2018/19 Quality Improvement Plan
"Improvement Targets and Initiatives"

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

AIM		Measure							Change				
Quality dimension	Issue	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Increase the percentage of high suicide risk patients who have completed an Inter-professional Plan of Care (IPOC)	% of high suicide risk patients with a completed Inter-professional Plan of Care (IPOC)	% / Targeted units	Hospital collected data / Most recent quarter available	948*	56.4	60.00	Target represents confidence interval at 95%	1) Augment completion rates of IPOC for patients identified as high suicide risk	Develop an audit strategy for completion of IPOC, and pilot on 2 units utilizing PDSA methodology	% of targeted audits completed	90%	
Efficient	Reduce % of patients who are readmitted to hospital within 7 days of discharge	7 day readmission - the number of stays with at least one subsequent hospital stay within 7 days divided by the total number of hospital stays in a given quarter	% / All inpatients	Hospital collected data / Q4 17-18 through Q3 18-19	948*	5.7	5.70	Given significant volume increases, target represents maintaining current performance	1) Expand and enhance evidence-informed discharge optimization project	1) Continue to improve medication reconciliation upon discharge 2) Entrench use of Patient Oriented Discharge Summary (PODS) as standard discharge practice across the hospital 3) Improve completion of discharge summaries in a timely manner	% of patients receiving PODS % Discharge summaries completed within 48 hours	80% 70%	

Quality Dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Current Performance	Baseline	Target	Target Justification	Change Ideas	Methods	Process Measures	Target
Equitable	Increase the percentage of patients for whom we have collected demographic information	% of patients with completed demographic information	% / ED and all inpatients	Hospital collected data / Q4 17-18 through Q3 18-19	948*	90.4	93.00	Target represents 2σ improvement	1) Support the goals of the Health Equity strategy by collecting and using socio-demographic data to understand inequities in care	1) Continued focus on the collection of sociodemographic information 2) Use health equity data to support implementation and advancement of Health Equity Strategy 3) Apply a socio-demographic lens to key indicators in the Balanced Scorecard	% socio-demographic collection in targeted programs	80%
Patient-Centred	Improve inpatient satisfaction	Percent positive result to the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) question: "I think the services provided here are of high quality"	% / All inpatients who completed the survey	Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) / Q4 17-18 through Q3 18-19	948*	80.2	80.60	Target represents 0.5% improvement	1) Utilize discharge survey methodology to enhance patient experience at discharge	Expand discharge pilot survey to better understand patient experience of discharge, and implement patient-specific interventions to address discharge concerns	% of PODS units collecting discharge survey	50%
									2) Continue implementation of patient-oriented discharge summaries (PODS) to provide improved patient information re: medications and next steps in care post discharge	1) Expand PODS to Emergency Department and Emergency Assessment Unit 2) Continue implementation of PODS on other units	% of patients receiving PODS	80%
									3) Enhance corporate patient engagement strategy in partnership with patients/ families	Implement year 1 deliverables of Patient Engagement Strategy that was developed in partnership with patients/families	% of project milestones met	75%

Patient-Centred	Improve outpatient satisfaction	Percent positive result to the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) question: "I think the services provided here are of high quality"	% / All outpatients who completed the survey	Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) / Q4 17-18 through Q3 18-19	948*	90.5	91.00	Target represents 0.5% improvement	1) Enhance quality improvement capacity and focus on local QI initiatives	Implement daily team huddles to outpatient services with a focus on local quality improvement initiatives	Huddles participation rate	60%	
									2) Strengthen integrated and interprofessional approaches to care	Continue to consolidate addictions assessment services and strengthen interprofessional approaches to care	% project milestones completed	75%	
Safe	Medication Safety	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October – December (Q3) 2017	948*	77	80.00	Target represents 5% improvement	1) Continue to leverage technology and physician level accountability to increase completion of medication reconciliation	1) Continue to engage with inpatient units to review rates for the discharge medication reconciliation process and coordinate improvement as part of the Discharge Optimization project roll-out 2) Introduce I-CARE changes to ensure technology supports the discharge medication reconciliation process in a sustainable way 3) Create education materials to support physicians	% project milestones completed	75%	

Safe	**Workplace Violence Prevention**	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period	Count / Worker	Local data collection / January - December 2017	948*	CB	CB	NA	1) Expand and enhance implementation of Safe & Well CAMH program, and Workplace violence committee recommendations and annual work plan	1) Expand and continue implementation of poster campaign on safety awareness and zero tolerance of workplace violence 2) Implement/adopt recommendations from risk assessment completed on high acuity units 3) Implement supervisor competency training for workplace violence (PSHSA + 1-day CAMH specific training) 4) Implement/adopt appropriate recommendations from the Leadership Table on Workplace Violence	% of people managers trained	80%	
Safe	**Workplace Violence Prevention**	Number of Lost Time Claims related to a workplace violence event expressed as Workplace Violence Incidents per 100 Full Time Employees (FTEs)	Rate / 100 FTE	Hospital collected data / Q4 17-18 through Q3 18-19	948*	0.36	0.34	Target represents 5% reduction	1) Expand and enhance implementation of Safe & Well CAMH program, and Workplace violence committee recommendations and annual work plan	1) Expand and continue implementation of poster campaign on safety awareness and zero tolerance of workplace violence 2) Implement/adopt recommendations from risk assessment completed on high acuity units 3) Implement supervisor competency training for workplace violence (PSHSA + 1-day CAMH specific training) 4) Implement/adopt appropriate recommendations from the Leadership Table on Workplace Violence	% of people managers trained	80%	

Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Org Id	Current Performance	Target	Target Justification	Change Ideas	Methods	Process measures	Target for process measure	
Safe	Reduce the use of physical restraints in mental health	% of patients physically restrained during inpatient stay	% / All inpatients	Hospital collected data / Q4 17-18 through Q3 18-19	948*	4.68	4.68	This is a new indicator for us and we need better understanding of its sensitivity. We continue to be challenged by increasing volumes and complexity of clients and therefore are focusing on maintaining current performance while better understanding the factors that can be leveraged for improvement	1) Develop and implement an integrated approach to SAFEWARDS & TIDES expansion on target units	Pilot new approach using PDSA methodology	% attendance of targeted units	80%	
									2) Increase completion of safety & comfort plans on admission, post events, and patient debriefs	Develop an audit strategy for completion	% of targeted audits completed	90%	
Timely	Reduce wait times in the ED/EAU	90th percentile Emergency Department (ED) Length of Stay (LOS)	Hours / ED patients	Hospital NACRS / Q4 17-18 through Q3 18-19 (YTD)	948*	14.2	14.2	Target represents maintaining current performance with an expected 10-15% increase in ED volumes	1) Enhance acute care capacity at CAMH	Fully implement new 23-bed acute unit scheduled to open Q4 2017/18 and assess the impact of new unit and new Bridging (urgent care) Clinic on ED	% of new beds opened	100%	
	Reduce wait times in the ED/EAU	Average length of stay (ALOS) for inpatients admitted to the Emergency Assessment Unit (EAU) through the ED	Hours / All inpatients admitted through ED and subsequently transferred to another inpatient unit	Hospital collected data / Q4 17-18 through Q3 18-19 (YTD)	948*	19.9	19.9	Target represents maintaining current performance with an expected 10-15% increase in ED volumes	1) Enhance acute care capacity at CAMH	Fully implement new 23-bed acute unit scheduled to open Q4 2017/18 and assess the impact of new unit and new Bridging (urgent care) Clinic on ED	% of new beds opened	100%	