Let's Make Healthy Change Happen.

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

2016-2017

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

3/31/2016

ontario.ca/excellentcare

Ontario

Overview
CAMH is Canada's largest academic health science centre dedicated to transforming the lives of people with mental illness. Our purpose statement is "At CAMH, we Care, Discover, Learn, and Build to Transform Lives." In 2012 CAMH inaugurated Vision 2020, a transformational eight-year strategic plan intended to build on longstanding strengths and experience and to position us to meet the demands of steadily rising volumes and increasing acuity and complexity of those we serve. Vision 2020 has six strategic directions to improve all aspects of CAMH's core business:

- Enhance recovery by improving access to integrated care and social support;
- 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

Driving Quality Improvement and System Change
Central to Vision 2020 is a promise to a) transform CAMH into a performance- and evidence-driven organization, and b) through its academic mission, to build capacity across the mental health sector and the Province of Ontario. At the half-way mark of our strategic plan, CAMH notes significant gains in the evolution of quality improvement at both the organization and system level. These include:

<u>At CAMH</u>:
- **Building capacity and capability in Quality Improvement** within the organization through substantial investments in infrastructure, including: reporting and analytics systems, a sophisticated clinical information system (I-CARE) and staff training;
- **Driving quality by standardizing** care for better outcomes through:
    - **I-CARE** tools and processes
    - **Integrated Care Pathways (ICPs)**, evidence-based approaches to inter-professional care that will lead to the development of quality-based procedures (QBPs) in the mental health sector (The inter-professional nature of ICPs supports teamwork, and our early experience has been positive).
- **Improving data quality** through review and refinement of processes related to accurate sources of data capture within our clinical information system (I-CARE). This has required new baseline performance benchmark measures for key quality indicators.
- Reorganizing our **Balanced Scorecard** to reflect this evolution and sharpen our focus on performance measurement and accountability. The new scorecard aligns with the quality dimensions used by the Institute of Medicine (efficient, effective, equitable, patient-centered, safe, and timely), embedded in four categories: Access & Equity; Safe & Well CAMH; Efficiency & Effectiveness; and System Leadership.
- Creating **'big-dot' focus:** Each category of the scorecard is oriented around a "big dot" indicator and is supported by "small dot" indicators, in line with Institute for Healthcare Improvement (IHI) best practice. CAMH selected big dot indicators that reflect our strategic objectives: excellent care in an environment that embraces recovery principles and is safe for patients and staff. The new scorecard minimizes supplementary and project indicators, increasing focus on performance improvement.

In Ontario:

- **ICP scale and spread:** Since CAMH began ICP pilots in 2013 it has served more than 1,200 patients while evaluating and adjusting to facilitate scale and spread across CAMH and the province. CAMH co-chairs provincial workgroups for three **quality based procedures** being developed via HQO. As well, through an HQO ARTIC grant we are implementing our **Major Depression & Alcohol Dependence Pathway** in 10 sites across Ontario.
- CAMH's Provincial System Support Program (PSSP) delivering the province-wide roll-out of the Ontario Perceptions of Care (OPOC) a **validated patient satisfaction survey** tool developed at CAMH.
- CAMH is coordinating the roll-out this year of a new **evidence-based Staged Screening and Assessment tool** at all Ontario-funded addiction care provider organizations.
- PSSP's **Service Collaboratives**, a key initiative of Ontario's Mental Health and Addictions Strategy, continue to develop and implement evidence-based practices across Ontario to address locally-identified gaps in service delivery and access, as well as care transitions.

