

Let's Make Healthy  
Change Happen.



## Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

# camh

Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

**3/23/2018**

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## Overview

CAMH is Canada's largest academic health science centre dedicated to mental health. Our purpose statement: "At CAMH, we Care, Discover, Learn, and Build to Transform Lives," encapsulates a unique mandate to provide the best clinical care for those we serve directly, and through our academic and system-change work, to serve people who are affected by mental illness regionally, nationally and globally.

Vision 2020 is CAMH's eight-year transformational strategic plan, developed to build on our strengths and position us to meet the demands of increasing volumes, acuity and complexity of our patient population. Vision 2020 also guides us as we address the strategic priorities of Ontario, especially the *Open Minds, Healthy Minds: Ontario's Mental Health & Addictions Strategy*, the *Excellent Care for All Act* and *Patients First*. Vision 2020 has six strategic directions:

- Enhance recovery by improving access to integrated care and social supports;
- Earn a reputation for outstanding service, accountability and professional leadership;
- Build an environment that supports healing and recovery;
- Ignite discovery and innovation;
- Revolutionize education and knowledge exchange;
- Drive social change

Central to Vision 2020 is a focus on: a) transforming CAMH into a performance and evidence-driven organization aiming to improve care in all quality dimensions; and b) building capacity across the Ontario mental health sector.

Central to CAMH's decision making are two guiding principles: Patient safety and quality of care and staff safety and quality of work life. While we focus on all of the dimensions of clinical quality in our planning, CAMH has been particularly focused in its Quality Improvement Plans on improving Access and Safety. Access to effective mental health care is a systems issue and the CAMH context is unique in that we have a psychiatric Emergency Department (ED), the only one of its kind in Ontario. The organization operates in a context of steadily increasing volumes of people seeking mental health care and increasing acuity and complexity of the patients who come to us, through our ED as well as through referrals in our clinics.

The selection of indicators and change strategies in our 2018-19 QIP reflects an ongoing journey – focusing on implementing standardized, evidence-based clinical tools and practices, and measuring compliance and fidelity. After we determine effectiveness, we plan for spread and scale across CAMH services – and in some cases, system-wide. Our focus is on evolving from process and compliance measurement to performance and patient/ system-level outcomes.

Given the unmet need for mental health services, CAMH is well-positioned to develop, evaluate and spread interventions. It is important to note that we focus on a balance between advancing quality of our own service, playing a system leadership role, and working collaboratively to develop a coordinated approach to measuring and reporting mental health clinical quality.

CAMH's quality improvement advances include:

At CAMH:

- **Evolution of Quality Improvement** within the organization with investments in infrastructure and a focus on patient and staff safety with improved reporting and analytics systems, staff training and a suite of "Safe & Well CAMH" initiatives
- **Standardizing Care** for better outcomes through:
  - Optimization of **I-CARE** (our clinical information system) and adoption of the **WHODAS** (World Health Organization Disability Assessment Screener), a validated assessment and screening tool
  - Implementation of **Integrated Care Pathways** (ICPs), evidence-based approaches to inter-professional care that have informed development of quality standards for mental health in Ontario
  - Evaluation of a Suicide Risk Assessment tool to enhance patient safety
  - Adaptation of the **Patient-Oriented Discharge Summary** for mental health
- **Improving data quality** through review and refinement of data capture within our clinical information system (I-CARE); this has required new baseline performance benchmark measures for key quality indicators
- Renewing organizational approach to reporting, measurement and accountability with:
  - "Big dot" focus on our **Balanced Scorecard**
  - Each indicator category is oriented around a "big dot" indicator, supported by "small dot" indicators that reflect our strategic priorities (Institute for Healthcare Improvement (IHI) best practice)
  - Our Scorecard aligns with the Institute of Medicine's quality dimensions (efficient, effective, equitable, patient-centered, safe, and timely), embedded in four categories: Access & Equity; Safe & Well CAMH; Efficiency & Effectiveness; and System Leadership
- Completing adoption and optimization of a new **Key Priorities Dashboard** for organizational leaders that will provide timely updates on performance metrics for which they are accountable

In Ontario:

