

Let's Make Healthy
Change Happen.



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

camh
mental health is health

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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 the field. With a dedicated staff of more than 4,000 physicians, clinicians, researchers, educators and support staff, CAMH offers outstanding clinical care to more than 37,000 patients each year.

More than 6.7 million Canadians experience mental illness annually¹. It is one of the world's leading causes of disability², and suicide accounts for nearly 800,000 deaths each year³. People with mental illness face multiple barriers to accessing timely mental health care and many do not receive care until they are critically ill. Notably, demand for CAMH services is growing rapidly. In the last five years, the number of patients visiting our emergency department has increased by 68%.

Launched in June 2020, CAMH's Strategic Plan, *One CAMH*, unites the community behind a bold call for a new definition of health—one that brings mental health care into the centre of health care and acknowledges the personal, social, environmental and political shape health. We are dedicated to patient, family, and community well-being. We improve access to integrated care, answer the most difficult questions about mental illness and remove barriers to belonging. Together, we choose hope. We animate our vision, Health Redefined, through three strategic directions that wrap around all of our work: Inspire, Include and Impact.

An organization-wide initiative, 'Fair & Just CAMH', places diversity, equity and inclusion at the centre of our work. CAMH makes a continuous effort to reduce disparities in mental illness and treatment through advocacy, data collection, policy-related activities, research, and training programs and by enhancing the cultural appropriateness of our services offerings. This coming year will see the launch of "Dismantling Anti-Black Racism," a strategy developed with guidance from CAMH's Anti-Black Racism and Mental Health Advisory Committee and governed by our Fair & Just CAMH initiative.

CAMH's multi-year redevelopment of our Queen Street site reached a significant milestone at the end of November 2020 as we moved into two brand new buildings focused on Crisis and Critical Care and Complex Care and Recovery. Their leading edge design reflects our commitment to creating environments that are inclusive and respectful.

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

CAMH has been transforming our Queen Street site for more than a decade—fulfilling a vision for a physically integrated and co-located organization where patients receive care and recover alongside researchers discovering new treatments and preventions, clinicians learning the caring skills of tomorrow, and community members and champions co-creating the mental health movement.

In 2020, CAMH faced the multifaceted challenge of managing a global pandemic on the frontlines while also carrying out our third redevelopment phase; the most ambitious in CAMH history. The opening of the Crisis & Critical Care Building and the McCain Complex Care & Recovery Building at our Queen Street campus in November 2020 is the culmination of years of work. It is a great achievement that will have a positive impact on quality of care. The two new buildings—with 600,000 square feet of space and featuring 235 inpatient beds including 41 Psychiatric Intensive Care Unit beds—have added to our capacity to provide crisis and critical care and respond to the great need for service. The buildings were designed with recovery in mind – including spaces specific to patient and family needs. They will revolutionize mental health care by offering dignified spaces for CAMH patients to heal and recover, and provide a safe and generative space for CAMH staff to work.

The other major enhancements to the CAMH Queen Street campus include:

- **New State of the Art Emergency Department: The Gerald Sheff and Shanitha Kacham** Emergency department is the only one in Ontario devoted exclusively to mental health treatment 24 hours a day, seven days a week. In our 2021-2022 QIP, we are assessing the impact of our new Emergency Department space on ED Length of Stay (LOS) and will conduct quality improvement initiatives, as needed, to reduce current wait times in Ontario and provide improved intake, assessment and triage procedures for patients.
- **Enhanced therapeutic recovery and healing environment inside and outside the new buildings:** A new Tour de Bleu Therapeutic Neighbourhood provides a variety of structured evidence-based recovery programming for patients. The new TD Commons features a lush diversity of trees, shrubs, and plants and beautifully lit walking paths for patients and their visiting loved ones to access as part of their recovery.
- **Consolidation of education and clinical care to one location:** One of the major benefits of locating the CAMH education spaces adjacent to our clinical care services is that it will foster collaborative opportunities for knowledge exchange, discovery and learning that will improve care and advance knowledge.

CAMH will continue to adapt, innovate and navigate the challenges of a continually evolving global COVID-19 pandemic as we move forward with the fourth and final stage of our Redevelopment Project. In this last phase, the hospital is advancing a vision for a new state-of-the-art forensic care building and a research centre that will accelerate mental health science as a critical patient service. Patients and families have been, and continue to be, engaged in helping us transform into a mental health facility of the future by creating spaces that inspire hope and healing, such as informing the selection of furnishings and other items, and drafting a vision for the future forensic building. Through innovative and evidence-based design, our goal is to create environments that are healthier and safer for our patients, families, and staff, that promote healing, increase patient and family experience, and improve quality of care, outcomes, access, efficiency, effectiveness, and equity.

