan. Information gathered about individuals receiving services helps inform priorities in program service delivery.

Teams are well-supported and have resources to provide services and partnerships internally and outside of CAMH. The website and campaigns to increase knowledge of CAMH services is actively under way to improve access and reduce the stigma associated with the former Queen's Street site.

There is a focus on cultural diversity, which is clearly evident and supported across the continuum of care and services. Education and resources are available and accessible for all clients/families and staff.

Priority Process: Competency

The organization provides a comprehensive orientation for new staff as well as ongoing clinical education for specialized program areas. Staff members receive education on managing violent episodes at new employee orientation and ongoing online e-learning modules. Education and support for new initiatives is valued by

staff. For example, when CAMH introduced the electronic health record, iCare, staff were provided with support from the “purple team” peers that were able to assist their colleagues. Additional training sessions are provided as needed. The CAMH has a policy and offers staff access to an employee assistance plan (EAP). Along with the formal staff recognition program, team members are quick to praise one another in a recognition of work well done. Inter-professional collaboration is evidenced in the variety of clinical backgrounds and disciplines represented in the teams.

Priority Process: Episode of Care

There is strong support of both the client and the client's family, where the family is integral to client care and recovery. Family members felt supported and informed about the recovery plans for the clients. The CAMH has a Bill of Client Rights that is provided to individuals and their families and it outlines the process for relaying concerns or complaints to the Client Relations Office. Client feedback reflects the need for improved access to the Patient Empowerment Council and the Client Relations Office. Clients expressed frustration in not knowing who to contact, and a delay in response to the issues/request for assistance.

The community-based programs have decreased wait times so that individuals are seen within a relatively short period or have no wait times to access services. For example, at the time of survey there were no waiting times associated with Home Intervention for Psychosis Program and the First Episode Psychosis Clinic. The Crisis clinic is able to see individuals within 48 hours of making a referral and the six-session format ensures a continuous flow of individuals through the program. Access CAMH has been structured to connect callers with a staff member when they call the information line during service hours. The program has a mandate to triage referrals within 12 days, and booking appointments for the individual to be seen within 30 days.

Staff members collaborate with other programs at CAMH as well as the larger community to help ensure clients receive the services they require. The Collaborative and Individualized Resource (CAIR) program of the Dual Diagnosis Outpatient program is an example of how CAMH builds strong partnerships with other service providers within and outside of CAMH to help support their clients. The hours of operation in community-based services are only during weekdays. Client feedback reflects a need for more flexible hours of service to accommodate individuals with full-time employment. After hours program enhancement is recommended to improve access. The Youth Concurrent Outpatient team makes every effort to connect the youth to community services. The team noted ongoing difficulties in transitioning youth to adult services. The organization does a good job of orienting individuals to their services by sharing an information package on client safety, their rights, and an overview of the particular services being provided.

The bio-psycho-social approach is used to assess individuals with a comprehensive view. The CAMH has a comprehensive and standardized suicide risk assessment and intervention process which is completed on all clients upon first contact with the service. It is subsequently revisited based on the individual's needs. This is available in the iCare electronic health record. Specialized education on suicide risk assessment and intervention is provided to all staff.

Priority Process: Decision Support

The iCare electronic health record can be viewed by the various clinicians involved in a person's care to provide timely access to records. Flow is also optimized as notifications can be sent to CAMH clinicians via iCare to alert them of work done on the file. Other teams involved in a person's care can also access the electronic health record to document and monitor the person's progress. Evidence of integration of best practices is demonstrated with teams using a variety of assessment tools for their specialty areas.

Priority Process: Impact on Outcomes

The programs are involved in quality improvement projects and interested in tailoring their evaluations to better serve individuals using their services. Access CAMH reviewed out-patient services and found there were about 45 'fax' numbers and 80 referral forms for more than 130 different programs. This work allows Access CAMH to offer one referral form and one fax number for individuals to connect with the numerous programs.

