

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



Centre for Addiction and Mental Health

3/7/2017

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.

Overview

CAMH is Canada's largest academic health sciences centre dedicated to mental health. Our purpose 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 regionally, nationally and globally who are affected by mental illness.

Vision 2020 is CAMH's eight-year transformational strategic plan. It was adopted in 2012 to build on our longstanding strengths and experience, and to position us to meet the demands of steadily rising volumes and increasing acuity and complexity of those we serve, and to help us address the strategic priorities of Ontario, especially the Mental Health & Addictions Strategy, the Excellent Care for All Act and Patients First. Through research, education, policy, advocacy, and system-building work, CAMH seeks to transform lives far beyond those in our direct care.

Vision 2020 has six strategic directions to improve all aspects of CAMH's core business:

- Enhance recovery by improving access to integrated care and social support
- 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

Central to Vision 2020 is a focus on: a) transforming CAMH into a performance and evidence-driven organization, and b) building capacity across the mental health sector and the Province of Ontario.

In addition to evolving our models of care and service delivery, CAMH's approach to performance measurement, accountability, and quality improvement is also evolving. The selection of indicators and change strategies in this Quality Improvement Plan reflects an ongoing journey – first focusing on implementing standardized, evidence-based clinical tools and practices, and measuring compliance and fidelity. After evaluating for effectiveness, we plan for spread and scale across CAMH services – and, in many cases, system-wide. Always, our focus is on evolving from process and compliance measurement to performance and patient and system-level outcomes. Given the demands to grow this capacity in mental health, few organizations are as equipped as CAMH to incubate, evaluate and spread interventions.

As we continue our journey to deliver the second half of our strategy, CAMH notes gains in the evolution of quality improvement at the organization and system level. These include:

At CAMH:

- **Continued evolution of Quality Improvement** within the organization through substantial investments in infrastructure including reporting and analytics systems, a sophisticated clinical information system (I-CARE), and staff training

- **Driving quality by standardizing** care for better outcomes through:
 - **I-CARE** tools and processes
 - **Integrated Care Pathways (ICPs)**, evidence-based approaches to inter-professional care that will lead to the development of quality standards in the mental health sector (the inter-professional nature of ICPs supports teamwork, and our early experience has been positive)
- **Improving data quality** through review and refinement of processes related to accurate sources of data capture within our clinical information system (I-CARE). This has required new baseline performance benchmark measures for key quality indicators
- Renewed organizational approach to reporting, measurement and accountability with:
 - A “Big dot” focus on our **Balanced Scorecard** to sharpen our focus on performance measurement and accountability
 - Each indicator category oriented around a “big dot” indicator and supported by “small dot” indicators, reflecting our strategic priorities and aligned with the Institute for Healthcare Improvement (IHI) best practice guidelines
 - The scorecard aligning with the quality dimensions used by the Institute of Medicine (efficient, effective, equitable, patient-centered, safe, and timely), embedded in four categories: Access & Equity; Safe & Well CAMH; Efficiency & Effectiveness; and System Leadership
- Our approach includes strategies for getting the right level of detail and information in a timely manner to those who can make decisions and effect change. An example is the introduction of a new **Key Priorities Dashboard** for organizational leaders to receive timely updates on the performance metrics for which they are accountable

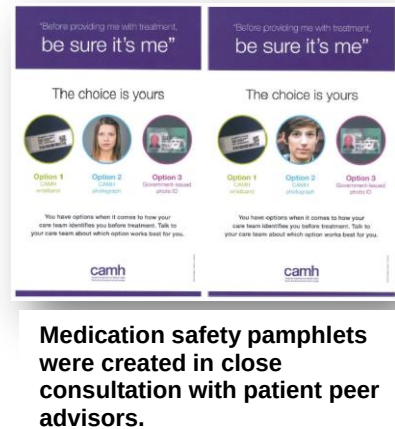
In Ontario:

