

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

May 6, 2026



OVERVIEW

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and a leading global centre for mental health research and education. Each year, CAMH staff provide clinical care to over 35,000 people while advancing discovery and innovation that shape the way mental healthcare is provided.

Two years into Connected CAMH Strategic Plan 2024 to 2030, we are seeing the impact of our shared commitment to redefining health. The plans three strategic directions Advance Care, Get Upstream, and Lift Societal Health continue to guide our work as we build a more connected, innovative, and equitable mental health system. The context in which CAMH delivers care continues to grow more complex. Demand for mental health and addiction services is increasing across the lifespan, while widening socioeconomic inequities, rising cost of living pressures, the ongoing impacts of racism, colonization, and structural oppression, and the accelerating mental health effects of climate change place additional strain on individuals, families, and systems. These intersecting pressures underscore the urgency of coordinated, equity focused, and system level quality improvement.

Our 2026 to 2027 Quality Improvement Plan QIP reflects CAMHs dedication to improving Safety, Access, and Patient Experience, areas that remain central to both our Strategic Plan and our 2026 to 2027 Operating Plan. This year represents the first year of a 3 year QIP planning cycle. This multi year approach ensures sustained commitment to achieving results while allowing CAMH to adapt our approach to best meet the needs of our patients and families. This year, CAMH will implement and refine an innovative quality

improvement framework which embeds equity throughout the improvement cycle. The framework has been endorsed for use across the Toronto Academic Health Sciences Network to improve the quality of care for communities who experience marginalization within the health care system.

Access

To improve access to outpatient services for our patients, we will continue to reduce the median wait time from referral to first offered consultation. In addition, we will improve access to our inpatient services by focusing on reducing the daily average number of patients waiting in the emergency department for an inpatient bed at 8 am. This work will include an equity based assessment of patients admitted to PICU Psychiatric Intensive Care Unit beds.

Safety

Improving staff and patient safety remains a central focus in our 2026 to 2027 QIP. We will continue to keep our staff safe by reducing the frequency of workplace violence related lost time injuries. To better support staff who experience workplace violence, we are launching a peer support program, focusing on diversity of representation so that staff can be supported by a peer they identify with. To improve patient safety at our organization, we will continue to focus on reducing the percentage of inpatients physically restrained while in our care through both preventive and continuous learning initiatives.

Patient Experience

CAMH is committed to improving the experience of patients through patient experience data. We will continue to enhance our collection of meaningful, multimodal data and real time patient

feedback. This year, we will specifically focus on post discharge planning through improvements to our Patient Oriented Discharge Summaries PODS.

ACCESS AND FLOW

Timely access to care is a core dimension of healthcare quality and a key indicator of both operational efficiency and system performance. CAMHs improvement efforts have focused on improving wait time data quality as well as optimizing registration and triage workflows. In parallel, targeted workflow reviews were conducted to identify barriers and bottlenecks within triage and referral management processes. These reviews aimed to streamline intake pathways, clarify roles, and reduce delays contributing to prolonged waits. An interprofessional, team based approach remained central to this work, enabling more flexible care delivery and more efficient use of clinical resources. Ongoing attention to the accuracy of clinic registration and referral data further strengthened understanding of access patterns and equity considerations. In the upcoming QIP year, CAMH will prioritize standardizing estimated dates of discharge and improving integration of outpatient performance metrics to support access and patient flow.

EQUITY AND INDIGENOUS HEALTH

CAMH supports diverse and marginalized populations with complex mental illness, substance use, and concurrent disorders. Many patients face barriers such as inadequate housing, income, food security, and employment. CAMH collaborates with community and regional partners to address these complex needs.

The Child, Youth and Emerging Adult Program offers specialized

interprofessional care, including assessments, consultations, individual and family therapies, treatment groups for co occurring disorders, and primary care consultations. Specialized clinics include the Youth Justice Clinic, Gender Identity Clinic, Youth Addiction and Concurrent Disorders Service, and the New Beginnings Clinic for newly arrived refugees.

Shkaabe Makwa Clinical Services provides culturally appropriate, evidence informed care for First Nations, Inuit, and Metis patients. As Canada's first hospital based centre focused on culturally responsive systems change, Shkaabe Makwa advances research, workforce development, and healing models that integrate traditional knowledge with medical expertise.

The Geriatric Mental Health Service delivers assessment, treatment, consultation, and follow up for older adults with mental health and addiction concerns. The forensic mental health program offers a continuum of assessment, treatment, rehabilitation, community supervision, and specialized services.

AMANI: Mental Health and Substance Use Services for Black Youth provides anti oppressive, holistic care for Black youth and families, in partnership with Black Health Alliance and community organizations. A network of seven sites is underway, with further expansion planned to two additional sites in 2026 to 2027. CAMH is also designing a Centre on Black Mental Health to advance efforts to dismantle anti Black racism and reduce health disparities.