The Mood and Anxiety Disorders out-patient services recently developed a care pathway with the emergency department to establish access to an Urgent Mood and Anxiety Disorders service. This resulted from the rising volumes of patients in the emergency department, a delayed ability to access care, and recidivism rates. The service was introduced in November 2013, based on an inter-professional collaborative model. Formal evaluation has reflected several positive findings including: client satisfaction with response time, increased numbers of referrals and improved access to service, and client stabilization.

The organization promotes the use of various risk assessment tools, like suicide risk and violence risk assessments. Staff members are trained in utilizing these risk assessment tools. Individuals and families are provided with verbal and written information on how to promote safety. These resources have been developed by CAMH using evidence-based guidelines and are written in an easy-to-read format, often with accompanying pictures. These resources are also available online on the CAMH website and posted in public areas.

2.2.3 Standards Set: Emergency Department

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The emergency department (ED) at CMAH is a dedicated adult mental health and addictions emergency service with an extended assessment unit and an eight-bed assessment capacity. Almost 60% of admissions to in-patient care come through here. Its the largest teaching site for the University of the Toronto Department of Psychiatry. It also supports many student placements such as nursing and social work. There is a hospitalist on site to help with primary medical care and a formal agreement with Mount Sinai Hospital for the transfer of patients with more complex medical needs.

The team has a strong focus on safety. Debriefs are done after every incident. Personal alarms are required and tested. There is 100% compliance for the annual violence prevention training.

Priority Process: Competency

The emergency department (ED) team works in a highly collaborative interdisciplinary environment. Staff members are proud of their success in implementing the integrated care pathway for agitation and aggression.

There is a strong orientation process for everyone, including students from all disciplines. The orientation stresses violence prevention.

Priority Process: Episode of Care

Staff members are compassionate and caring throughout the assessment and treatment process. Clients interviewed stated they trusted the clinicians. The emergency department is an excellent teaching venue for medical and other students. Team members expressed a strong commitment to quality improvement and continuous learning.

Since the previous survey the department has had a much needed renovation that has provided staff and clients with more room and significant safety features. At the same time volumes have increased resulting in the need for increased psychiatric and nursing resources. The organization needs to continue to monitor volumes and make adjustments as required. Use of the Lean methodology may provide more data that could be used to maximize staffing resources.

Staff members identified a gap in crisis follow-up post discharge. The general crisis clinic and the urgent clinic for mood disorders are good examples of CAMH efforts to reduce this gap. The organization is encouraged to expand this model to other areas.

It was observed that the clients' rights were respected. Clients interviewed expressed a feeling of being safe when in the department. Staff members are all trained and aware of issues that trigger aggression and violence. Staff members interviewed commented that the team dynamic is excellent.

Priority Process: Decision Support

The ICare system has enormous benefits for the emergency department (ED). The ED staff members are able to access previous episodes of care and collateral information needed for best care. There is an intention to develop standardized care plans for clients that repeatedly access services so that this information can be shared across programs and even other organizations that clients access for care.

Priority Process: Impact on Outcomes

The team is exceeding performance targets for transfer times to in-patient beds. Team debriefs are held as soon as possible after any incident. All staff members participate in this huddle. The team uses this opportunity as a learning moment. It was observed during the survey that the team members are cognizant of the importance of the physical and mental well-being of each other as well as their clients.

Priority Process: Organ and Tissue Donation

This standard set is not applicable to a stand alone psychiatric emergency department.

2.2.4 Standards Set: Infection Prevention and Control Standards

Unmet Criteria	High Priority Criteria
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Priority Process: Infection Prevention and Control

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Infection Prevention and Control

The organization has a well-developed infection control and prevention (IPAC) program and CAMH uses the Accreditation Canada IPAC standards and the Provincial Infectious Diseases Advisory committee’s “Best Practices for Infection Prevention and Control Programs in Ontario”.

The organization uses evidence and best practices to inform the IPAC program and makes changes accordingly. The IPAC manual is available on the CAMH intranet. The IPAC team, consisting of a qualified infection prevention (IPC) physician and three IPC practitioners, interact with the interdisciplinary IPAC committee to oversee, implement and evaluate the organization’s IPAC program. The IPC physician role is being covered in the interim by the senior CAMH hospitalist until the position is filled.

