

Let's Make Healthy
Change Happen.



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

camh
mental health is health

3/27/2019

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in its field. CAMH is fully affiliated with the University of Toronto and is a Pan American Health Organization/World Health Organization Collaborating Centre.

Our mission statement: “At CAMH, we Care, Discover, Learn, and Build to Transform Lives,” encapsulates a unique mandate to provide the best clinical care for those we serve directly, and through our academic and system-change work, to serve people who are affected by mental illness regionally, nationally and globally. Vision 2020 – our eight-year transformational strategic plan – was developed to build on our strengths and to position us to meet the demands of increasing volumes, acuity and complexity of our patient population. Vision 2020 has six strategic directions:

- Enhance recovery by improving access to integrated care and social supports
- 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
- Drive social change

In 2019/20, CAMH will develop our next Strategic Plan (2020-2023) building upon our accomplishments under Vision 2020 and articulating our vision for the current opportunities and challenges of Ontario’s health care system. With a dedicated staff of more than 3,000 physicians, clinicians, researchers, educators and support staff, CAMH offers outstanding clinical care to more than 34,000 patients each year. We provide direct patient care to meet the diverse needs of people with complex mental illness, including substance use disorders, across the lifespan. Emergency, inpatient, outpatient and outreach services are provided and include assessment/consultation, brief interventions, day hospital services, community-based continuing care and family support. We also have secure facilities to serve patients referred through the Ontario Review Board. In 2018/19, CAMH had nearly 13,000 visits to our Emergency Department (ED), 4,559 inpatient admissions and 60,480 outpatient appointments. CAMH’s reach and impact extends beyond the immediate geographic area through services such as Telehealth, ECHO (Extension for Community Health Outcomes) and our Provincial System Support Program (PSSP). These services provide direct care through individual case consultation, capacity building with care teams in other parts of the province and working with communities, service providers and other partners to move evidence to action to create sustainable, system-level change.

In the year ahead, we have a major focus on getting ready to relocate our clinical care and services from our College Street campus into two new buildings on our Queen Street campus, which are currently under construction. The move is planned for June 2020, and the focus of the organization in the coming months will be operational readiness – this means making changes now to get ready for a different physical environment that will be safer and more comfortable for patients and will allow us to implement improvement strategies that are not possible in our current environment. The focus for this year is therefore, to maintain current performance on our QIP indicators while implementing process improvement and developing innovative strategies for the new environment.

As an organization, we work to improve care for many under-served and marginalized populations. We are champions for health equity and have made a long-term organizational commitment to reduce disparities in

mental health care for racialized and marginalized groups. CAMH makes a continuous effort to reduce disparities in mental illness and treatment through advocacy, data collection, policy-related activities, and research and training programs. These programs aim to consider the causes of health inequities and disparities, and specifically the social determinants of health. These programs pay particular attention to addressing and reducing the systemic barriers that prevent people with marginalized socio-economic, race, immigration, education, sexual identity and gender status from equitable opportunities and outcomes. Many of these services are offered in partnership with community groups with a focus on specific populations. Examples include:

- The Aboriginal Service, which provides outpatient groups and individual counselling to Aboriginal people experiencing substance use and other mental illnesses. Programming includes both traditional and western healing practices. On-site ceremonial grounds are regularly utilized by the service which accommodates approximately 200 patients per year. The service also supports patients admitted to CAMH inpatient units by providing cultural programming and consultation to care teams. In addition, direct clinical services are provided to Aboriginal communities in Ontario through the CAMH Telemental Health Program. The program works with Keewaytinook Okimakanak eHealth Telemedicine Services to plan delivery of telepsychiatry to patients within a network of 26 First Nations communities located in northwestern Ontario. The program has submitted a proposal to co-develop and deliver culturally relevant tele mental health service to the Métis Nation of Ontario.
- Our Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) provides support and counselling to African and Caribbean Canadian youth who are dealing with problem substance use and mental illness. The program works from a cultural competence lens to help Black youth work through mental illness.
- Culturally adapted Cognitive Behavioural Therapy (CBT) is being delivered in partnership with Women's Health in Women's Hands (WHIWH) CHC, a community health center for racialized women living in Toronto and the surrounding community.
- New Beginnings Clinic: CAMH Services for Refugees offers psychiatric consulting, care provider consulting and culturally sensitive interventions to newly arrived refugees in partnership with Women's College Hospital. As well, an online training program for care providers has been created to help them identify and support people who are or have been trafficked. The 'Immigrant and Refugee Mental Health Project' course from CAMH's Health Equity Office offers online training, tools and resources to settlement, social and health service professionals working with immigrants and refugees. The course covers mental illness and disorders in different groups of immigrants and refugees as well as evidence-based services, treatments and supports based on the unique needs of different groups.
- We provide focused care for LGBTQ and transgender people, including counselling provided to lesbian, gay, bisexual, transgender, transsexual, two-spirit and intersex people concerned about their drug and alcohol use through Rainbow services. The Adult Gender Identity Clinic serves individuals and their primary care practitioners in regard to gender identity and expression. The clinic has active partnerships with Sherbourne Health, Rainbow Health Ontario and Women's College Hospital to ensure transition-related services meet community needs and are accessible.
- Many of our patients lack access to appropriate housing, income support, food security and employment. Our Social Determinants of Health Service works in the areas of housing, income, employment and education. The program supports the work of CAMH clinicians in these areas, develops and maintains community partnerships, works to effect system change, and leads in knowledge development and exchange.

In addition to providing patient care, CAMH conducts groundbreaking research, provides expert training to health care professionals and scientists, develops innovative health promotion and prevention strategies, and advocates on public policy issues at all levels of government. Through our Foundation, tens of millions of additional dollars have been raised to create innovative programs, process improvements and health services research.

For our annual Quality Improvement Plan this year, we supported Health Quality Ontario's recommendations to simplify, bring a stronger focus to a smaller number of priorities, and to increase our ability to deliver meaningful improvements in care. Our selection of indicators and change strategies for our 2019-2020 Quality Improvement Plan (QIP) reflects an ongoing journey – one that is focused on improving access, safety, and health equity. While we focus on all of the dimensions of quality in our planning, our decision making is tied to two key guiding principles: patient safety and quality of care and staff safety and quality of work life. Our approach to quality improvement has been through focused initiatives that include a variety of activities and projects. Examples of our efforts to increase access to care include the formation of "Access CAMH," a centralized information, intake, and referral service for patients, families, and care providers. We've reduced wait times for clinics and services through reorganization and process improvement. We've improved access to structured psychotherapy at CAMH and in the community through partnerships with other service providers. Our efforts to enhance patient and staff safety have been driven through "Safe & Well CAMH." Improving patient safety is being addressed through projects focused on medication safety, better identification, and management of aggressive behavior through TIDES (Trauma-Informed De-Escalation Education for Safety and Self-Protection). TIDES is a hands-on training program designed to help all staff and physicians work safely and effectively with patients through relationship building, de-escalation strategies and enhancing teamwork. Wellness initiatives for staff focus on resilience, development of a 24/7 wellness center that provides a range of programming in addition to exercise equipment, and staff support in the form of peer and professional psychological support for our physicians and staff.

In the area of Health Equity we are committed to continuing to advance CAMH's capacity to serve diverse populations. We have renewed our commitment to health equity and, in addition to the equity initiatives described earlier; we have focused on having data and analytics to look at health outcomes for specific populations. This information will allow us to re-examine our own systems and structures and to identify focused areas for improvement for specific populations.

