



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

Excellent Care for All

## Quality Improvement Plans (QIP): Progress Report for 2012/13 QIP

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
<b>Priority 1</b>				
<b>Reduce Medication Errors</b> (% of clients who have medication reconciliation completed upon admission) <b>(Safety)</b>	Q2 2011 -12 94.6%	96%	97% (Q3 YTD)	-Random chart audit of 100 inpatient charts each quarter. This was an increase in number of chart audited from 30 / quarter in previous year - The sample across units was proportional to the volume of admissions so that units with more admissions had more audits - Follow up provided to providers that had incomplete medication reconciliation forms - Pilot undertaken to review the quality of BPMH (best possible medication history) – data analysis pending
<b>Reduce use of mechanical restraints (level 1)</b> (% of patients whose RAI-MH* admission assessment indicated use of physical restraints) <b>(Safety)</b>	Q2 2011 -12 2.8%	<4.7%	2.4% (Q2)	- CAMH has led a focused initiative on minimizing restraints. In 2012-13, focus was to sustain gains and advance improvements by continued monitoring and understanding information from client and staff debriefings after restraint events. Review of debriefing data indicates a need for process review and refinement to

\* RAI –MH (Resident Assessment Instrument – Mental Health)

				<p>provide more meaningful data and embed debriefing review in organizational processes</p> <ul style="list-style-type: none"> <li>-Staff education ongoing with targeted attention to high risk areas</li> <li>- Minor policy revisions based on desire for increased clarity</li> </ul>
<b>Priority 2</b>				
<p><b>Improve provider hand hygiene compliance</b> ( % of staff hand hygiene compliance pre and post client contact) <b>(Safety)</b></p>	<p>2011/12 74% pre-client and 90% post client contact</p>	<p><b>75% pre client contact</b></p>	<p><b>83.4% pre client contact</b></p>	<ul style="list-style-type: none"> <li>- Ongoing audits on all units by infection prevention and control (IPAC) staff involving over 1250 health care providers</li> <li>- Previous hand hygiene performance rates shared with staff</li> <li>- IPAC staff provided refresher training session on every unit</li> </ul>
<p><b>Reduce wait times in the ER</b> 90<sup>th</sup> percentile ER length of stay for admitted patients <b>(Access)</b></p>	<p>2011/12 Q1 3.6 hours Q2 3.0 hours</p>	<p>4.0 hours</p>	<p>3.43 Q2 YTD</p>	<ul style="list-style-type: none"> <li>- Additional staffing have been hired to help with increased volumes in the ER</li> <li>- Increased leadership oversight and program collaboration to support patient flow</li> </ul>
<p><b>Improve Patient Satisfaction</b> (% of patients who rated the overall care that they received as good or very good when asked to rate their care on annual Client Experience Survey) <b>(Patient Centered)</b></p>	<p>2010 Client Satisfaction Survey 64-68% inpatients 86-87% outpatients</p>	<p>Not stated</p>	<p>72.4% Inpatients 91.1% Outpatients (Q3)</p>	<ul style="list-style-type: none"> <li>- Results from survey shared with programs and posted on the external website</li> <li>- Results presented to Empowerment and Family Councils</li> </ul>

<p><b>Reduce long stay client days</b> (Reduce % of long stay clients greater than 1 year) <b>(Integration)</b></p>	<p>Dec 31, 2011 172 long stay clients (107 forensic and 65 non forensic)</p>	<p>Reduce non forensic long stay clients by 10%</p>	<p>43 non forensic, representing a reduction of 34 per cent (or 22 people) (Q3)</p>	<ul style="list-style-type: none"> <li>- Major progress has been made by the successful discharge of 40 long stay patients to high support permanent housing</li> <li>- Successful advocating efforts have resulted in dedicated ALC funds to support 11 new high support and 15 transitional units in the community</li> <li>- Complex Mental Illness program has a dedicated bed utilization manager</li> <li>- LOCUS (Level of Care Utilization System) assessment tool has been piloted in certain areas with a plan to implement across the organization in 2013</li> </ul>
<b>Priority 3</b>				
<p><b>Improve organizational financial health</b> (Total margin (consolidated) % by which corporate consolidated revenues exceed or fall short of total corporate consolidated expense, excluding the impact of the facility amortization in a given year) <b>(Effectiveness)</b></p>	<p>2.3%</p>	<p>Above 0</p>	<p>1.98 (Q3)</p>	