- CAMH's Provincial System Support Program (PSSP) is leading a pilot of the province's first investment in improving access to publicly funded structured psychotherapy. This work is in its first phase: working with community partners and primary care providers; it will continue through 2018
- PSSP completed the province-wide roll-out of the Ontario Perceptions of Care (OPOC) a **validated patient satisfaction survey** tool developed at CAMH, and the roll-out of an **evidence-based Staged Screening and Assessment tool** at all Ontario-funded addiction care organizations

## Describe your Organization's Greatest QI Achievements from the Past Year

At CAMH two achievements stand out:

### 1. Implementation of the Patient-Oriented Discharge Summary (PODS)

- More than 10 Toronto hospitals have been using the original PODS template to improve continuity of care for patients leaving the hospital. CAMH adapted PODS for the mental health setting, with input from clinicians, patients, family members and community partners. After a successful pilot of the adapted tool on inpatient units, CAMH rolled out the PODS tool for all inpatient services. The project is now under evaluation.

## 2. Opening an acute-care Bridging Clinic

- CAMH has experienced steadily rising volumes of visits to its Emergency Department and increasing levels of acuity and complexity of those seeking care. This service opened in November 2017. It is intended to ease congestion at CAMH's Emergency Department and assist newly-discharged patients to re-integrate into their community. In most cases, patients referred from the ED are seen promptly, allowing staff in the ED to focus on patients with more urgent care needs. Another goal of this service is to reduce the rate of readmission of inpatients to CAMH.

## Resident, Patient, Client Engagement and Relations

- The active engagement of patients in developing and implementing our QIP is important to ensure we include targets and quality improvement activities that are meaningful to our patients. In this planning cycle, we expanded our engagement and involvement of patients, families, and those with lived experience in the development of our 2018/19 QIP in the following ways:
  - Several meetings with our Empowerment Council and Family Advisory Committee to consult at different stages of QIP development, including a review of the change ideas and the final QIP
  - Consultation with community partners, people with lived experience, and other stakeholder groups via our Constituency Council
  - Involving patients in the development of our QIP through focus groups and one-on-one discussions. Over the course of three weeks, five Client Experience Surveyors – themselves with lived experience of mental illness – met with 135 inpatients from our Acute Care, Complex Care & Recovery, and Child, Youth & Emerging Adult programs. Patients were informed about the purpose of the QIP, given the opportunity to review draft indicators, and were invited to share their experiences, expectations, perspectives and input around change strategies for select key QIP indicators (e.g. reduce the number of people who are readmitted to hospital within 7 days of discharge, reduce the use of physical restraints, and improve patient satisfaction)
  - We incorporated the experiences and concerns of our patients, families, and community partners, as well as their ideas, into the development of QIP change ideas
- Information collected from our annual patient survey, the Ontario Perception of Care tool for Mental Health and Addictions (OPOC-MHA), also informed our QIP indicator selection by helping us identify areas of strength and areas for improvement. Specifically:
  - The OPOC provided patients with the opportunity to voice their opinions on access, quality of our services, participation and rights, clinicians' knowledge, care environment and overall experience
  - We also surveyed family members, including those who are registered patients receiving their own services. Family members experience the hospital in unique ways and their impressions and suggestions provided valuable insights into the experience of care at the hospital
  - Programs review OPOC survey data for change ideas (e.g. how to improve satisfaction, medication safety, etc.)
  - The Quality, Safety & Patient/Family Experience team hired trained surveyors with lived experience of mental illness through CAMH's Employment Works! Program to administer the OPOC. Client Experience Assistants delivered the OPOC results to our patients and engaged them in more in-depth discussions around their perceptions and experiences of care
- We drew on information/data gathered through our Client Relations Office (e.g. trends in complaints or concerns voiced by patients and family members) to inform QIP indicator selection and change ideas.