Describe your organization's greatest QI achievement from the past year

CAMH has adopted an enterprise-wide, award-winning analytics strategy as part of an effort to become the world's first learning mental health system. Through these efforts, we will learn from every patient to improve care and outcomes. This means having access to and using timely, actionable information on real world experiences of patients, leveraging technology and robust measurement. The CAMH Emergency Department (ED) is the first point of contact for people in crisis, and approximately 80% of CAMH inpatients are admitted through our ED. We have experienced increasing emergency department volumes leading to crowding in the ED and pressure on our inpatient units.

CAMH has taken a data-driven approach to problem solving through a multi-pronged performance improvement approach: the creation of the ED dashboard, monitoring ED diversion and the creation of a population-based bed projection model. The bed projection model was developed to predict required capacity for inpatient services over the next 5 years, and has resulted in enhanced flow through the ED to inpatient beds and the development of a new 23 bed unit (March 2018). Results from an evaluation of the impact of the

new unit indicate a decrease in average LOS in ED for admitted patients, which reflects better transitions in care for people in need of an inpatient stay (Table 1).

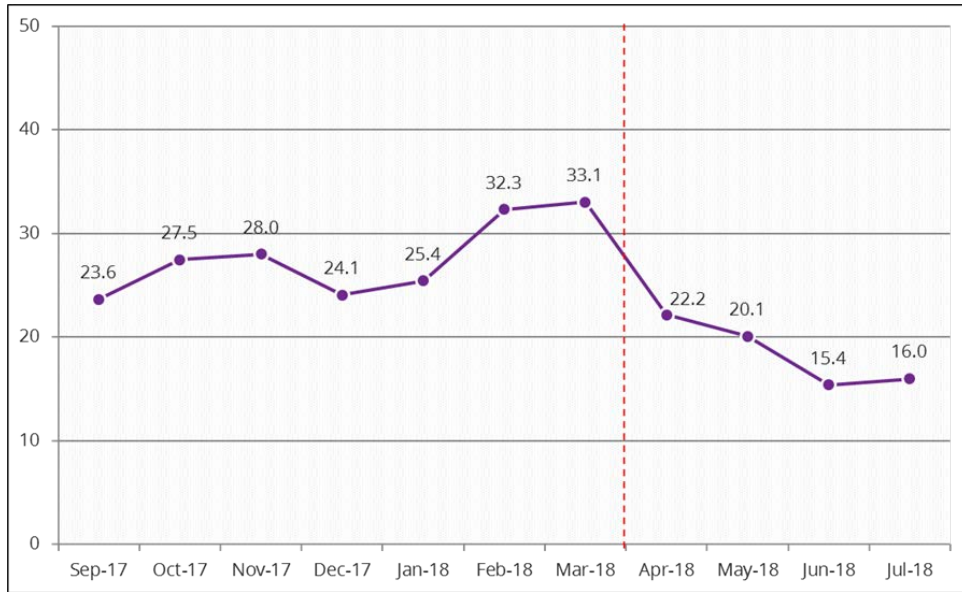


Table 1. Decreased average length of stay (hours) in EAU for patients admitted to acute inpatient bed

The development of data systems and monitoring of performance through reporting and analytics have led to the implementation of a Bridging Service to provide an alternative to the ED for lower acuity patients and to support inpatients post-discharge in order to reduce readmission rates. Visit and wait time data are regularly reviewed by the team through routine reporting that is being used to plan the expansion of the clinic. The ED is the largest referral stream into the Bridging Clinic, with 82% of new patients being referred directly from the ED (Table 2).

