

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 31, 2025

## OVERVIEW

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital, a world-leading mental health research centre, and where upwards of 40,000 people receive care each year.

CAMH's strategic plan, Connected CAMH: 2024-2030, brings to life our vision of Health Redefined with three strategic directions as we Advance Care and Get Upstream to Lift Societal Health. These directions respond to the resounding expectations we heard for seamlessly connected, high quality specialist care, discovery that drives innovation within the health system so that people get help early and a commitment to equity and advocacy to support a healthier society where disparities faced by people living with mental illness are addressed.

The need for mental health and addictions services is greater than ever as disparities grow between different socio-economic groups, we face a worldwide affordability crisis, reckon with the history and continuing impacts of structural oppression, racism and colonization and face the real threat of climate change against a backdrop of evolving social and technological forces. CAMH Emergency Department volumes are on track for more than 17,000 visits in 2025-26.

Through a multi-year approach to quality improvement, CAMH continues to prioritize key areas: Safety, Access and Patient Experience, all of which are reflected in our Strategic Plan and 2025-26 Operating Plan.

In line with our commitment to equity, we will apply an equity,

diversity and inclusion lens to indicators within our Quality Improvement Plan. This ensures that the experiences and needs of diverse and marginalized groups are considered in the design and implementation of improvement initiatives.

#### Safety

- We will continue to improve key staff and patient indicators including: Workplace Violence Lost Time Injury Frequency (# of WPV incidents/100 FTEs) and percent of inpatients physically restrained while in care at CAMH. We will adopt a corporate falls prevention and management strategy which will result in a reduction of inpatient falls with moderate to severe harm or death. Data collection and analysis of use of restraints and falls that cause harm will involve stratification by socio-demographic factors such as age, race/ethnicity, sex, and housing status to identify potential inequities among patient subgroups.

#### Access

- We will continue initiatives to reduce the median wait time from referral to first offered consult to increase access to our programs and services. This will include improvements to collecting sociodemographic data at the time of referral.

#### Patient Experience

- CAMH is committed to improving the experience of patients through patient experience data. We will continue to collect meaningful, multi-modal data and real-time patient feedback. As part of gathering experience data we will continue to review ways of capturing and analyzing experiences among various sociodemographic groups.

- Participating in research studies is an important aspect of clinical-research integration. Research participation can provide patients with valuable insights in addition to access to new and potentially more effective treatments. Their experiences can also help improve care for others. We will focus on engaging patients in discussions of available research opportunities. We will explore collecting language preference or need for an interpreter to identify potential inequities.

## ACCESS AND FLOW

Timely access to care is an essential aspect of health care quality. Wait times are a critical measure of both CAMH's operational efficiency and that of the healthcare system. At CAMH, wait times are reported through the Wait Time PowerForm, which contains critical information. However, varying completion rates across clinics hinder the accuracy of wait time data, making it difficult to inform clients about their expected wait for assessment and treatment.

To improve this process, we have focused on enhancements to increase PowerForm completion rates and provide more accurate wait time estimates. Reporting completion rates in pilot working groups has helped clinic leadership emphasize compliance among staff and address challenges, leading to improved rates. Reducing wait times in clinics requires a proactive and multifaceted approach. Key strategies include implementing a wait list optimization strategy to manage appointments effectively and decrease waitlists, along with Pre-Assessment Health Record Reviews to identify patients who may no longer need assessments, thereby refining the waitlist. Adopting an Interprofessional approach has been critical as it fosters collaboration and flexibility, significantly enhancing service delivery and reducing wait times. Addressing inaccurate clinic registration data is critical for understanding access and demand patterns. Additionally, improving triage processes to prioritize patients based on current needs which ensure better oversight and resource allocation.

## EQUITY AND INDIGENOUS HEALTH

Supporting unique populations, CAMH serves many marginalized people with complex mental illness, substance use disorders and

concurrent disorders across the lifespan. Many of our patients lack access to appropriate housing, income support, food security and employment. CAMH works with community and regional partners to address our patients' complex needs.

Our Child, Youth & Emerging Adult program provides a range of specialized inter-professional care, from assessments and consultations to individual/family therapies; specialized treatment groups for co-occurring mental illness and substance use; and consultations on request from primary care providers. Our specialized clinics include:

- Youth Justice Clinic
- Gender Identity Clinic
- Youth Addiction & Concurrent Disorders Service
- New Beginnings Clinic for newly arrived refugees

CAMH serves patients from First Nations, Inuit & Metis communities on-site through a culturally appropriate, evidence-informed model of care through Shkaabe Makwa Clinical Services. Shkaabe Makwa is the first hospital-based Centre in Canada designed to drive culturally-responsive systems initiatives to achieve health justice and wellness for Indigenous communities through the advancement of research, workforce development and innovative healing models that harmonize traditional knowledge and medical expertise.

