Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

camh

Centre for Addiction and Mental Health

3/31/2015

Ontario

Overview

CAMH is Canada's largest mental health teaching hospital and the leading provider of acute and complex mental health services in Ontario. We offer a broad range of assessment and treatment services with more than 500 beds, a large and varied network of outpatient services, Ontario's only dedicated mental health emergency department, and have developed multiple partnerships with community agencies and services. CAMH serves more than 30,000 unique patients annually -- a 53% increase since 2005 – and has experienced increasing levels of acuity and complexity in our patients. In 2012, to position the organization to deliver excellent care and meet these challenges, CAMH developed an ambitious strategic plan, Vision 2020, with six strategic directions:

- Enhance recovery by improving access to integrated care and social support;
- Earn a reputation for outstanding service, accountability and professional leadership;
- Build an environment that supports healing and recovery;
- Ignite discovery and innovation;
- Revolutionize education and knowledge exchange; and
- Drive social change.

The 2015-16 fiscal year marks the midpoint of Vision 2020. We are committed to maintaining the pace of organizational transformation to build staff capacity and best practice capability crucial to our role in the evolving mental healthcare system and in supporting Ontario's Mental Health Strategy. In 2015-2016 CAMH will pursue several major initiatives, including:

- Ongoing evolution of our clinical program structure to enhance access and transitions across CAMH and the system, including: full implementation of Access CAMH to centralize intake; and achieving Best Practice Spotlight Organization (BPSO) designation following a three-year initiative by clinicians to develop and implement eight Best Practice Guidelines (BPGs) enhancing patient care and outcomes;
- Focus on clinical adoption, optimization and evaluation of our new clinical information system, I-CARE (launched in May 2014);
- Launch a Forensic Early Intervention Service in partnership with the Toronto South Detention Centre, through which we will provide assessment and consultation to incarcerated individuals at risk of entering the Forensic Mental Health System;
- Advance work of the Mental Health & Addictions Quality Initiative with Ontario's other three psychiatric hospitals to develop consistent mental health performance indicators (publicly posted on the hospital's websites);
- Advance patient safety in mental health through continued focus on: seclusion and restraint, absconding, self-harming behavior and suicide, and reduced capacity for self-advocacy. All are surrogate measures in the effective prediction, prevention and management of violence and aggression. This objective is being addressed through: implementation of the Patient Safety Education Program (PSEP – Canadian Patient Safety Institute), focused learning from incidents, teamwork, and effective and respectful engagement with clients and families.
- Promote quality through standardization of evidence-based therapies through Integrated Care Pathways.

The CAMH QIP is aligned with Hospital Service Accountability Agreement commitments, our Balanced Scorecard, and the corporate strategic goals and priorities for the CEO and the Executive Team.

Integration & Continuity of Care

While internal and external integration are priorities for CAMH, the effectiveness and efficiency of patient care are challenged by inadequate health and social services in the Ontario system. A lack of appropriate discharge destinations creates challenges with long-stay patients, most of whom require supportive housing, and this impedes the availability of acute inpatient and intensive ambulatory and outpatient services.

CAMH has focused on creating system capacity and competency through advocacy and partnerships with supportive housing agencies, and continues strategic collaborations with key partners and our principle funder, the Toronto Central LHIN (TC LHIN). This work has included a partnership with LOFT and the TCLHIN to expand high-support housing. We also continue to increase the volume of patients using telepsychiatry as the Province's largest provider of adult telepsychiatry. Finally, CAMH has reduced Average Length of Stay (LOS) by 21% since 2009-10, improving patient flow and serving more. These practices have enhanced the relationships among service providers internally and externally, promoted patient-centred care and created a system that better serves those with the most complex needs.

Another example of system-level work is the development of a new, patient-centred model of care for CAMH's Dual Diagnosis service that recognizes the challenges of longer institutional stays for this population. CAMH has partnered with key community agencies and housing providers for supportive services and to shorten or avoid hospital stays. CAMH transitioned three highly acute patients to the community in 2013-14, and two in 2014-15. Yet despite this progress, emergency admissions of patients like these continue to demonstrate the need for further resources to prevent crisis admissions and better support community placements. With one-fifth of our patients requiring an alternate level of care, ALC issues remain a high-priority area for CAMH. However, we cannot make progress without a robust system strategy. In the mental health sector, supportive housing is the next step for our patients with ALC needs; and increased investment to build capacity and coordination are crucial to this aim.

An exciting initiative at CAMH is the development and implementation of Integrated Care Pathways (ICPs). The pilot work began in 2013, and it is now spreading across the organization and province. ICPs are an evidence-based approach to inter-professional care we hope will lead to the development of the first quality-based procedures (QBPs) in the mental health sector. By standardizing care, we aim to increase coordination, reduce variation and achieve better outcomes. The inter-professional nature of ICPs supports teamwork, and our early experience has been highly positive.

Challenges, Risks & Mitigation Strategies

CAMH's transformation agenda requires designing future care environments and processes during intense change. We are working to support and develop staff through this change, to maintain our priority focus on safety, and to monitor and manage fatigue and associated risks. Multiple leadership and organizational development activities are in play and include: town hall meetings; Quality Improvement Executive Leadership Walk-arounds to all areas of the organization; implementation of national standards for psychologically safe workplaces; and promotion of a wide range of wellness and team activities.

In 2014-15 we launched major organizational initiatives in the form of a new clinical information system and electronic health record, centralized intake through Access CAMH, and transitioned to a "tobacco-free" facility. Challenges were mitigated through extensive planning, stakeholder engagement, formal project management, measurement and evaluation – all while producing a balanced budget as required by law.

Our facilities continue to be a challenge, and while we build new care spaces, many of our current care areas are aging and challenge best care. We are vigilant here and are utilizing technology to support care teams wherever possible. We have also been designing the next phase of our redevelopment with the goal of embedding best practices in the physical environments to achieve quality outcomes. Other challenges include: the lack of valid and reliable indicators; the lack of appropriate baseline or benchmark data; data management issues; and increasing acuity and complexity of our patients. These are being addressed through an Enterprise Data Management initiative and external partnerships such as the Ontario Mental Health and Addictions Quality Initiative. We continue to focus on data integrity and management and our ongoing partnerships with peer hospitals and, where possible, we will establish internal measures.

Information Management

Information Management Systems are a cornerstone of our transformational agenda. Working with Cerner Canada and others, CAMH implemented a new enterprise electronic health record (EHR) in the spring of 2014, (I-CARE) across all inpatient, outpatient and emergency departments. CAMH is now in the top 1% of hospitals in Canada using advanced clinical information technology (source: HIMSS). More than a software investment, I-CARE will drive continuous quality improvement to support a recovery-based model of care through such tools as advanced analytics, care mapping, decision support alerting, standardized assessments, accountability measures and evidence-based practice. In the post- implementation phase, we are now stabilizing clinical adoption efforts, optimizing documentation standards and establishing new baselines for key quality indicators. Early successes have enabled us to better document the acuity and complexity of our clients; and better documentation of client co-morbidities supports improved physical and mental health care. Improving data quality remains a focus in the coming year.

Engagement of Clinicians & Leadership

We utilize a variety of methods to engage clinical staff and leadership in establishing shared quality improvement goals for the organization. These include: Quality Improvement Leadership Walkarounds led by the Executive Leadership Team (ELT); a CEO Blog on our internal website; E-leader executive communications; initiative-related articles and updates on our website; quarterly meetings of the Senior Management Team and Managers. We have also established Quality Councils within each clinical program that report to the Clinical Leadership Team. Program Quality Councils provide the structures to identify, address, bridge and align local (unit and program) and corporate quality needs, and to inform and advance respective quality agendas. There was extensive clinician engagement in the development of the CAMH Clinical Quality Framework that communicates the quality structure and priorities; and the development of the QIP indicators; we engaged clinical leaders in workshop(s) to identify priorities and strategies. The organization has also been engaged through Accreditation preparation and we are using this opportunity to embed quality across CAMH.

Patient/Resident/Client Engagement

CAMH has a rich tradition of prioritizing strong patient and family engagement in quality improvement. For example, CAMH has a formal, arms-length Empowerment Council with representation on key committees including the Care Quality Committee of CAMH's Board of Trustees, where quality initiatives are reviewed and discussed. The Council also brings patient perspectives to committees such as the Prevention of Restraint Committee as well as the Program Quality Councils. We have a well-established honorarium policy and protocol to further support patient and family participation. CAMH also has a formal Employment Works! Program to support the hiring of those with lived experience of mental illness. Many employed through this program are former, or current, CAMH patients who work as peer support workers and members of care teams. We actively seek out patient

input on quality activities with the lens of recovery and patient-centeredness. The Quality, Patient Safety and Risk team hires people with lived experience of mental illness and addiction to administer the annual Client Experience Survey, deliver peer-based safety education to in- and outpatients at community meetings, and to participate in small change initiatives such as using the Plan-Do-Study-Act method to increase post-restraint incident debriefs. These activities and the perspectives of those with lived experience have served as key drivers for developing the QIP.

Over the past year our Family Council has experienced difficulties in developing and executing a plan. CAMH is committed to supporting families and will, over the next year, review options to determine the best operational structure and processes to ensure that families receive needed information, support and advocacy. In the meantime, supports for families remains embedded in all of our clinical program's services. We hold psycho-educational groups in various services and support them over the phone through our Access CAMH intake service, and through the volunteer-based Family Resource Centre.

Accountability Management

In addition to tying executive compensation to the achievement of targets, organizational leadership will be held accountable for achieving QIP targets by designating an executive lead for each target. The Executive Leadership as a team will review target performance and adjust activities quarterly - making refinements to activities as needed.

Performance Based Compensation [As part of Accountability Management]

The specific relationship between QIP targets and compensation are shown below.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safety	Improve medication safety	20%	1.25	0.75
	Reduce use of physical restraints			
	Reduce involuntary missing clients			
Effectiveness	Improve organizational financial health	20%	1.25	0.75
Access	Reduce unnecessary time in hospital (Avg. LOS 4-90 days)	20%	0.25	0.75
	Reduce Emergency Department Length of Stay			
Patient Centered	Improve patient satisfaction	20%	1.25	0.75
Integration	# of clients on ICP	20%	1.25	0.75
	% Alternate Level of Care days			
Total 'at risk' pay related to QIP			6.25	3.75
Total 'at risk' pay not related to QIP			18.75	11.25
Total 'at risk' pay			25.00	15.00

Health System Funding Reform (HSFR)

Health System Funding Reform (HSFR) involves evidenced-based allocations to targeted groups through the Health Based Allocation Model (HBAM), and the use of Quality-Based Procedures (QBPs). CAMH has taken a number of steps in preparation for HSFR and actively partnered with HQO to lay the groundwork for the first mental health QBPs. Specifically, CAMH has begun work on improving levers informing quality data capture, reliable processes and improved systems for capture of activities.

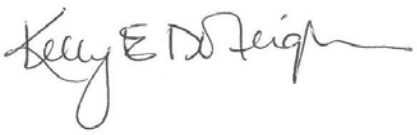
In 2014-15, CAMH's Clinical Information System went live after more than four years of technical design and enhancement of evidence-based clinical practices. We implemented workload measurement initiatives and launched the first phase of a multi-year enterprise reporting initiative, beginning with business reporting and enhanced analytics for clinical managers. CAMH continues to collaborate with partner hospitals in the TCLHIN and other specialty mental health organizations in the Province.

As noted, this is CAMH's third year of developing, implementing and evaluating evidence-based Integrated Care Pathways (IPC). CAMH moved from a pilot phase, serving approximately 150 patients on three diverse pathways to serving more than 250 last year. This will increase over the next year as we expand at CAMH and also collaborate with partners to scale and spread this work to other hospitals and across the system.

ICPs also form the basis for CAMH's partnership with HQO and Ontario's three other mental health hospitals, noted above, to develop mental health QBPs.

Accountability Sign–Off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Kelly Meighen
Board Chair

David Wilson
Clinical Quality Committee Chair

Dr. Catherine Zahn
President & CEO

Quality Improvement Plan 2015-2016 Work plan

AIM		Measure						Change				
Quality Dimension	**Objective**	Measure /Indicator	Unit/ Population	Source/ Period	Current Performance	Target Performance	Target Justification	Planned Improvement Initiatives	Methods	Process Measures	Goal for Change Ideas	Comments
Safety	**Increase proportion of patients receiving medication reconciliation upon admission**	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.	% / All Inpatients	Hospital Collected Data / Q3 result 2015-16	CB	90%	Recent implementation of our electronic health record has led to a number of changes in process requiring considerable physician education and support. We are implementing medication reconciliation across all area and patients; however, the focus for our QIP and the associated target is for all inpatients only. This is consistent with the planned improvement strategies.	1. Examining and optimizing the role of Pharmacy in medication reconciliation	1. Review of process and communicating consistent expectations for all members of the inter-professional team 1b. Regular review of admission orders by pharmacists with appropriate action and feedback	1. Process review completed with clear expectations 1.Adherence to expectations reviewed on quarterly basis 1b. Documentation of support activities	Ensure reconciliation is completed in a timely manner	
								2. Physician Education via dedicated training	2. Develop training plan and enhanced training materials	2. # of physicians trained	2. 100%	
								3. Process and functional improvement	3. Identify and refine software features to make medication reconciliation program easier to use	3. Optimize automatic recognition between home medications and CAMH medication orders to reduce entering same information multiple times	3. 80%	

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	Reduce Use of Physical Restraints in Mental Health	% in mechanical restraints /All inpatients	%/ all inpatients	Hospital Collected Data / Q4 2014 – 2015 to Q3 2015 2016 (rolling four quarters)	3.6%	3.4%	This represents an improvement of 5% of our current performance which is substantially below our peers	1. Build staff capacity in prevention and management of aggressive behaviour and promoting comfort and well being	1. Enhance PMAB curriculum: (1) ED – extended to physicians (2) CMI - trauma-informed care for 2 high use units 1b. Utilization of comfort and wellness strategies	1. (CMI) % of staff trained through enhanced PMAB in high restraint use in 2 high use units 1b. % of discussions of alternative strategies at weekly debriefs	1. 80% 1b. 100% adherence to weekly debrief procedure	The % of patients in restraints is really a proxy measure for aggression and violence – which is a key patient safety issue for our sector. This is a complex issue and physical restraints are on part of the overall picture. We are committed to restraint reduction philosophy of least restraints for the least amount of time and internally track a number of indicators to track improvement. Our change strategies are
								2. Leadership Oversight	2. Ensure consistent use of Team Review Guidelines and rapid rounds	2. % of daily reviews (Team Review Guidelines) of clients at increased risk for aggression	2. 100% use of Team Review Guidelines on units with restraint use	
								3. Learning from Debrief	3. Client Debriefing offered to all patients following incident	3. % clients participating in debriefs	3. 100% clients offered opportunity to debrief	

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												focused on reducing restraints through understanding and addressing antecedents of restraint use and ensuring oversight to minimize time in restraints when it does become necessary
	Reduce Involuntary Missing Clients	# of events	Counts / All Inpatients	Hospital collected data / Q4 – 2014/15 – Q3 2015/16 (rolling four quarters)	67	64	While there are no benchmarks for this indicator, absconding has been identified as a key safety challenge for our sector. We are aiming for a 5% improvement	1. Early and consistent identification of risk for absconding	1. Adopt/adapt absconding risk tool for involuntary clients on non-forensic units 1. Develop workplan with timelines	1. Track progress on workplan: # of units piloting tool	1. 100% non-forensics inpatient units utilize structured risk assessment	Ensure alignment of processes with Canadian Patient Safety requirements related to Preventing and Responding to Absconding and Missing Patients.
								2. Conduct AWOL analysis, establish trends/ contributory factors and mitigation strategies	2. Complete review of rates of absconding involuntary clients at the unit and shift levels in non-forensic CMI units	2. Analysis: % Units and shifts to complete analysis	2. Trends, mitigation strategies identified	

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								3 Develop local level mitigation strategies for at risk clients	3 Daily Rapid Rounds to discuss patients at high risk of absconding	3. % inpatient units with daily Rapid Rounds	3. 100%	
								4. Staff training	4. Review of policies and best practices including techniques for prevention	4. # of units to complete training sessions	4. 100%	
								5. Ensure consistent debriefing following event	5. Immediate Interprofessional case conference/ review of patients who have absconded more than once	5. # post-event debriefs completed	5. 100%	
Effectiveness	**Improve organizational financial health**	Total Margin: Percent, by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expenses, excluding the impact of facility	%/n/a	OHRS, MOH / Q3 FY 2015/16 (cumulative from April 1, 2015 to December 31, 2015)	0.9	**0**	Our target is to remain above 0, as per Hospital Services Accountability Agreement Leading practice	1. Efficiencies through more effective utilization of staffing resources	1. Development of Nursing Resource Unit 1b. Review of continuous observation practices	1. Regular review of Nursing utilization reports	1. Decrease use of casual staff 1b. More effective utilization of continuous observation	
								2. Quarterly review of performance by executive	2. Scheduled agenda item for Executive and	2. Quarterly reporting to Executive and	2. Early implementation of mitigation	

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		amortization, in a given year.						leadership	senior leaders	board	strategies as needed	
Access	**Reduce unnecessary time in hospital**	Average Length of Stay (LOS) for clients discharged within 4-90 days	Days / Discharged inpatients	Hospital Collected Data / Q4 14-15 through Q3 15-16 (rolling four quarters)	25	24.5	Reduce by 0.5 day Current performance of 25 reflects a 1 day reduction from previous year. We continue to experience increased complexity and comorbidity in the population and continued challenges with respect to discharge destinations. Even modest changes in average LOS have significant impact on access.	1. Improve Discharge planning	1. Continued implementation of discharge policy	1.Weekly monitoring at team reviews	1. 100% of admitted patients have discharge initiated at admission	
								2. Increased utilization of Integrated care pathways	2. Disseminate information about care pathways to clinical teams Integrate care pathways with Electronic Health Record	2. Weekly monitoring at team reviews	2. 100% of eligible patients on appropriate care pathway	

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	Reduce Wait Times in the Emergency Department	ED Wait times: 90th percentile ED length of stay for admitted patients	Hours / All patients admitted through ED	NACRS / Q4 14-15 through Q3 15-16 (rolling four quarters)	n/a	Collecting Baseline	2015-16 will be the first year we will have the ability to collect accurate wait times data for ED clients. The data for ED length of stay prior to the new clinical information system was not accurate due to system limitations. 2015-16 will be a year of collecting baseline information.	1. Improve client flow across CAMH	1. Utilization leads identified in each program 1b. Strengthen communication across programs	1. Daily huddle to identify issues and opportunities (Weekdays)	1. Efficiency in client flow	A significant number of ED admissions are Early Psychosis. Our new Slaight Centre for Youth in Transition will integrate service delivery, care and clinical research to improve treatment and outcomes.
								2. LEAN Bedflow initiative	2. Develop project plan	2. Per project plan	2. Identify and implement improvement activities	
Patient Centered	**Improve patient satisfaction**	From in-house Client Experience Survey: "Overall, how would you rate the care you are receiving? (add together % of those who responded "Very Good and Good").	% of positive responses / All inpatients who completed the survey	In-house survey	68.7%	69.4	Our aim is to increase overall satisfaction for inpatient client by 1%. Overall patient satisfaction is a complex construct and it is difficult to identify and address specific factors that lead to improvement. Literature confirms that this is a hard	1. Enhance team capacity for client centered engagement	1. Continued implementation of Best practices on client centered care	1. # of focused QI initiatives/ PDSA cycles	1. Enhance client centered care	Based on e-survey pilot in 2014-15, factors that correlate highly with overall satisfaction were identified as being treated with respect and involvement in discharge planning. Areas
								2. Increase therapeutic programming for clients on weekends	2. Develop team and schedule of activities	2. # of activities offered on weekends	2. Increased engagement in meaningful activities	
								3. Engagement in Discharge planning	3. Implement discharge planning policy	3. Weekly monitoring at team reviews	3. 80% documented client engagement	

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							indicator to change	4. Medication Safety Education	4. Develop a pilot on 2 inpatient units addressing medication safety and side effects	4. Pilot developed & implemented	4. Improve client engagement in care	for opportunity were identified as knowing more about medication side effects and involvement in discharge planning - hence those are the areas for focused improvement activities.
								5. Engagement in program and service delivery planning	5. Define client engagement priorities in each clinical program strategic plans Increased involvement of peers in key activities such as debriefs, client education, etc.	5. # clinical program plans with client engagement priorities defined	5. 100% of program plans define engagement priorities	
Integration	**Improve efficiency and quality of care through standardization**	# of CAMH patients currently on or have completed an integrated care pathway (ICP) either in an inpatient setting or ambulatory care	Counts / # of CAMH patients	Integrated Care Pathways spread-sheets: all data related to ICP is currently captured manually / Q4 2014-15, Q1-Q3 2015-16 (rolling four	185	500	Our target is nearly three times the 2014-2015 target. By the end of 2014-2015 we have successfully implemented 7 unique pathways across the organization in various settings. Four new pathways	1. Continue to focus on the sustainability and growth of the established ICPs. This year we are also focusing on the evaluation of ICPs across the organization	1. Project Management	1. Monthly review and report on # of patients on a pathway. Report to be given at the ICP Steering Committee (Leadership)	1. Ensure clinical care excellence and integrating evidence informed practice through the growth of ICPs for 2015/2016.	Development of ICPs continues to be an exciting evidence based approach to inter-professional standardized care in mental health and

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				quarters)			for 2015-2016 are planned and 2 potential pathways are currently in discussion.	2. Design and implementation of new pathways	2. Establish teams to develop new pathways.	2. Four new pathways developed and implemented by Q3.	2. Ensure clinical care excellence and integrating evidence informed practice through the growth of ICPs for 2015/2016.	addictions. While there significant growth in the number of pathways and number of patients on pathways, this work is still in its initial stages and is currently not embedded in our electronic record. We continue to identify lessons learned and expect the current pathways to undergo some revisions as part of the development process. We see this work as becoming a resource for the entire system

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												and welcome support in their further development. We are pleased with the uptake by the HQO ARTIC program as well as the openness to exploration for QBP (Quality Based Procedures) development.
Integration	**Reduce unnecessary time spent in hospital**	% Alternate Level of Care days: Total number of inpatient days designated as ALC divided by total number of inpatient days, times 100	% / Mental health and addictions inpatients	Hospital Collected Data Q4 14-15 through Q3 15-16	20%	N/A	We are unable to set a target for this indicator as this is a System problem and the solutions needed for improvement are at the System level. We continue to work with partners with respect to housing solutions and advocate at a systems level. However, without	1. Implement TC LHIN-funded high-support housing initiative and explore further opportunities	1. Continue work with high support housing providers to transition CAMH ALC clients to TC LHIN-funded housing	1. # clients discharged to high-support housing	1. Increased number of clients in supportive housing	The majority of the long stay clients are ALC and discharge is hindered by appropriate housing destination. While ALC remains a high priority for CAMH, it is not an indicator that is easily
								2. Develop ALC Avoidance Strategy	2. Regular meetings on Inpatient units to identify clients who are at risk of ALC	2. % inpatient units with regular meetings	2. 100%	

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							additional investment in supportive housing, significant improvements in this indicator are compromised.	3. In partnership with TCCCAC, assess need for CCAC support in CAMH ED, and develop implementation strategy	3. Seek support of CCAC to implement Home First initiative			influenced by our efforts. Increased capacity and coordination are needed at a system level to achieve this aim.