![camh logo - Centre for Addiction and Mental Health / Centre de toxicomanie et de santé mentale]

Excellent Care for All

Quality Improvement Plan (QIP): Progress Report for 2013/14 QIP

Priority Indicator (2013/14 QIP)	Performance as Stated in the 2013/14 QIP	Performance Goal as Stated in the 2013/14 QIP	Progress to Date	Comments
Reduce wait times in the ER ER Wait times: 90th Percentile ER length of stay for Admitted patients (In Days). Maintain **ACCESS**	3.43	3.43	3.27	We remain concerned at the increasing volumes and are in the midst of renovations to increase capacity and quality – as such, we are facing considerable space pressures that could impact on wait times. The wait times are being monitored carefully by the Program Leadership and this additional oversight has led to timely interventions that included intensive efforts to increase flow and adjusting staffing to meet increased volumes. For the next year we are implementing a new Clinical Information System and changing our process for measuring wait times in the ED. This will require us to review our wait time performance indicator in 14/15 and use that information to set a target for the subsequent year.
Improve organizational financial health Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. **EFFECTIVENESS**	1.98	0.00	1.00	Performance at the end of Q3 shows 0.01%, however, additional funding letters received from TC LHIN - and applicable to periods Q1 to Q3 - were not reflected in the Q3 results. We are confident that results at the end of Q4 will be 1%.

Priority Indicator (2013/14 QIP)	Performance as Stated in the 2013/14 QIP	Performance Goal as Stated in the 2013/14 QIP	Progress to Date	Comments
Reduce unnecessary time spent in hospital Reduce number of non-forensic long stay clients (greater than 1 year) (Number of People). Maintain **INTEGRATION**	43.00	43.00	47.00	This target was misaligned with our internal reporting benchmark. Forty-three (43) was our lowest performance in 2012 and reflective of the success we had achieved with high support housing partners. The target, however, should be set on performance over time to identify trends and account for fluctuations. If we look at performance over time the number of long-stay patients in Q1-Q3 in 2012 was 52, 52, 43 - which gives us an average of 49 and is the internal target set on our Balanced Scorecard. However, we failed to update the QIP and align the two targets. We are also recognizing that successful discharge of complex long-stay clients requires a transition plan that may include physical renovations and increased period of familiarization, thus taking longer than anticipated to actually leave CAMH. By the end of February 2014 our long-stay client number was 45 and we expect another 5 Dual Diagnosis clients to be discharged by the end of the 13/14 fiscal year dropping this number to 40, well below the target. This achievement is reflective of our deep and ongoing commitment to reducing long-stay clients and working with our system partners to find more appropriate care settings. We have learned that going slower at the outset and ensuring a smooth transition plan prevents readmissions and promotes better outcomes in the community.
Improve patient satisfaction From in house survey: "Overall, how would you rate the care and services you received at the hospital" (adding together percent who responded "Excellent, Very good, and Good") Maintain **PATIENT-CENTRED**	72.40	91.10	65.20	The Performance Target as stated in our previous QIP was 72.4% for Inpatients and 91.1% for Outpatients. Our results were 65.2% for Inpatients and 91.7% for Outpatients. Please note our inpatient target was 72.4% (NOT 91.1%). Although we are disappointed with the 2013 inpatient satisfaction result, we note that outpatient responses to key questions have remained relatively consistent across the last three survey administrations. Outpatient overall satisfaction with services in 2013 (91.7%) has remained unchanged from 2012

Priority Indicator (2013/14 QIP)	Performance as Stated in the 2013/14 QIP	Performance Goal as Stated in the 2013/14 QIP	Progress to Date	Comments
				(91.1%) and has increased since 2010 (87.0%). Inpatient ratings to some key questions have decreased since 2012 and are similar to 2010's results. The overall number of clients responding to the survey in 2013 was higher. Inpatient ratings of services decreased by 7% (65.2%) from 2012 (72.4%) with results being similar to 2010 (64.9%). Results were maintained or had a slight improvement in key questions of clients feeling better prepared to deal with daily problems, more ready to accomplish the things they want to do, feeling helped by the hospital stay/care, and choosing to come back to this program or service if treatment was needed again. We need to understand better the factors that are significantly contributing to the overall satisfaction score - this will be accomplished through more detailed analysis of the data, including qualitative analysis.
Reduce use of physical restraints Physical Restraints: The number of patients who are physically restrained at least once in the 3 days prior to a full admission divided by all cases with a full admission assessment Improve **SAFETY**	2.40	4.00	2.90	Reducing restraints/seclusions remains a high priority for CAMH. CAMH continues to be a leader in this area. The target of 4 was reflective of the provincial average and our intent to remain below the benchmark. CAMH, as well as our peers in the sector, are also noting an increase in client acuity and complexity as shown through the RAI data. As we decrease length of stay and improve flow, this challenge will continue to be exacerbated, thus further impacting our ability to hold or improve our current performance measure. We remain committed to the goal of restraint prevention and to the least use of restraint for the least amount of time, and we are utilizing strategies that include leadership oversight, weekly review of debriefs and automatic notification to the Psychiatric Patient Advocate Office to ensure additional supports for clients where needed.

Priority Indicator (2013/14 QIP)	Performance as Stated in the 2013/14 QIP	Performance Goal as Stated in the 2013/14 QIP	Progress to Date	Comments
Improve medication safety Medication reconciliation on admission: Percentage of medication reconciliation on admission completed in a sample of 100 patient records. Maintain SAFETY	97.00	98.00	98.00	The measurement for this indicator is based on a minimum of 120 manual chart audits/quarter conducted by pharmacy staff. This year the focus was on high admission units with focused follow-up. While we aim for a theoretical best of 100%, our current manual process makes that a challenge. In 13/14, we have worked to re-design the medication reconciliation processes within our electronic Clinical Information System. This will be implemented towards the end of Q2 of 14/15 and by Q4 we expect to have a robust audit process for 100% of the clients.
Improve patient safety Missing involuntary client events: Count of missing involuntary client events. Improve SAFETY	96.00	96.00	80.00	Reducing events of missing involuntary clients continues to be a high priority for CAMH. Quality improvement activities included: revision of the passes and privileges policy that reinforced best practice; implementation of policy with a focus on high risk areas utilizing a variety of strategies including simulation that highlighted the importance of teamwork; analysis of each incident in Q1 in our Complex Mental Illness Program to identify contributory factors (e.g. higher risk during mealtimes, supervised passes, etc.) that could be systematically addressed.