CAMH's Geriatric Mental Health Service (GMHS) provides interprofessional assessment, treatment, consultation and follow-up services to older persons with mental health concerns, including addiction.

The forensic mental health program provides a continuum of care that includes assessment, treatment and rehabilitation at different levels of security, community supervision, consultation, and specialty services.

AMANI: Mental Health & Substance Use Services for Black Youth provides anti-oppressive, context-specific and holistic care for Black youth and their families. CAMH is working with Black Health Alliance and other community partners on a network of seven community-based sites across the province. Two additional sites are planned for 2025-26.

Work is underway on the design of a Centre on Black Mental Health, a key component of continuing CAMH's work to Dismantle Anti-Black Racism and reduce health disparities for the Black population. A consulting partner, Strategisense has been engaged to connect with partners to better understand the landscape in the region/province, assess the unique value of a centre and an approach to implementation.

Services available through the Office of Health Equity include interpretation services, health equity capacity-building at local, provincial and national levels, the cultural adaptation of clinical services such as Culturally-Adapted CBT, and the federally-funded Refugee Mental Health Project.

The Experience & Inclusion Department supports CAMH's strategic direction to Life Societal Health by ensuring that at CAMH, we are equitable, diverse, inclusive, accessible and anti-racist. Fair & Just CAMH is an organization-wide initiative with the mandate to create a more equitable CAMH. Initiatives include Anti-Black racism

resources and eLearning for staff, Anti-Black racism and mental health advisory committee, the horizontal violence, anti-racism, anti-oppression working group, reconciliation working group and a Truth & Reconciliation Action Plan.

## **PATIENT/CLIENT/RESIDENT EXPERIENCE**

CAMH is committed to continually evaluating and improving the care provided to our patients and families. Central to this commitment is the meaningful engagement of patients, families, and caregivers in all aspects of our organizational, clinical, research, education and initiatives.

The experiences, ideas, and concerns shared by patients and families are vital in shaping our improvement efforts. We actively seek and incorporate their feedback through various channels, ensuring that their voices inform the development of our programs and practices. Our Patient and Family Experience Office allows patients and families to provide feedback about their experiences. This is shared in real time with leadership and this data is also analyzed for themes to inform quality improvement opportunities. Additionally, the Patient and Family Partners Program recruits and matches patient and family partners to a wide range of engagement opportunities across CAMH.

We have been collecting annual survey data from patients and families and are now enhancing our feedback mechanisms by adopting a multi-modal approach to gathering experience data. This approach will better inform quality improvements and lead to more effective improvements in care experiences. We are incorporating real-time feedback and utilizing actionable data, along with innovative methods such as journey mapping to capture the full

range of patient and family experiences. CAMH's innovative Gifts of Light donation-funded program, designed to address patient wellness gaps, collects feedback on programming and experiences, to continuously enhance the patient experience.

CAMH will be deploying the Ontario Hospital Association's (OHA) Ontario ED short-form patient experience survey and is collaborating with the OHA to develop a short-form Mental Health and Addictions survey for provincial use. These experience surveys will be distributed via the Qualtrics platform, for real-time feedback. Additional data capture methods include the MyCAMH patient portal, an inpatient discharge survey, and outpatient experience survey.

## PROVIDER EXPERIENCE

The health and safety of our patients, their families, our staff and physicians, and the community is our top priority. Our dedicated staff and physicians are at the heart of the excellent care provided at CAMH. Over the past two years, we have focused on recruiting and retaining staff by enhancing CAMH's profile to attract job seekers and improve working conditions. We remain committed to fostering an inclusive, equitable, and diverse workplace that supports all of our team members.

Initiatives include:

- Integrating People and Culture directly into our Strategic Plan, Connected CAMH, recognizing that achieving our strategy is not only about what we do but also about how we do it.
- Launching the bi-annual Employee and Physician Engagement Survey, where results will drive improvements and shape the future

of CAMH.

- Enhancing our staff performance review process by introducing a new approach to performance evaluation, feedback, and professional development.
- Launching a Professional Growth Conference, providing secondment opportunities, and expanding leadership programs to help staff advance their careers at every stage. We have also expanded the Workplace Mental Health Strategy for staff and physicians.
- Offering events and workshops by our Wellness Centre that support wellness for staff along with extensive programming available both in-person and virtually.
- Providing programs specifically designed for healthcare workers to promote mental health, well-being, and psychological safety with 78 internally run sessions and 6 external sessions with over 1600 participants.
- Continuing to support staff development through the San'yas Cultural Safety training and launching a new, mandatory course for all staff and physicians called "Navigating Anti-Racism, Harassment, and Discrimination."