Partnerships with external organizations to implement IPAC activities occurs as well as reporting of infection control rates and outbreaks to the required corresponding bodies. The organization has developed an online IPAC education module and also posts reminders in various locations to remind staff, volunteers and visitors of various campaigns for example, 4-moments of handwashing and cover your cough. Encouragement is offered CAMH to continue to track the annual IPAC education module and work with managers to improve the completion rate for these modules. Innovative strategies such as the video: “Singing the Praises of Hand Hygiene” and the “Hand Hygiene Poster Design Contest” which had clients/patients design posters to be used for IPAC promotional material assist in promoting IPAC standards.

The CAMH is commended for its adherence to performing hand-hygiene compliance audits. Rates show an increase in compliance from previous years. Informational pamphlets to educate clients and their families on various illnesses and hygiene safety practices are available in paper and electronic formats. The organization works closely with the manager of Environmental Services to ensure that the IPAC program requirements are carried out.

A contract agreement with Mount Sinai Hospital’s laboratory is in place to process all CAMH microbiological patient specimens.

Additional effort in promoting the 2014/15 staff influenza immunization program at CAMH resulted in 10% more staff being immunized.

2.2.5 Standards Set: Medication Management Standards

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management

The Pharmacy and Therapeutics (P&T) committee is an interdisciplinary team that is both active and engaged in the provision of medications to clients at CAMH. Among the members of the P&T committee are pharmacists, nurses, physicians, nurse practitioners, a bio ethicist, as well as representatives from quality, laboratory services, risk assessment, and information technology. Other disciplines actively participate in the P&T committee which meets eight to ten times per year. The committee is both active and engaged. The committee has clear terms of reference that guides the members in developing medication protocols and guidelines.

Members of the pharmacy team, along with input from the P&T committee were intricately involved with the implementation of iCare and feel that CAMH has benefited greatly from iCare. In addition to initiating and revising policies as well as making recommended medication changes, the P&T committee is involved in monitoring medication errors and near misses. With the implementation of iCare, in conjunction with SCORE reports, the tracking of medication errors has become more thorough and easier to monitor. From these analyses the P&T committee is involved in developing quality improvement initiatives.

All in-patient units visited have pharmacists attached to the units. These pharmacists are seen as integral members of the treatment team. In addition to providing medication management oversight, the pharmacists, along with advanced practice nurses, provide ongoing education and training for the treatment team. The pharmacists are actively involved in quality improvement.

Regular audits include reviewing the use of abbreviations in orders, appropriate antibiotic usage and narcotic usage. Narcotics are stored in locked cabinets.

No intravenous infusion admixtures or pumps are used at CAMH. There are currently no clients at CAMH requiring cytotoxic agents. No samples are used in the in-patient settings and the pharmacy does not stock sample medications.

Clients that are able to self-administer medications are encouraged to do so and their medications are blister packed by the pharmacy. These clients take their medications under the supervision of a nurse, and the nurse records the information in the client medication administration record (MAR).

2.2.6 Standards Set: Mental Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The staff members at CAMH are exemplary in their client-centred recovery-oriented health care. The needs of the client and their families are foremost in developing mental health programming. Input from clients is seen as critical in developing new treatment modalities. This is evidenced in every aspect of the client’s care from mental health programming to the design of new facilities. There are mock facilities where clients, as well as staff, are being asked for input regarding the design of facilities. Clients have had input to the design of client rooms and common areas in existing facilities.

Mental health programming on the different units is tailored to the needs of the client population. As an example, the Women’s Inpatient Unit (WIU) provides individualized trauma informed care and operates from the sanctuary and recovery models. Clients from different units reported that staff members were focused on client well-being and recovery.