- The Office of Family Engagement (OFE) supports family members of those with mental illness in a variety of ways, not only to provide support but also to bring lived experience to program planning and design. Through the OFE and the Family Advisory Committee, we engaged family members in discussions about QIP indicator selection and change ideas. The renewal of our family engagement strategy reflects our Vision 2020 commitments, focuses on innovation and quality improvement, and demonstrates how family involvement and support is integral to CAMH work. Through our Office of Family Engagement, we will ensure effective representation, participation and empowerment of families at the organizational level. We see patients and families having an increasingly important role in QIP development.
- Patients and family members are represented on our program Quality Councils where they provide important insight and ideas for quality improvement efforts.
- The Empowerment Council is an arm’s-length organization that serves as a voice of CAMH patients and people with lived experience. Empowerment Council representatives offer their perspectives in a range of ways – from program and service delivery planning to system-level political advocacy. The Empowerment Council was directly consulted on our QIP (as outlined on page 4) and is represented on the Clinical Quality Committee of the Board of Directors, where the QIP and other quality initiatives are reviewed and discussed.
- Our Constituency Council – a body of some 70 stakeholders from communities and sectors that CAMH serves – meets bi-annually and provides feedback on organizational performance (QIP and Balanced Scorecard) and other areas of strategic interest. A special meeting was held focused on the 2018-2019 QIP (as outlined above). The Council also provides input in to the CEO’s annual performance process. The Council was recognized by Accreditation Canada as a Leading Practice in 2015.
- Our Surviving to Advising Program is an initiative to include people with lived experience as faculty who train residents and other clinicians in order to provide caregivers with a better understanding of the needs of the people we are treating. It is closely connected to our Peer Advisor program, embedding people with lived experience as trained members of our clinical teams. CAMH currently employs peer advisors across our clinical programs.

## Collaboration and Integration

CAMH actively supports provincial and LHIN priorities and is contributing to an integrated mental health system by:

- Fighting prejudice and discrimination faced by Ontarians with mental illness, driving social change at the municipal, provincial and national level, including work on the final two phases of our redevelopment. The redevelopment will include the relocation of the Province’s only 24/7 operated Emergency Department for people in mental health crisis and 235 beds for Ontario citizens.
- Responding to the opioid crisis in collaboration with government, scientific and community partners (see pages 9 and 10 for more detail).
- Completing a province-wide mapping study of telemedicine services to determine coverage gaps as part of the Medical Psychiatry Alliance (publication in process).
- Contributing to the province’s Mental Health and Addictions Leadership Advisory Council.
- Supporting the province’s Mental Health & Addictions Strategy through our PSSP’s collaborations.

- Contributing to development of the Scorecard and Mental Health Indicator Report for Phase 2 of Ontario's Mental Health Strategy.
- Participating in TC LHIN Health Links initiatives for mental health.
- Supporting TC LHIN ALC Committee's work to improve system capacity and address flow concerns/mitigate risks arising from high ALC patient population.
- Operating the Forensic Early Intervention Service in partnership with the Ministry of Community Safety and Correctional Services (MCSCS) and the Ministry of Health and Long Term Care (MHLTC), that provides assessment, consultation and support to individuals at risk of being unfit to stand trial or who may choose to pursue a not criminally responsible defense.
- Continuing our work as a founding partner in the Medical Psychiatry Alliance, a unique \$60M collaboration between CAMH, Trillium Health Partners, Sick Kids and the University of Toronto, to improve coordinated care of medical and mental illness through new models of clinical care, research and evaluation, and new ways of training health professionals.

## Engagement of Clinicians, Leadership & Staff

Our Board of Trustees and Clinical Quality Committee of the Board oversee the preparation of our annual QIP and ensure that priorities and initiatives are consistent with the broader organizational and provincial quality strategy.

- The development of our QIP is a collaborative process involving staff, physicians and leadership through focused internal engagement, which includes discussion and feedback at multiple tables and levels, including our Executive Leadership Team, Data Reporting and Governance Committee, Performance Improvement, Medical Advisory Committee, Professional Practice Office, Corporate Planning, Strategy & Community Relations, and Quality, Safety & Patient/Family Experience
- Our clinical leaders were engaged in identifying priorities and change strategies
- Team huddles, an initiative recently implemented at CAMH, was designed so that inter-professional care teams have dedicated time to focus on QIP priorities, staff engagement, staff wellness, safety, and potential quality improvements and innovative solutions

In addition to the QIP, CAMH engages clinicians, leaders and staff in discussions about quality and safety through many forums, including:

- Twice-annual all-staff own halls hosted by CAMH's CEO
- Quarterly Leadership Rounds for people leaders at all levels
- Quality Improvement Leadership Walkarounds led by the Executive Leadership Team and facilitated by the Quality, Safety & Patient/Family Experience office
- Annual Safe & Well Day, co-organized by clinical staff and staff collective bargaining agents, focuses on promoting safety and wellness; includes an awards ceremony to recognize staff excellence; showcases quality improvement initiatives and evidence-informed practices, shares emerging innovations and resources, and provides the opportunity for knowledge exchange within the CAMH community; and attendees and participants have the opportunity to see how these initiatives relate to Accreditation Canada standards and Required Organizational Practices



