2021/2022 Quality Improvement Plan
"Improvement Targets and Initiatives"

AIM		Measure						Change			
Issue	**Quality Dimension**	**Measure / Indicator**	**Unit / Population**	**Source / Period**	**Current Performance**	**Target**	**Target Justification**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**
Theme I: Timely and Efficient Transitions	**Efficient**	7 day readmission - the number of stays with at least one subsequent hospital stay within 7 days divided by the total number of hospital stays in a given quarter	% / All inpatients	Hospital collected data / Q4 20-21 through Q3 21-22	4.5%	4.5%	Maintain current performance	Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring compliance with: 1) PODs as standard discharge practice across inpatient areas	Audits/feedback mechanism for compliance rates and targeted initiatives for areas identified from audits as needing improvement/support	% of patients with completed PODS	92% of patients with completed PODs
								2) Discharge summaries completed within 48 hours of discharge and sent from hospital to the community care provider	Review key performance indicators with physicians during their annual re-appointment evaluations and engage in practice improvements to improve performance targets	1) % of discharge summaries completed within 48 hours 2) % of discharge summaries sent	1) 80% of discharge summaries completed within 48 hours 2) 70% of discharge summaries sent
								3) Physician consultation notes completed and sent	Review key performance indicators with physicians during their annual re-appointment evaluations and engage in practice improvements to improve performance targets	1) % of physician consultation notes completed within 7 days 2) % of physician consultation notes sent within 14 days	1) % of physician consultation notes completed within 7 days (CB) 2) % of physician consultation notes sent within 14 days (CB)
	Timely	90th percentile ED/EOU LOS (Emergency Department wait time for inpatient bed)	Hours / ED & EOU patients	Hospital NACRS / Q4 20-21 through Q3 21-22	50.1 (updated methodology, ED & EOU combined)	50.1	Maintain current performance	1) Monitor the impact of the new Emergency Department space on ED Length of Stay (LOS) and expand on the Emergency Department Optimization work	Gather current state data on triage process in new physical location, monitor performance against target, and conduct improvement initiatives where appropriate	1) The median time from ED registration to start of triage 2) Duration of triage assessment 3) ED length of stay	1) The median time from ED registration to start of triage (CB) 2) Duration of triage assessment (CB) 3) ED length of stay (CB)
								2) ALC remains a high-priority issue for CAMH as we are challenged to manage the length of stay for patients who require admission from our ED. As well, many of our ALC patients remain in our care due to a lack of good quality, appropriate and affordable supportive housing options. CAMH's ALC rate has increased since the COVID-19 pandemic. Patients are remaining in hospital longer given fewer discharge destinations. CAMH will continue advocacy efforts for a more coordinated and robust system-level strategy to address the housing crisis and we will continue to work with community agencies to build and sustain valuable housing	1) Continued collaboration with high support housing agencies to develop and submit proposals to the Ministry of Health and Long Term Care to create a variety of new housing options for ALC patients. If the funding is approved, the implementation of new housing partnerships is expected to improve bed flow throughout the hospital	1) Proposals developed and submitted 2) Proposal(s) accepted by the Ministry of Health and Long Term Care 3) Initiate implementation planning with the high support housing agency (or agencies) for the approved proposal(s)	1) Proposals developed and submitted (Y/N) 2) Proposal(s) accepted by the Ministry of Health and Long Term Care (Y/N) 3) Meeting scheduled with the high support housing agency to initiate planning (Y/N)