The staff members at CAMH consider program development to be dynamic and ongoing. There is a constant re-analysis of the impact of programming on clients and families. During the past several years one area of emphasis has been on the management of violence and aggression. All staff members are trained to manage aggressive behaviours using the Partnering to Prevent Aggressive Behaviours (PPAB) program. Staff members spoke highly of the skills learned during PMAB training. After episodes of violence the staff processes include what was done correctly but what could have been done differently and what improvements could be made in the future. This information is reviewed from every aspect including the perceptions of the client, family members and staff involved in altercations. This has resulted in the development of best practice models for

the management of violence and aggression in mental health programming. Learning and recommendations from these analyses are shared with other CAMH programs and community partners. In light of these apparent increased episodes of violence in mental health programming throughout North America, CAMH is emerging as a leader in developing safe, trauma-informed and client-centred approaches to the management of violence and aggression in mental health settings. It would be beneficial to see these approaches disseminated not only to community partners but to partners across Canada and other parts of the world that are struggling with similar realities.

Another area of constant review and analysis is the transitioning of patients from CAMH to community agencies. The organization works actively to develop community partnerships. These partnerships include not only other medical and mental health agencies but local vendors and community agencies that regularly encounter CAMH clients and families. Education and support regarding mental illness is offered to these local agencies. Good linkages and transition of services and human resources are in place between the In-patient, day treatment and out-patient services at CAMH. Opportunity exists for the team to enhance community linkages and coordination of care as a provincial service.

Priority Process: Competency

An interdisciplinary approach to the delivery of mental health services is evident at CAMH. Not only are there multiple disciplines involved in client care, the client and client families are viewed as an integral part of the patient's treatment team. Clients are encouraged, as much as possible, to be an active part in their recovery.

Staff members have clear scopes of practices and delineation of duties. Staff interact closely with one another in providing care to clients. The functioning of the treatment team is frequently reassessed by all members of the team in an effort to improve team functioning and client care.

Staff members receive a thorough orientation prior to working with clients. The orientation process includes training in managing violence and aggression. CAMH provides ample education and training to staff. Increasingly, education and training are being provided via the internet, resulting in greater access for staff members. Drills are carried out to continue to improve skills. During the on-site survey staff members reported there are regular drills for seclusion and restraints.

Performance appraisals are completed on an annual basis. Concern was expressed by several staff members that the current appraisal forms are detailed and lengthy. An opportunity exists to re-examine the performance appraisal forms.

Priority Process: Episode of Care

Care provided by CAMH staff is client-centred. Steps are taken to have the client well-informed and involved in her or his treatment plan throughout hospitalization. Staff members are respectful of client dignity and rights. Clients are actively engaged. Staff are respectful and courteous to clients and there is excellent communication between staff and clients. Clients are frequently engaged regarding their needs and concerns.

All of the facilities toured during this survey were clean and made as comfortable as possible for the client. There is constant evaluation of the physical environment by staff to enhance the environment for clients. The Schizophrenia Acute Unit B (2-4) developed a "Zen Den" to allow clients to de-escalate and relax, and there is a similar room on the Forensic Secure Unit A (3-2). The Concurrent Youth unit is clean and spacious. The treatment team had extensive input and involvement with the physical design of the Concurrent Youth unit. The emphasis to ensure that safety and risk mitigation factors in the Concurrent Youth unit are reduced is

commendable. The Geriatric Admissions unit has spacious patios where individuals can enjoy outside spaces with tables, umbrellas and chairs. Programming, like recreational groups, can be held on the patios as well as at unit barbecues. Both adult and youth clients that were interviewed voiced feeling safe and feeling that the staff members were engaged and caring.

When admitted to a unit the staff make every effort to provide an orientation for the client. An assessment is completed that involves psychological, physical spiritual and social aspects of the client's life. With appropriate consent families are encouraged to be involved in treatment as much as possible. A thorough assessment of the client's potential to harm self or others is completed early in the assessment and efforts are made to ensure the client that his or her safety is an important part of treatment and important to the staff. Throughout hospitalization the client is encouraged to be involved in treatment planning and planning for discharge. A culture of least intrusive and least restrictive care is endorsed. The staff work closely with clients to prevent seclusion and restraints. When an incident results in either seclusion or restraint the client's needs are closely monitored to decrease the level of restriction. The client's emotional needs are paramount throughout a seclusion and/or restraint event.