- Administration of an Employee and Physician Engagement Survey every 18 months, with dedicated questions focused on safety and other aspects of clinical quality, and gauges staff perceptions of their ability to participate in and influence quality improvement; we develop action plans for all major portfolios within CAMH, with each executive team lead accountable for implementing their action plan(s)
- Executive engagement and communications including a CEO Blog on our internal website, E-leader communications, and initiative-related articles and updates on our website
- Spotlight fairs to highlight key areas of work and to engage staff in person, including a bi-annual “poster gallery” that coincides with the CEO’s Town Hall report on strategic progress
- Program Quality Councils identify and prioritize areas for continuous quality improvement and align local (unit and program) and corporate quality improvement and Accreditation initiatives to our QIP, CAMH Quality Framework, CEO Goals, Balanced Scorecard, and strategic priorities and goals
- Extensive clinician engagement in the development of the CAMH Clinical Quality Framework that communicates the quality structure and priorities

## Population Health and Equity Considerations

### Supporting unique populations

CAMH serves many marginalized people with complex mental illness, mood and anxiety disorders, substance use disorders and concurrent disorders across the lifespan. Many of our patients lack access to appropriate housing, income support, food security and employment.

CAMH works with community and regional partners to address our patients’ complex needs.

Our **Child, Youth & Emerging Adult program** provides a range of specialized inter-professional care, from assessments and consultations to individual/family therapies; specialized treatment groups for co-occurring mental illness and substance use; and consultations on request from primary care providers. Through three donor-funded strategic centres we undertake extensive research, evidence generation and dissemination of emerging best practices. We have a focus on **early intervention for first-episode psychosis** in young people, as well as research for **childhood depression**. Our specialized clinics include:

- Youth Justice Clinic
- Better Behaviours Service
- Gender Identity Service
- Mood and Anxiety Disorders Service
- Psychiatric Consultation Service
- Psychotic Disorders Service
- Substance Abuse Program for Afro-Canadian & Caribbean Youth (SAPACCY)
- Youth Addiction & Concurrent Disorders Service

CAMH serves patients from **First Nations, Inuit & Metis** communities on-site through a culturally appropriate, evidence-based model of care, and we build capacity in regional communities through the Aboriginal Outreach & Engagement team of our Provincial System Support Program.

CAMH's **Geriatric Mental Health Service (GMHS)** provides inter-professional assessment, treatment, consultation and follow-up services to older persons with mental health concerns, including addiction. The service has outpatient and inpatient departments. An area of focus has been standardization of care through the development, evaluation and evolution of evidence-based Integrated Care Pathways (ICPs) for dementia. We have demonstrated promising improvements in outcomes. We are piloting these ICPs at two care facilities in the GTA. In December 2017, our Dementia – Agitation and Aggression ICP was recognized by Accreditation Canada/Health Standards Organization as a Leading Practice.

CAMH is the largest Ontario provider of services for people with **complex mental illness**, including forensic services. The **forensic mental health program**, as part of our Complex Care & Recovery Program, provides a continuum of care that includes assessment, treatment and rehabilitation across a range of units at different levels of security, community supervision, consultation, and specialty services.

### **Promoting Health Equity**

CAMH is a champion for health equity and has made a long-term organizational commitment to reduce disparities in mental healthcare for racialized and marginalized groups. In 2017, CAMH undertook an organization-wide renewal of its health equity strategy. We have enhanced our Interpretation Services; health equity capacity-building at local, provincial and national levels; and the cultural adaptation of clinical services. CAMH's new Health Equity Plan will include a focus on underserved populations, especially African-Caribbean Black communities. Some notable work includes:

- **CAMH Interpretation Services** were redesigned to include occupational health and professional development requirements for contracted interpreters to ensure high-quality medical interpretation services to our patients. We are a leader in the field of mental health interpretation. In the current year, CAMH Interpretation Services filled 3,765 requests for interpreters in over 55 languages.
- The Health Equity Office provides **face-to-face and web-based training, consultation and support** to CAMH staff and managers, including a University of Toronto accredited Certificate Program in Health Equity and Diversity.
- CAMH worked with partners to build service capacity across Canada that will address the mental health needs of refugees via the federally-funded Refugee Mental Health Project. We exceeded our training goals by training more than 1,500 providers across the country as well as provided direct local clinical service to 150 people.
- CAMH partnered with Health Quality Ontario to define capacity needs, including a province-wide assessment of francophone mental health service gaps and needs. Clinical improvement was based on socio-demographic data collection to identify disparities and develop equity initiatives in each program area. As part of our health equity plan, CAMH will build on our strengths to improve access, including: depression and anxiety services for women; the Refugee Mental Health Clinic; and the development of Culturally Adapted CBT for Caribbean populations.



