Quality Improvement Plan (QIP): 2022/2023 Progress Report

Centre for Addiction and Mental Health, 1001 Queen Street West

Measure/ Indicator from 2022/23 (Unit; Population; Period; Data Source)	Current Performance as stated on QIP 2022/23	Target as stated on the QIP 2022/23	Current Performance 2023	Change Ideas from Last Year's QIP (2022/23)	Methods	Was the change idea implemented as intended Y/N)	Comments The following questions were considered: • What is the status of the proposed change idea? • Has the proposed change idea(s) been implemented? If no, why? • If implemented, to what degree (e.g. is the change idea(s) on track for completion)?
90th percentile ED/EOU (Emergency wait time for inpatient bed) (Hours; ED & EOU patients; Q4 21-22 through Q3 22-23; Hospital NACRS)	46.1	46.1	42.4	1) Plan, design and implement a quick-response team to support low-acuity patients to receive necessary assessments quickly, and to transition them to appropriate programs/services. These patients, who are Canadian Triage and Acuity Scale (CTAS) 4 and 5 patients represent approximately 25% of visitors to the Emergency Department (ED). The aim is to reduce traffic in ED and lessen documentation, which will lead to better and more responsive care	Implement quality improvement PDSA cycles, during a standard time period (e.g., 11am-8pm) when there is a high-volume of visitors to the ED assessed as CTAS 4 or 5. The team will use existing Registered Nurse (RN) and Social Worker (SW) staff resources, and a physician to support the quick assessment requirements of these patients	Y	A QI project utilizing Plan-Do-Study-Act (PDSA) methodology was implemented to support low-acuity patients to receive necessary assessments quickly, and to transition them to appropriate programs/services. It focused on patients' designated as Canadian Triage and Acuity Scale (CTAS) 5. The decision was made shortly after the launch of the first PDSA cycle, to not include patients designated as CTAS 4 in this project. Recognizing the clear differences between CTAS 4 and CTAS 5 patients meant that progressing the project to focus on the CTAS 4 group was not in the best interests of the project at that time. This was due to the nature of the common assessments and documentation needs associated with this group. To date, we have seen improvements in efficiency with respect to CTAS 5 patients. The results observed amongst the CTAS 5 group have been sustained since Q1. We continue to see the improved average time from Triage end to Physician Assessment start times. We have also seen significant improvements more globally across the ED CTAS designations, with respect to the average wait time from Triage to Discharge (LOS) and also, more specifically, from Triage to Physician Assessment. Given the stable numbers over time, with no further planned changes to process, structures or resources, the project team and sponsor moved the project status from "open" to "closed with monitoring." Additionally, the CAMH Bridging Clinic is increasing their capacity for ED diverts, specifically non-physician diverts. Patients presenting to ED Triage with a psychosocial concern and is designated a CTAS 5, can be seen in the Bridging Clinic by a clinician as long as there is capacity The aim of this change is to reduce overcrowding in the ED.
				2) Alternate level of care (ALC) remains a high-priority issue for CAMH as we are challenged to manage the length of stay for patients who require admission from our Emergency Department (ED). As well, many of our ALC patients remain in our care due to a lack of good quality, appropriate and affordable supportive housing options. CAMH's ALC rate has remained high during the COVID-19 pandemic. CAMH will continue advocacy efforts for a more coordinated and robust system-level strategy to address the housing crisis and we will continue to work with community agencies to build and sustain valuable housing partnerships	1) Continued collaboration with high support housing agencies to develop and submit proposals to funders to create a variety of new housing options for ALC patients. If the funding is approved, the implementation of new housing partnerships is expected to improve bed flow throughout the hospital	Y	Alternate level of care (ALC) remains a high-priority issue for CAMH as we are challenged to manage the length of stay for patients who require admission from our Emergency Department (ED). CAMH continues to collaborate with high support housing agencies to develop proposals and advocate for funding for housing options for ALC patients. CAMH and Reena (a non-profit organization specializing in individuals with developmental needs) worked together on a proposal to house 10 CAMH ALC patients with dual diagnosis. In the absence of a Request for Proposal (RFP), CAMH and Reena have been advocating for funding with various government stakeholders. CAMH discussed the proposal with Ontario Health, Supportive Housing and Community Services Unit, with the Minister of Municipal Affairs and Housing, and the Associate Minister of Mental Health and Addictions. The Pilot Place Society (PPS) operates a high support housing program at 550 Kingston Road. It was funded under the 2020 Back to Home RFP. PPS acquires units as current tenants leave. To date, three CAMH clients have moved in and one transition is in-progress. Additionally, CAMH, The University Health Network and LOFT are working with the Champagne Centre to relocate 250 College Street. The internal working group is currently exploring with the leadership team and other CAMH stakeholders (e.g., legal, clinical, finance, etc.) whether the Champagne Centre is an appropriate location/ arrangement for CAMH to enter into. A Project Manager is assigned to further this work.

					2) Given pressures related to the COVID-19 pandemic, CAMH continues to work closely with LOFT at 250 College Street on transitioning patients in and out of the program	Y	CAMH continued to work closely with LOFT at 250 College Street to successfully transition eight (8) patients.
					3) CAMH continues to work with Regeneration Community Services in filling vacancies at the new supportive housing programs: Dowling and the Parkdale Step-Up Housing Program	Y	CAMH continues to work with Regeneration Community Services in filling vacancies at the new supportive housing programs: Dowling High-Support Housing Initiative and the Parkdale Step-Up Housing Program. Twenty-two patients have successfully transitioned to the Dowling High-Support Housing Initiative. CAMH, Regeneration Community Services, and Habitat Services presented to Ontario Health, Supportive Housing and Community Services Unit, on the success of this model and collaboration. The Parkdale Step-Up program is full (19 units). Eight ALC patients transitioned to this program and 11 came from CAMH's inpatient programs, who were at risk for ALC or community sites. The program remains stable.

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Percent positive result to the OPOC question: "I think the services provided here are of high quality" (%; All inpatients who completed the survey; Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool; Q4 -21-22 through Q3 22-23)	83.0%	83.0%	84.8%	1) Continue to advance implementation of the corporate Patient and Family Engagement Roadmap, in partnership with patients/families. At CAMH, we know that involving patients and families in quality improvement and decision making and listening to their feedback helps us to provide care that is more collaborative and responsive, better informed, and more likely to achieve better outcomes and experience	Launch and evaluate the Patient and Family Partners Program (PFPP), which is designed to recruit and match patient and family partners (PFP) to advisory groups, committees, working groups and special projects across CAMH. PFP's will be involved in partnerships, co-design initiatives, and improvements that impact quality and patient safety	Y	CAMH continues to advance implementation of the corporate Patient and Family Engagement Roadmap, in partnership with patients and families. Progress was made on the Patient and Family Partners Program (PFPP), which is designed to recruit and match patient and family partners (PFP) to advisory groups, committees, working groups and special projects across CAMH. The total number of opportunities that included PFP from April to December 2023 was 26 (5 clinical and 21 research). Additionally, Family Advisory Committee (FAC) and Patient Advisory Committee (PAC) members were matched to 67 opportunities from April to December 2023. Partner recruitment is ongoing. We have learned that a collaboration between the Patient and Family Experience Team and Research Team is key to advancing the program. The teams have worked collaboratively to develop program recruitment and matching materials, and to identify a database platform to host PFP data and promote automation. In the interim, we are continuing with a manual intake/matching process (via REDCap). The Patient and Public Engagement Evaluation Tool (PPEET) was administered to FAC and PAC advisors and a strategy is in place to reach PFPs matched to engagement opportunities.
				2) Advance implementation of the Forensic Model of Care (FMOC) project. The FMOC project seeks to identify and optimize patient journeys through the forensic system by focusing on four key themes: • Create a valued experience for patients, families and staff • Revolutionize the way we deliver care • Design a safe work and care environment • Standardize how we work together to deliver the best care The project defines how forensic patients will be cared for; both in the range of services that are needed and how that care should be delivered. The FMOC shifts care to a more patient-centric delivery of best practice-based care and streamlines services. Education, programming and staff training are key components of this larger	1) Create patient and family education tailored to the forensic population. Education needs to be tailored in an effort to ensure patients and their families are informed about the expectations of illness, treatment and progress through the forensic system. This education should be provided to patients and families early in their stay	Y	Progress was made on advancing the implementation of the Forensic Model of Care (FMOC) project. A plan to create and tailor patient and family education materials to the forensic population was implemented. A working group reviewed educational materials (e.g., information packages), with input from patients, to ensure they best serve the forensic patient population. Revisions to the content are in-progress. The initial plan to disseminate information as an orientation package was adapted, based on patient feedback. We learned that an orientation package alone is not effective when received upon arrival. Rather separate information packages covering distinct aspects of the forensic experience were recommended as best serving the patient population. Patients will be provided with information on topic areas as they become relevant to their care. These materials are in development and are on track to be released in early 2023.
					2) Create a plan to develop and deliver education to forensic clinical staff in motivational interviewing (MI) techniques to facilitate early engagement with patients. MI is seen as a valuable way for clinicians to engage patients in their care and to identify their priorities and goals	Y	Progress was made on advancing the implementation of the Forensic Model of Care (FMOC) project. A plan to develop and deliver education to forensic clinical staff in Motivational Interviewing (MI) techniques to facilitate early engagement with patients was developed. MI is seen as a valuable way for clinicians to engage patients in their care and to identify their priorities and goals. Advanced Practice Clinical Leaders (APCLs) have begun virtual and in-person training. All forensic clinicians are on track to complete an existing MI module.

				project, which align with opportunities for improvement identified by patients and families (e.g., need for more activities, and programming, more information about programs and services and better orientation to units)			
				3) Advance the development of structured therapeutic programs and activities, which are centrally facilitated in the Therapeutic Neighbourhood (TN). The TN provides a dynamic environment where patients can work towards their goals by learning and acquiring new skills while actively engaging in their treatment. The long-term outcomes are to improve patient well- being and quality of life. The need for more activities and programming are identified as opportunities for improvement, through our annual survey (OPOC) and other feedback mechanisms	1) Implement strategies to improve access to TN programming (e.g., reduce the no-show rate, develop a SharePoint site for TN inpatients)	Y	The development of structured therapeutic programs and activities centrally facilitated in the Therapeutic Neighbourhood (TN) continued this year. Strategies to improve access to TN programming were introduced and continue to be implemented (including a new online calendar booking system), which has led to a reduction of no-show rates. To measure improved access to programming, we learned it would have been best to monitor attendance rates rather than no-show rates. A SharePoint site for TN inpatients is in development and a monthly newsletter for patients and staff, which highlights updates and successes was introduced. We have learned the monthly newsletter and internal shared drives for sharing TN information have proved to be adequate strategies to deliver up-to-date information to patients and staff.
					2) Staff training on structured treatment modalities	Y	The development of structured therapeutic programs and activities centrally facilitated in the Therapeutic Neighbourhood (TN) continued this year. Regarding staff training on structured treatment modalities, all current staff have completed Motivational Interviewing (MI) training through the CAMH eLearning platform. A Social Worker and Psychologist will act as the MI champions who will support TN staff with ongoing MI skills training, and provide skill reinforcement sessions for the TN team on a monthly basis in a formal setting. Cognitive Behavioural Therapy for Psychosis (CBTp) training was delivered to TN staff in Q3. Additional in- person training is expected.
					3) Develop Measurement-based-Care (MBC) strategy (e.g., identify admission and discharge tools)	Y	The development of structured therapeutic programs and activities centrally facilitated in the Therapeutic Neighbourhood (TN) continued this year. Regarding the development of a Measurement-based Care (MBC) strategy, a proposal for a MBC initiative for all Cognitive Behavioural Therapy (CBT) programs in in progress. The proposal identifies tools for measurement. In terms of lessons learned, this process has taken a year longer than originally outlined given the complexity of building a strong MBC foundation.
					4) Continue implementation of an evaluation plan (e.g., administration of an inpatient satisfaction survey)	Y	The development of structured therapeutic programs and activities centrally facilitated in the Therapeutic Neighbourhood (TN) continued this year. The implementation of an evaluation plan continued. We administered an inpatient satisfaction survey and met our target of 100 responses. The following action items were identified and are in progress: -Streamlining the process for communicating information with unit staff and patients regarding programming -Patients shared an interest in learning more about substance use. Increased outreach is being done to connect patients to this group -Patients mentioned challenges around technology in the TN, and internal stakeholders are working on improving technology within the space.

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Workplace Violence (WPV) Lost Time Injury Frequency (# of WVP incidents/100FTEs) (Count; Worker; January – December 2022; Local data collection)	0.48	0.48	0.28	Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	1) Implement revised Supervisor Competency Training	Y	Implementation of the Safe & Well CAMH program was expanded and enhanced. The Supervisor Competency Training, "Lead the Way to Health and Safety" was successfully delivered to 43 managers in 2022. Training implementation was initially delayed due to the COVID-19 pandemic. We have learned there's a need to pause the training sessions during the summer months and that due to the length of the training, we experienced no-shows. We remain committed to this work and training will continue in 2023.
					2) Continue implementation and adoption of the recommendations from the risk assessments completed on high-acuity units	Y	Implementation and adoption of the recommendations from the risk assessments completed on high-acuity units is in progress. To date, 79% of recommendations are completed and 20% are in progress. Challenges associated with the pandemic and subsequent staff shortages have delayed the initiation for some recommended actions. Some actions need additional time to fully implement due to their complexity. We remain committed to seeing this work through to completion.
					3) Continue roll out of staff education/training for Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) in direct service inpatient and outpatient programs	Y	The roll-out of our Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) education in direct service inpatient and outpatient programs continued. 99.1 % of new inpatient and outpatient staff received TIDES training as part of CAMH orientation.
% of patients physically restrained during inpatient stay (%; All inpatients; Q4 21-22 through Q3 22-23; Hospital collected data)	4.8%	4.8%	5.4%	1) Continue the advancement of our Trauma-Informed De- Escalation Education for Safety and Self- Protection (TIDES) training implementation and sustainability, and the utilization of practice enhancements. The TIDES program strengthens the relationship underlying crisis prevention, de-escalation and physical intervention. To be flexible and responsive, the program considers the diverse needs of staff and patients across an array of interventions and treatment approaches, including acute care, inpatient, outpatient and aftercare services. This is achieved through three key goals: 1) Enhancing skills and building confidence through team-based learning 2) Driving fundamental day to day processes proven to keep everyone safe 3) Bringing learning to the point of care	1) Continue TIDES implementation through various training modalities (e.g. Simulation, Inpatient/Outpatient, Hospital Orientation, and Program specific training)	Y	Inpatient and Outpatient staff at CAMH received TIDES training through various modalities. The TIDES team continues to work with inpatient teams on a consultative basis providing on-unit trainings. The rollout of mandatory inpatient training *(Inpatient TIDES: Applying Prevention, De-Escalation, and Self-Protection Skills)* expanded to include additional inpatient units. Some classes were cancelled due to Infection Prevention & Control restrictions (due to COVID-19), low enrollment or staffing concerns. The TIDES team continues to work with inpatient teams on a consultative basis providing on-unit Trainings In 2023, 954 inpatient learners were trained over 285 trainings.
					2) Work with clinical units to implement practice enhancements and utilize PDSA cycles for improvement (e.g., targeted work with Recreational Therapists, review of documentation standards, TIDES Specialists and TIDES Point-of-Care Facilitators attending huddles). Practice enhancements are aligned with interventions shown to reduce conflict and containment in inpatient mental health settings	Y	The TIDES team worked with clinical units to implement TIDES practice enhancements, utilizing PDSA cycles for improvement. Targeted work was completed with Recreational Therapists. Recreation Therapy (RT) monthly practice meetings resumed and a 2022/2023 RT Roadmap was established. The focus is on Documentation Standards, emphasizing the importance of completing 'This Is Me', 'Safety and Comfort Plans' and 'Team Treatment Plans' upon admission and throughout treatment and care. Education sessions on these were offered and well attended.

					3) Continue to offer Train-the-trainer sessions to inpatient clinical staff to become Point-of-care facilitators (POCF) for their services. POCFs are direct care staff that receive additional training, mentorship and support to bring the knowledge and skills of TIDES to direct care teams across the organization. The role requires them to be content experts for their clinical teams around TIDES strategies and skills	Y	We continued to offer train-the-trainer sessions to inpatient clinical staff to become TIDES point-of-care facilitators (POCF) for their services. POCFs are direct care staff that receive additional training, mentorship and support to bring the knowledge and skills of TIDES to direct care teams across the organization. The program is successful and we have seen a 28% increase in inpatient POCFs in 2022.
				2) Scale and spread the Healthcare Excellence Canada (formerly Canadian Patient Safety Institute) Teamwork and Communication Safety Improvement Project on one Forensic inpatient unit. The goal of the project is to empower direct-care teams to actively solve local-level teamwork and communication issues that are impacting patient safety outcomes (e.g. restraints)	Optimize an evidence-based tool (e.g. SBAR) to continuously improve care team communication to reduce the number of physical restraint events on one inpatient unit	Y	The Healthcare Excellence Canada (formerly Canadian Patient Safety Institute) Teamwork and Communication Safety Improvement Project was implemented on one Forensic impatient unit. We optimized an evidence-based tool, SBAR (Situation, Background, Assessment and Recommendation), to improve care team communication. Educational supports for SBAR training, audits and a guidance document were developed. A PDSA cycle is in progress. This initiative has been delayed due to program staffing constraints related to the COVID-19 pandemic and is on track for completion in February 2023.

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Percent positive response to the OPOC Survey question, "Staff were sensitive to my cultural needs (e.g. religion, language, ethnic background, race)" (%; All inpatients and outpatients who completed the survey; Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool; Q4 22-22 through Q3 22-23)	84.7%	84.7%	91.5%	1) As a part of Fair & Just CAMH – a CAMH-wide initiative to advance equity, diversity and inclusion – the Health Equity Office and Education Services are working collaboratively to develop and implement an education strategy. The Health Equity Certificate program (as part of the Health Equity and Education strategy) provides CAMH staff, managers and physicians with fundamental knowledge and skills needed to plan and implement equitable and culturally sensitive mental health and addiction programs and services	1) Develop, update and implement new competency-based curriculum courses	Y	As part of the Health Equity Certificate program, two courses (Introduction to Health Equity [IHE] and Asking the Right Questions: Gender Identity and Expansion [ARQ]) were updated and Accredited by the University of Toronto.
					2) Develop and pilot the delivery of the Health Equity Coaching Model (HECM), which is a collaborative initiative that engages with all staff across the hospital to improve clinical health outcomes through planning, policy and programming	Y	As part of the Health Equity Office education strategy, a Health Equity Coaching Model (HECM), a collaborative initiative that engages with all staff across the hospital to improve clinical health outcomes through planning, policy and programming, was developed. Updates to the HECM are anticipated after more widespread implementation.
				2) Continue implementation of the Dismantling Anti- Black Racism strategy (DABR), which is a focal point of Fair & Just CAMH. Through the DABR strategy, CAMH aims to deliver safe, culturally appropriate, accessible and equitable care for Black patients and families	Continue implementation of the 22 action items identified in the DABR strategy which aim to decrease anti-Black racism at CAMH by 2022. Action items are grouped into three focus areas; for patients and families, for staff and for CAMH	Y	Implementation of the Dismantling Anti- Black Racism strategy (DABR), which is a focal point of Fair & Just CAMH continued in 2022. The 22 action items identified in the DABR, which aim to decrease anti-Black racism at CAMH, are in-progress or completed. Additionally, a detailed update on the strategy was shared with all CAMH staff and physicians via our intranet.

				3) Expand the San'yas Anti-racism Indigenous Cultural Safety Training (Core Mental Health course), as part of the continued implementation of the Truth and Reconciliation Action Plan which is a three-year strategy to create an environment where First Nations, Inuit and Metis staff feel safe at work, and CAMH staff and physicians understand how colonialism and resiliency impacts mental health and substance use enabling patients to feel safe to receive CAMH services. The curriculum and learning outcomes are designed to help participants: • Strengthen their knowledge, awareness, and skills for working with and providing service to Indigenous people and communities • Work more safely and effectively with Indigenous people • Begin considering their role in correcting, rebuilding and transforming systems to uproot Indigenous-specific racism • Improve the quality of client/patient care with enhanced knowledge of the roots of Indigenous trauma and the resilience factors for healing • The improvement of core clinical competency skills required to provide quality services to First Nations, Inuit and Metis patients	Expand San'yas Anti-Racism Indigenous Cultural Safety training to the Executive Leadership team (ELT) and additional staff in Education, Research, PSSP, and clinical staff for inpatient and outpatient services	Y	As part of the continued implementation of the Truth and Reconciliation Action Plan, we expanded the San'yas Anti-Racism Indigenous Cultural Safety training to the Executive Leadership team (ELT) and additional staff in Education, Research, PSSP, and in- and out-patient clinical staff in. To date, 160 CAMH staff have completed the training and we are on track for all ELT members to complete the training by end of fiscal 2022/23. Staff members have embraced the value of culturally safe programs and practices at the point of care. A wait list has been formed.

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Percentage of recurrent encounters (with at least three visits) where at least one minimum dataset (MDS) assessment was administered within a month of the first visit (%; Outpatients who had a recurring encounter and 3 checked in/out or confirmed appointments within 6 months after registration of the encounter; Q4 21-22 through Q3 22-23: Hospital collected data)	CB	CB	39.7%	Advancing the implementation and uptake of measurement-based care (MBC) is an organizational priority at CAMH. MBC is the systematic administration of validated clinical measures, specific to the mental health and addictions' population, to track symptoms, as well as wellness and functioning. These assessment tools are integrated into treatment approaches to guide the intensity of interventions and therapeutic responsiveness and agility. MBC has the potential to reduce variability in care quality, simplify and streamline decision-making and make care more responsive to patient needs	1) Psychosis Recovery and Treatment (PRT) 1. Modification of the Audit C Tool: In an effort to improve utilization rates of the Audit C tool; the PRT service is in the process of moving to the shortened version of the form, which will lead to higher completion rates while giving clinicians the data they require to support their patients. It is also accompanied by an algorithm to support treatment decisions 2. Changes to Metabolic Monitoring: Enhance the capacity for assessment completion by leveraging existing outpatient documentation to increase the rates of clinicians and physicians in completing waist circumference, vitals and measures, and blood work within 14-60 days from Outpatient admission 3. Changes to the RAI and the Antipsychotic Treatment Determination Form: In order to ensure that the PRT service adheres to the upcoming HQO-mandated changes to the RAI form, the PRT service is working with the Clinical Applications team, and physician stakeholders to implement these changes to the RAI form From both an outpatient and inpatient perspective, we will be including the mandated RAI changes noted above to the Antipsychotic Treatment Determination Form. As an important feature, Physicians completing this form will also have language included which will support better information sharing and context to support treatment decisions. This form is completed near admission, and will give physicians more information about not only whether the patient has received the treatment or not, but also, in the case where the patient has not received the treatment the reasons/context behind not being given the treatment. Further, the inclusion of the HQO mandated questions into the Antipsychotic Treatment Determination Form will be important as the form: 1. Will auto-populate the HQO responses into the RAI, thereby reducing the need to document those responses directly into the RAI upon patient discharge; and 2. Allow for outpatients and inpatients to utilize the same form to support patient planning. Standardizing opportunities for MBC across inpatient and outpatient programs is an important feature of CAMH's plan for measurement based care	Y	The implementation and uptake of measurement-based care (MBC) has been advanced in Psychosis Recovery and Treatment (PRT) in in the following ways: ○ The implementation of the concise version of the Audit C Tool has yielded a modest improvement in completion rates. Further education and communication with teams is required to increase the rate even further to reach our target. ○ The integration of the Waist Circumference order to the Hospitalist Admission Order Set made an immediate and significant impact to our ability to complete and track metabolic monitoring. This approach further demonstrates the effectiveness of integrating new clinical requirements and activities into existing structures when possible and appropriate. ○ The mandated RAI form changes have been successful in capturing the required data since inception. This change has yielded 100% completion rates on all 4 mandated response items.

					2) Slaight Centre for Early Intervention 1. Use of Clinical RedCap in Slaight Centre for Early Intervention to enhance patient completion of standardized measurement tools. RedCap is a secure, web-based application that captures data and puts it into a patient's EHR from which the treatment team along with the patient can collaborate regarding the treatment plan that is indicated 2. Refresh the administration of standardized assessment tools through training and the use of reporting for accountability	Y	The implementation and uptake of measurement-based care (MBC) has been advanced in the Slaight Centre for Early Intervention in the following ways: ○ Exploring the use of Clinical RedCap to enhance completion of standardized measurement tools. We have learned that Clinical RedCap has some limitations regarding administrative burden (e.g., large volume of patients to register within RedCap and manual entry). The team continues to meet with RedCap to develop a feasible process. ○ Refreshing the administration of standardized assessment tools through training (e.g., developed a training manual for clinicians which covers topics related to MBC, the design of a Clinical Dashboard is in progress, and an education day will be held once MBC infrastructure is in place). We have learned that the optimization of I-CARE documentation for clinicians is required to support MBC. Work is in-progress to improve functionality for more effective and efficient documentation. -
					3) Development and implementation of a data quality dashboard in the Ontario Structured Psychotherapy (OSP) Program to support/improve MBC	Y	A data quality dashboard was developed and implemented in the Ontario Structured Psychotherapy (OSP) Program to support and improve Measurement-based Care (MBC). The target of including 65% of validated metrics was met. The team has been evaluating ongoing data quality efforts to determine additional indicators to add to the dashboard.