



**Ontario  
Health**

**Quality Improvement Plan (QIP)**

# **Narrative for Health Care Organizations in Ontario**

**camh**  
mental health is health

**March 24, 2022**

## OVERVIEW

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in the field. With a dedicated staff of more than 4,500 physicians, clinicians, researchers, educators and support staff, CAMH offers excellent clinical care to more than 37,000 patients each year.

In any given year, 1 in 5 Canadians experiences a mental illness.<sup>1</sup> Mental illness and substance use disorders are leading causes of disability in Canada.<sup>2</sup> It is estimated that 75,000 deaths per year are attributable to substance use in Canada,<sup>3</sup> and about 4,000 Canadians per year die by suicide – an average of almost 11 suicides a day.<sup>4</sup> People with mental illness face multiple barriers to accessing timely mental health care and many do not receive care until they are critically ill. There is clear indication that demand for CAMH services continues its rapid growth coming out of the pandemic. Since 2014, the number of patients visiting our emergency department (ED) has increased by 68%. In 2021, visits to CAMH's emergency department surpassed pre-pandemic levels. Our analytics predict we will close the 2021-22 fiscal year with greater than 14,500 visits to our ED and that we are on a trajectory for 16,000 visits in 2022-23. There is also a growing trend in the proportion of patients CAMH is serving from outside the Toronto region. This proportion has risen to 63.9% in 2020-21 from 55.5% in 2016-17. The impact of the pandemic on people's mental health and the pressures in the system to meet an already high demand with scarce health resources cannot be underestimated.

In 2021, CAMH's Strategic Plan, One CAMH, crossed its half-way point. Our vision, Health Redefined, calls for a definition of health that brings mental health into the centre of health care and acknowledges the personal, social, environmental and political forces shaping health.

One CAMH highlights:

- **Pandemic response:** Despite the difficulties of the last two years, CAMH staff continue to meet the challenges of the pandemic response with skill and resilience. CAMH's response to the pandemic reflects our commitment to our community and system leadership. When vaccines first became available in Ontario, CAMH acted quickly to convert the Sandi and Jim Treliving gym in the Bell Gateway Building into a vaccine clinic. Since opening our doors, we've provided vaccines to over 25,000 staff, patients and community members. We have also hosted several specialty clinics catering to people with medical anxiety and needle phobia, individuals with neurodevelopmental disabilities, Black and Latinx communities, friends and family, and 5-to-11-year olds. Our clinic also organized a number of neighborhood pop-up clinics to meet community members where they were, including park encampments, local community centres and library, as well as sidewalk outreach with Parkdale

Community Ambassadors.

CAMH's COVID hub, which contains publicly available resources on how to cope with COVID-19, continues to see a high-level of traffic. In 2021, the resources were accessed over 250,000 times by over 200,000 people.

- Fair & Just CAMH: A cornerstone of One CAMH is our goal to place diversity, equity and inclusion at the centre of our work as carried out through the Fair & Just CAMH initiative. February 2021 saw the launch of "Dismantling Anti-Black Racism," a strategy developed with guidance from CAMH's Anti-Black Racism and Mental Health Advisory Committee. These are some of the strategy's achievements to date:
  - Launch of an all staff anti-Black racism training specific to the Canadian context, including real-life case scenarios experienced by Black staff, patients and families at CAMH.
  - Implementation of tools in our Forensic services to support equitable care including Culturally-Adapted Cognitive Behavioural Therapy, the Cultural Formulation Interview (CFI) and Adverse Childhood Experiences (ACES) which standardize how we incorporate our patients' cultural identity (including ethnicity and race) and their childhood experiences, greatly influenced by their socio-demographics, into their personalized care and treatment.
  - Enhanced processes to ensure CAMH policies and procedures are in support of CAMH's Dismantling Anti-Black Racism Strategy.
  - CAMH's Truth and Reconciliation Action Plan was launched in May 2021. The Action Plan is a three-year strategy to build stronger relationships between Indigenous and non-Indigenous people at CAMH and invites everyone at CAMH to take up the work of reconciliation.
- Redevelopment: The last phase of CAMH's multi-year redevelopment of our Queen Street site is in full swing, bolstered by a \$34 million planning and design grant from the Ontario government for a new forensic building that reflects our commitment to creating inclusive and respectful environments that will provide patients who have encountered the legal system with modern and therapeutic spaces where they can recover with dignity.

## REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

CAMH has continued to focus on quality improvement work during the pandemic. In line with our strategic goal to improve on patient-centred health outcomes, CAMH developed annual quality improvement plans for the last two cycles to guide our quality efforts. Due to COVID-19, some improvement initiatives were paused or delayed, however, they were all implemented and some initiatives are carried forward in our 2022/2023 QIP.

Key 2021/22 QIP change initiatives are highlighted below:

- We monitored the impact of our new Emergency Department space on emergency department (ED) Length of Stay and expanded on the Emergency Department Optimization work. Continuing to decrease ED length of stay is a priority, especially to support decreased COVID-19 exposure risk.
- Implementation of the corporate Patient and Family Engagement Roadmap continued in partnership with patients/families. Progress was made on the development of the Patient and Family Partners Program (PFP Program) and continuing implementation of the program remains a quality priority.
- Implementation of the Dismantling Anti-Black Racism strategy and the development of an education strategy for the training and education goals of Fair & Just CAMH, a CAMH-wide initiative to advance equity, diversity and inclusion.

Additionally, CAMH has demonstrated its strength and flexibility in delivering virtual care in response to system needs during continued waves of the pandemic. The organization has engaged in evaluation, research, and patient and clinician engagement to further embed virtual care into the CAMH patient journey and to build capacity across the province.

## COLLABORATION AND INTEGRATION

The “include” pillar of our strategic plan commands consideration of all voices and pushes us to find those that are missing. Our patients and their families are at the centre of everything we do. Providing the best possible care means a focus on using CAMH resources and influence to help build modern, sustainable, and connected systems of care. We continue to work with partners from Ontario Health Teams, community agencies, hospitals, primary care, and across sectors like education, justice, and housing. Examples of ongoing CAMH partnerships and integration initiatives at the local and provincial levels include:

- Advancing suicide prevention through a partnership with Crisis Services Canada and the Canadian Mental Health Association to create a pan-Canadian suicide prevention service. This service provides people across Canada with expanded

access to 24/7/365 bilingual crisis support from trained responders, via voice, text and online chat. On World Suicide Prevention Day, we went public with the Today Campaign, which focused on the power of mental health research to save lives by spotlighting some of CAMH's most innovative and promising discoveries.

- CAMH's Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY), a support and counselling program for Black youth dealing with mental health and substance use challenges is a result of a collaborative effort based on principles of cultural safety and is grounded in the experience of Black communities. Based on the success of this program and the doubling of patient visits between 2016 and 2020, the Ontario government recently approved the expansion of SAPACCY into seven community sites across Ontario, including in Hamilton, Windsor, Ottawa, Peel and two additional locations in Toronto outside of CAMH. CAMH also received additional funding to expand the clinical team.
- Youth Wellness Hubs Ontario (YWHO): has received annualized-based funding from the Ministry of Health for 14 youth service hubs throughout Ontario to date, and the YWHO Provincial Office to support the development, implementation and outcome monitoring of mental health and substance use services for youth, and the implementation of a common data platform and standardized measures across sites. YWHO is also partnering on two critical youth initiatives: 1) a partnership with School Mental Health Ontario to bring the PreVenture early intervention in substance use program to Ontario's publicly funded schools focusing on youth in grade 8; and 2) a partnership with the Children's Hospital of Eastern Ontario (CHEO) and the Ontario Eating Disorders Network to develop an early intervention youth program for eating disorders and implement it in youth wellness hub sites across the province.

CAMH has also undertaken a number of targeted initiatives and strategies – both internally and in collaboration with external partners – to address Alternate Level of Care (ALC).

- Targeted Initiatives:
  - The most successful ALC reduction strategy for CAMH is building and maintaining housing partnerships. In 2021, 61% of CAMH's ALC patients were discharged to housing programs operated by CAMH partners.
  - Specific initiatives that target ALC transitions reduce ALC rates. The Path Home, a partnership between LOFT Community Services and CAMH, is a new community reintegration program for people who are 55 years and older with complex mental health and substance use needs facing homelessness. The program at CAMH's 250 College St. site has seen 46 ALC

patients move through its 30-unit transitional care facility since its launch in March of 2021.

- Given limited housing stock, CAMH continues to work closely with housing providers and various stakeholders to ensure successful transition to housing for patients when there are vacancies. The teams work with community partners and inpatient teams to create individualized care plans for complex patients, which reduces re-hospitalizations and re-designations as ALC.
- Current ALC Strategies:
  - One staff resource is dedicated to support ALC efforts. The Transitional Manager works at the individual, organizational, and system levels to develop and implement ALC strategies.
  - CAMH continues to submit proposals in partnership with our community providers. Housing models include high support, developmental, and step-up housing programs. The development/implementation of new step-up style housing programs facilitates flow from high to lower levels of supportive housing options which, in turn, creates more capacity for ALC patients to access high support housing programs.
  - CAMH has worked with the TC-LHIN to better support discharges into LTC as a result of the pandemic impacting LTC directives.
  - CAMH has been using data to better understand the needs of the various cohorts of patients, discharge destinations, and how successful these discharges have been. This data has been culminated and used to do a projection analysis of ALC at CAMH. CAMH is also investigating models that enable programs to flag individuals' at-risk for ALC.

## **PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS**

A CAMH promise to our community is that we will work continually to improve the care and supports we provide to patients and families. We understand that to keep that promise, we must include patients and families in all aspects of our organizational, clinical, research and education initiatives to achieve care of the highest quality. Our work to engage patients and families is guided by CAMH's Strategic Plan, One CAMH, with clear commitments to partnering authentically, improving patient-centred health outcomes and investing in people and infrastructure to build a better tomorrow for patients, families and communities. The Patient and Family Engagement Roadmap brings these promises to life by establishing measurable outcome statements on how to develop, empower and

augment patients/families, staff and CAMH governance structures (e.g. Program Quality Councils and the Board Quality Committee) to ensure engagement at all levels of the hospital. The Roadmap was developed with patients and family advisors, and the Empowerment Council. 2021-2022 marks the final year of the Roadmap, an evaluation is currently in progress to establish new outcome measures in patient and family engagement.

Our patient and family engagement plans also include deepening patient and family partnerships in research, education, and care. The Patient and Family Partners (PFP) Program, 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, patient safety, and experience. Our hospital also has unique input structures that ensure opportunities for meaningful patient and family involvement. The Patient and Family Advisory Committees have membership across the hospital councils, committees and working groups. The Board of Trustees and our board committees explicitly include these voices as well as our key initiatives like Brain Health Data Bank which has patients and families at the steering, scientific advisory and working group levels.

Our 2022-2023 QIP was informed by the experiences of care, ideas, perceptions, and concerns of our patients, families and people with lived experience:

- Information collected from the Ontario Perception of Care for Mental Health and Addictions (OPOC-MHA) survey tool informed our QIP development by helping to identify areas of strength and areas for improvement. Specifically:
  - The OPOC-MHA survey provided patients and families with the opportunity to share their experience of care related to access, quality of services, participation and rights, clinicians' knowledge, care environment, and overall experience.
  - The Patient and Family Experience team engaged 100 patients (inpatient and outpatient) and 7 family members through 21 focus groups and one-on-one discussions related to the OPOC survey results and quality improvement ideas. Some of the feedback received was related to the need for greater staffing levels to allow staff to be more responsive to patient requests, more information and opportunities for discussion about treatment plans, medications and side effects, more opportunities for fresh air and more access to recreational and other complimentary health activities available on units. Further, there is a desire for greater continuity of care with an emphasis on discharge planning and connection to

community supports, more access to culturally appropriate foods, and better orientation to unit norms and procedures (such as the process for applying for passes).

- Programs reviewed OPOC survey analyses (demographic and correlational) and engagement feedback for quality improvement ideas (e.g. experiences most highly impacted across health equity and overall quality measures).
- Surveyors with lived experience of mental illness were hired and trained through CAMH's Employment Works! Program to administer the OPOC.
- Consultations were held with the Patient Advisory and Family Advisory Committees and the Youth Engagement Facilitators.
- Patients, families, and the Empowerment Council are represented on our program Quality Councils and the Clinical Quality Committee of the Board where they provide important insights and ideas for quality improvement efforts and change ideas.
- Information/data gathered through our Client Relations Office (e.g. trends in complaints or concerns voiced by patients and family members) informs QIP indicator selection and change ideas. Patients and family members complain primarily about the "professional actions of staff and physicians" followed by "access to CAMH services" and "Family Sensitive Care". The former includes such things as the professional demeanor of staff and physicians, challenges communicating with the care team and the perceived absence of empathy during interactions. Access to CAMH services includes primarily wait times and concerns around availability of resources and the latter includes concerns related to communication with the care team, and with not receiving information in the context of limits to confidentiality.
- We utilize our health equity data and incident data from our Systematic Tracking and Review of Incidents: Disclosure for the Enhancement of Safety (STRIDES) system to inform QIP development.