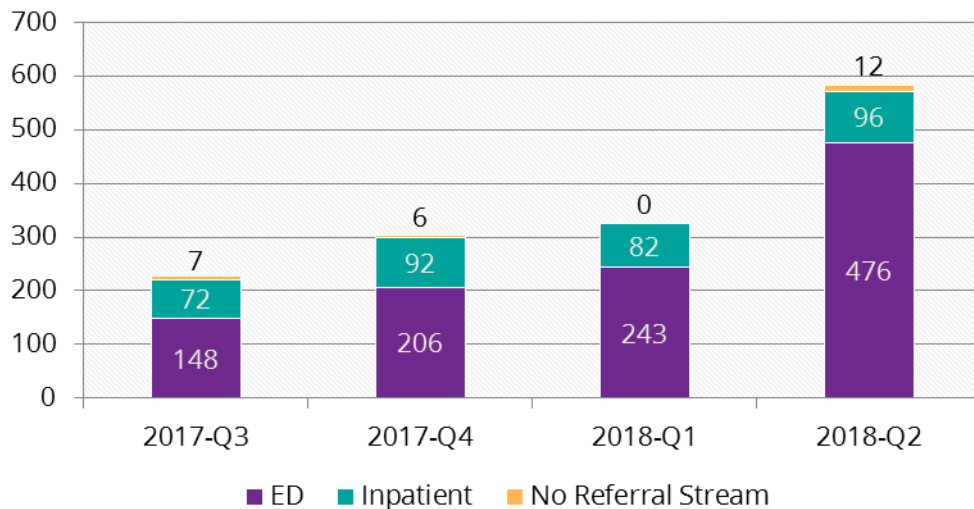


Table 2. Bridging Service new patients by referral stream

While volumes in the ED have been increasing since 2012, a recent ED Optimization project has been initiated using data to map the current state of triage, inform and monitor PDSA cycles for triage process improvement, and evaluate the impact of streamlined ED multidisciplinary assessments. Early results from the project indicate an overall reduction in LOS in the ED with reduced wait time to physician assessment (Table 3).