As with initial assessment, the client discharge plan is comprehensive involving physical, psychological, and social components. Transition in Toronto is not always easy. Follow-up care outside of CAMH's network can be difficult to access. Likewise, housing in Toronto is not easy to find or afford. During periods of transition the client is monitored closely for relapse and failures. Several staff members gave examples of going to meet with community providers to enhance the chance of a successful transition to the community.

Priority Process: Decision Support

In May of 2014 iCare, the new electronic health record, was implemented across CAMH. Staff members spoke highly of the iCare system. Documentation is up-to-date. There is ready access to health care records and records are more thorough and complete. The sharing of information is delayed only by the time it takes for the staff member to enter data in the computer. There has been a learning curve and an adjustment for the team in transferring to a new electronic health care system. Teams consistently reported that the transition is going well. Physicians appear to be engaged in using the electronic health record and were quick to point out the advantages.

The iCare system has been in place for approximately one year. The organization continues to request input from staff regarding further refinements of the iCare system. The health records staff are currently implementing a project to decrease the amount of time it takes to complete discharge summaries. The goal is to have all discharge summaries in iCare within 24 hours. The introduction of iCare is seen as integral to the ability to implement this project.

Priority Process: Impact on Outcomes

The treatment teams interviewed during the survey are cognizant of the safety risks involved in delivering mental health services to acutely ill clients. Procedures are in place to maintain the safety of both the client and the staff. Staff feel that they are well-trained to intervene in crisis situations. The introduction of the Partnering to Prevent Aggressive Behaviours (PPAB) program was mentioned frequently and is seen as a useful tool in deescalating potentially aggressive situations.

The treatment teams emphasized the role of teamwork in working with potentially violent behaviours. The approach to aggression and violence reduction is viewed as a multidisciplinary endeavour. All interventions are carefully monitored and following the crisis, the team is debriefed with a focus on improving future interventions. Clients and families are actively engaged in violence and aggression reduction. Clients are

encouraged to come up with alternative strategies to reduce aggressive thoughts and behaviours and the treatment team actively implements these strategies.

Critical incidents and other safety risks are reported using the SCORE tool. There has been an increase over the past several years in documenting using SCORE. This tool is carefully monitored and is used to generate quality improvement (QI) initiatives for multiple topics, including the analysis of acts of violence. Quality improvement (QI) initiatives at CAMH are actively endorsed and ongoing, and staff expressed their support in, and saw the value of QI initiatives as a way to improve services and care to clients. The QI initiatives are communicated back to staff and result in further program improvements as well as staff education and training.

Quality improvement is not limited to staff input. Clients are constantly involved in making recommendations to improve treatment and programming. The treatment team collects information and feedback from families, other service providers, organization leaders and other organizations about the quality of its services to guide its quality improvement initiatives.

During the survey the surveyor had the opportunity to meet with some of the research scientists and clinicians connected with CAMH. There is a Department of Research that provides oversight to research conducted at CAMH. Areas of oversight include financial, legal, mentorship, quality improvement, research team training, communications and other aspects of research support. There is a Community Research Advisory committee that provides client and community input into research conducted at CAMH. The board of directors is also actively involved in research oversight and has a board member dedicated to research. Research was described as a "culture of discovery" involving many disciplines.

There has been an exponential growth in research at CAMH during the past six to eight years. Currently, there are 350 to 400 active research studies at CAMH. The research members attending this session with the surveyor are committed to patients' rights with regard to research and there is ongoing discussion regarding respect for the patient that chooses to be involved or not be involved in research projects. There was also lively discussion regarding the role and impact of research on CAMH staff and clients. This is heartening. As CAMH continues to grow and produce more needed research the role of the client and clinician should not be diminished or lost.

2.2.7 Standards Set: Substance Abuse and Problem Gambling Services

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Substance Abuse and Gambling programs and services include Assessment and Treatment Services, Addiction Medicine Service, Concurrent Disorders In-patient Treatment Unit (Adult), and Medical Withdrawal Unit.

