

Quality Improvement Plan (QIP): 2021/2022 Progress Report

Centre for Addiction and Mental Health, 1001 Queen Street West

Measure/ Indicator from 2021/22	Current Performance as stated on QIP 2021/22	Target as stated on the QIP 2021/22	Current Performance 2022	Change Ideas from Last Year's QIP (2021/22)	Methods	Was the change idea implemented as intended Y/N)	Comments The following questions were considered: <ul style="list-style-type: none"> • What is the status of the proposed change idea? • Has the proposed change idea(s) been implemented? If no, why? • If implemented, to what degree (e.g. is the change idea(s) on track for completion)? 	
7 day readmission- the number of stays with at least one subsequent hospital stay within 7 days divided by the total number of hospital stays in a given quarter (Hospital collected data / Q4 20-21 through Q3 21-22)	4.5%	4.5%	3.5%	Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring compliance with:	Audits/feedback mechanism for compliance rates and targeted initiatives for areas identified from audits as needing improvement/support	Y	Information relevant to the care of the patient was communicated effectively during care transitions by ensuring compliance with the completion of Patient-Oriented Discharge Summaries (PODS) in inpatient areas and targets were met quarterly. PODS completion is being monitored through the Key Priorities Dashboard and Inpatient Dashboard. Audits will continue to identify issues, which are addressed as they arise.	
				1) PODS as standard discharge practice across inpatient areas				
				2) Discharge summaries completed within 48 hours of discharge and sent from hospital to the community care provider	Review key performance indicators with physicians during their annual re-appointment evaluations and engage in practice improvements to improve performance targets	Y	An update of physician expectation documents and physician education to facilitate timely completion of discharge summaries, and their distribution, was completed. The goal is to share individual MD-level data with Division Chiefs to set improvement targets in each academic division.	
				3) Physician consultation notes completed and sent	Review key performance indicators with physicians during their annual re-appointment evaluations and engage in practice improvements to improve performance targets	Y	While physician consultation notes are being completed and sent in practice, the methodology for physician consultation note distribution is under development. These results are not available at this time.	

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90th percentile ED/EOU LOS (Emergency department wait time for inpatient bed) (Hospital NACRS / Q4 20-21 through Q3 21-22)	50.1 (updated Methodology , ED & EOU combined)	50.1 hours	46.1	1) Monitor the impact of the new Emergency Department space on ED Length of Stay (LOS) and expand on the Emergency Department Optimization work	Gather current state data on triage process in new physical location, monitor performance against target, and conduct improvement initiatives where appropriate	Y	We monitored the impact of the new Emergency Department space on ED Length of Stay (LOS) and expanded on the Emergency Department Optimization work. ED Length of Stay (LOS) is relatively stable. Most of Q2 saw high patient volumes comparable to pre-pandemic volumes. Staffing challenges in December 2021 may have contributed to an increase in ED LOS. We experienced continued success with brief triage, remaining relatively static compared to Q2. The median time from Emergency Department (ED) registration to start of triage ranged from 17.9 to 19 minutes, with a small increase to 20 minutes in Q3 in 2021. Continuing to decrease ED length of stay, will continue to be a priority for Q4 2021/22, especially to support decreased COVID-19 exposure risk early in the ED journey.
				2) ALC remains a high-priority issue for CAMH as we are challenged to manage the length of stay for patients who require admission from our ED. As well, many of our ALC patients remain in our care due to a lack of good quality, appropriate and affordable supportive housing options. CAMH's ALC rate has increased since the COVID-19 pandemic. Patients are remaining in hospital longer given fewer discharge destinations. CAMH will continue advocacy efforts for a more coordinated and robust system-level strategy to address the housing crisis and we will continue to work with community agencies to build and sustain valuable housing partnerships. CAMH will also explore immediate opportunities for relief for CAMH and our hospital partners	1) Continued collaboration with high support housing agencies to develop and submit proposals to the Ministry of Health and Long Term Care to create a variety of new housing options for ALC patients. If the funding is approved, the implementation of new housing partnerships is expected to improve bed flow throughout the hospital	Y	ALC remains a high-priority issue for CAMH as we are challenged to manage the length of stay for patients who require admission from our ED. Proposals were submitted in November 2020 for high support and step-up housing programs to support flow from high-support to step-up programs. The following proposals were awarded funding: Dowling High-Support Housing Initiative: CAMH, Regeneration Community Services, and Habitat Services submitted a proposal in November 2020 for the Back to Home RFP. Dowling was operating as a boarding home and has been repurposed for a high support housing setting for complex ALC patients under the ORB. Since opening in November 2021, this program continues to transition forensic men. As of December 31, six patients were discharged to 96 Dowling. Step-Up Program: A proposal was submitted in partnership with Regeneration Community Services and was awarded funding in summer of 2021. This program opened in October 2021 and as of December 31 2021, 13 individuals had moved into this program. Individuals are moving from the high support sector into the step-up program, in addition to CAMH inpatients moving directly.
					2) Given pressures related to the COVID-19 pandemic, work with LOFT Community Services to develop and implement a new transitional supportive housing program at the 250 College Street site	Y	A proposal was submitted in June 2021 in collaboration with LOFT for a transitional supportive housing program at 250 College Street. As of December 31, 2021 46 CAMH patients have moved into this program since its opening in March 2021. Seven have moved onto supportive housing options, six have moved onto LTC, and four have returned to hospital or have passed away. A COVID-19 outbreak was declared at the end of December, which in turn prevented individuals from moving in or out. A second proposal was submitted for an additional 12 beds and it was recently approved for renovations (capital). These 12 beds will be dedicated to CAMH and the renovations will begin February 2022.

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<p>Percent positive result to the OPOC question: "I think the services provided here are of high quality"</p> <p>(% / All inpatients who completed the survey; Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool / Q4 20-21 through Q3 20-21-22)</p>	38.5% (Top Box)	38.5%	34.8%	<p>1) Continue implementation of the three-year Corporate Patient and Family Engagement Roadmap in partnership with patients/families. At CAMH, we know that involving patients and families in quality improvement and listening to their feedback helps us provide care that is better informed, more responsive to their needs, collaborative and more likely to achieve better outcomes and experience</p>	<p>Continue development of the Patient and Family Partners Program (PFP Program) which is designed to recruit and match patient and family partners (PFP) to advisory groups, committees, working groups and special projects across CAMH. PFP will be involved in partnerships, co-design initiatives, and improvements that impact quality and patient safety</p>	Y	<p>Implementation of the corporate Patient and Family Engagement Roadmap continued in 2021/22 in partnership with patients/families.</p> <p>Progress was made on the development of the Patient and Family Partners Program (PFP Program) and it remains on track for implementation. Some new initiatives were delayed due to the pandemic. However, the program had a soft launch and is going through Plan-Do-Study-Act (PDSA) cycles to ensure effectiveness. The Patient and Public Engagement Evaluation Tool (PPEET) for partners on-boarded through the Forensic Program who are part of the Patient Working Group for Phase 1D was administered. Recommendations from the evaluation were shared with leadership of the Forensic and Redevelopment teams. Work continues with our communications team on our external website as well as a patient and family engagement resource portal for internal staff use.</p>
				<p>2) Development of structured therapeutic programs and activities which will be centrally facilitated in the Therapeutic Neighbourhood (TN). The Therapeutic Neighbourhood will provide a dynamic environment where patients can work towards their goals by learning and acquiring new skills while actively engaging in their treatment. The long-term outcomes are to improve patient well-being and quality of life</p>	<p>1) Coordinate programming with other CCR services (Psychosis Coordinated Care Services and Treatment Mall) to provide centralized and streamlined programming for both inpatients and outpatients</p> <p>2) Refinement of program schedule</p> <p>3) Continued staff training of structured treatment modalities</p> <p>4) Development of an implementation and evaluation plan</p> <p>5) Continue to increase the hours of therapeutic programming offered</p>	Y	<p>Development of structured therapeutic programs and activities centrally facilitated in the Therapeutic Neighbourhood (TN) continued in 2021/22. More specifically:</p> <p>1) Preliminary planning of service coordination between Psychosis Coordinated Care Services, Treatment Mall and Therapeutic Neighbourhood has been completed.</p> <p>2) The Therapeutic Neighbourhood schedule continues to be modified based on the restrictions related to COVID-19 and new information received around the availability of external partners.</p> <p>3) Staff are provided with ongoing opportunities for weekly support and skill-building with the Psychologist on the TN team. Staff have attended training on Culturally Adapted CBT. Staff are currently receiving training in Motivational Interviewing through CAMPUS modules and regular check-ins with MI champions.</p> <p>4) The Therapeutic Neighbourhood is working with various teams to implement an evaluation plan consisting of quantitative and qualitative metrics. The evaluation plan will examine no-show rates by unit as well as a satisfaction survey that will be introduced using the REDcap interface. TN has been using the no-show rates report since February of 2021 to monitor patient attendance and to communicate with inpatient units. The Satisfaction Survey has been implemented and approximately 50 surveys have been completed so far.</p> <p>5) Due to funding, stakeholder engagement and COVID-19 restrictions, the current TN schedule offers a total of 6 groups per day, totaling approximately 12 hours of programming daily. Additionally, some groups involving external partners are currently on hold due to the pandemic. Many of these groups were scheduled to run concurrently with other TN programming.</p>