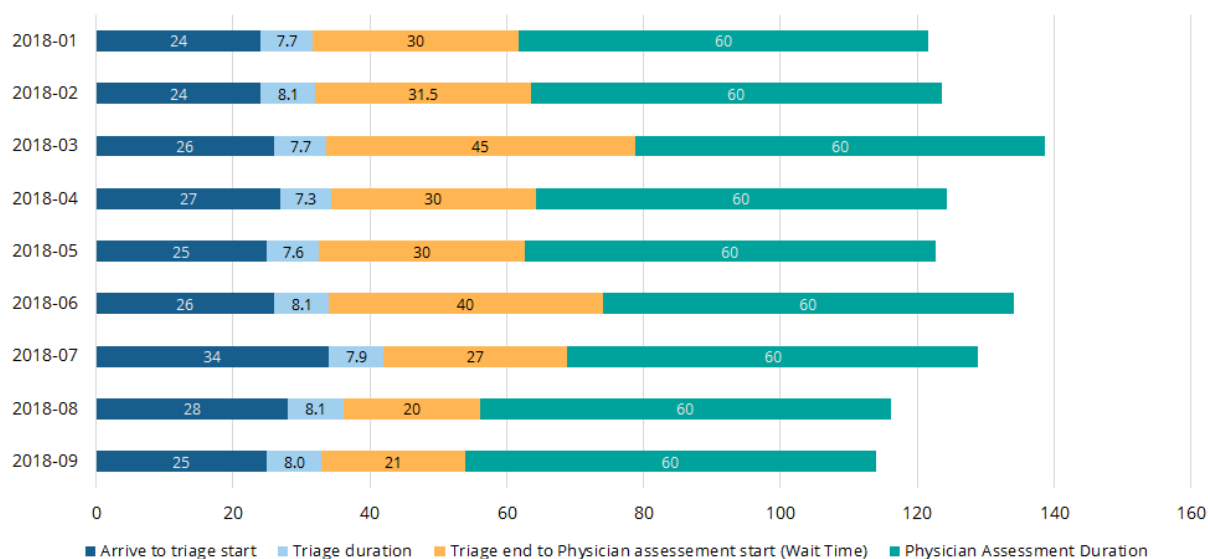


Table 3. Patient’ median length of stay (minutes) for each stage in ED

CAMH was recognized for this work as the first Canadian hospital to achieve one of the highest international awards for using analytics to improve patient care and operational efficiency. The Healthcare Information Management Systems Society (HIMSS), a leading global non-profit organization dedicated to improving healthcare through IT, certified CAMH with the HIMSS Adoption Model for Analytics Maturity (AMAM) Stage 6 in 2018 and the Electronic Medical Record Adoption Model (EMRAM) Stage 7 in 2017. This Stage 7 HIMSS achievement is notable because it recognizes CAMH as the first academic health sciences centre to implement a fully electronic health record that harnesses technology to support optimized patient care. The Analytics Maturity award recognizes CAMH’s commitment to use data to inform decision making that optimizes quality and efficient service delivery.

We will continue to address the increasing volumes, acuity and complexity of our patient population as we prepare to move our clinical programs into our new facilities in 2020. Our focus therefore will be on implementing process improvements and developing innovative strategies for the new environment.

Patient/client/resident partnering and relations

The active engagement of patients and families in developing and implementing our QIP is important to ensure we include targets and quality improvement activities that are meaningful to them. In this planning cycle, we expanded our engagement and involvement of patients, families, and those with lived experience in the development of our 2019/20 QIP in the following ways:

- We incorporated the experiences and concerns of our patients, families, and community partners, as well as their ideas, into the development of QIP change ideas.

- We involved patients in the development of our QIP through 24 focus groups and one-on-one discussions on 22 inpatient units. The focus groups were co-facilitated by a Client Experience Assistant – an individual with lived experience of mental illness. We met with 185 inpatients from our three programs. Some of the feedback we received was around the need for better communication and patient engagement in their treatment and discharge planning, too few staff affecting their care (i.e. responsiveness and availability) and staff well-being, requests for more time outside, the need for better orientation upon arrival (e.g. welcome packages), more comfort measures on the unit, the need for more attention to diversity and accessibility, and more privacy with their treatment team.
- Through the Office of Family Engagement and the Family Advisory Committee, we engaged family members in discussions about their priorities for our QIP, including indicator selection and change ideas.
- We consulted with community partners, people with lived experience, and other stakeholders via our Liaison Committee.
- Information collected from our annual patient survey, the Ontario Perception of Care tool for Mental Health and Addictions (OPOC-MHA), has informed our QIP development by helping us identify areas of strength and areas for improvement. Specifically:
 - The OPOC provided patients with the opportunity to voice their opinions on access, quality of our services, participation and rights, clinicians’ knowledge, care environment and overall experience.
 - We surveyed family members, including those who are registered patients receiving their own services.
 - Programs reviewed OPOC survey data for change ideas (e.g. how to improve satisfaction, medication safety).
 - The Quality, Safety and Patient/Family Experience team hired and trained surveyors with lived experience of mental illness through CAMH's Employment Works! Program to administer the OPOC.
 - A Client Experience Assistant communicated the OPOC results to our patients and engaged them in more in-depth discussions around their perceptions and experiences of care.
 - An event was held for patients to hear about the 2017 OPOC results and to gather feedback about their priorities (pamphlets with tear-away feedback panels were distributed to all outpatient clinics and we received 65 submissions).
- The Office of Family Engagement (OFE) supports family members of those with mental illness in a variety of ways, not only to provide support but also to bring lived experience to program planning and design. Our patient and family engagement roadmap reflects our Vision 2020 commitments, focuses on innovation and quality improvement, and demonstrates how family involvement and support is integral to CAMH work. Through our Office of Family Engagement, we ensure effective representation, participation and empowerment of families at the organizational level. We see patients and families having an increasingly important role in QIP development.
- Patients and family members are represented on our program Quality Councils where they provide important insight and ideas for quality improvement efforts and QIP change ideas.
- We are drawing on information/data gathered through our Client Relations Office (e.g. trends in complaints or concerns voiced by patients and family members) to inform QIP indicator selection and change ideas.