With the change in populations served, and the complications of several clients with medically dangerous withdrawal conditions, the organization and teams are commended for their evolution to assist clients with complex cases and withdrawal management from a variety of substances including opioids, alcohol, benzodiazepines and poly substances. Assessment and treatment evidence informed practices are being incorporated. For example, in the Outpatient Concurrent Addiction Treatment Service (OCAT), pre and post measures are collected to address client satisfaction, and these look at alcohol use, and use of the ASSIST screener for drug use. The results of these measures are circulated and discussed with staff members to reflect improvements and make program adjustments as required.

Excellent partnerships exist amongst CAMH services across the continuum of care to facilitate access to services required, with emergency department (ED) referrals to in-patient medical withdrawal services, and the structured ambulatory care programs for in-patient concurrent addiction services, and ambulatory treatments. The teams are also focused on ensuring services are coordinated with community agencies for follow-up care and housing. Social workers are actively involved with the in-patient intake/referral process and on discharge to ensure clients have follow-up care and receive a copy of their service plan.

Several good examples exist where the teams have made significant changes to incorporate a comprehensive assessment package on all clients admitted; as well as early implementation of the iCare message alert system, improvements to the transfer of information and communication processes; and risk mitigation strategies and protocols. The team is actively involved in this ongoing work, and an action plan with identified accountabilities and target dates for completion have been developed.

The services are encouraged to continue their focus on reviewing safety as a priority for clients and staff.

Priority Process: Competency

General position profiles exist for all roles and scope of practice across the organization. An opportunity for improvement identified by staff members is the need to adopt the position profiles more specifically to the service areas to make sure responsibilities represent clear direction and scope of practice for staff. Professional practice support for nursing and social work is a valuable resource to this program.

Teams and service areas receive, review and discuss the SCORE incident reporting data generated through the Quality, Patient and Safety and Risk team that tracks and analyzes the electronic incident reporting data.

The organization provides excellent support for staff members to access online education and professional development. Plus, it is evident staff have access to courses to improve competencies in the clinical areas such as for concurrent disorders, trauma informed care, and others. Of significant note are the additional opportunities for staff to access support for advanced learning from the Foundation donors in graduate and advanced learning programs at the University of Toronto.

Priority Process: Episode of Care

The focus on standardized processes to improve teamwork and minimize duplication is evident in all service areas. Examples are the support of iCare tools and processes, and in developing broader inter-professional teams. Many service barriers are being removed to improve access such as the changes to programming introduced in the out-patient program, and reflected in reduced wait times and demonstrated in the data collected and reports with ACCESS CAMH, assessment services, and group commencement. The staff members have also recognized that the changes to programming has increased wait times in other areas of care and support, with an identified opportunity to continue to address early intervention strategies to ensure clients have access to resources.

The Aboriginal Service provided is focused on improving access to services with education sessions to enhance cultural awareness and sensitivity. Good resources are in place for clients to access elders for spiritual or cultural support. Aboriginal out-patients services report they have no wait-list for appointments.

The organization is encouraged to continue to expand education and access to cultural consultation services across the inpatient programs. Clients and staff members are excited about the building of a sweat lodge on the CAMH property. This will enhance community relationships with other aboriginal and community agencies.

Priority Process: Decision Support

Records are maintained in the iCaresystem, and staff members receive prompts if recording is required. Overall, the teams are adjusting to the recording system and several supports are in place for those staff that require additional guidance. Opportunity exists for ensuring current documentation practices are maintained, especially in the high-paced in-patient clinical service areas. Education and review of adherence to ensure that current documentation completed is recommended.

Priority Process: Impact on Outcomes

Several good examples exist that reflect the team's efforts to incorporate best practice information with the battery of assessment tools being used; in addition to an enhanced focus on clinical care pathways. The service teams are encouraged in their efforts to further integrate research into clinical practice, with an enhanced focus on evaluation and client outcomes.