2015-2016 Highlights

We are proud of our Quality Improvement journey to date and note the following areas as highlights in 2015-16:

Accreditation and Continuous Quality Improvement

In June 2015, CAMH was accredited with Exemplary Standing by Accreditation Canada with a near-perfect record. We were recognized for four 'Leading Practices':

- Integrated Care Pathway (ICP) for Major Depressive Disorder and Alcohol Dependence
- Provincial Service Collaboratives supporting Ontario's Mental Health Strategy to improve access to mental health and addiction supports for children, youth and families across Ontario
- CAMH's Tobacco-Free policy, confronting a leading cause of preventable death for our patients
- Constituency Council, a province-wide voluntary council made up of 50-70 stakeholders providing advice, insight, and feedback to CAMH

The year-long preparation process aligned with our quality cycle and engaged the CAMH community to review and refresh policies and processes, ensuring commitment to meeting the highest standards.

Standardization of Care and Reporting on Performance

Our transformation requires a focus on designing future care environments and processes in the midst of intense change. One of our largest investments, the I-CARE clinical information system, went live in May 2014 and is yielding significant opportunities to drive standardization and measurement. The implementation of I-CARE has led to changes in workflow, practices, procedures and documentation in all aspects of care. We are addressing this with clinician engagement initiatives, collaboration and leadership in I-CARE adoption and optimization. Our Integrated Care Pathway work has focused on increasing the number of patients on pathways at CAMH and has spread to other organizations in Ontario.

Learning from patients through post-restraint Patient Debriefings

In an effort to further improve on preventing the use of restraints, we have focused on patient debriefs with the formalization of the role of peer debriefer by our Patient Experience Officer. The Patient Experience Officer acts as a liaison between CAMH leadership, care staff and patients. Through debriefing interviews, the Patient Experience Officer engages patients and families by offering post-restraint debriefs, helps engage patients in patient safety initiatives through peer-oriented discussion, and translates the comments and requests of patients to hospital staff.

- Benefits of this approach have included:
  - An opportunity for patients to share their feelings about the restraint/seclusion event
  - Self-calming or de-escalation measures identified during the debrief can be included in the patient's Interprofessional Plan of Care (IPOC)
  - Information passed to the care team from the debriefer can be used to begin discussions between the patient and the team to repair the therapeutic relationship
  - The debriefer can help patients connect with other supports such as Spiritual Care Services, Client Services and the Psychiatric Patient Advocate Office

- Follow-up quality improvement activities include:
  - Promoting the use of lessons learned from patient debriefs among care teams
  - Integrating debriefing reports into the patient's Electronic Health Record

QIP 2016/17

CAMH's 2016/17 QIP indicators are a continuation of our efforts over previous years. We will maintain our focus on safety through indicators for medication reconciliation, physical restraints, and involuntary leave of absence (absconding). We have added a measure of 7-day readmissions under the effectiveness domain as we believe this to be a good proxy for quality of care including discharge planning. Under timeliness, we are interested in understanding and improving the experience of patients requiring admission by looking at from decision to admit in the Emergency department to transfer into an inpatient bed. This will include time spent in our Emergency Assessment Unit - a short-term unit for patients who require further assessment or who are awaiting an inpatient bed. For patient satisfaction we are moving to the Ontario Perceptions of Care (OPOC) survey tool; thus the overarching question for patient satisfaction will be new. While the question may be slightly different, it provides a comparable picture of overall satisfaction. We have also added an indicator of satisfaction for outpatients. In 16/17 we are undertaking a review and anticipate a change to our outpatient care structures and processes. It will be important to capture a baseline and monitor this at a time of change and potential disruption.

Our focus on efficiency and integration will be reflected through measures on ICPs. In the first two years of our ICP work our focus was on the development of new ICPs and the number of patients entered into ICPs. As this work matures, we are shifting focus to measure sustained adherence to ICPs and the impact of ICPs on patient outcomes. We are committed to reducing ALC and have included this indicator in our QIP. However without investment in supportive housing we will not be able to make significant progress. Finally this year, we are including an indicator on Equity. CAMH has been a leader in measuring sociodemographic data, however with our I-CARE implementation we experienced considerable disruption in how this data was captured. We have been addressing the workflow issues and expect to achieve and exceed our previous level of performance.

The QIP is aligned with Hospital Service Accountability Agreement commitments, our Balanced Scorecard, and the corporate goals and priorities for the CEO and members of the executive team.