Collaboration and integration

The patient journey is at the centre of everything we do. Effective partnerships and integration are at the core of our belief that Mental Health is Health. To provide the best possible mental health care to CAMH patients, we continue to use our resources and influence to help build modern, sustainable, and connected systems of care. We continue to work with partners from Ontario Health Teams, community agencies, hospitals, primary care, as well as with partners across sectors like education, justice, and housing. Examples of CAMH partnerships and integration initiatives at the local and provincial levels that will continue in 2021-22 include:

- Implementation of the Ontario Structured Psychotherapy program with the Royal Ottawa Hospital, Waypoint Centre for Mental Health Care, Ontario Shores Centre for Mental Health Sciences, and community agencies across the province that will deliver cognitive behavioural therapy to 100,000 Ontarians.
- Ongoing scale and spread of best practices in early psychosis interventions for Transition Aged Youth through programs like NAVIGATE in partnership with young people with lived experience, their family members, the University of Toronto, Canadian Institutes of Health Research Strategy for Patient-Oriented Research, the Early Psychosis Intervention Ontario Network and five early psychosis programs, responsible for covering 45% of Ontario's geographic area.
- CAMH is working with the Mental Health Commission of Canada and community partners including Punjabi Health Community Services in the GTA, Moving Forward Family Services in Surrey, B.C. and the Ottawa Newcomer Health Centre to develop a culturally adapted form of cognitive behavioural therapy for people of South Asian origin. Previous research has shown higher rates of anxiety and mood disorders for this population compared to immigrants from other parts of the world, primarily due to cultural and socio-economic factors. People of South Asian origin also have the highest perceived barriers to mental health treatment, and are 85% less likely to seek treatment for mental illness than those who identify as white. This builds on work that CAMH has taken to culturally adapt cognitive behavioural therapy for people of African and Caribbean origin.

CAMH has also undertaken a number targeted initiatives and strategies — both internally and in collaboration with external partners — to address Alternate Level of Care (ALC).

- Targeted Initiatives:
 - The most successful ALC reduction strategy for CAMH is building and maintaining housing partnerships.
 - Given limited housing stock, CAMH continues to work closely with housing providers and various stakeholders to ensure successful transition to housing for patients when there are vacancies. The teams work with community partners to create individualized care plans for complex patients, which reduces re-hospitalizations and re-designations as ALC.

- Current ALC Strategies:
 - CAMH has a dedicated staff resource to support ALC efforts.
 - CAMH submitted three proposals for the recent Back to Home RFP. One of these proposals was in partnership with a community agency. In addition to these three proposals, CAMH supported six more proposals submitted by community agencies.
 - Collaboration with the TC-LHIN in accessing new housing stock.
 - Development and implementation of a new step-up style-housing program in partnership with a community agency. This model facilitates flow from the high support sector to lesser supportive housing options which, in turn, creates more capacity for ALC patients to access high support housing programs.
 - Actively participating with the TC-LHIN in the Service Resolution Table (SRT). The SRT provides an opportunity to work with various housing providers and support services in order to transition ALC patients from the hospital to the community.
 - CAMH has worked with the TC-LHIN to better support discharges into LTC as a result of the pandemic impacting LTC directives.
 - CAMH has been using data to better understand the needs of the various cohorts of patients, discharge destinations, and how successful these discharges have been. This data has been culminated and been used to do a projection analysis of ALC at CAMH. This information is being used to support the Toronto Supportive Housing Growth Strategy, advocacy efforts, and program partnerships/development.

Patient/client/resident partnering and relations

A CAMH promise to our community is that we will work continually to improve the care and supports we provide to patients and families. We understand that to keep that promise, we must include patients and families in all aspects of our organizational, clinical, research and education initiatives to achieve care of the highest quality. Our work to engage patients and families is guided by CAMH's Strategic Plan, *One CAMH*. A highlight of our care improvement work is the CAMH TIDES training program, designed to promote the important therapeutic relationships that support staff and patient safety. This program helps our staff hone the skills to deliver the best possible care to patients in a way that respects their unique needs. TIDES is co-created with, and co-delivered by, people who have lived experience.

Our patient and family engagement plans also include deepening patient participation as partners in research and education and a patient portal for faster access to health information. Our hospital also has unique input structures that ensure opportunities for meaningful patient and family involvement. These include the Patient and Family Engagement Roadmap, inclusive of patient and family advisory committees, and the Empowerment Council. The Board of Trustees and our board committees explicitly include these voices.