## SAFETY

Patient safety remains a key priority for CAMH, as outlined in our new strategic plan, which highlights one of its goals as advancing care by strengthening our quality and safety culture. To achieve this, we are implementing a new quality and patient safety

framework, establishing a Quality Improvement training academy, empowering care teams to engage in quality improvement efforts, and renewing our approach to patient and family engagement.

The Restraint Minimization project is a quality improvement initiative designed to enhance safety for both patients and staff through the systematic review and evaluation of Code White incidents. This project includes monthly reviews of selected incidents within the Psychosis Recovery and Treatment units (PRTs) to identify strengths and areas for improvement in response protocols. It has recently expanded to include the Crisis and Critical Care units (CCCs).

Understanding the ongoing need for education and support during high-risk interventions, this initiative adopts a proactive approach to ensure continuous improvement in staff training and preparedness. The Restraint Minimization Committee works to address challenges in incident management, refine response protocols, and enhance staff training and education efforts, all with the goal of creating a safer environment for both patients and staff.

By identifying specific safety-related education needs, the initiative aims to improve the quality of responses during Code White events. Through effective use of TIDES education, the project equips front-line staff with the skills necessary to handle high-risk situations more efficiently and effectively. Ideally, this approach will contribute to a reduction in the use of restraints, further minimizing risks and reducing trauma for both patients and staff. The combination of targeted training, improved response protocols, and a focus on restraint minimization will foster a more therapeutic and safe environment.

## PALLIATIVE CARE

**Organizational Readiness and Collaboration:** CAMH is committed to providing high-quality palliative care. We have well-resourced inpatient and outpatient teams with diverse disciplines. Our partnerships with UHN and Mount Sinai Hospital's Palliative Care team enhance care, support, and education for patients and families. Outpatient teams utilize community services such as PEACH (Palliative Education and Care for the Homeless) and interdisciplinary support. CAMH's geriatric mental health units were adapted to provide palliative care on-site, reducing the need for hospital transfers. Various program areas discuss care across the lifespan. We also provide practice leadership and specialized support in Dietetics, Spiritual Care, and Bioethics consultation.

**Health Human Resources Competency, Training and Engagement:** Efforts have been made in several program areas, including Geriatrics and Forensics, to educate staff on assessment needs, de-prescribing, and engaging in discussions about goals of care with patients and families. A standardized palliative order set has been developed to support these practices.

Enhancements to discussions about care goals with patients and families are documented in the electronic medical record, and communication among the team has increased through daily huddles. Our palliative care partners, such as Mount Sinai and hospice providers, also extend support and education to both the patient and family, not just the care team. These discussions and care planning activities are ongoing and are regularly updated as needs and preferences evolve.

**Organization's focus on processes to support:** We have

implemented policies, practice guidelines, and leadership to support our programs. This approach extends to specialized equipment and collaborations with community partner organizations for consultation and support as needed. Aspects of the Quality Standard for Palliative Care and the Ontario Palliative Care Network recommendations are incorporated into our policies and practice guidance, and they are further adapted to meet the specific needs of our patient population. Scales and measures may be utilized to monitor progress based on the stage of palliation.

A quality improvement initiative was implemented to enhance resuscitation status-related goals of care discussions for older adults with severe mental illness. Key components included the implementation of an Electronic Health Record Resuscitation Status Order (RSO) to standardize documentation of patient preferences, as well as the revision of hospital policies to clarify do-not-resuscitate levels. Staff education was a focus, with training sessions aimed at improving healthcare providers' skills in engaging in these crucial conversations.

## POPULATION HEALTH MANAGEMENT

CAMH's approach to population health activates its roles in public policy advocacy, generating research, providing care, sharing evidence-based practice and building systems, all with the aim of understanding health needs, promoting health, preventing disease and providing care for people living with mental illness.

CAMH's role in the launch and implementation of Canada's 9-8-8: Suicide Crisis Helpline, which provides high quality, evidence-based, equitable suicide prevention and crisis support for all Canadians, is driven by partnerships across the country and is illustrative of a

public mental health intervention aimed at population health.

CAMH has also worked in partnership to provide, share and implement evidence-based care interventions through the following:

- Key collaborations with the University Health Network and SickKids to provide integrated physical and mental health care for those we service, advance brain health science and deliver seamless and coordinated care for our community's youngest and most vulnerable.
- Ontario Structured Psychotherapy program where patients can access publicly funded, short-term, evidence-based cognitive behavioural therapy (CBT).
- NAVIGATE program providing evidence-based treatment focused on recovery for youth and emerging adults with a first episode of psychosis now implemented at eleven sites across Ontario.
- AMANI: Mental Health & Substance Use Services for Black Youth, providing support and counselling to African and Caribbean Canadian youth dealing with problem substance use and mental health concerns now implemented at seven sites in Ontario.
- The Integrated Youth Services (IYS) Data Platform Project aims to revolutionize mental health support for Canadian youth by creating a unified, federated data platform that connects 14 provincial and territorial youth service networks. By integrating diverse data sources, we're enabling a Learning Health System that allows for evidence-based insights into youth mental health and substance use, while respecting data privacy and autonomy. This platform will



support policy makers, researchers, and youth-focused organizations to improve service delivery, address community needs, and ultimately drive better health outcomes for youth across Canada. CAMH is playing a key role in supporting this initiative including data infrastructure and a centre for collaboration.