- **ICP scale and spread:** CAMH began ICP pilots in 2013 and has enrolled more than 1,900 patients as we continue to evaluate and adjust to facilitate scale and spread across CAMH and the province. CAMH continues to co-chair provincial workgroups for three **quality-based procedures** being developed via HQO. As well, through an HQO ARTIC grant we successfully implemented our **Major Depression & Alcohol Dependence Pathway** in eight different care settings across Ontario
- CAMH’s Provincial System Support Program (PSSP) delivered the province-wide roll-out of the Ontario Perception of Care tool for Mental Health and Addictions (OPOC-MHA), which is a **validated survey** developed at CAMH, and coordinated the roll-out of an **evidence-based Staged Screening and Assessment tool** at all Ontario-funded addiction care provider organizations
- PSSP’s **Service Collaboratives**, a key initiative of Ontario’s Mental Health and Addictions Strategy, continue to develop and implement evidence-based practices across Ontario to address locally-identified gaps in service delivery and access, as well as care transitions

QI Achievements from the Past Year

Over the past two years we have brought added focus to patient and staff safety through Safe & Well CAMH, a multi-year suite of initiatives designed to apply standardized, evidence-based practices for best care, and to build the most psychologically safe workplace possible. Among its key areas of focus is medication safety, where CAMH has made significant strides and taken a patient-centred approach to improvement.

Closed Loop Medication Administration (CLMA) is the process of using bar code-enabled technology to support safe medication administration, by scanning client / patient identification and medications prior to medication administration. In the spring of 2016, CAMH commenced an initiative to improve CLMA scanning rates, which support client / patient safety during medication administration, with the goal of achieving 95% scanning rates. At that time, CAMH clinicians were scanning client identification and medication less than 62% of the time, and, as reflected in SCORE reports, there were medication administration errors that could have been prevented had scanning occurred.



Working closely with leadership and practice, this initiative focused on identifying people / process / technology barriers and challenges that were impacting clinicians' ability to leverage bar code-enabled technology during medication administration. In addition, a client / patient engagement strategy ensured that feedback from clients was incorporated into improvement initiatives – and specifically resulted in the design and dissemination of education material in the form of posters and brochures to help clients understand the importance of scanning during medication administration. A review of recent SCORE (Staff & Client Online Reporting of Events) reports reflect that the nature of reporting has changed – whereby appropriate use of technology is supporting identification of potential medication errors prior to them occurring.

As a result of these initiatives, in December CAMH achieved its goal of 95% scanning during medication administration. Ongoing efforts are focusing on sustaining this achievement, in order to ensure safe medication administration processes continue.

Population Health

CAMH serves some of our province's most marginalized people with serious mental illness, mood and anxiety disorders, substance-use disorders and concurrent disorders across the lifespan. In addition to mental illness, our patients require better access to appropriate housing, income support, food security and employment.

CAMH works with a number of community and regional partners to help address our patients' holistic needs:

Our **Child, Youth & Emerging Adult** program provides specialized holistic interprofessional care, from assessments and consultations, to individual and family therapies. More specifically, they provide specialized treatment groups for co-occurring mental illness and addictions and consultations for primary care providers. Through three donor-funded strategic centres, we also undertake extensive research and evidence generation and, through our partnerships, we disseminate emerging best practices. We are bringing focus to **early intervention for first-episode psychosis** in young people, as well as building a worldwide collaborative research centre for **childhood depression**.

Some of our specialized clinics include:

- Youth Justice Clinic
- Better Behaviours Service
- Gender Identity Service

- Mood and Anxiety Disorders Service
- Psychiatric Consultation Service
- Psychotic Disorders Service
- Substance Abuse Program for Afro-Canadian & Caribbean Youth (SAPACCY)
- Youth Addiction & Concurrent Disorders Service

In 2016, Ontario's first hospital-based Sweat Lodge for **Aboriginal clients and patients** opened as part of a culturally appropriate, evidence-based model of care. Since the Sweat Lodge, Sacred Fire and Medicine Gardens opened, over 300 people have participated in traditional ceremonies and teachings at the site. CAMH has also facilitated visits and tour requests from external agencies including Toronto Public Health and the TC LHIN.

CAMH's **Geriatric Mental Health Services (GMHS)** provide specialized interprofessional assessment, treatment, consultation and follow-up services to older persons with mental health concerns, with or without addictions. The service has both outpatient and inpatient departments. A particular area of focus has been standardization of care through the development, evaluation and evolution of evidence-based Integrated Care Pathways (ICPs) for dementia, for which we have seen promising improvements in patient health outcomes. We are currently piloting these ICPs at two care facilities in the GTA as part of our mandate to scale and spread the evidence-based practices we generate.