Our 2021-2022 QIP was informed by the experiences of care, ideas, perceptions, and concerns of our patients, families and people with lived experience:

- Information collected from the Ontario Perception of Care tool for Mental Health and Addictions (OPOC-MHA) informed our QIP development by helping to identify areas of strength and areas for improvement. Specifically:
 - The OPOC-MHA 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 quality improvement ideas (e.g. how to improve satisfaction, medication safety).
 - Surveyors with lived experience of mental illness were hired and trained through CAMH's Employment Works! Program to administer the OPOC.
- Consultations with the Patient Advisory and Family Advisory Committees.
- Patients, families, and the Empowerment Council are represented on our program Quality Councils and the Clinical Quality Committee of the Board where they provide important insights and ideas for quality improvement efforts.
- Information/data gathered through our Client Relations Office (e.g. trends in complaints or concerns voiced by patients and family members) informs QIP indicator selection and change ideas and we utilize our health equity data and incident data from our STRIDES system to inform QIP development.

Workplace Violence Prevention

Workplace violence is a top priority at CAMH. Safe & Well CAMH, a strategic initiative, is now in its fifth year and continues to support existing and new initiatives. The work is guided by a strong governance structure led by senior leaders with representation from all portfolios at the steering committee. There have also been significant efforts—with very positive outcomes—to work proactively and collaboratively with our ONA and OPSEU union partners on all initiatives. Significant resources have been invested in both training for staff and management. TIDES is a mandatory training program for all staff members and is continuing to roll out across the organization to all outpatient programs, following the successful implementation to inpatient programs. In addition to staff training, the organization has committed resources towards Supervisor Competency Training for management staff. We piloted a three-day training last year—two days PSHSA training and one day CAMH-specific. We are currently revamping the training to make all three days CAMH specific. This new training will roll out in fiscal Q4 20/21 and continue through the 21/22 fiscal year. Additionally, we will be formalizing our Mental Health Strategy in this year to further support our staff, focus on horizontal violence, racism and oppression in the workplace.

We continue to report quarterly on our Workplace Violence rates via the Patient Safety Report to the Clinical Quality Committee of the Board, and through updates to the Board of Trustees.

Virtual care

CAMH has continued to demonstrate its leadership in virtual care throughout the pandemic. Advancing virtual care solutions continues to be a priority through 2022 and is embedded in the organization's broader digital health strategy. Overall, the strategy seeks to reduce barriers to digital health care and create seamless experiences that are responsive to patients' needs and are integrated across the care journey.

This year the expansion of virtual care was rapidly accelerated as a result of the COVID-19 pandemic, and CAMH leveraged our robust infrastructure to quickly support the shift to virtual care across the organization. The number of video visits has grown exponentially from 300 visits monthly (pre-pandemic) to over 8700 visits (during pandemic) – representing a 2800%+ increase. Over 85% of video visits are now held via a non-OTN platform, WebEx. Visits by phone/email also increased, from approximately 2000 visits monthly (pre-pandemic), to over 9700 visits monthly (wave 1) and over 8300 monthly (wave 2). Significant policy development and dissemination was required to support this vast shift to virtual care, which was done in collaboration with privacy, security, technology, clinical, legal and other key teams at CAMH. Training and education was also an important focus for CAMH, to ensure physicians and allied health were well equipped to provide care virtually.

CAMH values the importance of both one-to-one and group services, and significant efforts were made to implement over 70 virtual groups across clinical programs in order to support continuity of care for patients amidst the pandemic. This was achieved by a multi-pronged approach to support and sustainability including: training sessions; coaching; the formation of a dedicated working group to share lessons learned, inform clinical and operational protocols for implementing and operating clinical virtual groups; and the development of a “superuser” network to support capacity building and knowledge exchange to CAMH colleagues.

In addition to shift to increased support for CAMH patients, as a provincial leader in telemedicine, the CAMH TeleMental Health Program continues to deliver virtual visits to patients living in Ontario in over 550 predominantly rural and remote locations. CAMH also delivers an integrated care model (ICM) of telepsychiatry that regularly connects 45 primary care organizations (including six sites that serve First Nations Inuit and Métis communities) to a dedicated psychiatrist via telemedicine, providing over 230 hours of indirect care (case consultations, education, etc.), in addition to clinical assessments. Through the pandemic, CAMH has provided support, training and education both within the institution and beyond the walls of the hospital. CAMH was a member of core provincial tables including the Provincial Mental Health & Addictions Virtual Care Collaborative, the Excellence in Evidence in Virtual Care in Ontario Working Group, and the Toronto Region Virtual Care Task Force. CAMH provided tools, resources, and coaching to organizations across the province – from community agencies to hospitals. Included in these resources is a series of 10 video-based modules that were launched to support implementation of virtual care. The videos share the processes that helped CAMH to rapidly implement and evaluate virtual care, to support others engage in similar activities including: summary of evidence, rapid implementation, one-to-one and group visits, digital health equity, evaluation, digital compassion and self-care, and culturally safe and trauma informed care. Approximately 170 individuals enrolled in this program within months of launch.