The Office of Health Equity provides interpretation services, health equity capacity building, culturally adapted clinical services, and the Refugee Mental Health Project. The Experience and Inclusion

Department leads organization wide initiatives to advance equity, diversity, inclusion, accessibility, and antiracism, including Fair and Just CAMH, anti Black racism initiatives, reconciliation work, and the Truth and Reconciliation Action Plan.

PATIENT/CLIENT/RESIDENT EXPERIENCE

CAMH is committed to continually improving the quality of care we deliver, and patients, families, and caregivers play an active role in shaping this work. Their lived experiences, ideas, and concerns directly influence how we design services, conduct research, develop educational initiatives, and improve care.

We gather this input from patients and families through several channels. The Patient and Family Experience Office provides a direct avenue for sharing experiences, which are communicated to leadership in real time and reviewed for themes that guide quality improvement. The Patient and Family Partners Program embeds patients and families into CAMHs quality improvement work by connecting patient and family partners with engagement opportunities across the organization, ensuring their perspectives inform decisions at every level. The donation funded Gifts of Light program also collects ongoing feedback to refine its wellness focused supports and programming that enhance the patient experience.

To deepen our understanding of the patient journey, we are expanding the use of real time feedback tools and data driven approaches. CAMH has implemented several Ontario Hospital Association shortform patient experience surveys, including the Ontario ED survey and the Mental Health and Addictions inpatient and outpatient surveys. We are also collaborating with the Ontario Hospital Association to develop a provincial caregiver survey, with a youth and pediatric version of the Mental Health and Addictions survey nearing completion. All surveys will be distributed through the Qualtrics platform to support timely, actionable feedback.

PROVIDER EXPERIENCE

Ensuring the wellbeing of everyone who comes through our doors, including patients, families, staff, physicians, and the wider community, guides every decision we make. The skill and dedication of our workforce are the foundation of the care CAMH delivers. We aim to attract new talent and support those already here by strengthening CAMHs reputation as an employer of choice and creating excellent working conditions. We are actively shaping a workplace culture where equity, inclusion, and diversity are embedded in how we work and how we support one another.

People and Culture are embedded directly into the Connected CAMH Strategic Plan, aligning People and Experience work to its three pillars and enablers and reinforcing that how we deliver care is as important as what we do. Using insights from the biannual Employee and Physician Engagement Survey, teams implemented action plans to improve the workplace, strengthened leadership through the Connected CAMH Leadership Academy, and advanced staff wellbeing through the completion of our first Workplace Mental Health Strategic Plan and the co design of the next strategy. This work is supported by broad mental health, wellness, leadership, and inclusion programming, reaching hundreds of teams and leaders and thousands of staff. CAMH continues to support staff development through training and education within our Mental Health and Wellness portfolios, as well as through the IDEA Inclusion, Diversity, Equity, and Accessibility framework led by the IDEA portfolio.

SAFETY

Patient safety is a core priority at CAMH, and we are committed to advancing care by strengthening our culture of quality and safety.

To support this, we launched a Quality Improvement Academy with onsite workshops to provide clinical teams with the knowledge and skills to drive meaningful improvements within their programs. We also launched a quality improvement training fellowship program to support two physicians and two staff in pursuing advanced training in quality improvement and patient safety.

Further, we have renewed our clinical governance structure to better coordinate quality and patient safety efforts across the organization. This includes the creation of program level Quality Working Groups QWGs to lead local initiatives and monitor patient safety, and a Quality Excellence Council QEC to provide organizational oversight. In addition, we have modernized our approach to reviewing patient safety incidents and developed resources to help clinical teams prepare for and participate more effectively in these reviews.

Preventing never events is a central focus of our patient safety strategy. Medication safety, including the prevention of never events related to medication allergies, is a key priority. We are currently co designing a new medication administration system with frontline staff, patients, and families to reduce risk and strengthen safeguards. To address never events related to suicide risk and patients under close observation leaving the facility, we have implemented purposeful rounding, a structured tool that supports staff in engaging with patients during hourly checks and during close or continuous observation. This approach helps staff anticipate and respond to patient needs proactively, enhancing comfort, connection, and safety while receiving care at CAMH.

PALLIATIVE CARE

CAMH is committed to delivering high quality palliative care supported by well resourced inpatient and outpatient teams across multiple disciplines. Partnerships with the University Health Network UHN and Mount Sinai Hospital MSH enhance care, education, and support for patients and families. Outpatient teams also collaborate with community services such as PEACH Palliative Education and Care for the Homeless. Geriatric mental health units have been adapted to provide onsite palliative care, reducing transfers and improving continuity. Care is coordinated through shared planning, age spanning pathways, and structured handoffs, supported by expertise in Nursing, Dietetics, Spiritual Care, and Bioethics.