## **PROVIDER EXPERIENCE**

The health and safety of our patients, families, staff and community is our first priority. Our staff continue to rise above the call of duty adapting to ever-changing directives and protocols. Some clinical staff have modified the way services are provided, shifted roles, or taken on new responsibilities.

At the start of the pandemic, the Ministry of Health and Ontario Health partnered with five hospitals to provide psychotherapy and psychiatric services to frontline health care workers (HCW). Since then, over 400 HCWs have received services at CAMH. Survey results show that 98% agreed the services were of high quality and 94% agreed the treatment helped them deal more effectively with their life challenges.

Additional supports for staff:

- Implementation of a new remote work policy
- Regular communications with staff, managers and union leaders
- On-campus parking charges suspended
- Mental health supports offered
- Psychological service moved virtually
- Opened access to Wellbeats, a virtual fitness application, and wellness classes to all staff and physicians
- Created the Caring for CAMH Committee to support, thank and acknowledge staff
- Educational strategies to orient all redeployed staff to Infection Prevention and Control (IPAC) directives and working with new populations
- Adapted policies, procedures and medical directives to include additional safety and IPAC directives
- Created a virtual clinical orientation and additional resources for all new hires, to assist with transition into their new roles.

## **WORKPLACE VIOLENCE PREVENTION**

Workplace violence is a top priority at CAMH. Our strategic initiative Safe & Well CAMH, is now in its sixth year and continues to support existing and new projects. The work continues to be guided by a strong governance structure led by senior leaders with representation from all portfolios at the steering committee. There have also been significant efforts – with very positive outcomes – to work proactively and collaboratively with our ONA and OPSEU union partners on all initiatives. Significant resources have been invested in both training for staff and management. Trauma-informed De-escalation Education for Safety and Self Protection (TIDES) is a mandatory training program for all staff members and is continuing to roll out across the organization. The program continues to be reevaluated to meet the needs of the organization throughout the COVID-19 pandemic and beyond. In addition to staff training, the organization has committed resources towards Supervisor Competency Training for management staff called, Lead the Way to Health and Safety. The training has been revamped to be CAMH-specific and has also shifted during the pandemic to a significant online component with 1 day in-person. The training will resume in fiscal year 22/23. Additionally, we are in the process of executing our Workplace Mental Health Strategy to further support our staff

with their psychological safety and wellness in the workplace.

We continue to report quarterly on our Workplace Violence rates via the Patient Safety Quarterly Report to the Clinical Quality Committee of the Board of Trustees, and through updates to the entire Board of Trustees.

## **VIRTUAL CARE**

Virtual care, as part of a broader digital health strategy, continues to be a top priority for the organization and supports the transformation of mental health service delivery in Ontario.

The growth of virtual care since March 2020 has been sustained; growing from 300 monthly video visits and 2,000 monthly phone/email interactions (pre- pandemic) to 10,000+ video visits and 7,000+ monthly phone/email interactions. The approval of CAMH's inaugural virtual care policy, Provision of Virtual Care to CAMH Clients/Patients, was an important milestone. In addition to the sustained shift in virtual services across all of CAMH, the TeleMental Health Program continued to deliver virtual care to patients living in Ontario in over 550 predominantly rural and remote locations, and also partnered with 43 primary care organizations (including six sites that serve First Nations, Inuit and Métis communities).

Throughout the pandemic, CAMH has provided support, training and education both within and outside the hospital with regards to virtual care. CAMH was a member of many provincial virtual care tables and provided tools, resources, training and coaching to organizations across the province from community agencies to hospitals. Included in these resources is a series of 10 video-based modules that were launched to support the implementation of virtual care, which are part of a broader digital care training series provided by CAMH Education. To date, there have been 4809 views of the videos, with 532 individuals enrolled in the training, and 381 individuals completing the training.

An additional way CAMH has provided system leadership in virtual care was through the dissemination of tools to support digital health equity and assessment of patient experiences with virtual care. The Virtual Client Experience Survey (VCES) was a survey developed at CAMH by Dr. Eva Serhal and Dr. Allison Crawford, and further adapted for external use through a partnership with the Telemental Health and Provincial System Support Program (PSSP) teams. The survey assesses client experience in alignment with health quality domains. Adaptations of the VCES have been developed for virtual groups and healthcare providers, and has been translated to French. To date, the VCES has been accessed by 333 individuals in 233 organizations, including downloads by international organizations.

Using the VCES and the Virtual Provider Experience Survey (VPES), CAMH analyzed both

patient and provider experience with virtual care at CAMH. Analysis showed patient rates of satisfaction with virtual care were high and that patients believe we should continue to offer virtual care. Providers felt they were able to provide high-quality care and that virtual offerings should continue. Some identified opportunities for quality improvement included more training and organizational supports for virtual care, and improved access for patients.

Additionally, Webex, the platform that over 85% of CAMH patients/clients use to access virtual care, has recently completed the Ontario Health-OTN vendor validation process, and is now a fully approved platform for the use of virtual care.

CAMH continues to expand the ECHO (Extension of Community Healthcare Outcomes) model to connect health care providers across the province in a community of practice using weekly interactive videoconferences to share best-practices and to provide case-based learning. To date, ECHO Ontario Mental Health (ONMH) has supported 3905 providers at 1590 organizations with training and support in mental health, and currently runs 14 separate ECHO projects with a total of 219 sessions per year. In March 2020, CAMH also launched ECHO Coping with COVID-19 to support healthcare workers responding to the COVID-19 pandemic. Over 1100 health care workers have enrolled in the program, which has held over 90 unique sessions. Across the programs, satisfaction has been high (4.3+/5) and evaluations have shown significant gains in participant knowledge and confidence. In addition, CAMH continues to train new ECHO projects provincially, nationally and internationally, via the ECHO Ontario Superhub; to date, the ECHO Ontario Superhub has trained 319 individuals from 4 countries.

While CAMH previously completed a pilot of Internet-based Cognitive Behavioural Therapy (iCBT) for patients with mood and anxiety disorders, iCBT was made available to the general public during the pandemic. As such, CAMH will not be pursuing opportunities to deliver iCBT. Instead, we will support the integration of iCBT as a new service offering under the Ontario Structured Psychotherapy Program (OSP) in 2022. CAMH is a network lead organization for OSP and clients referred to the program will have the opportunity to access this treatment with an iCBT provider that is integrated with the program.

## EXECUTIVE COMPENSATION

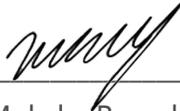
At CAMH, the executive team's compensation includes "at risk" pay in the range of 25% for the CEO and 15% for the executive team. The link to the QIP target achievement, as noted in the table below, is set at 5.0% for the CEO and 3.0% for the executives. The even distribution across all domains of quality reflects our belief that the domains for quality are inter-related and together lead to high- quality care.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safe	Prevent workplace violence	20.0%	1.0%	0.6%
	Reduce the use of physical restraints			
Timely	Reduce wait times in the Emergency Department and EOU	20.0%	1.0%	0.6%
Patient-Centered	Improve inpatient experience	20.0%	1.0%	0.6%
Effective	Advance the implementation and uptake of Measurement-based Care	20.0%	1.0%	0.6%
Equitable	Improve staff sensitivity to patients' cultural needs	20.0%	1.0%	0.6%
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

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

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



---

Medhat Mahdy, Board Chair



---

Adelina Urbanski, Board Quality Committee Chair



---

Tracey MacArthur, President & Chief Executive Officer

## REFERENCES

- 1 Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.
- 2 Lang et al. (2018). Global Burden of Disease Study trends for Canada from 1990 to 2016. Canadian Medical Association Journal, 190: E1296-E1304.
- 3 Canadian Substance Use Costs and Harms (CSUCH) Scientific Working Group (2020). Canadian substance use costs and harms in the provinces and territories (2015–2017). Prepared by the Canadian Institute for Substance Use Research and Canadian Centre on Substance Use and Addiction. Ottawa: CCSA.
- 4 Statistics Canada (2020). Deaths and age-specific mortality rates, by selected grouped causes. Table 13-10-0392-01.