Throughout this period of rapid implementation, a focus on health equity and quality improvement has been central. A digital health equity framework was developed and a Virtual Client Experience Survey (VCES). A VCES – Groups and Virtual Provider Experience Survey (VPES) are now available to further understand experiences with virtual care, as well as contribute to the understanding of who is benefitting from virtual care, and who is not. A continued focus on this will ensure safe and supportive virtual mental health care is delivered in an equitable way. There have been a total of 378 requests from external organizations to receive survey and adopt for their institutions, since launch of the survey provincially in July 2020.

As an early partner with the Ontario Health Partner Video Project (PVP), CAMH was one of the first Ontario hospitals to pilot the integration of non-OTN virtual platforms for clinical use in Ontario and provide registered physicians access to a pilot billing framework for virtual care. CAMH's clinical video solution focused on integrating Webex, I-CARE and patient portal to enable CAMH providers to launch a virtual appointment from within the Health Information System directly to a patient via the portal, thus providing a secured video appointment on both ends. An agile feedback process has been implemented with the core group of registered physicians to improve workflows and design of this solution, to inform future directions. The PVP partnership work has laid a significant foundation for virtual care in Ontario, which supported the province-wide rapid expansion of virtual care during the COVID-19 pandemic. Now, approximately 85% of CAMH visits are currently implemented using a non-OTN platform. CAMH is now collaborating with Ontario Health through the roll-out of the vendor verification process, which will further enable virtual care provincially.

CAMH leverages the ECHO (Extension of Community Healthcare Outcomes) model to connect over 2,000 primary care providers in a community of practice that uses weekly interactive videoconferences to share best-practices and to provide case-based learning. Each year, the ECHO Ontario Mental Health Program delivers over 270 hours of virtual training, further building capacity amongst care providers in Ontario. This year, CAMH also launched ECHO Coping with COVID for healthcare worker's responding to the COVID-19 pandemic with a goal of promoting wellness and resilience amongst those on the front line of care. Over 800 workers have enrolled in the program, which has held over 60 unique sessions. In addition, CAMH continues to partner with the University Health Network to train new ECHO projects provincially, nationally and internationally, via the ECHO Ontario Superhub, to ensure the implementation of high-quality innovative ECHO projects.

Lastly, CAMH is also evaluating how Internet-based Cognitive Behavioural Therapy (iCBT) can be integrated into a Stepped Care approach for psychotherapy services for patients with mood and anxiety disorders. CBT is an evidence-based intervention for mood and anxiety disorders, and most of the 6,000-plus patients seen in CAMH's Mood Disorders Ambulatory Services receive a recommendation for CBT. The challenge is that in-person CBT is resource intensive and requires 12-16 weekly visits, which can be difficult for many patients (because of work, family, and/or academic obligations). The option to receive therapy online is anticipated to allow more patients to access this important treatment. Given that the iCBT is an emerging intervention, CAMH has undertaken a proof of concept pilot with two iCBT providers, which will inform potential scale and spread. Key learnings will be shared.

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 (page 10), 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
Safe	Workplace violence prevention	20.0%	1.0%	0.6%
	Reduce use of physical restraints in mental health			
Timely	Reduce wait times in the Emergency Department and EOU	20.0%	1.0%	0.6%
Patient- Centered	Improve inpatient satisfaction	20.0%	1.0%	0.6%
Effective and Efficient	Reduce the percentage of patients who are readmitted to hospital within 7 days of discharge	20.0%	1.0%	0.6%
Equitable	Staff are sensitive to patient’s cultural needs (e.g. religion, language, background, race)	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%

Contact Information


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



Medhat Mahdy
Board Chair



Adelina Urbanski
Board Quality Committee Chair



Dr. Catherine Zahn
President & CEO

References

1 Mental Health Commission of Canada. (2013). Making the Case for Investing in Mental Health in Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/Investing_in_Mental_Health_FINAL_Version_ENG_0.pdf

2 World Health Organization. (2019). Mental disorders. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

3 World Health Organization. (2020). Suicide data. Retrieved from <https://www.who.int/teams/mental-health-and-substance-use/suicide-data>