Partnerships

While CAMH has made progress in becoming a more efficient and effective service provider, we continue to be challenged by inadequate health and social services in the Ontario system. One of the foremost examples is the lack of appropriate discharge destinations creating challenges with long-stay patients, most of whom require supportive housing. This impedes the availability of acute inpatient and intensive ambulatory and outpatient services.

CAMH has focused on creating system capacity and competency through advocacy and partnerships with supportive housing agencies, and continues strategic collaborations with key partners and our principle funder, the Toronto Central LHIN (TC LHIN). This work has included a partnership with LOFT and the TCLHIN to expand high-support housing. We continue to increase the volume of patients using telepsychiatry as the Province's largest provider of adult telepsychiatry.

CAMH is refining the organization of our clinical service structure in 2016 based on learnings from our program realignment exercise in 2011 and an ongoing goal of improving quality of patient care through integration and practice improvement. CAMH has reduced Average Length of Stay (LOS) by 21% since 2009-10, increasing our ability to serve more patients. This has enhanced our relationships with service providers internally and externally, promoted patient-centred care and created a system that better serves those with the most complex needs. Nevertheless, rising patient visit volumes have exposed extensive unmet need for mental healthcare services, demonstrating the need for investment to prevent crisis admissions and support community placements. ALC is a high-priority issue for CAMH. The solution is a robust system strategy, for which we continue to advocate.

Through continued collaboration and partnership with our peer mental health hospitals we continue to enhance shared measures and collective reporting on results on key indicators for the mental health sector. We are also collaborating on joint quality improvement initiative in the area of restraint reduction.

Challenges, Risks & Mitigation Strategies

Progress from our 2015-16 QIP has highlighted the challenges that we experience at a hospital and system level:

- While we are making gains in our domains of focus – access, safety, and integration we face serious challenges with increasing patient volumes, acuity and complexity.
- We have streamlined access to care through Access CAMH as the consolidated point of entry to our services and we are building capacity for mental health services in primary care through tele-psychiatry and project ECHO. Community mental health services remain insufficient to support sustainable discharges for many of our patients.
- We are pleased by the increasing openness to mental health discussions but we are challenged to provide care to increasing numbers of people in a fixed/declining resource environment.

- Aggression, violence and absconding are areas for concern with respect to patient and staff safety. Our approach has been to address factors that lead to these critical safety issues. While we were able to achieve our targets for ULOA (unauthorized leave of absence), we did not achieve our 15/16 target for restraint use. Increasing patient acuity is a factor and we have experienced transient data quality issues in the transition to I-CARE. We have achieved significant gains in team and patient debriefing and will focus on translating learnings into patient care plans.
- We continue to pursue system integration through partnerships with community agencies, housing providers, Healthlinks, LHINs, and the Ministries of Health and Long Term Care, Community and Social Services, Child and Youth Services, Community Safety and Correctional Services.
- Our older facilities are a challenge. While we build new care spaces, the reality for many of our care areas is an aging facility that challenges best care. We are vigilant regarding these issues and are using technological solutions to support our care teams.

CAMH continues to plan and design the next two phases of our Queen Street facility redevelopment with the goal of embedding best practices in the physical environment to achieve quality outcomes.

Engagement of Clinicians & Leadership

CAMH continues to use a variety of ways to engage clinical staff and leadership in shared quality improvement goals for the organization. The renewed 'big dot' focus of our Balanced Scorecard aligned with Vision 2020 was widely disseminated to all CAMH staff and formed the basis of an extensive, ongoing engagement strategy.

We continue to use: Quality Improvement Leadership Walk-arounds led by the Executive Leadership Team (ELT); a CEO Blog on our internal website; E-leader communications; initiative-related articles and updates on our website; quarterly meetings of the Senior Management and Directors group; and a Managers' Forum. As part of the above-mentioned engagement strategy a number of spotlight fairs are used to highlight key areas of work and engage staff face-to-face, most notably a bi-annual organization-wide "poster gallery" that coincides with both the CEO's Town Hall reports on strategic progress, and Leadership Rounds gatherings of all CAMH managers to workshops on quality and other areas of strategic interest.

Quality Councils work in each clinical program, providing the structure to identify, address, bridge and align local (unit and program) and corporate quality needs. There was extensive clinician engagement in the development of the CAMH Clinical Quality Framework that communicates the quality structure and priorities. In the development of the QIP indicators, we engaged our clinical leaders in workshop(s) to identify priorities and strategies.

Patient/Resident/Client Engagement

CAMH engages patients and their families in various quality improvement activities. CAMH has a formal Empowerment Council that participates in diverse quality initiatives and coordinates representation on key committees. For example, the Empowerment Council is represented on the Clinical Quality Committee of the Board of Directors, where quality initiatives are reviewed and discussed. This group also coordinates representation of the patients' perspective on other committees, for example, the Clinical Care Committee and the Restraint Prevention Committee. We have a well-established honorarium policy and protocol to support patient and family participation. Each of the program Quality Councils includes a patient representative.

CAMH has a formal Employment Works program that hires people with lived experience of mental illness. Many of the people employed through this program are former, or current, CAMH patients who work in roles such as peer support workers and members of care teams. We actively seek out patients' input on quality activities.

The Quality, Patient Safety and Risk team hires people with lived experience of mental illness and addiction to administer the OPOC patient satisfaction survey which provides our patients voice regarding access, quality of services, participation and rights, clinician knowledge, the care environment and overall experience. These, in turn, inform QI changes at the program level through the Quality Councils. The Quality, Patient Safety and Risk team also delivers peer-based safety education to in- and outpatients at community meetings, and engages them to participate in small change initiatives such as using the Plan-Do-Study-Act method to increase patient post-restraint incident debriefs. These activities and the perspectives of those with lived experience have served as key drivers for developing the Quality Improvement Plan. We have been developing a "Patient as Teacher" program for the past four years, developing both patients and family members as faculty members in the training of clinical and other staff.

Patients and family members are part of CAMH's acclaimed Constituency Council, a body of some 70 key stakeholders from across communities and sectors that CAMH serves. The Council meets bi-annually and provides feedback on organizational performance and other areas of strategic interest. The body also provides input to the CEO's annual performance process.

Over the past year CAMH has been reviewing options for the operational structure and processes to best support families in the wake of the retirement of its previous Family Council. A new strategy will unfold in 2016 in close consultation with family members and people with lived experience.

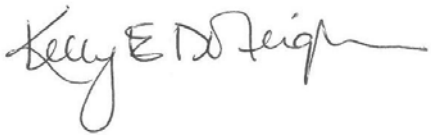
Accountability Management

In addition to executive leaders' compensation being tied to achievement of targets, organizational leadership will be held accountable for achieving QIP targets by designating an executive leader for each target. The Executive Leadership as a team will review target performance and adjust activities quarterly - making refinements to activities as needed. The specific relationship between attainment of the QIP targets and compensation are shown below.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safety	Increase proportion of patients receiving medication reconciliation upon admission	16.66%	1.04%	0.62%
	Increase proportion of patients receiving medication reconciliation upon discharge			
	Reduce Use of Physical Restraints in Mental Health			
	Reduce number of Involuntary Patients who abscond			
Effectiveness	Reduce % of inpatients who are readmitted to hospital within 7 days of discharge	16.66%	1.04%	0.62%
Access	Reduce Wait Times in the Emergency Department	16.66%	1.04%	0.62%
Patient Centered	Improve patient satisfaction (inpatient services)	16.66%	1.04%	0.62%
	Improve patient satisfaction (outpatient services)			
Integration	Improve efficiency and quality of care through standardization	16.66%	1.04%	0.62%
	Reduce unnecessary time spent in hospital			
Equity	Increase the number of patients for whom we have demographic information	16.66%	1.04%	0.62%
Total 'at risk' pay related to QIP			6.25	3.75
Total 'at risk' pay not related to QIP			18.75	11.25
Total 'at risk' pay			25.00	15.00

Accountability Sign–Off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.