A tiered capability model guides training for clinicians, unit champions, and specialists to strengthen staff competency and engagement. The mobile nursing team provides just in time bedside teaching, micro education, and case based coaching on symptom management and communication. Unit nurse educators and team leads reinforce practice, while hospitalists and psychiatrists co round with palliative consultants to align care and support knowledge exchange. Palliative partners co lead case conferences and caregiver education to ensure coordinated support for patients, families, and teams.

Policies, practice guidelines, and leadership structures promote consistent palliative care delivery. Standardized pathways, after hours escalation guidance, and symptom relief algorithms are in place, with access to Mount Sinai Hospital consultants for urgent support. Medication kits, nursing protocols, and educator availability help ensure timely symptom management.

This year, CAMH will complete a systematic quality improvement review to assess current performance, consistency in tools and pathways, and documentation standards. Early observations show strong collaboration and training, but variability in goals of care documentation, symptom management practices, and workflow execution. Findings will guide improvements to care pathways, just in time coaching, and monitoring processes to support sustainable practice change.

POPULATION HEALTH MANAGEMENT

CAMHs population health approach brings together public policy advocacy, research, clinical care, evidence based practice, and system building to better understand health needs, promote wellness, prevent illness, and support people living with mental health conditions.

CAMHs leadership in operating the national 988 Suicide Crisis Helpline reflects a major population level mental health intervention, delivered through partnerships across Canada to ensure equitable, evidence based crisis support for all Canadians.

CAMH also advances population health through key collaborative programs:

- Partnerships with the University Health Network and SickKids to integrate physical and mental health care, advance brain health research, and support vulnerable children and youth.

- The Ontario Structured Psychotherapy program, offering publicly funded short term cognitive behavioural therapy CBT.

- NAVIGATE, a program providing evidence based treatment

focused on recovery for youth and emerging adults with a first episode of psychosis, now implemented at eleven Ontario sites.

- AMANI, providing mental health and substance use services for Black youth, currently operating at seven sites across the province.

- The Integrated Youth Services IYS Data Platform Project, which connects 14 provincial and territorial youth service networks through a unified federated data platform. This learning health system supports evidence informed decision making, service planning, and improved outcomes for youth. CAMH plays a central role in data infrastructure and serves as a centre for collaboration.

- Youth Wellness Hubs Ontario YWHO, offering integrated mental health, substance use, primary care, and social supports for youth aged 12 to 25 across 32 sites.

Our population health approach also extends to our research mandate. Studies such as the Toronto Adolescent and Youth Cohort Study focus on identifying and treating at risk youth before they become unwell. This study follows 3000 young people over five years to help predict who may be most at risk for developing psychosis and to respond to early warning signs rather than waiting until illness develops.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

The EDRVQP Project Team is an interprofessional group that utilizes CAMHs audit process to identify quality issues in patient care. Oversight is provided by the Physician Lead, Senior Manager, and APCL, ensuring a comprehensive clinical perspective. Quarterly Ontario Health reports are reviewed by the leadership team to determine patient eligibility for further analysis. To date, the ED team has reviewed a total of 20 cases, which are included in the audit template.

Primary themes identified were:

- Proactive Risk Identification: There is a need for greater consistency in identifying patients at risk for agitation based on history and current presentation. We are implementing a CIHR funded study to better understand patients at risk for agitation and or use of restraints, including the impact of sociodemographic factors such as race and gender, as well as other factors such as police presence.

- Medical Handover Gaps: There is inconsistent communication of medical concerns during mental health assessments and at points of transition. Our ED team is working with inpatient hospitalist physicians to identify opportunities to improve the handover of medical issues, enhance access to bloodwork and imaging during business hours, and strengthen communication with general hospital partners.

EXECUTIVE COMPENSATION

At CAMH, the executive teams compensation includes at risk pay in the range of 25 percent for the CEO and 15 percent for the executive team.

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

**See attached chart included as image.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Timely	Median wait time from referral to first offered consult appointment	20%	1%	0.6%
	Daily average number of patients waiting for an inpatient bed at 8am	20%	1%	0.6%
Safe	Prevent workplace violence	20%	1%	0.6%
	Reduce the use of physical restraints	20%	1%	0.6%
Experience	Positive response to "The care team helped me develop a plan for when I finish my treatment"	20%	1%	0.6%
Total "at risk" pay related to QIP			5%	3%
Total "at risk" pay no related to QIP			20%	12%
Total "at risk" pay			25%	15%

CONTACT INFORMATION/DESIGNATED LEAD

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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 **May 6, 2026**

Sue Armstrong, Board Chair

Rebecca Shields, Board Quality Committee Chair

Sarah Downey, Chief Executive Officer

Dr. Juveria Zaheer, EDRVQP lead, if applicable