- CAMH continues to build service capacity to **First Nations, Inuit & Metis (FNIM) populations** through the spread and scale of specialized Mobile Training Teams to serve remote communities. We will have trained as many as 400 health care workers by the end of fiscal 2017-18.
- CAMH implemented an FNIM ECHO, a specialized telemedicine case-conferencing initiative that enables healthcare providers to collaborate on complex cases through culturally-appropriate modalities.

## Access to the Right Level of Care - Addressing ALC

Managing ALC is a critical challenge for Ontario hospitals. With approximately 16% of our inpatient beds designated as ALC, CAMH has one of the highest rates of ALC in the province. Risk factors for ALC in psychiatry include dual diagnosis, unmanaged behavioural issues (e.g. self-injury, fire-setting, severe aggression, active substance abuse, chronic impulsivity) and co-occurring medical needs.

Despite their clinical complexity, patients are likely to live successfully in the community if they have access to adequate supports. However, Toronto has a lack of high-support housing and limited community resources. In response, CAMH is working with the TC LHIN and housing partners on creative solutions to find and develop appropriate housing in the community. CAMH is currently engaged in 14 active partnerships with the TC LHIN and housing partners.

In 2017, CAMH opened new onsite transitional supportive housing service beds for ALC patients. Through an innovative partnership with the Canadian Mental Health Association we are serving ALC patients on two floors of our 30 White Squirrel Way site at Queen Street, while two floors serve ALC forensic patients in collaboration with LOFT supportive housing.

## Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

CAMH played a system leadership role in providing its Prescription Opioids Policy Framework (2016), which indicated the need for a public health response: an approach that integrates prevention – primarily through a reduction in opioid prescribing – with enhanced access to pain management, addiction treatment, and harm reduction services. At the same time, ensuring that people who experience pain have access to pain management; and ensuring that people who use opioids (medically and non-medically) are not pushed to street opioids.

This framework has helped inform government response to the opioid crisis at all levels including:

- The City of Toronto’s Overdose Action Plan
- The Ontario government Strategy to Prevent Opioid Addiction and Overdose
- A provincial “De-implementation” project to reduce low-value clinical practices and the overall opioid load in communities using the principles of implementation science
- Data and standardized electronic assessment tools to assess and guide the prevention and treatment of Opioid Use Disorder in primary care settings

CAMH has also undertaken a multifaceted clinical response, including improved access and screening, restructuring of services to integrate care, and specialized clinics to address unmet need, including:

- Training of staff across clinical programs
- Educational material created for patients and staff on overdose prevention
- Increased pharmacist support for outpatient clients, including easier access to Naloxone kits
- Medication reviews for complex patients in the Acute Care Program by a dedicated Opioid Overdose Prevention Initiative Pharmacist

## Workplace Violence Prevention

Safety is a priority at CAMH and we recognize that staff safety and patient safety are inseparable. The increasing volumes of people seeking care and increasing complexity and acuity of illness have implications for safety, for the prevention and management of violence and for the reduction of restraint use, which we see as a proxy measure for our ability to predict, prevent and manage aggressive behaviour and provide good clinical care.

CAMH's Emergency Department presents particular challenges in that regard, as people come to us in acute distress or arrive restrained as they await initial assessment and treatment. Our data analysis of restraint use shows that more than 50% of the restraint events occur in the ED, and when that cohort of patients is excluded, the restraint rate is actually half of what has been previously reported.

To meet these challenges we continued implementation of Safe & Well CAMH, our highest-priority strategic initiative, to enhance patient safety and quality of care, and staff safety & quality of work life.