Section 3 Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

3.1 Governance Functioning Tool

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: January 13, 2015 to January 29, 2015**
- **Number of responses: 17**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	93
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	95
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	97
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	0	100	95
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	0	100	92

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	95
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	98
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	96
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	94
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	94
11 Individual members are actively involved in policy-making and strategic planning.	0	6	94	89
12 The composition of our governing body contributes to high governance and leadership performance.	0	6	94	93
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	0	100	96
14 Our ongoing education and professional development is encouraged.	0	0	100	88
15 Working relationships among individual members and committees are positive.	0	0	100	97
16 We have a process to set bylaws and corporate policies.	0	0	100	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
18 We formally evaluate our own performance on a regular basis.	0	0	100	82
19 We benchmark our performance against other similar organizations and/or national standards.	0	6	94	72
20 Contributions of individual members are reviewed regularly.	0	6	94	64

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	81
22 There is a process for improving individual effectiveness when non-performance is an issue.	0	6	94	64
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	80
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	6	6	88	84
25 As individual members, we receive adequate feedback about our contribution to the governing body.	0	6	94	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	84
28 As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
29 As a governing body, we hear stories about clients that experienced harm during care.	6	0	94	85
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	92
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	87
32 We have explicit criteria to recruit and select new members.	0	0	100	84
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	0	100	90

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	6	94	94
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	94
36 We review our own structure, including size and subcommittee structure.	0	0	100	89
37 We have a process to elect or appoint our chair.	0	0	100	95

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2014 and agreed with the instrument items.

3.2 Canadian Patient Safety Culture Survey Tool: Community Based Version

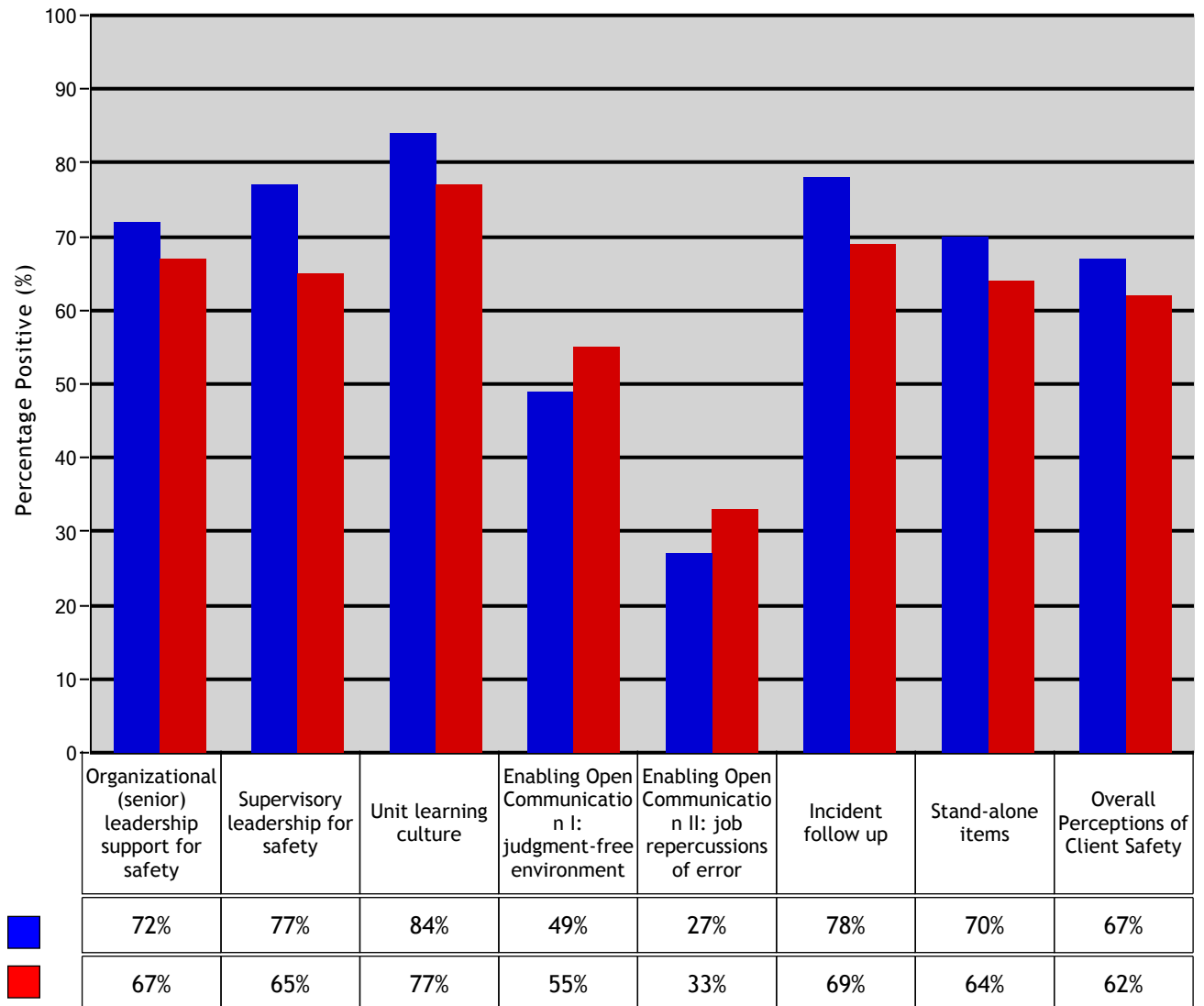
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: October 15, 2014 to October 31, 2014**
- **Minimum responses rate (based on the number of eligible employees): 290**
- **Number of responses: 417**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