Kelly Meighen
Board Chair

David Wilson
Clinical Quality Committee

Dr. Catherine Zahn
Chair President & CEO

Quality Improvement Plan 2016-2017 Work plan

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/ Indicator**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	Methods	Process measures	Goal for change ideas	Comments
Effective	**Reduce % of patients who are readmitted to hospital within 7 days of discharge**	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 qiven quarter	% / All inpatients	Hospital collected data / Q4 15-16 through Q3 16-17 (rolling four quarters)	948*	CB	CB	Collecting baseline	1)Continued improvement of care through standardization and implementation of ICPs	Standardized care	# of patients per pathway	Quality care with a focus on good transitions	
									2)Patient/family engagement in the discharge process	Patient/family engagement in discharge process	Develop processs for extracting data from I-CARE with respect to discharge planning	Quality care with a focus on good transitions	
Efficient	**Reduce unnecessary time spent in acute care**	% Alternate Level of Care days: Total number of inpatient days designated as ALC divided by total number of inpatient days, times 100	% / Mental Health / Addiction patients	Hospital collected data / Q4 15-16 through Q3 16-17	948*	18.7	18.70	Our target reflects current performance and the target must be considered a place-holder. 94% of our ALC patients are awaiting appropriate housing. Within Toronto the wait list for this type of facility exceeds 10,000 people. A further complication is the fact that 40% of our ALC patients are in the forensic system, with additional complexity for placement that this entails. This problem is high priority for CAMH and high impact for the mental health care system, thus we wish to draw attention to the problem by continuing to include it in our QIP submission. CAMH has had enormous success in the past working with community partners and the LHIN. We will continue to advocate for investment in the supportive housing sector to enable progress for the partnerships that will improve the lives of our patients.	1)Develop proposal for transition housing option with a community partner utilizing space at CAMH to reduce the burden on acute care and Continue to work with partners on housing solutions, advocating at all government levels	Identify and collaborate with Community Partner and Develop funding proposal and submit to LHIN	Proposal developed	Increase appropriate housing options	LHIN acceptance of our proposal is needed for success
	Improve efficiency and quality of care through standardization	Dementia Integrated Care Pathway falls rate	% / ICP Dementia Pathway Patients	Hospital collected data / Q4 15-16 through Q3 16-17 (rolling four quarters)	948*	CB	CB	Collecting baseline	1)Monitor falls rate for patients on this pathway	Obtain baseline on falls rate for patients on this Integrated Care Pathway	Quarterly review of falls rate for patients on dementia care pathway	Baseline completion by March 31, 2017	Ensure clinical care excellence and integrating evidence informed practice through evaluation of ICPs

