Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2019/2020 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
1	% of patients physically restrained during inpatient stay (%; All inpatients; Q4 18-19 through Q3 19-20; Hospital collected data)	948	4.40	4.74	4.40

Change Ideas from Last Years QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Implementation of the 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	Yes	1. Implement staff education/training for Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES): • The initial roll-out to inpatient staff of TIDES Day 1, 2, and 3 is complete. Outpatient areas are now in progress, with TIDES Day 1 completed in Q4.
Implementation of the 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	Yes	2. Work with clinical units to develop implementation plan for practice enhancements and PDSA cycles of improvement (re: implementation of practice enhancements): • The 10 TIDES practice enhancements have been adopted across all inpatient units. In Q1, a 6-month fidelity check-in and report

to day processes proven to keep everyone safe 3) Bringing learning to the point of care		(summarizing clinical documentation rates of practice enhancements) indicated a high degree of practice enhancements, fidelity and sustainability. In Q2, “This is Me” completion for inpatients was low. Strategies are in place to continue to improve uptake (e.g. Intranet article, sharing learnings from units doing well) • Completion rates for the Safety and Comfort Plan CAMH-wide are on track at 65%.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
2	% of patients with completed demographic information (%; ED and all inpatients; Q4 18-19 through Q3 19-20; Hospital collected data)	948	87.90	93.00	85.20

Change Ideas from Last Year’s QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
To improve demographic data collection in the Complex Care & Recovery Programs' Forensic inpatient areas	Yes	An audit of the Health Equity Powerform completion rate was completed in Q1 and results were reviewed with Forensic managers from each program. Each team developed a strategy for completing Powerforms for patients with incomplete files. In addition, the Forensic Assessment Unit (3-5), a primary front-door for many of our Forensic patients, integrated the completion of the Health Equity Powerform into their required assessments/Powerforms on admission. Our Complex Care and Recovery program has continued to meet our target each quarter.

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3	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; Q4 18-19 through Q3 19-20; Hospital collected data)	948	5.20	5.70	4.20

Change Ideas from Last Years QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring compliance of PODs as standard discharge practice across in- and out-patient areas	Yes	Patient-Oriented Discharge Summaries (PODS) was implemented in inpatient areas and targets have been met quarterly. PODS completion is being monitored through the Key Priorities Dashboard and Inpatient Dashboard. PODS implementation in outpatient areas to follow.
Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring that discharge summaries are sent from hospital to community care provider within 48 hours of discharge	Yes	1. Education for physicians on I-CARE process: • Health Records Completion Policy was approved in February 2019. The Health Records team has been participating in divisional educational sessions. Targets have been met quarterly.
Ensure that information relevant to the care of the patient is communicated effectively during care transitions by ensuring that discharge summaries are sent from hospital to community care provider within 48 hours of discharge	Yes	2. Add this as a key performance indicator to the annual physician re-appointment evaluation: • This indicator is tied to the Discharge Optimization project. Implementation of auto-faxing and other health records distribution mechanisms to community physicians is complete. Chiefs are discussing these key metrics at the time of the annual re-appointment evaluations with the physicians and key metrics are being looked at quarterly.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
4	90th percentile ED LOS (Emergency department wait time for inpatient bed) (Hours; ED patients; Q4 18-19 through Q3 19-20 (YTD); Hospital NACRS)	948	17.50	17.50	19.00

Change Ideas from Last Years QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continued implementation of the ED Optimization Project: A three-phased quality improvement approach to improve patient experience, efficiency and quality of care for clients and staff within CAMH's Emergency Department (ED). This project looks to optimize aspects of both triage and discharge processes, using a team-based model that will look to improve the overall quality of ED services. The primary objective of the triage phase looks to decrease the wait time between registration and triage, having patients seen by a nurse in a more timely fashion. The primary goal of the discharge phase of the project is the implementation of PODS, to be provided to all patients discharged from the ED, as well as improvement and optimization of process for the dissemination of discharge summaries from ED Physicians to Community Physicians.	Yes	1. Decrease wait times between the Emergency Department (ED) registration and triage, having patients seen by a nurse in a more timely fashion: • The implementation of the new triage process was operationalized in Q2. A dedicated triage Program Assistant and Nurse are in place and all team members have been trained on the process. The ED Triage Optimization project team continues to monitor the efficiency of the revised triage process and has seen positive improvements.
Continued implementation of the ED Optimization Project: A three-phased quality improvement approach to improve patient experience, efficiency and quality of care for clients and staff within CAMH's Emergency Department (ED). This	Yes	2. Implementation of PODS Powerform in I-CARE: • The Standardization of Care Committee identified that the PODS Powerform is not appropriate for this population because patients generally spend only a few hours in

project looks to optimize aspects of both triage and discharge processes, using a team-based model that will look to improve the overall quality of ED services. The primary objective of the triage phase looks to decrease the wait time between registration and triage, having patients seen by a nurse in a more timely fashion. The primary goal of the discharge phase of the project is the implementation of PODS, to be provided to all patients discharged from the ED, as well as improvement and optimization of process for the dissemination of discharge summaries from ED Physicians to Community Physicians.		the ED before discharge. This does not provide the necessary time to complete discharge planning, or a full medication reconciliation. A new patient care discharge form that is specific to the needs of patients in the ED has been developed. The form is expected to be implemented in Q4. Our Performance Improvement team will monitor the implementation of the form.
Continued implementation of the ED Optimization Project: A three-phased quality improvement approach to improve patient experience, efficiency and quality of care for clients and staff within CAMH's Emergency Department (ED). This project looks to optimize aspects of both triage and discharge processes, using a team-based model that will look to improve the overall quality of ED services. The primary objective of the triage phase looks to decrease the wait time between registration and triage, having patients seen by a nurse in a more timely fashion. The primary goal of the discharge phase of the project is the implementation of PODS, to be provided to all patients discharged from the ED, as well as improvement and optimization of process for the dissemination of discharge summaries from ED Physicians to Community Physicians.	Yes	3. Implementation of ED discharge note documentation in I-CARE: • The Multi-D for external providers form was implemented in Q1. This form is auto-populated and is more efficient for physicians to send out. This is a big improvement over the previous process, which involved printing and manual faxing. This process is also measurable, while the previous process was not. Completion rates have trended upwards and strategies are in place to continue to improve uptake (e.g. communication plan including newsletters and videos).

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
5	Number of Lost Time Claims related to a workplace violence event expressed as Workplace Violence Incidents per 100 Full Time Employees (FTEs) (Rate; 100 FTE; Q4 17-19 through Q3 19-20; Hospital collected data)	948	0.30	0.30	0.19

Change Ideas from Last Years QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	1. Expansion and implementation of huddles in outpatient areas and optimization/enhancement of inpatient huddles: • 100% of outpatient clinics have completed team huddles implementation and are huddling on a recurring basis. The 6 month fidelity and sustainability check-in for outpatient teams is 100% complete. • Administrative teams have begun team huddles and implementation to all administrative teams is expected to be completed in Q4. A 6 month sustainability check-in for administrative teams that have completed their implementation started in Q4.
Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	2. Implement and adopt recommendations from the risk assessments completed on high acuity units: • The Workplace Violence and Prevention Committee launched a Risk Assessment Recommendation subcommittee in Q1. As of Q3, 92% of recommendations were 'in progress' (53/90) or 'complete' (30/90). Calendar year 2020 meetings have been set for the committee working on tracking these recommendations with CAMH management and unions working collaboratively.

Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	3. Implement a staff support program with immediate one time counseling for those staff involved in critical incidents: • COPEline officially launched as planned in Q2. COPEline's designated mental health team offers support to all CAMH employees with stress/burnout, anxiety, depression, trauma, grief, workplace conflict, relationship issues and more. Total encounters by Q3 include: 111 (phone – 44%, in-person – 56%). As well, 32% of individuals who accessed the service agreed to, and attended, a follow-up session. The COPEline is continually identifying both internal and external resources to support staff utilizing the service and is working towards more proactive outreach. COPEline therapists are being engaged in discussions (i.e. inclusivity conversations where staff may be triggered). We continue to add support resources to the People and Experience (P&E) portal.
Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	4. Implement Day 2 and Day 3 of TIDES training as part of clinical orientation with a focus on self-protection skill and team code white interventions: • TIDES training was incorporated as part of clinical orientation. The initial roll-out to inpatient staff is complete. As of Q4, 70% of inpatient staff completed TIDES Day 2 training and 87% of required inpatient staff completed TIDES Day 3. TIDES training is ongoing and the outpatient areas are now in progress.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
6	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (Count; Worker; January - December 2018; Local data collection)	948	609.00	609.00	521.00

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Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	2. Implement a staff support program with immediate one time counseling for those staff involved in critical incidents: • COPEline officially launched as planned in Q2. COPEline's designated mental health team offers support to all CAMH employees with stress/burnout, anxiety, depression, trauma, grief, workplace conflict, relationship issues and more. Total encounters by Q3 include: 111 (phone – 44%, in-person – 56%). As well, 32% of individuals who accessed the service agreed to, and attended, a follow-up session. The COPEline is continually identifying both internal and external resources to support staff utilizing the service and is working towards more

		proactive outreach. COPEline therapists are being engaged in discussions (i.e. inclusivity conversations where staff may be triggered). We continue to add support resources to the People and Experience (P&E) portal.
Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	3. Implement and adopt recommendations from the risk assessments completed on high acuity units: • The Workplace Violence and Prevention Committee launched a Risk Assessment Recommendation subcommittee in Q1. As of Q3, 92% of recommendations were 'in progress' (53/90) or 'complete' (30/90). Calendar year 2020 meetings have been set for the committee working on tracking these recommendations with CAMH management and unions working collaboratively.
Expand and enhance implementation of Safe & Well CAMH program, and Workplace Violence Prevention Committee recommendations and annual work plan	Yes	4. Implement Day 2 and Day 3 of TIDES training as part of clinical orientation with a focus on self-protection skill and team code white interventions: • TIDES training was incorporated as part of clinical orientation. The initial roll-out to inpatient staff is complete. As of Q4, 70% of inpatient staff completed TIDES Day 2 training and 87% of required inpatient staff completed TIDES Day 3. TIDES training is ongoing and the outpatient areas are now in progress.

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7	Percent positive result to the OPOC question: "I think the services provided here are of high quality" (%; All inpatients who completed the survey; Q4 18-19 through Q3 19-20; Validated Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) survey tool)	948	76.60	76.60	76.20

Change Ideas from Last Years QIP (QIP 2019/20)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continued implementation of the three-year corporate patient and family engagement strategy in partnership with patients/families.	Yes	1. Introduce and implement the Patient and Family Engagement Facilitators and Patient and Family-Centered Care Clinical Specialist roles: • The Patient Engagement Facilitator, Family Engagement Facilitator and Family-Centered Care Clinical Specialist roles were filled in Q1.
Continued implementation of the three-year corporate patient and family engagement strategy in partnership with patients/families.	Yes	2. Develop the Patient Partnership Program: • The project was expanded to include family partners. Patient and family co-designers were recruited from the Family Advisory Committee and the Patient Advisory Committee Steering Committee. We partnered with the Brain Health Network database designers to establish preferred features of the database. Our IMG team started to work on the database and a recruitment strategy is being developed by the Patient and Family Partners Steering Committee. The project is on track for completion.
Continued implementation of the three-year corporate patient and family engagement strategy in partnership with patients/families.	Yes	3. Provide Patient and Family-Centred Care training for leadership (Institute for Patient and Family-Centred Care): • The Institute for Patient and Family Centred Care (IPFCC) delivered focused workshops for CAMH leaders in Q1. The workshops strengthened organizational

		knowledge in best practices for patient and family engagement and supported insightful discussions with peers across the organization.
Ensure compliance of the patient-oriented discharge summaries (PODS) to provide improved patient information re: medications and next steps in care post discharge	Yes	Implementation of PODS is complete for inpatient areas. PODS completion is being monitored on Key Priorities Dashboard and Inpatient Dashboard. PODS implementation in outpatient areas to follow.

ID	Measure/Indicator from 2019/20	Org Id	Current Performance as stated on QIP2019/20	Target as stated on QIP 2019/20	Current Performance 2020
8	Total number of eligible registered outpatients for whom medication reconciliation was completed as a proportion the total number of registered outpatients with medication reconciliation required to be completed (Rate per total number of eligible registered outpatients; Total number of registered outpatients; Most recent quarter available; Hospital collected data)	948	CB	CB	46.00

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A formal outpatient medication reconciliation implementation project proposal was approved in September 2018. Key dedicated personnel (a pharmacist and project manager) are now working on the plan and implementation. Components include: • Revising the policy to improve feasibility and tracking • Establish clinic workflows • Implement training program • Improve reporting functions • Improve I-CARE reminder to complete med rec in outpatients	Yes	1. Approve a newly revised medication reconciliation in outpatients' policy (with clarified role responsibilities, and simplified predetermined list of medications required for medication reconciliation completion): • The revised medication reconciliation in outpatients' policy was approved and implemented in Q1.

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A formal outpatient medication reconciliation implementation project proposal was approved in September 2018. Key dedicated personnel (a pharmacist and project manager) are now working on the plan and implementation. Components include: • Revising the policy to improve feasibility and tracking • Establish clinic workflows • Implement training program • Improve reporting functions • Improve I-CARE reminder to complete med rec in outpatients	Yes	3. Develop 15 minute base training (1 of 2 trainings) on how to perform basic I-CARE functions and then training on medication reconciliation process, supplemented by how-to's and videos: • Training was developed and is ongoing to reach all prescribers. Multiple strategies were implemented including group training at prescriber meetings, one-on-one training on demand, drop-in sessions, and online resources. Training is being adapted to reflect ongoing needs and experience from clinical teams. Expansion to include training of nursing staff has been requested by some clinics. A total of 218 prescribers have completed the core medication reconciliation training by Q3. All new outpatient prescribers in Q3 received training as part of their onboarding. Training continues on demand and targeted when issues arise. • Supplemental support documents were developed (How-to's and videos) and a

		dedicated email address is available to seek support around medication rec.
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