Legend

- Centre for Addiction and Mental Health
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2014 and agreed with the instrument items.

3.3 Employee Engagement Survey as an approved substitute for the Worklife Pulse Survey

Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

Section 4 Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

Accreditation Canada's QMENTUM process is one of organizational learning, change, engagement and awareness. It is a vehicle by which we can more deeply embed quality throughout the organization. Overall, CAMH is delighted to find that it is compliant with all applicable Accreditation Canada Required Organizational Practices, Priority Processes and Priority Standards, and has met 1086 of 1087 applicable standards.

Our one unmet Accreditation standard relates to the need for more flexibility in our community-based mental health services and supports to accommodate those clients who work during the day. More specifically, Accreditation Canada recommends that our Mood and Anxiety Ambulatory Services area enhance after-hours program services to improve access. Plans are in place to address the need for expanded hours of operation and better serve clients with full-time employment, and will move forward with full implementation in the coming weeks.

In addition, we are very pleased to have been recognized for four leading practices:

- CAMH's Integrated Care Pathway (ICP) focusing on care for Major Depressive Disorder and Alcohol Dependence (MDDAD)
- CAMH Service Collaboratives, which improve access and transitions to mental health and addiction supports for children, youth and families across Ontario
- CAMH's Tobacco-Free policy, which confronts a leading cause of preventable death for our clients
- The CAMH Constituency Council, a province-wide council made up of 50-70 voluntary stakeholders tasked with providing advice, insight, and feedback to the organization, its strategic plan and its Board of Trustees

The on-site survey was an interesting, exciting and rewarding time for CAMH staff. Surveyors were knowledgeable, approachable, and made staff feel respected and comfortable. Staff enjoyed discussing their work with the surveyors and were impressed by their expertise, experience and insight into the provision of mental illness and addictions care. The feedback provided to the organization was comprehensive and insightful, and the site visit provided staff an opportunity to be valued and validated in their work. We especially appreciated the focus on including client and family perspectives in the survey, and the sharing of those perspectives with staff.

Accreditation promotes organizational unity toward common and clear purposes, particularly in relation to quality and safety. It offers an organized, externally motivated and systematic approach to quality improvement and, as such, it is both unique and essential to health care organizations in Canada. Few activities and goals can bring together an organization in the manner of accreditation and, in this, it was an exceptional experience. Accreditation provided an invaluable opportunity to look at what we do, our strengths, and where there is need for additional support. CAMH looks forward to its next accreditation cycle and to our continued work in advancing quality in mental health care.

Appendix A Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

Appendix B Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served
Principle-based Care and Decision Making	Identifying and decision making regarding ethical dilemmas and problems.
Resource Management	Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge