

Mental Health and Addictions Quality Initiative Peer Scorecard (2019-2020)																																
REPORTING PERIOD: Q4 (January 1, 2020 - March 31, 2020)				camh					Royal					Ottawa St Johns					Waypoint													
Domain	Indicator	Definition	Description	Frequency	Data Source	2019-2020					2018-19					2019-2020					2018-19					2019-2020						
						YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE			
Client Complexity	# of Reasons for Admission	% of clients admitted with more than one reason for admission	People admitted to an inpatient bed often present with serious and complex mental illness. They may be admitted for a number of reasons and have multiple mental health conditions at the time of admission. This indicator is a way to look at the complexity of illness at the time of admission without relying on a diagnosis, which may not yet have been made. Possible reasons for admission include inability to care for oneself, risk of harm to self or others, and various specific symptoms.	Quarterly	CIHI RAI-MH	89.7%	89.9%	91.7%	91.8%	90.6%	91.0%	73.1%	73.6%	62.1%	73.4%	63.2%	68.3%	88.2%	98.5%	99.5%	96.6%	94.3%	97.2%	81.1%	76.6%	69.2%	64.6%	59.4%	67.9%			
	# of Psychiatric Diagnoses	% of clients with more than one psychiatric diagnosis at discharge	The percent of individuals with more than one type of mental health diagnosis is a reflection of the complexity of the population served, the treatment required and the resources used in providing care. This measure uses diagnoses at discharge, when diagnostic information is likely to be more accurate and reliable than at the time of admission.	Quarterly	CIHI RAI-MH	55.5%	55.9%	58.2%	57.3%	54.3%	56.4%	55.5%	53.3%	58.2%	60.1%	57.0%	56.6%	48.0%	55.8%	45.1%	54.3%	50.5%	51.5%	50.9%	47.7%	58.2%	57.9%	57.4%	55.0%			
	# of Medical Diagnoses	% of clients with more than one medical diagnosis at discharge	Mental health inpatients can often have medical conditions that also need to be treated. Providing effective care for both physical and mental health conditions can be challenging, particularly where there is a risk of interaction among multiple medications. Clients with both medical and mental health diagnoses can present higher levels of complexity.	Quarterly	CIHI RAI-MH	31.4%	31.3%	29.9%	31.0%	29.5%	30.4%	39.5%	37.0%	28.9%	47.2%	33.2%	35.8%	56.5%	58.7%	56.4%	57.9%	50.9%	56.0%	17.6%	21.2%	17.7%	27.3%	30.0%	24.0%			
Client Outcomes	Self Care Index	% of clients with an improvement in the self care index score from admission to discharge	The Self-Care Index (SCI) reflects a person's risk of inability to care for self due to mental health symptoms. It is calculated using factors such as daily decision making, insight into one's own mental health, decreased energy, abnormal thought process, and expression (i.e. - making self understood). This indicator shows the percentage of clients with improved SCI scores between admission and discharge, indicating an improved ability to care for oneself.	Quarterly	CIHI RAI-MH	58.4%	55.6%	62.1%	59.4%	58.3%	59.0%	64.3%	61.6%	50.8%	46.9%	46.6%	53.6%	37.2%	32.4%	39.0%	28.3%	33.3%	33.0%	48.3%	50.4%	38.1%	34.8%	45.7%	42.1%			
	Overall Change in Care Needs	% of clients with reported improvement or marked improvement at discharge	This indicator is intended to evaluate the person's overall change in clinical status as compared with 30 days ago or since admission. It is the percent of observed improvement or marked improvement in symptom frequency and intensity and is a key element in assessing the client's discharge potential.	Quarterly	CIHI RAI-MH	88.7%	89.9%	90.9%	87.7%	88.7%	89.3%	83.9%	78.3%	77.3%	77.2%	78.8%	77.9%	81.6%	80.2%	81.2%	71.2%	62.0%	73.4%	69.4%	69.8%	70.6%	66.4%	63.9%	67.3%			
	Readmission Rate	% of clients re-admitted to any facility within 30 days of discharge (reported one quarter behind)	Readmission within 30 days of discharge is an important quality indicator for all hospitals, as a high readmission rate may indicate that patients have been discharged too quickly and/or without adequate support. This is true for psychiatric patients as well. For mental health facilities, this indicator can help an organization monitor its discharge practices, and can also indicate where and what type of services may be most urgently needed to support clients in their recovery.	Quarterly	CIHI RAI-MH	17.7%	14.9%	15.2%	16.0%	14.7%	15.4%	8.4%	10.8%	10.5%	10.5%	5.2%	9.6%	10.5%	12.0%	13.4%	9.5%	3.7%	9.7%	11.5%	11.5%	8.5%	15.0%	13.0%	12.1%			
	Client Experience Inpt Survey	% of positive responses to the question 31, "I think the services provided here are of high quality"	This indicator focuses on client perceptions of the quality of care provided by the hospital, as measured by the Ontario Perception of Care (OPOC) Survey. Inpatient and outpatient results are reported separately, because the nature of the service is different. The survey is done annually and results are reported once a year.	Annual*	Internal Database	76.6%	Annual - Reported Q1					76.1%	77.0%	Annual - Reported Q1					82.6%	Annual - Reported Q1					67%	Annual - Reported Q1					72%	
	Client Experience Outpt Survey	% of positive responses to the question 31, "I think the services provided here are of high quality"	This indicator focuses on client perceptions of the quality of care provided by the hospital, as measured by the Ontario Perception of Care (OPOC) Survey. Inpatient and outpatient results are reported separately, because the nature of the service is different. The survey is done annually and results are reported once a year.	Annual*	Internal Database	94.4%	Annual - Reported Q1					93.8%	93.0%	Annual - Reported Q1					97.4%	Annual - Reported Q1					93%	Annual - Reported Q1					94%	
Client Safety	No Use of Control Interventions	Prevalence of non-use of control interventions - percentage of patients whose admission assessment submitted during the period indicated no use of any control intervention	Mental health hospitals are striving towards the minimization of restraint use, including acute control medication use and use of seclusion room. This number represents the percentage of patients who did not receive any form of control intervention according to their RAI-MH admission assessment. The RAI-MH (Resident Assessment Instrument: Mental Health) is a standardized assessment tool mandated by the Ministry of Health and Long Term Care for inpatients receiving mental health services.	Quarterly	CIHI RAI-MH	68.4%	64.5%	69.9%	68.8%	69.3%	68.1%	92.7%	91.5%	91.8%	93.8%	n/a	92%	78.2%	79.1%	82.5%	81.3%	78.3%	80.27%	85.1%	86.2%	79.9%	82.3%	83.2%	83.0%			
	Unauthorized Leave of Absence Days (ULOAs)	% of Unauthorized Leaves of Absences in the period	As individuals move through the treatment process, they are given leave to spend time in the community, based on their individual recovery progress. This is an important part of the treatment plan as it helps patients recover as they reintegrate into the community. When a person is absent without leave from the hospital, their personal safety may be at risk and on rare occasions they may present a risk to the community. This indicator represents the amount of time patients were absent from the hospital due to an unapproved leave.	Quarterly	Internal Database	1.08%	1.13%	1.38%	0.71%	0.71%	1.0%	0.19%	0.31%	0.20%	0.16%	0.29%	0.24%	0.19%	0.40%	0.07%	0.10%	0.12%	0.10%	0.03%	0.39%	0.39%	0.00%	0.40%	0.29%			
	Medication Incidents per 1000 Patient Days	All Medication Incidents per 1000 patient days reported during the period.	A medication incident, also known as a medication error, is an error or potential error with medication that may cause or could lead to inappropriate medication use or patient harm. These incidents are generally preventable and include errors such as receiving the wrong medication or the wrong dose. Incidents can range in severity from near misses (catching the incident before it occurs) to very serious harm or possibly death. Hospitals are exploring the contributing factors leading to medication incidents and implementing various changes to reduce the number of medication incidents that cause harm.	Quarterly	Internal Database	3.05	2.52	2.88	3.76	3.09	3.08	3.17	4.87	5.59	6.70	9.10	6.46	1.08	0.80	0.85	1.30	1.57	1.19	1.95	2.01	1.47	12.41	7.55	5.82			
	Serious Medication Incidents per 1000 Patient Days	Moderate, Severe or Death Degrees of Harm as defined by the National System for Incident Reporting) per 1000 patient days reported during the period.	A medication incident, also known as a medication error, is an error or potential error with medication that may cause or could lead to inappropriate medication use or patient harm. These incidents are generally preventable and include errors such as receiving the wrong medication or the wrong dose. Incidents can range in severity from near misses (catching the incident before it occurs) to very serious harm or possibly death. Hospitals are exploring the contributing factors leading to medication incidents and implementing various changes to reduce the number of medication incidents that cause harm.	Quarterly	Internal Database	0.02	0.02	0.00	0.07	0.02	3.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.04	0.00	0.00	0.12	0.04			
Inpatient Medication Reconciliation on Admission	% of In-patient Medication Reconciliations completed on Admission during the period.	Medication reconciliation is a systematic and comprehensive review of all the medications a person is taking to ensure that medications being added, changed, or discontinued are carefully assessed and documented. A high proportion of adverse events that occur in hospital are related to medication errors. Doing a medication reconciliation at the time of admission reduces the risk of medication error, and can help the clinical team make informed decisions about an individual's treatment plan.	Quarterly	Internal Database	96%	96%	95%	96%	97%	96.0%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	99%	99%	100%	99%	98%	99%				
Client Access	Alternate Level of Care Rate	% of Alternative Level of Care days reported during period	An alternate level of care (ALC) designation is made when a person has recovered enough to no longer require inpatient hospital services but cannot be discharged because the appropriate level of care is not currently available in the community. Individuals who have been declared ALC are commonly waiting for placement in a supportive housing environment or in a Long Term Care home. This indicator shows the percent of hospital patient days that are ALC days and is one measure of access because the inability to discharge patients has an impact on the hospital's capacity to accept new patients.	Quarterly	Internal Database	16.5%	19.6%	21.9%	20.5%	18.9%	20.3%	4.3%	6.6%	7.9%	8.5%	9.7%	8.5%	15.1%	16.4%	15.9%	14.9%	13.5%	15.2%	10.5%	10.2%	11.1%	12.4%	11.6%	11.3%			
	Last Time Injury Index: Frequency (LTI-F)	Last time injury frequency based on # of WSIB lost time claims started in the reporting period	This indicator represents the number of injuries that occur on the job and result in time lost per 100 employees, and is a measure of workplace safety. Causes of job-related lost time can include falls, epidemic outbreaks, and patient-related incidents.	Quarterly	Internal Database	2.24	2.56	2.31	2.39	2.41	2.56	1.64	1.26	0.34	1.30	0.66	0.90	2.10	0.74	0.74	0.36	0.71	0.63	3.69	3.59	3.65	2.71	0.00	2.48			
HR Indicator	Absenteeism Rate	% of paid sick hours for employees in the period.	A high rate of absenteeism increases costs for hospitals, by necessitating increased overtime or use of casual staff. It can also have an adverse impact on continuity of care for patients. In addition, it has been suggested that there is an inverse relationship between employee absenteeism and staff engagement and commitment to an organization.	Quarterly	Internal Database	2.06%	1.99%	1.99%	2.10%	2.43%	2.13%	3.20%	3.43%	3.22%	3.40%	4.50%	3.61%	5.20%	5.20%	4.50%	5.40%	4.90%	5.0%	5.74%	4.85%	4.97%	5.19%	5.29%	5.07%			
Financial	Balanced Budget	% of balanced budgets in last 5 years	All hospitals are required to have a balanced budget. Sound financial management and a balanced budget reflect the hospitals' wider responsibility to the community.	Annual	Internal Database	100%	n/a					100%	100%	n/a					100%	100%	n/a					100%	n/a					100%

*Years began using the Ontario Perception of Care Survey in 2016

Aggregate data with small counts are suppressed to minimize any risk of identifying individuals (i.e., where numerator is <5)

[NOTE data source for this indicator is TalentMap