- Youth Wellness Hubs Ontario (YWHO), where 32 sites provide high-quality integrated youth services to support the well-being of young people aged 12 to 25, including mental health and substance use supports, primary health care, community and social supports, and more.

Our population health approach also extends to our research mandate where studies like the Toronto Adolescent & Youth Cohort Study, focusing on identifying and treating at-risk youth before they get sick, closely observing over five years, 3,000 young people to help predict who may be most at risk for developing psychosis and respond to the warning systems rather than waiting until something happens.

### **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

The EDRVQP Project Team is an interprofessional group comprised of an ED Psychiatrist serving as the Physician Lead, the Senior Manager of the Emergency Department (ED) acting as the Operational Lead, the Clinical Director for Access to Care, the ED Advanced Practice Clinical Leader (APCL), the Clinical Operations Coordinator Leader (COCL), and a Quality Specialist.

CAMH's audit process utilizes an interprofessional team to identify quality issues in patient care. Oversight is provided by the Physician

Lead, Senior Manager, and APCL, ensuring a comprehensive clinical perspective. The Clinical Operations Coordinator Leader retrieves quarterly Ontario Health reports from iPort and notifies the leadership team. The EDRVQP Project team then determines patient eligibility for further analysis.

Eligible patient charts are reviewed by the Physician Lead, in collaboration with the treating physician and team (as needed) to identify quality concerns and their impact. The EDRVQP team then meets to discuss potential quality improvement initiatives and interventions. This collaborative approach ensures a thorough review and facilitates data-driven improvements to patient care.

- In 2025, we will be starting the EDRVQP audits as well as the Ontario Hospital Association's ED short-form patient experience survey. Data from both will inform quality planning and improvement initiatives.
- Our QIP includes an indicator related to reducing the use of physical restraints for our inpatient population. Our data shows that patients who had a restraint event in the ED are more likely to have a restraint in an inpatient unit. Effective team-based debriefing after a restraint event in the ED can help reduce repeat restraints once admitted.
- The organization's Balanced Scorecard currently tracks the percentage of patients who had an ED visit and/or are in an inpatient unit that have the mandatory socio-demographic questions completed in their electronic health record.

- Improve patient flow by reducing the 90th percentile Emergency Department length of stay (ED/EOU LOS) for patients ultimately admitted to a specialized inpatient unit.
- The Toronto Police Service pilot project's goal is to reduce police officer time in the ED to under an hour from time of arrival. This approach is meant to be more trauma-informed for patients brought in by police as well as patients in the waiting rooms who may have had negative experiences with police.
- University of Toronto Navigation (UTN) is a partnership with U of T to address mental health navigation for students and reintegration into the community after discharge.
- The Addiction Consult Service (ACS) includes physicians, social workers, and peer support workers who provide consultations for substance use disorders (SUD) in the ED. To enhance care, an additional social worker and weekend physician coverage have been added. Point-of-care urine drug screening for SUD is being planned to aid in assessment and treatment.
- Adult Neurodevelopment Consult Liaison Service provides consultation for adults with intellectual and/or development disabilities and is currently being evaluated by the team.

## EXECUTIVE COMPENSATION

At CAMH, the executive team's compensation includes "at risk" pay in the range of 25% for the CEO and 15% for the executive team.

The link to the QIP target achievement, as noted in the table below, is set at 5.0% for the CEO and 3.0% for the executives.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Timely	Median wait time from referral to first offered consult appointment	16.6%	0.83%	0.5%
Safe	Prevent workplace violence	16.6%	0.83%	0.5%
	Reduce the use of physical restraints	16.6%	0.83%	0.5%
	Reduce harm associated with falls	16.6%	0.83%	0.5%
Patient-Centred	Real time patient experience	16.6%	0.83%	0.5%
	Engaging patients in discussions of available research opportunities	16.6%	0.83%	0.5%
Total 'at risk' pay related to QIP			5.0%	3.0%
Total 'at risk' pay not related to QIP			20%	12.0%
Total 'at risk' pay			25%	15.0%

## SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **March 28, 2025**

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**Sue Armstrong**, Board Chair

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**Rebecca Shields**, Board Quality Committee Chair

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**Sarah Downey**, Chief Executive Officer

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**Dr. Juveria Zaheer**, EDRVQP lead, if applicable

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