Key Safe & Well CAMH projects include:

- A pilot program combining two initiatives - Safewards and TIDES (Trauma Informed De-escalation & Self-protection) on high-volume inpatient and outpatient clinical units. Safewards is a series of evidence-based approaches and interventions to support staff and patient interactions and to reduce agitation and aggressive behaviour; TIDES is a longstanding team-based training initiative that CAMH has renewed and is in the process of evaluating.
- Implementation and evaluation of daily team huddles across all inpatient units to improve team communication and focus on safety and quality.
- Establishment of a renewed collaboration with our unions – our Workplace Violence Prevention and Joint Health & Safety committees.
- Continued focus on reducing restraint use through:
  - In-depth analysis of data on clinical units with higher rates of use. We are designing focused interventions based on those findings (see Workplan)
  - Patient debriefing: following a restraint or seclusion event, patients are offered to participate in a debriefing process in order for the clinical care team to understand the patient's perspective of the event, to promote healing and rebuild the therapeutic relationship. Client Experience Assistants are available to assist teams with debriefing after they have had a restraint or seclusion event
  - Risk flagging alert system: implementing standardized and coordinated 'risk flags' in CAMH's electronic health record, ICARE. Risk flags signal the need for increased vigilance concerning communication of a patient's care plan

- DASA (Dynamic Appraisal of Situational Aggression): a standard risk assessment protocol across all inpatient units, through which acuity triggers care planning
- A safe-search protocol across all inpatient units.
- Through medication reconciliation and discharge processes, making significant gains in medication safety by ensuring that patients are on the right medications and understand their medications. Our quality improvement efforts to date have focused on inpatient services, and now we are expanding that to outpatient services.
- CAMH is committed to the safest and best-quality care for our patients and to reducing restraint use to emergency needs only. We are also committed to consistent and standardized measurement and reporting for all indicators. However, it is also important to note that CAMH has Ontario's only dedicated psychiatric Emergency Department, and continues to be challenged with steadily rising volumes, complexity and acuity of people in crisis. We are working hard to better understand our restraint use, particularly in the Emergency Department to understand performance in our own context and where it is comparable to others.
- Creation of a staff wellness centre in 2016/17 and a number of new or expanded programs to promote leadership and staff resiliency. These include training in managing mental health in the workplace; a new coaching and mentoring program for leaders; leadership resiliency and a strategy to promote physician wellness and resiliency. This year CAMH also opened a new on-site service providing psychological support in addition to that provided under our employee assistance program.
- Several staffing and infrastructure investments, including: increased clinical staff in key areas of need (including our Emergency Department), upgrades to personal alarm systems and doors with safer windows and sightlines in key areas; and introducing a buddy system for staff conducting rounds at night.

## Performance Based Compensation

At CAMH, the executive team's compensation includes "at risk" pay in the range of 25% for the CEO and 15% for the executive team. The link to the QIP target achievement, as noted in the table (see page 12), is set at 5% for the CEO and 3.0% for the executives.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safety	Medication safety- Increase proportion of patients receiving medication reconciliation upon discharge	16.66%	0.83%	0.5%
	Workplace violence prevention			
	Reduce Use of Physical Restraints in Mental Health			
Effectiveness	Increase the percentage of high suicide risk patients who have a completed plan of care (IPOC)	16.66%	0.83%	0.5%
Timely	Reduce Wait Times in the Emergency Department	16.66%	0.83%	0.5%
	Reduce EAU Length of Stay			
Patient Centered	Improve patient satisfaction (inpatient services)	16.66%	0.83%	0.5%
	Improve patient satisfaction (outpatient services)			
Efficient	Reduce the percentage of patients who are readmitted to hospital within 7 days of discharge	16.66%	0.83%	0.5%
Equity	Increase the number of patients for whom we have demographic information	16.66%	0.83%	0.5%
Total 'at risk' pay related to QIP			5.0%	3.0%
Total 'at risk' pay not related to QIP			20.0%	12.0%
Total 'at risk' pay			25.0%	15.0%

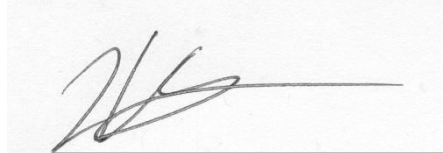
## Sign-off

I have reviewed and approved our organization's Quality Improvement Plan



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David Wilson  
Board Chair



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Victor Willis  
Clinical Quality Committee Chair



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Dr. Catherine Zahn  
President & CEO