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/ Indicator**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	Methods	Process measures	Goal for change ideas	Comments
		Dementia Integrated Care Pathway polypharmacy (% patients on 1 or fewer medications)	% / ICP Dementia Pathway Clients	Hospital collected data / Q4 15-16 through Q3 16-17 (rolling four quarters)	948*	CB	CB	Monitor effectiveness of pathway	1)Monitor % of patients on one or fewer medication on the pathway	Obtain baseline of # of medication taken by patients on the pathway	Quarterly review of # of medication taken by patients on the pathway	Ensure clinical care excellence and integrating evidence informed practice through evaluation of ICPs	
		Total cumulative # CAMH patients currently on or have completed an Integrated Care Pathway (ICP)(inpatient and ambulatory care)	Counts / CAMH Patients on an ICP	ICP manual data collection tool, I-CARE / Since inception	948*	1286	1900.00	We adjusted our methodology for this indicator to count the cumulative number of patients served on an ICP. This better reflects progress made towards evidence-based care.	1)Develop strategy for monitoring outcomes associated with pathways	Implement Evaluation Framework	Quarterly review of outcomes for key Pathways	Ensure clinical care excellence and integrating evidence informed practice through evaluation of ICPs	
Equitable	**Increase the percentage of patients for whom we have demographic information**	% of Patients with completed socio-demographic questions	% / ED patients	Hospital collected data / Q4 15-16 through Q3 16-17	948*	CB	80.00	Target aligned with LHIN reporting requirements	1)Technology changes to I-CARE assessments and existing reports to measure completeness of this data is underway. Once these changes are made, further communication and a refresher training strategy will be initiated across the organization including the Emergency Department	Monthly auditing of the data will be shared with all CAMH departments including the ED which historically has aided in data entry compliance and completeness	Monthly audits	Client socio-demographic information is readily available through I-CARE	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/ Indicator**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	Methods	Process measures	Goal for change ideas	Comments
Patient-centred	**Improve patient satisfaction**	Percent positive result to OPOC question: "I think the services provided here are of high quality."	% / All Outpatients who completed the survey	Ontario Perceptions of Care (OPOC) validated survey tool / Q4 15-16 through Q3 16-17	948*	89	89.00	Our target is to maintain current performance. We are anticipating significant changes in how our outpatient care is organized and while these will ultimately lead to enhanced efficiency and quality, the changes will create disruption in the short term	1)Review of ambulatory clinics to identify opportunities for increased access and engagement	Conduct review	Review completed	Review of ambulatory clinics completed and opportunities identified for increased access and engagement	
		Percent positive result to OPOC Survey question: "I think the services provided here are of high quality."	% / All Inpatients who completed the survey	Ontario Perceptions of Care (OPOC) validated survey tool / Q4 15-16 through Q3 16-17	948*	69.7	70.40	1% increase over current performance	1)Target improvement initiative focused on communication, engagement in care, and being treated with respect.	Better communication with patients around a) medications, b) safety and comfort and c) what to expect during admission	Integrate communication about medications, safety and comfort and related resources in community meetings	100% of community meetings will have discussion on medication, safety and comfort and related resources	Planned improvement methods are based on our pilot study in 2014-2015. We recognize that overall perceptions of care are influenced by many factors, especially communication, engagement in care and respect.
									2)Ensure key patient preferences and needs are included in handover processes from one shift to another and on transfer across units.	Enhance team capacity for client-centered engagement	Embed patient preferences and needs in SBAR report between shifts and on transfer	Evidence of patient feedback in service planning	
									3)Further data analysis to identify factors that correlate highly with overall satisfaction	OPOC Survey data analysis	Annual OPOC data analysis completed	Better understanding of factors that correlate highly with overall patient satisfaction	
									4)Strengthen "patient voice" in care by having peers, individuals with lived experience, and family representatives on key initiatives.	Enhance capacity to include patients and families in key initiatives	List of initiatives that include patients and families perspectives	Patients and family members are able to give input on key initiatives	
