2026-2027 QIP Workplan

Aim	Measure						Change				
Quality Dimension	**Measure/ Indicator**	**Unit/ Population**	**Source/ Period**	**Current Performance**	**Target (2026/ 2027)**	**Target Justification**	**Planned Improvement Initiatives (Change Ideas)**		**Methods**	**Process Measures**	**Target for Process Measures**
Timely	Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	N/A	Local data collection/ January – December 2026	Collecting baseline	Collecting baseline (25% reduction as per OH)	New Indicator	Year 1	Implement a standardized approach to Estimated Discharge Dates (EDD)	Develop and implement a standardized process for assessment of EDD during inpatient rounds	% of patients with estimated date of discharge entered within 24 hours of admission Audit inpatient rounds to assess implementation of standardized approach	Set target for % completion by December 2026 Implementation on all inpatient units by March 2027
								Assess and standardize bed flow practices related to PICU beds	Run a 2-day Quality Improvement event to understand patient flow through our PICU beds and identify areas for improvement Gather and assess socio-demographic data of PICU patients to identify potential inequities in access and flow areas for improvement	Complete improvement event Implement at least one QI initiative result from the event Complete equity-based assessment of PICU patient characteristics	Complete improvement event by October 2026 Implement at least one QI initiative by March 2027 Complete equity-based assessment of PICU patient characteristics by March 2027
Timely	Median wait time from referral to first offered consult appointment	Days / referred outpatients	Local data collection/ January – December 2026	49 days	47 days	Maintaining the current performance while foundational improvements are planned for this year.	Year 1	Improve integration of performance metrics into daily operation at the clinic level	Update clinical dashboards to include wait times performance metrics for each clinic (Establish patient volume targets by clinic and clinician)	Proportion of clinics (measured monthly) that have set volume-based targets.	Implement in 75% of clinics by December 2026 (excluding Forensics outpatient programs)

2026-2027 QIP Workplan

								Optimize administrative workflows	Conduct a Value Stream Mapping exercise for booking of first appointment to identify areas for improvement Develop a standardized workflow for booking of first appointment	Complete Value Stream Mapping exercise Proportion of clinics (measured monthly) that have adopted the standardized process	Complete mapping by July 2026 Proportion of clinics that have adopted the standardized process by March 2027
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Safety	% Emergency use of physical restraints during inpatient stay (excludes the Emergency Department)	% / All inpatients	Local data collection/ January – December 2026	3.6%	3.9%	A decrease from last year target of 4.1%; Maintaining the current performance	Year 1	Enhance care processes to prevent restraint events	Implement standardized as needed medication order set Train staff in CCC/PRT to use Dialectical Behavior Therapy (DBT) skills and foundational knowledge to prevent restraint events Optimize availability and provision of comfort kits on all inpatient units	Proportion of newly admitted patients with new order set utilized Completion of training modules on Campus Inventory of existing comfort kit stock on each inpatient unit Monthly use of comfort kits on each inpatient unit.	90% compliance by March 2027 Module developed and implemented by December 2026 All Managers, Team Leads, and Advanced Clinical Practice Leads trained by December 2026 on comfort kits

2026-2027 QIP Workplan

								Continuous learning from restraint events	Simplify Debriefing Powerform in collaboration with Patient Advisors Add an experience of discrimination question to the Powerform Implement an enhanced debriefing process after restraint events, including assessment of preventive strategies and PRN utilization prior to event	Launch and evaluate Debriefing Powerform % of restraint events in ED that have debrief form completed within 72 hours Prospectively assess the number of subsequent restraint events for patients with completed debriefs and patients without completed debriefs Use a checklist to audit utilization of enhanced process after restraint events	Launch and evaluate Powerform by December 2026 75% of restraint events in ED that have debrief form completed within 72 hours
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Safety	Workplace violence lost time injury (number of workplace violent incidents/ 100 FTEs)	Count per FTE / worker	Local data collection/ January – December 2026	0.31	0.24	Reducing the rate to below last year's average	Year 1	Create a standardized approach to managing and responding to psychological harm events involving staff	Develop a corporate definition of psychological harm events, process for reporting, and training for leaders on how to support staff who experience these events Create system for measuring the incidence of psychological harm events	Launch standardized approach and provide training to leaders Launch indicator for measuring psychological harm events % of leaders trained on psychological safety # of unique team-based sessions delivered on psychological safety	Launch standardized approach and provide training to leaders by January 2027 Launch indicator by December 2026 50% of leaders trained on psychological safety

2026-2027 QIP Workplan

									Workplace mental health team provides team assessment and knowledge building sessions on psychological safety		45 unique team-based sessions delivered
								Sustain and spread the application of This is Me, Safety and Comfort plans, and Client Debriefing after restraint events	Continued implementation of local-level strategies and work of the interprofessional BPG champions to increase completion of This is Me, Safety and Comfort Plan and Client/Patient Debriefing in compliance with CAMH documentation standards and policy Inpatient unit leadership teams to continue to review workplace violence incident data, mitigation strategies and training requirements with teams	1) % of new admissions with "This is Me" initiated within 14 days of admission 2) % of Safety and Comfort Plans initiated within 72 hours of admission 3) % of Client/Patient Debriefs initiated within 72 hours of the restraint event	1) 85% of new admissions with "This is Me" initiated within 14 days of admission 2) 75% of Safety & Comfort Plans initiated within 72 hours of admission 3) 75% of Client/Patient Debriefs initiated within 72 hours of the restraint event
								Expand staff peer support program to support individuals who have experienced physical and psychological harm events at work	Launch enhanced peer support program, with a focus on diversity of representation. Staff requesting support will be matched with a peer based on their preference where applicable.	1. Number of staff who participate in the Staff Peer Support Program 2. % of staff who respond positively (to a moderate or great extent) to the evaluation survey question "to what extent has the Staff Peer Support Program supported your wellness?" 3. % of staff who respond positively (agree or strongly agree) to the evaluation survey question "I felt that my cultural background, lived experience, values and identity were respected during the peer support interaction."	1. 50 staff will participate in the Staff Peer Support Program by December 2026 2. 75% of staff respond positively to the survey question 3. 75% of staff respond positively to the survey question
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Experience	Positive response rate to the Mental	All inpatients	Local data collection/ January –	N/A	Collecting baseline	New Indicator	Year 1	Collect baseline data	As a new indicator, baseline data needs to be collated in the first year.	Proportion of discharged patients who complete the OHA Mental Health and Addictions Inpatient Short Form survey	Collecting baseline

2026-2027 QIP Workplan

	Health Short Form Survey question, "The care team helped me develop a plan for when I finish my treatment".		December 2026							Proportion of completed surveys with a positive response to this item on the questionnaire. Link survey responses to the sociodemographic health equity data collected at CAMH to assess for variation across demographic groups	
								Expand access to Patient Oriented Discharge Summary (PODS) for inpatients at CAMH	Provide digital access to PODS for patients Assess preferred language needs of CAMH inpatients	Number of new patients registered for the portal per month. Identify top three languages for professional translation of English-language PODS.	50 new patients registered for the portal per month Identify by March 2027
								Evaluate the patient experience at discharge through post-discharge follow up phone calls	Pilot a post-discharge follow-up process, including evaluation questions, scripting, and documentation	Number of patients who received post-discharge phone call per month	Set target for patients who receive a call for post-discharge contact per month by December 2026