

2017/18 Quality Improvement Plan  
"Improvement Targets and Initiatives"



Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale  
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AIM		Measure						Change					
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Increase the percentage of high suicide risk patients who have completed an Inter-professional Plan of Care (IPOC)	% of high suicide risk patients with a completed Inter-professional Plan of Care (IPOC)	% / Targeted units	Hospital collected data / Most recent quarter available	948*	CB	CB	No target at this time as this is the first year we are collecting this information	1) Begin spreading a series of interventions that have been piloted on two units: Dashboard to flag moderate and high-risk patients who require an Inter-professional Plan of Care (IPOC); Staff education; Audits to provide feedback	1) Educate and support staff on comprehensively completing care planning documentation 2) Develop and implement audit strategy for care plans to assess quality of care planning and documentation	Number of staff retrained on IPOCs	90% of staff on targeted units	
Efficient	Reduce % of patients who are readmitted to hospital within 7 days of discharge	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	% / All inpatients	Hospital collected data / Q4 16-17 through Q3 17-18	948*	5	4.80	Target represents 2 standard deviations from the mean over 2 years	1) Pilot, evaluate and begin expansion of a new evidence-based discharge project	1) Improve medication reconciliation upon discharge 2) Implement patient-oriented discharge summary 3) Improve quality and completion of discharge summaries in a timely manner 4) Initiate process to pre-book follow up appointments	Percentage of discharge summaries completed within 72 hours of discharge	85% for targeted units	
Equitable	Increase the percentage of patients for whom we have collected demographic information	% of patients with completed demographic information	% / ED and all inpatients	Hospital collected data / Q4 16-17 through Q3 17-18	948*	93	90.00	Current performance for ED only	1) Expand to inpatient units 2) Determine approaches to increasing data collection and quality	Reviews of data quality will be shared with appropriate departments. Change efforts will be undertaken in areas where data quality is poor	Quarterly audits	90% of data collected	
Patient-centred	Improve inpatient satisfaction	Percent positive result to the OPOC question: "I think the services provided here are of high quality"	% / All inpatients who completed the survey	Validated Ontario Perception of Care (OPOC) survey tool / Q4 16-17 through Q3 17-18	948*	79.4	80.20	Target represents a 1% increase over our current performance of 79.4%. This is consistent with industry standard for this type of indicator, based on the indicator sensitivity. It is also important to note that this performance far exceeds the target for 16/17 which was set at 70.4%. This target still reflects a significant increase over two years	1) Investigate and assess additional surveying methodologies and tools to increase capture of patient experience data 2) Examine results and develop action plans to address gaps	1) Initiate pilot - short perception of care survey on two units 2) Correlational analysis of survey results to support quality improvement 3) Based on above, develop a plan for spread and scale across CAMH	1) 3 month pilot completed 2) Completion of analysis and utilization of results 3) Develop and begin implementation of plan	Completion of analysis and utilization of results	
									2) Pilot, evaluate and begin expansion of new-developed evidence-based discharge project	1) Implement patient-oriented discharge summary 2) Improve quality and completion of discharge summaries in a timely manner 3) Initiate process to pre-book follow up appointments	% of discharge summaries completed within 72 hours of discharge	85% for targeted units	
	Improve outpatient satisfaction	Percent positive result to the OPOC question: "I think the services provided here are of high quality"	% / All outpatients who completed the survey	Validated Ontario Perception of Care (OPOC) survey tool / Q4 16-17 through Q3 17-18	948*	94.2	94.70	Target represents a .5% increase over our current performance of 94.2%. The small increase is based on industry standard for this type of indicator, taking into account indicator sensitivity. As well our current performance is high and exceeds the target for 16/17 which was set at 89%. This target still reflects a significant increase over two years	1) Reduce wait times and improve operations effectiveness for targeted clinics	1) Implement select recommendations from comprehensive ambulatory care review 2) Assess and increase as necessary clinical/psychiatrist staffing in select ambulatory clinics 3) Medication education	1) Implementation status of recommendations 2) Number of clinicians in select clinics 3) Number of individuals trained	1) Completed implementation 2) Increased number of clinicians 3) Increased number of individuals trained	

Safe	Medication safety	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / Most recent quarter available	948*	61	73.00	Target represents 2 standard deviations from the mean over 1 year	1) Examine and optimize functional components of discharge medication reconciliation process in I-CARE to improve ease of use and quality of outputs	Adapt process to optimize: pharmacy role, physician education, and regular review of discharge orders with appropriate action and feedback	Revised process finalized and communicated to the inter-professional team	Revised process finalized and communicated to the inter-professional team
	Reduce the use of physical restraints in mental health	% in mechanical/physical restraints	% / All inpatients	Hospital collected data / Q4 16-17 through Q3 16-17	948*	6.1	4.90	Target represents 2 standard deviations from the mean over 2 years	1) Education focus on collaborative care planning around management of violence and aggression and/or effective coping 2) Use standardized aggression assessment tool (DASA) to daily assess patient risk for violence and when risk is identified providing patients with additional support to manage same	1) Educate/reinforce teams using developed education implementation framework 2) Meet with teams to provide support and possible strategies to minimize patient time in restraint and/or restraint recurrence	Monitor care planning, debriefing and DASA data via dashboard	1) Increase in care plans being completed 2) Increase in care plans being documented against DASA 3) Increase use of DASA 4) Decrease in restraint use 5) Decrease patient time in restraint
									2) Data-driven focused improvement interventions on four target units with high restraint use - with a focus on improving transitions, medications, and cognitive performance. Inter-professional teams (including physicians) will be an essential part of this work	Evaluation of focused intervention on three high use units	High use units see an increase in alternative strategies used ahead of mechanical restraints	Decrease in restraints events
	Workplace Violence Prevention	Number of Lost Time Claims related to a workplace violence event expressed as Workplace Violence Incidents per 100 Full Time Employees (FTEs)	Rate / 100 FTE	Hospital collected data / Q4 16-17 through Q3 17-18	948*	CB	CB	No target at this time as this is the first year we are collecting this information	1) Implement risk flagging protocols and tools including DASA and aggression risk assessment tools	1) Assess the need for DASA training and current DASA utilization organization-wide 2) Assess violence risk category throughout the organization	1) Number of clinicians trained and percent utilization of DASA 2) Number of high risk potentials in each of the Hazard Categories	1) Increased number of completed DASA 2) # of physicians trained
Timely	Reduce wait times in the ED/EAU	90th percentile ED LOS	Hours / ED patients	Hospital NACRS / Q4 16-17 through Q3 17-18 (YTD)	948*	11.4	11.40	As a result of substantial ED volume increases without increased resourcing, maintenance of current performance represents a significant improvement	1) Increase acute care capacity	1) Increase # of acute care beds to improve capacity 2) Assess and increase as necessary clinical/psychiatrist staffing in the Emergency Department 3) Redesign services to create increased outpatient alternatives to admission	1) # of new beds opened 2) # of added clinicians in ED	1) Increased number of acute care beds 2) Increased number of clinicians
		Average length of stay (ALOS) for inpatients admitted to the EAU through the ED	Hours / All inpatients admitted through ED and subsequently transferred to another inpatient unit	Hospital collected data / Q4 16-17 through Q3 17-18 (YTD)	948*	17.6	17.60	As a result of substantial ED volume increases without increased resourcing, maintenance of current performance represents a significant improvement	1) LEAN process review to improve efficiency and flow	Establish new acute care unit to increase flow	# of recommendations to improve efficiency	Opportunities for efficiency identified and implemented