- We have developed a comprehensive three-year patient and family engagement roadmap that includes work in the areas of: patient and family empowerment; clinician and leadership preparation; care redesign; governance and organizational redesign; measurement and research; and transparency and accountability. Patients, families and other stakeholders were part of the working group from the outset and will continue to play a significant role in implementation and evaluation. The roadmap includes paid positions for patient and family engagement facilitators. We also have youth facilitator positions. Our commitment to co-design of services with those with lived experience is yielding many positive benefits. It allows the organization, staff and physicians to learn in ways that are comprehensive and impactful and the participation further supports recovery for patients and families.
- Our Constituency Council – a body of some 70 stakeholders from communities and sectors that CAMH serves – meets bi-annually and provides feedback on organizational performance (e.g. QIP and Balanced Scorecard) and other areas of strategic interest. The Council also provides input in to the CEO's annual performance process. The Council was recognized by Accreditation Canada as a Leading Practice in 2015.

Workplace Violence Prevention

Safety is our top priority at CAMH and we recognize that staff safety and patient safety are inseparable. We are committed to preventing violence in the workplace and ensuring the safety of patients and staff, and have set out a clear Workplace Violence Prevention Policy and Program aimed at ensuring a culture of safety throughout CAMH that is based on respect and patient-centred care. This work is being done in collaboration with our union partners and recently Dr. Catherine Zahn, CAMH CEO, and our union presidents for ONA local 54 and OPSEU local 500 presented about our journey in pursuit of a Safe and Well CAMH at the 6th International conference on Violence in the Health Sector in Toronto. We have a robust workplace violence prevention committee and we are currently implementing recommendations from a third party risk assessment conducted on three acute inpatient units.

As an organization, we continue to be challenged with increasing volumes, as well higher complexity and acuity of illness in the people seeking our care. This has implications for safety, for the prevention and management of violence, and for the reduction of restraint use. We see restraint use as a proxy measure for our ability to predict, prevent, and manage aggressive behaviour while providing good clinical care. Continued increases in our Emergency Department volumes leads to increased admissions and creates pressures throughout our three clinical programs. These challenges continue to be addressed through our Safe & Well activities that include implementation of TIDES (Trauma Informed De-escalation & Self-protection) across all inpatient and outpatient areas; daily team huddles to improve team communication and focus on safety and quality; focused comfort and wellness activities for patients and staff; and staffing and infrastructure investments such as increased clinical staff in key areas of need (including our Emergency Department), upgrades to personal alarm systems and doors with safer windows and sightlines in key areas; and introducing a buddy system for staff conducting rounds at night.

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. The even distribution across all domains of quality reflects our belief that the domains for quality are inter-related and together lead to high quality care.

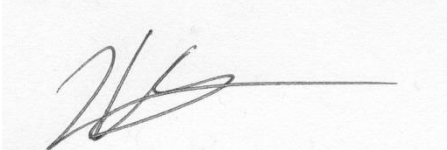
Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safety	Medication safety - Increase proportion of outpatients receiving medication reconciliation upon discharge	20.0%	1.0%	0.6%
	Workplace violence prevention			
	Reduce use of physical restraints in mental health			
Timely	Reduce wait times in the Emergency Department and EAU	20.0%	1.0%	0.6%
Patient-centered	Improve patient satisfaction (inpatient services)	20.0%	1.0%	0.6%
Efficient	Reduce the percentage of patients who are readmitted to hospital within 7 days of discharge	20.0%	1.0%	0.6%
Equity	Increase the percentage of patients for whom we have collected demographic information	20.0%	1.0%	0.6%
Total ‘at risk’ pay related to QIP			5.0%	3.0%
Total ‘at risk’ pay not related to QIP			20.0%	12.0%
Total ‘at risk’ pay			25.0%	15.0%

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan:



David Wilson
Board Chair



Victor Willis
Clinical Quality Committee Chair



Dr. Catherine Zahn
President & CEO