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Number of workplace violence incidents reported by hospital workers (as by defined by OHSa) within a 12 month period. (Count/ Worker; Local data collection / January – December 2021)	YTD: 628 incidents	628	553	Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	1) Implement revised Supervisor Competency Training	Y	Implementation of the Safe & Well CAMH program was expanded and enhanced. A successful pilot of virtual training occurred in January 2021. The ongoing impact of COVID-19 and the Omicron variant, impacted the implementation of the revised Supervisor Competency Training, "Lead the Way to Health and Safety". It remains on hold for Q4 2021/22. Training will resume in Q1 2022/23.
					2) Continue implementation and adoption of the recommendations from the risk assessments completed on high-acuity units	Y	Implementation and adoption of the recommendations from the risk assessments completed on high-acuity units is in progress. To date, 75% of recommendations are complete and 25% are in progress. Our plan is on track to complete all recommendations by the end of 2022/23.
					3) Continue roll out of staff education/training for Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) in direct service inpatient and outpatient programs	Y	Roll-out of our Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) education in direct service inpatient and outpatient programs continued. By the end of Q3, 100% of new inpatient and outpatient staff received TIDES training.
% of patients physically restrained during inpatient stay (Hospital collected data / Q4 20-21 through Q3 21-22)	6.2%	6.2%	4.8%	1) Continuation of Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) training implementation and sustainability and utilization of practice enhancements of TIDES. The Vision for TIDES is to build a foundation to ensure the safety and wellness of everyone at CAMH. This is achieved through these three goals: 1) Enhancing skills and building confidence through team-based learning 2) Driving fundamental day to day processes proven to keep everyone safe 3) Bringing learning to the point of care	1) Continue TIDES implementation through various training modalities (e.g. Simulation, Inpatient/Outpatient, Hospital Orientation, and Program Specific)	Y	Inpatient and Outpatient staff at CAMH received TIDES training through various modalities.
					2) Continue work with clinical units to implement practice enhancements and PDSA cycles for improvement	Y	A Quality improvement project was launched to sustainably increase "This is ME" completion rates for all new admissions (completed within 7 days of admission, in our EHR). Three inpatient units across the Complex Care Recovery, Acute Care and Child, Youth & Emerging Adult Programs piloted change ideas throughout Q2 using PDSA cycles. Change ideas included raising staff awareness about "This is ME" (huddles, flash workshops), raising patient awareness (posters, shared support meetings) and defining the completion window as 72 hours to 7 days in the documentation standards. The pilot did not show a sustainable increase in "This is ME" completion rates. Future work includes to increase This is ME completion rates includes targeted work with Recreational Therapists and a review of CAMH documentation standards. There is targeted work underway to address low completion rates of Safety & Comfort plans.

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Percent positive response to the OPOC Survey question, "Staff were sensitive to my cultural needs (e.g. religion, language, ethnic background, race)" (% / All inpatients who completed the survey; Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool / Q4 20-21 through Q3 21-22)	39% (Top Box)	39%	42.5%	1) Health Equity and Education strategy. The Health Equity Certificate Program provides CAMH staff, managers and physicians with fundamental knowledge and skills needed to plan and implement equitable mental health and addiction programs and services. As a part of Fair & Just CAMH, Health Equity and Education will work collaboratively to develop an education strategy for the training and education goals of Fair & Just	Development of a competency-based curriculum	Y	Development of a competency-based curriculum was undertaken in 2021/22: 1) A needs assessment was conducted and report completed. 2) A literature review/environmental scan was initiated and has continued into Q4 2021/22. 3) A Dismantling Anti-Black Racism course was developed and launched in November 2021. A special population supplemental course about Yazidi refugees, was added to the Immigrant and Refugee Mental Health Project (IRMHP).
				2) Implementation of the Dismantling Anti-Black Racism strategy (DABR). This work falls under Fair & Just CAMH, a CAMH-wide initiative to advance equity, diversity and inclusion	1) Launch staff survey/census to collect socio-demographic data for new and existing staff 2) Launch of DABR strategy 3) Horizontal Violence, Anti-Racism, Anti-Oppression Working Group qualitative interviews	Y	The Dismantling Anti-Black Racism strategy (DABR) was launched in February 2021 and work is ongoing: 1) Approximately a third of all staff completed a survey to collect socio-demographic data for new and existing staff. At present, the target is unmet and this work is continuing in 2022. 2) Shifting priorities due to the ongoing COVID-19 pandemic limited opportunities for engagement events with staff. 3) 50 Horizontal Violence, Anti-Racism, Anti-Oppression Working Group qualitative interviews were completed.