Safe	**Increase proportion of patients receiving medication reconciliation upon admission**	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	% / All patients	Hospital collected data / most recent quarter available	948*	88	95.00	This target is measured annually (Q4 2015-2016 through Q3 2016-2017) and represents a 5% improvement of the total number of patients with medications reconciled at admission as a proportion of the total number of patients admitted to the hospital. We are striving for continuous improvement towards our ultimate goal of 100% in two years.	1)Pharmacy support embedded in our process to improve performance (standard practice amongst peer TAHSN hospitals)	a) Adapt process to optimize pharmacy role and b) Regular review of admission orders by pharmacists with appropriate action and feedback	Process is finalized and communicated to the inter-professional team	Optimize the role of Pharmacy in medication reconciliation	We recognize that medication reconciliation is an interprofessional activity.
									2)Physician education	Processes in place for new physicians, trainees, and those requiring additional support	Established process	Support to physicians	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/ Indicator**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	Methods	Process measures	Goal for change ideas	Comments
	Increase proportion of patients receiving medication reconciliation upon discharge	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	% / All patients	Hospital collected data / Most recent quarter available	948*	CB	CB	This target is measured annually (Q4 2015-2016 through Q3 2016-2017) and represents the total number of patients with medications reconciled at discharge as a proportion of the total number of patients discharged the hospital.	1)Establish validated methodology to determine completion rates of medication reconciliation at discharge.	Conduct review	Review completed	Optimize the role of Pharmacy in medication reconciliation	
	Reduce use of physical restraints in Mental Health	% in mechanical/physical restraints	% / All inpatients	Hospital collected data / Q4 15-16 through Q3 16-17 (rolling four quarters)	948*	4.3	3.40	2015/16 target is being carried over to this year as it was not met	1)Conduct focused intervention on 3 units with high restraint use	Address policies and procedures, optimizing care strategies including comfort and wellness strategies, team performances and medication use	Evaluation of focused intervention on three high use units	High use units see an increase in alternative strategies used ahead of mechanical restraints	We are focusing on mechanical restraints in the QIP, however CAMH is committed to reducing all forms of restraint and focusing on comfort and wellness
	Reduce number of Involuntary Patients who abscond	Involuntary - Unauthorized Leave of Absence (I-ULOA); # of patients reported as I-ULOA	Counts / All inpatients	Hospital collected data / Q4 15-16 through Q3 16-17 (rolling four quarters)	948*	59	61.00	Target represents a 5% decrease from 2015/16 target	1)Review and renew risk assessment and focus on physician education/support for assessment prior to passes	Implement CAMH-wide standardized risk assessment tool	Physicians in non-forensic units are educated on administration of standardized tool	Standardized I-ULOA Risk Assessment	
									2)Embed I-ULOA assessment in I-CARE through CAMH-wide Risk Flagging	Integrate the I-ULOA assessment into I-CARE	Standardized assessment is part of the electric health record	Early identification of risk for absconding	
									3)Care teams adhering to Pass/Privilege Policy in determining off-ward privilege for inpatients	Disable door release buttons that do not have constant oversight to mitigate risk of unauthorized exit from secure unit	Support staff through training and review	Staff know and adhere to Pass/Privilege Policy	
									4)Explore creation of "secure" outdoor spaces to mitigate I-ULOA risk, while continuing to respect the need for patient access to fresh air	Policy and space review and best practice techniques embedded in monthly meetings	Review safe entries and exits	Completion of review of safety entries and exits to inpatient units and completed exploration of "secure" outdoor spaces	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/ Indicator**	**Unit / Population**	**Source / Period**	**Organization Id**	**Current performance**	**Target**	**Target justification**	**Planned improvement initiatives (Change Ideas)**	Methods	Process measures	Goal for change ideas	Comments
Timely	**Reduce wait times in the ED**	ED Wait times: 90th percentile ED length of stay for admitted patients	Hours / ED patients	Hospital NACRS / Q4 15-16 through Q3 16-17 (rolling four quarters)	948*	10.4	10.40	Target based of 15/16 average performance. This measure, in combination with EAU LOS more accurately reflects patient flow and inpatient waits	1)Improve client flow across CAMH	Bedflow Initiative	Continue with daily bed call/huddles and regular bed flow meetings with After Hours Managers	Efficiency in client flow	This measure, in combination with 90th percentile ED Length of Stay more accurately reflects patient flow and inpatient waits.
	Reduce length of stay in the Emergency Assessment Unit	Average Length of Stay (ALOS)for inpatients admitted to EAU through ED	Hours / All inpatients admitted through ED and subsequently transferred to another inpatient unit	Hospital collected data / Q4 15-16 through Q3 16-17 (rollng four quarters)	948*	CB	CB	Collecting baseline	1)Improve patient flow across CAMH	Bedflow Initiative	Continue with daily bed call/huddles and regular bed flow meetings with After Hours Managers	Identify and implement improvement activities	This measure, in combination with 90th percentile ED Length of Stay more accurately reflects patient flow and inpatient waits.