CAMH is one of the largest providers serving people with **complex mental illness**, including schizophrenia and mood disorders, as well as people whose illness has brought them in contact with the law and who are now in the **forensic mental health system**. The program provides a continuum of care that includes assessment, treatment and rehabilitation across a range of units with different levels of security, as well as community supervision, consultation, and specialty services.

Our **Social Determinants of Health Service** works in the areas of housing, income, employment and education, supporting clinicians, developing and maintaining community partnerships, working to effect system change, and leading in knowledge development and exchange.

Equity

CAMH has a long history championing health equity and we have made a long-term organizational commitment to reduce disparities in access to treatment for mental illness among marginalized groups. Over the past five years, CAMH's health equity strategy included the improvement of CAMH's Interpretation Services, the development of health equity education and training, and the evidence-based improvement of clinical services.

More specifically:

- **CAMH Interpretation Services** have been rebuilt by implementing qualifications and occupational health and professional development requirements for contracted interpreters to ensure high-quality medical interpretation services for our clients. We are considered the leader in the field of mental health interpretation. In 2016, CAMH Interpretation Services filled 3,765 requests for interpreters in over 55 languages
- The Health Equity Office provides **face-to-face and web-based training, consultation and support** to CAMH staff and managers, including a University of Toronto accredited Certificate Program in Health Equity and Diversity

- Through **sociodemographic data collection**, each of our clinical programs has been able to identify and address disparities by implementing equity initiatives. Clinical improvement has been slower than other parts of the health equity strategy, in part because of the re-alignment of clinical services
- However, there have been significant successes, including the focus on improved access for **depression and anxiety services for women**, leading to decreased disparities; the opening of the **Refugee Mental Health Clinic**; and the development of **Culturally-Adapted CBT** for Caribbean populations. Going forward, equity efforts could focus around the delivery of the [Case for Diversity](#), a multi-year proposal jointly developed by CAMH and the Wellesley Institute
- CAMH will also continue to focus on improving services for **Aboriginal communities**, building on a specialized, culturally-adapted treatment service, working to improve capacity and cultural competency of our own clinical staff, and, through special training and capacity-building initiatives, in communities across Ontario

Integration and Continuity of Care

CAMH actively supports provincial and LHIN priorities and is contributing to an integrated mental health system by:

- Fighting prejudice and discrimination faced by Ontarians with mental illness and driving social change at the municipal and provincial level, including work on the final two phases of CAMH's redevelopment. The redevelopment will include the relocation of the Province's only 24/7 Emergency Department for people in mental health crisis and 235 beds for some of Ontario's most marginalized patients;
- Developing an evidence-based public policy framework on opioids in collaboration with scientific and community partners
- Completing a province-wide mapping study of telemedicine services to determine coverage gaps as part of the Medical Psychiatry Alliance (publication in process)
- Contributing to the province's Mental Health and Addictions Leadership Advisory Council
- Participating in TCLHIN Health Links initiatives for mental health
- Supporting TC LHIN ALC Committee's work to improve system capacity and address flow concerns/mitigate hospital risks arising from a high-ALC patient population
- Operating the Forensic Early Intervention Service in partnership with the Toronto South Detention Centre, providing assessment and consultation services to inmates
- Development, through our PSSP, of 18 Service Collaboratives across the province to implement local solutions to address access, equity, and quality of care gaps in service; we have worked with more than 2,500 community partners to date
- Contributing to the development of the Scorecard and Mental Health Indicator Report for Phase 2 of Ontario's Mental Health Strategy
- Founding partner of the Medical Psychiatry Alliance, a unique \$60M collaboration between CAMH, Sick Kids, Trillium Health Partners and the University of Toronto to improve coordinated care of medical and mental illness through new models of clinical care, research and evaluation, and new ways of training health professionals

Access to the Right Level of Care - Addressing ALC Issues

To support the high number of CAMH patients that require supportive housing, most of whom have been designated as requiring an Alternate Level of Care, CAMH is working with the TC LHIN and housing partners on creative solutions to find appropriate living situations within the community.

CAMH is currently engaged in 14 active partnerships with the TC LHIN and housing partners. Together, CAMH and the TC LHIN have jointly developed a proposal for forensic supportive housing on-site at CAMH. Community partners and TC LHIN are working to transition patients into supportive, forensic and step-down housing. A proposed partnership with the community sector will contribute to addressing the 16% ALC concern at CAMH.

