



Centre for Addiction and Mental Health

Accredited with Exemplary Standing

June, 2015 to 2019

Centre for Addiction and Mental Health has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until June 2019 provided program requirements continue to be met.

Centre for Addiction and Mental Health is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Centre for Addiction and Mental Health** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Centre for Addiction and Mental Health (2015)

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as 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.

CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

CAMH was formed through a merger of four previous organization and employs in excess of 3000 staff, including 400 physicians.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

June 14, 2015 to June 19, 2015

Locations surveyed

- **3** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **9 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

The organization, Centre for Addiction and Mental Health (CAMH) is commended on preparing for and participating in the Qmentum survey program. Since the previous survey this organization has intensified its focus on quality. The board of directors has overseen the translation of the organization's values into concrete operational strategies to achieve results. The trustees are passionate and invested in the improving the lives of those living with addictions and mental illness. They have strong board policies to ensure good corporate functioning. The board members are commended for their use of an ethical framework to help them in making resource and policy decisions. It was evident during the survey that they are engaged and work collaboratively with the chief executive officer (CEO) and senior leadership to further the goals of the organization. Also since the previous survey, the board has incorporated in-camera sessions into the meetings. They have recently undergone a rigorous process to recruit more diverse membership to the board. The board is encouraged to continue to seek ways to be representative of the community it serves.

The clinical programming at CAMH is structured in four program areas: Access and Transitions, Complex Mental Illness, Ambulatory Care and Structured Treatments, and Underserved Populations. The surveyor team had an opportunity to visit programming in all four service areas.

The community partners that were interviewed during the survey are generally satisfied that there had been significant improvements in care during the past few years. They stated access has improved and are pleased with the work that has been done around trauma informed care and counselling for trauma. The improved relationship with the police is noteworthy. Academic partners are eager to continue and enhance relationships to advance teaching and research agendas. Students report excellent experiences at CAMH, which helps with recruitment. Most of the partners interviewed were not aware of the strategic planning process and had not been involved, although they acknowledged that others in their organizations may have been. This presents an opportunity for CAMH to specifically dialogue with their stakeholders about their progress towards achieving goals in the Vision 2020 document. Partners wanted CAMH to be mindful that their policies often have an effect on other organizations that support those with mental illness and addictions. There are expectations that CAMH can facilitate and drive social change with regards to housing, food and employment.

The leadership of the organization understands that the push for quality improvement means investing in change management resources. The creation of the Enterprise Project Management Office (EPMO) has facilitated process rigour and staff support to implement the many quality improvement projects. The surveyors asked about organizational fatigue during their visits to units. Staff generally felt there are good resources and support to implement new policies and technology like the ICARE charting system. “Tired but energized” was a common sentiment. The presence of managers on units was noted as well as visibility of senior leaders on regular walkabouts. There is a robust communication plan, keeping staff and volunteers connected to the business of the organization.

There has been intensive work with clients and staff members on workplace violence prevention since the previous survey. All staff, students and physicians have mandatory training yearly. It was evident to the surveyors that this is an organizational priority. All incidents are reported and followed up. The implementation of a peer safety officer that debriefs with clients post restraint shows promise in learning about contributing factors from a client’s perspective. The use of an integrated pathway in the emergency department for agitation and aggression is an example of a proactive process to reduce incidents. Encouragement is offered CAMH to continue to share its best practice work among health care organizations facing similar issues.

The organization is in a continuous quality improvement cycle. There are large organizational investments such as ICARE technology for improving the charting, order entry, medication management and transitions of care across the organization. There are CAMH-wide policies such as the Tobacco Free initiative, which took organizational courage and tremendous staff and stakeholder involvement. The integrated care pathways are another example of major change to clinical practice. The surveyor team saw many examples of unit level pilots that were being evaluated for possible spread across the organization. In addition, CAMH is in the middle of a long-term redevelopment plan that will see the in-patient services consolidated at the Queen Street location. Understanding the needs of clients during system and program level changes is being monitored. One formal way is by client experience surveys. Obtaining feedback can be a challenge with low participation rates. A recent innovative pilot using an iPad has proven successful in improving rate. Peer supports personnel to gather client experience is encouraged. Surveyors were told by clients that they are respected, felt safe and had a high level of trust for the staff.









Overall, there is a tangible sense of purpose across the organization, which is guided by the CAMH vision, mission and values.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

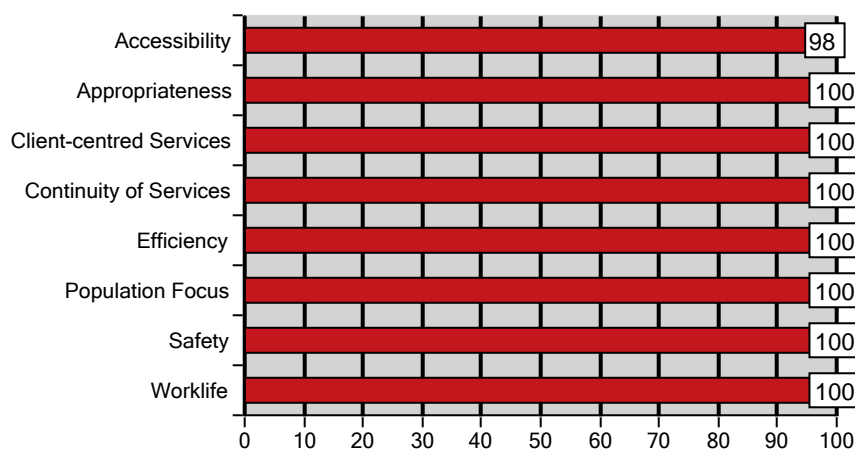
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity of Services:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

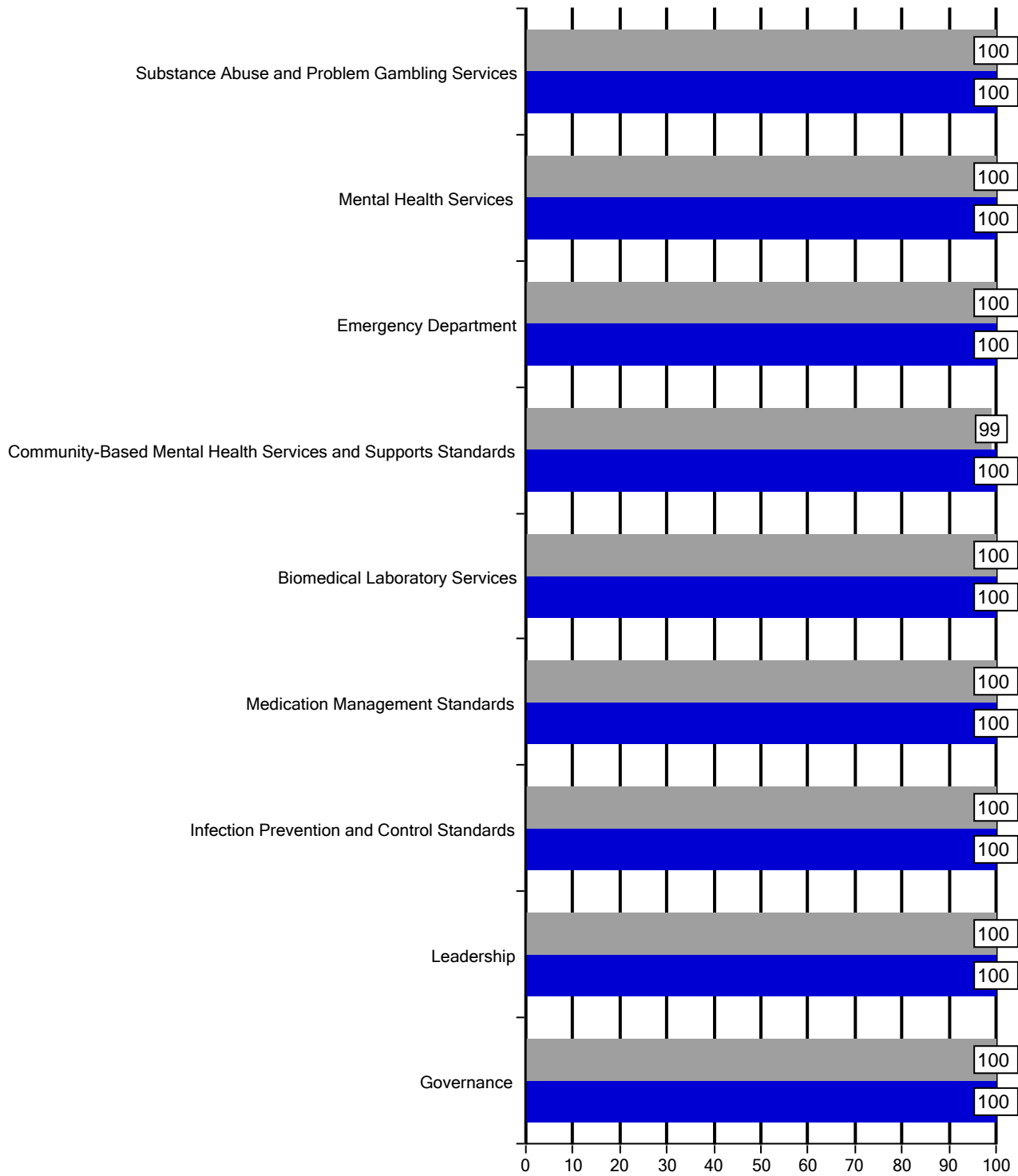
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

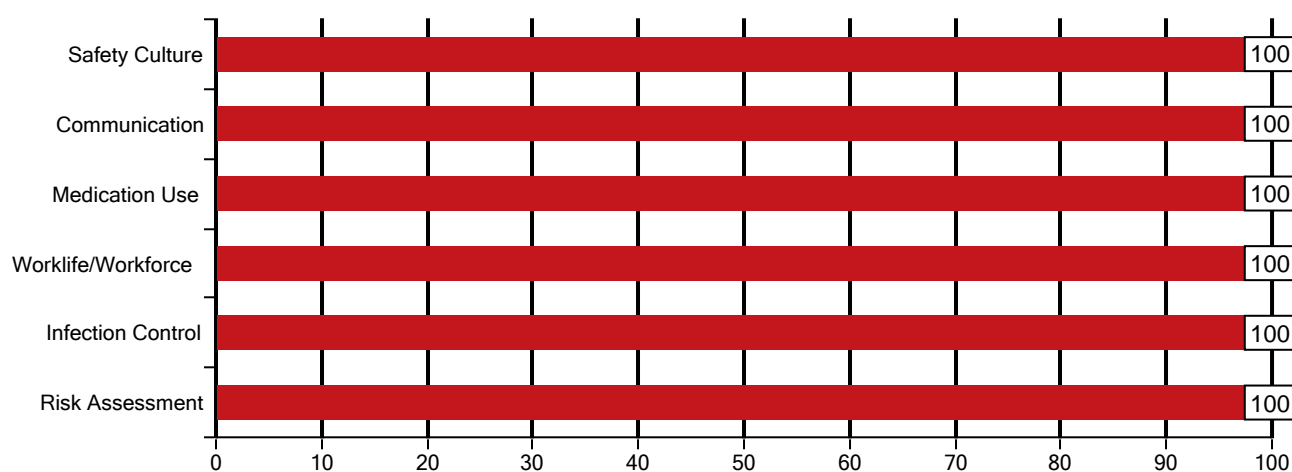
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



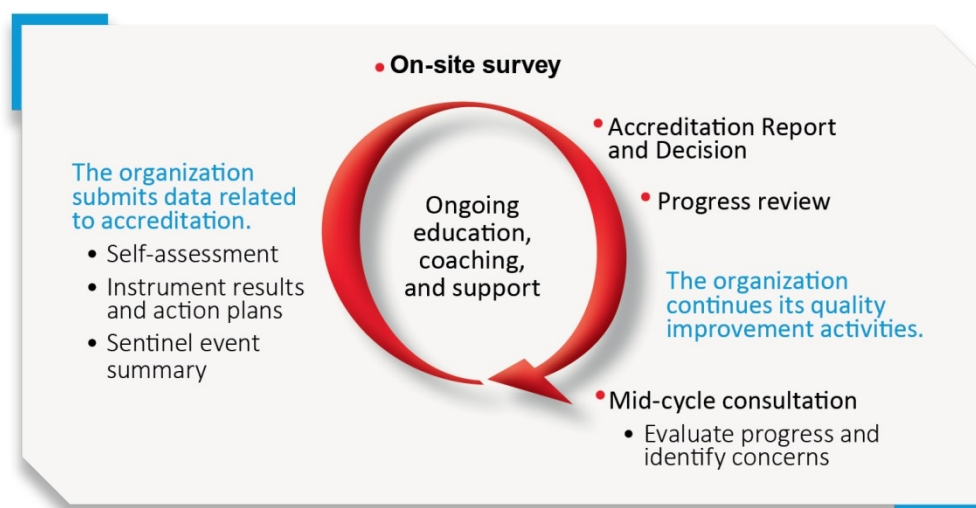
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Centre for Addiction and Mental Health** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Centre for Addiction and Mental Health, College Street
- 2 Centre for Addiction and Mental Health, Queen Street
- 3 Centre for Addiction and Mental Health, Russell Street

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Adverse Events Disclosure
 - Adverse Events Reporting
 - Client Safety Quarterly Reports
 - Client Safety Related Prospective Analysis
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Communication

- Client And Family Role In Safety
 - Dangerous Abbreviations
 - Information Transfer
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - Two Client Identifiers
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Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Narcotics Safety
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Worklife/Workforce

- Client Flow
 - Client Safety Plan
 - Client Safety: Education And Training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
 - Reprocessing
-

Risk Assessment

Required Organizational Practices

- Falls Prevention Strategy
 - Suicide Prevention
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