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								partnerships. CAMH will also explore immediate opportunities for relief for CAMH and our hospital partners	2) Given pressures related to the COVID-19 pandemic, work with LOFT Community Services to develop and implement a new transitional supportive housing program at the 250 College Street site	Number of ALC patients that move to 250 College Street	30 patients, designated as ALC, to move into the transitional housing program operated by LOFT Community Services at 250 College Street
Theme II: Service Excellence	**Patient-centred**	Percent positive result to the OPOC question: "I think the services provided here are of high quality"	% / All inpatients who completed the survey	Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool / Q4 20-21 through Q3 21-22	2019-20: 38.5% (Top box)	38.5%	Maintain current performance	1) Continue implementation of the three-year Corporate Patient and Family Engagement Roadmap in partnership with patients/families. At CAMH, we know that involving patients and families in quality improvement and listening to their feedback helps us provide care that is better informed, more responsive to their needs, collaborative and more likely to achieve better outcomes and experience	Continue development of the Patient and Family Partners Program (PFP Program) which is designed to recruit and match patient and family partners (PFP) to advisory groups, committees, working groups and special projects across CAMH. PFP will be involved in partnerships, co-design initiatives, and improvements that impact quality and patient safety	1) Online orientation for PFP developed 2) Recruitment initiated for PFP applicants concurrently with staff engagement requests 3) Matching of PFP with engagement opportunities 4) Completed PFP Program Evaluations for matched PFP and staff partners (patient, family and staff experience)	1) Orientation developed and implemented online for PFP by April 2021 2) Ongoing with initial outcomes beginning in June 2021 3) Collecting baseline for number of engagement opportunities matched with a PFP 4) 10% of matched PFP and staff will complete PFP Program evaluations
								2) Development of structured therapeutic programs and activities which will be centrally facilitated in the Therapeutic Neighbourhood. The Therapeutic Neighbourhood will provide a dynamic environment where patients can work towards their goals by learning and acquiring new skills while actively engaging in their treatment. The long-term outcomes are to improve patient well-being and quality of life	1) Coordinate programming with other CCR services (Psychosis Coordinated Care Services and Treatment Mall) to provide centralized and streamlined programming for both inpatients and outpatients 2) Refinement of program schedule 3) Continued staff training of structured treatment modalities 4) Development of an implementation and evaluation plan 5) Continue to increase the hours of therapeutic programming offered	1) % of project milestones met 2) % of therapeutic programming hours offered	1) 80% of project milestones met 2) % increase of therapeutic programming hours offered (CB)
Theme III: Safe and Effective Care	**Safe**	Number of workplace violence incidents reported by hospital workers (as by defined by OHSA) within a 12 month period.	Count / Worker	Local data collection / January - December 2021	628 Incidents	628	Maintain current performance	Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	1) Implement revised Supervisor Competency Training	Number of Managers who have received the revised training	50-75 Managers trained
									2) Continue implementation and adoption of the recommendations from the risk assessments completed on high-acuity units	% of recommendations in progress or completed	95% of recommendations in progress or completed
									3) Continue roll out of staff education/training for Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) in direct service inpatient and outpatient programs	% of inpatient and outpatient staff trained on TIDES	100% of new inpatient and outpatient staff will receive TIDES training prior to commencing work

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		% of patients physically restrained during inpatient stay	% / All inpatients	Hospital collected data / Q4 20-21 through Q3 21-22	6.2%	6.2%	Maintain current performance	1) Continuation of Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) training implementation and sustainability and utilization of practice enhancements of TIDES. The Vision for TIDES is to build a foundation to ensure the safety and wellness of everyone at CAMH. This is achieved through these three goals: 1) Enhancing skills and building confidence through team-based learning 2) Driving fundamental day to day processes proven to keep everyone safe 3) Bringing learning to the point of care	1) Continue TIDES implementation through various training modalities (e.g. Simulation, Inpatient/Outpatient, Hospital Orientation, and Program Specific)	TIDES training completion rate	100% of on-boarded direct service staff 80% of existing staff to complete TIDES in targeted groups as part of the regular roll out
									2) Continue work with clinical units to implement practice enhancements and PDSA cycles for improvement	1) % of new admissions with "This is Me" completed within 7 days of admission (in our EHR) 2) Completion rate of Safety & Comfort Plans	1) 30% of new admissions with "This is Me" completed within 7 days of admission (in our EHR) 2) 76% Completion rate of Safety & Comfort Plans
Equity	**Equitable**	Percent positive response to the OPOC Survey question, "Staff were sensitive to my cultural needs (e.g. religion, language, ethnic background, race)"	% / All inpatients who completed the survey	Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool / Q4 20-21 through Q3 21-22	2020: 39% (Top Box)	39%	Maintain current performance	1) Health Equity and Education strategy. The Health Equity Certificate Program provides CAMH staff, managers and physicians with fundamental knowledge and skills needed to plan and implement equitable mental health and addiction programs and services. As a part of Fair & Just CAMH, Health Equity and Education will work collaboratively to develop an education strategy for the training and education goals of Fair & Just	Development of a competency-based curriculum	1) Conduct needs assessment 2) Conduct literature review/ environmental scan 3) Number of new blended learning foundational courses developed(virtual and in-person courses)	1) Needs assessment conducted (Y/N) 2) Literature review/ environmental scan completed (Y/N) 3) Development of 2 blended learning (virtual/ in-person course) foundational courses developed
								2) Implementation of the Dismantling Anti-Black Racism strategy (DABR). This work falls under Fair & Just CAMH, a CAMH-wide initiative to advance equity, diversity and inclusion	1) Launch staff survey/census to collect socio-demographic data for new and existing staff 2) Launch of DABR strategy 3) Horizontal Violence, Anti-Racism, Anti-Oppression Working Group qualitative interviews	1) % new staff and existing staff who complete the survey 2) Number of engagement events for DABR strategy 3) Number of staff interviews completed	1) 70-90% of new staff and 20% of existing staff 2) 5 engagement events for DABR strategy 3) 50 staff interviews completed