Engagement of Clinicians, Leadership & Staff

CAMH engages clinicians, leaders and other staff in a variety of ways, all of which have quality as a key organizational focus:

- Twice-annual all-staff CEO town halls
- Quarterly Leadership Rounds for leaders at all levels of the organization focusing on quality, safety and wellness
- CAMH administers an Employee and Physician Engagement Survey every 18 months, with several questions focused on safety and other aspects of clinical quality and gauging staff perceptions of their ability to participate in and influence quality improvement. We develop action plans for all major portfolios within CAMH, with each executive team lead accountable for implementation
- Implemented Team huddles, a new evidence-informed design for daily team conversations, which are focused specifically on CAMH's QIP priorities, staff engagement, and quality and safety discussions
- Executive engagement and communications including: Quality Improvement Leadership Walk-arounds led by the Executive Leadership Team (ELT); a CEO Blog on our internal website; E-leader communications; and initiative-related articles and updates on our website
- As part of our engagement strategy, we host a number of spotlight fairs that highlight key areas of work and strategic progress and provide an opportunity for face-to-face staff engagement. One of our most notable events is the bi-annual organization-wide "poster gallery" that coincides with the CEO's Town Hall
- Program Quality Councils provide the structure to identify, address, bridge and align local (unit and program) and corporate quality needs
- There was extensive clinician engagement in the development of the CAMH Clinical Quality Framework that communicates the quality structure and priorities. In the development of the QIP indicators, we engaged our clinical leaders in workshop(s) to identify priorities and strategies

Resident, Patient, Client Engagement

- Information collected from our annual patient survey, the Ontario Perception of Care tool for Mental Health and Addictions (OPOC-MHA), informs our QIP indicator selection by helping us identify areas of strength and areas for improvement. More specifically:
 - CAMH annually surveys in- and out-patients across all clinical services. Since 2015, we also survey family members, including those who are registered clients receiving their own services.

Family members experience the hospital in unique ways and their impressions and suggestions provide valuable insights into the experience of care at the hospital

- The OPOC provides patients and family members with the opportunity to voice their opinions with respect to access, quality of service, participation and rights, clinicians' knowledge, the care environment and overall experience
- Programs review OPOC survey data for change ideas (e.g. how to improve our in- and outpatient satisfaction, medication safety, etc.)
- The Quality, Patient Safety & Risk team annually hires trained surveyors with lived experience of mental illness and addiction through CAMH's Employment Works! program to administer the OPOC. Additionally in 2015, a Client Experience Assistant was hired through our Employment Works! program to deliver the OPOC results to our patients and engage them in more in-depth discussions around their perceptions and experiences of care
- Draw on information/data gathered through our Patient Relations Office (e.g. trends in complaints or concerns voiced by patients and family members) to inform QIP indicator selection and change ideas
- Our patients are an important source of insight and are involved in QIP development discussions:
 - Focus groups, led by our Patient Experience Assistant, provided opportunities for clients on inpatient units to learn about and comment on the annual QIP. More specifically, they were informed about the purpose of the QIP, reviewed draft indicators, and were invited to share their experiences, expectations, perspectives and input around change strategies for key QIP indicators (e.g. reduce the number of people who are readmitted to hospital within 7 days of discharge, reduce the use of physical restraints, and improve patient satisfaction)
- In our efforts to revitalize the family initiative we established an Office of Family Engagement and through this office we engage family members in discussions about QIP indicator selection and change ideas
- Clients and family members are represented on our program Quality Councils where they review the QIP and provide important insight and ideas for quality improvement efforts
- The Empowerment Council is an arm's-length organization that serves as the voice of CAMH patients and people with lived experience. Empowerment Council representatives offer their perspectives in a range of ways – from program and service delivery planning to system-level political advocacy – which help to inform QIP indicator selection. The Empowerment Council is represented on the Clinical Quality Committee of the Board of Directors, where the QIP and other quality initiatives are reviewed and discussed
- Our Constituency Council – a body of some 70 key stakeholders from across communities and sectors that CAMH serves – meets bi-annually and provides feedback on organizational performance (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
- Patients and families are involved in the implementation of QIP activities throughout the year. For example, our Prevention of Restraint Committee – with patient representation as well as from the Empowerment Council and other advocate representatives – is one initiative aimed at helping us to reduce the use of physical restraints in mental health (one of our QIP indicators)
- Our Surviving to Advising Program is an initiative to include people with lived experience as faculty who train residents and other clinicians in order to provide caregivers with a better understanding of the needs of the people we are treating. It is closely connected to our Peer Advisor program, embedding people with lived experience as trained members of our clinical teams. CAMH currently employs peer advisors across our clinical programs
- We are looking to expand our engagement impact and are exploring more opportunities to enhance engagement with the QIP cycle. The renewal of our family engagement strategy reflects our Vision 2020 commitments, focuses on innovation and quality improvement, and demonstrates how integral family involvement and support is to CAMH. As the strategy and Office of Family Engagement launches, we will

ensure effective representation, participation and empowerment of families at the organizational level and we see patients and families having a greater role in decision making in reviewing/approving the QIP

Staff Safety & Workplace Violence

As mentioned above, we implemented **Safe & Well CAMH**, our highest-priority strategic initiative, to enhance patient and staff safety and improve all aspects of clinical care.

Key Safe & Well CAMH projects include:

- Piloting a *Safewards* program on four forensic units (Safewards is a series of evidence-based approaches and interventions focused on helping psychiatric patients heal and reduce aggression)
- A continued focus on reducing restraint use through:
 - In-depth analysis of data on clinical units with higher rates of restraint use. We are designing focused interventions based on those findings (see Workplan)
 - Patient debriefing - through debriefing interviews, a Patient Experience Officer engages patients and families by offering post-restraint debriefs, facilitates peer-oriented discussions about patient safety initiatives,, and translates the comments and requests of patients to hospital staff
 - Implementing standardized and coordinated 'risk flags' in CAMH's clinical information system, ICARE. Risk flags signal the need for increased vigilance concerning communication of a patient's care plan
 - Implementing a standard risk assessment protocol (DASA) across all inpatient units in which acuity triggers care planning
- Establishing a safe-search protocol across all inpatient units.
- Tremendous gains in medication safety since spring 2016
- Implemented the Mental Health Commission of Canada's 'National Standard for a Psychologically Safe Workplace,' a series of initiatives focused on building resiliency for staff at the point-of-care, and enhancing overall staff wellness
- Piloting an evidence-informed approach to clinical staff huddles to improve team communication and cohesion
- Several staffing and infrastructure investments, including 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

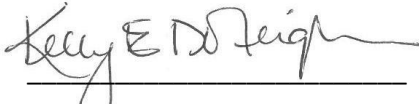
Performance Based Compensation

In addition to executive leaders' compensation being tied to achievement of targets, organizational leadership will be held accountable for achieving QIP targets by designating an executive leader for each target. Where the target is collecting baseline, assessment will be based on a report of the process measures. The Executive Leadership as a team will review target performance and adjust activities quarterly – making refinements to activities as needed. The specific relationship between attainment of the QIP targets and compensation are shown below.

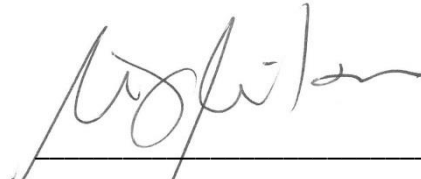
Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safety	Medication safety - Increase proportion of patients receiving medication reconciliation upon discharge	16.66%	1.04%	0.62%
	Workplace violence prevention			
	Reduce use of physical restraints in mental health			
Effectiveness	Increase the percentage of high suicide risk patients who have a completed plan of care (IPOC)	16.66%	1.04%	0.62%
Timely	Reduce wait times in the Emergency Department	16.66%	1.04%	0.62%
	Reduce EAU length of stay			
Patient Centered	Improve patient satisfaction (inpatient services)	16.66%	1.04%	0.62%
	Improve patient satisfaction (outpatient services)			
Efficient	Reduce the percentage of patients who are readmitted to hospital within 7 days of discharge	16.66%	1.04%	0.62%
Equity	Increase the number of patients for whom we have demographic information	16.66%	1.04%	0.62%
Total 'at risk' pay related to QIP			6.25	3.75
Total 'at risk' pay not related to QIP			18.75	11.25
Total 'at risk' pay			25.00	15.00

Accountability Sign-Off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Kelly Meighen
Board Chair



David Wilson
Clinical Quality Committee Chair



Dr. Catherine Zahn
President & CEO