

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 20, 2024

## OVERVIEW

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital, a world-leading mental health research centre, and where upwards of 38,000 people receive care each year.

CAMH's new strategic plan, Connected CAMH: 2024-2030, brings to life our vision of Health Redefined with three strategic directions as we Advance Care and Get Upstream to Lift Societal Health. These directions respond to the resounding expectations we heard for seamlessly connected, high quality specialist care, discovery that drives innovation within the health system so that people get help early and a commitment to equity and advocacy to support a healthier society where disparities faced by people living with mental illness are addressed.

The need for mental health and addictions services is greater than ever as disparities grow between different socio-economic groups, we face a worldwide affordability crisis, reckon with the history and continuing impacts of structural oppression, racism and colonization and face the real threat of climate change against a backdrop of evolving social and technological forces.

Through a multi-year approach to quality improvement, CAMH continues to prioritize three key areas: Safety, Access, and Staffing, all of which are reflected in our Strategic Plan and 2024-25 Operating Plan.

### Safety

- Within the priorities of our broader Safe & Well CAMH program, we will continue to improve key staff and patient indicators

including: Workplace Violence Lost Time Injury Frequency (# of WPV incidents/100 FTEs) and percent of inpatients physically restrained while in care at CAMH.

#### Access

- We will continue initiatives to reduce the median wait time from referral to consult to increase access to our programs and services.

#### Staffing

- CAMH is not immune from the human resource challenges across the health care system, and we will continue to focus efforts on staffing and monitoring staff vacancy rate and voluntary turnover (resignation and retirement).

#### Patient Experience

- CAMH is committed to improving the experience of patients through patient experience data. In order to capture meaningful data, we are seeking to better understand how we can solicit real time patient feedback.

### ACCESS AND FLOW

Timely access to care is an essential aspect of health care quality. Wait times are a critical measure of both CAMH's operational efficiency and that of the healthcare system.

At CAMH, wait times are reported via the Wait Time PowerForm. This form contains important information, some of which is not contained anywhere else. However, some data must be manually inputted and completion rates vary across clinics making it difficult to determine accurate wait times and inform clients how long they may be waiting for assessment and treatment. Gaps in the wait time data collection process compromise the accuracy and reliability of

wait time data, making it difficult to effectively monitor progress and identify opportunities for improvement and management. Efforts to improve data quality include proposed methodology changes that would improve Wait Time Powerform completion rates and improved wait time estimates. Additionally, reporting Wait Time Powerform completion rates at pilot working groups has encouraged clinic leadership to reinforce the importance of compliance among staff, has uncovered challenges and improved rates.

Beyond capturing information about wait times, the team is making adjustments to how we deliver care to be able to see more patients in a timely way. Improvements supporting access to care include implementing multi-disciplinary assessments and wait list management strategies.

Clinics had previously been conducting physician only assessments. Opportunities to include Allied Health staff in assessments have created additional time slots allowing more patients to be seen, reducing wait times. Evaluation and refinement of the pilot clinics' multi-disciplinary assessment approaches will continue before scaling and spreading to other outpatient clinics. Wait list management strategies have been introduced and include regular review and update of the wait list to remove patients who no longer require care or have been seen elsewhere, and the development of a forecasting tool to improve capacity planning at the clinic level.

### EQUITY AND INDIGENOUS HEALTH

Supporting unique populations, CAMH serves many marginalized people with complex mental illness, substance use disorders and concurrent disorders across the lifespan. Many patients lack access

to appropriate housing, income support, food security and employment. CAMH works with community and regional partners to address our patients' complex needs.

The Child, Youth & Emerging Adult program provides a range of specialized inter-professional care, from assessments and consultations to individual/family therapies; specialized treatment groups for co-occurring mental illness and substance use; and consultations on request from primary care providers. Our specialized clinics include:

- Youth Justice Clinic
- Gender Identity Clinic
- Youth Addiction & Concurrent Disorders Service
- New Beginnings Clinic for newly arrived refugees

CAMH serves patients from First Nations, Inuit & Metis communities on-site through a culturally appropriate, evidence-informed model of care through Shkaabe Makwa Clinical Services. Shkaabe Makwa is the first hospital-based Centre in Canada designed to drive culturally-responsive systems initiatives to achieve health justice and wellness for Indigenous communities through the advancement of research, workforce development and innovative healing models that harmonize traditional knowledge and medical expertise.

CAMH's Geriatric Mental Health Service (GMHS) provides interprofessional assessment, treatment, consultation and follow-up services to older persons with mental health concerns, including addiction.

The forensic mental health program provides a continuum of care

that includes assessment, treatment and rehabilitation at different levels of security, community supervision, consultation, and specialty services.

The Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) provides anti-oppressive, context-specific and holistic care for Black youth and their families. CAMH is working with Black Health Alliance and other community partners on a network of seven community-based sites across the province.

Services available through the Office of Health Equity include interpretation services, health equity capacity-building at local, provincial and national levels, the cultural adaptation of clinical services such as Culturally-Adapted CBT, and the federally-funded Refugee Mental Health Project.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

CAMH commits to continually improve the care provided to patients and families by including patients and families in all aspects of our organizational, clinical, research and education initiatives.

This QIP was informed by the experiences, ideas, and concerns of patients and families. These were shared through various mechanisms including; the Ontario Perception of Care for Mental Health and Addictions (OPOC-MHA) survey, consultations with the Patient and Family Advisory Committees, Program Quality Councils, Client Relations Office and health equity and incident data from our Systematic Tracking and Review of Incidents. In addition, the Patient and Family Engagement Roadmap establishes measurable outcomes to ensure engagement at all levels of the hospital while the Patient and Family Partners Program recruits and matches patient and family partners to engagement opportunities across CAMH.

## PROVIDER EXPERIENCE

The health and safety of our patients, families, staff and community is our first priority. At the center of the excellent care that CAMH provides is our staff and physicians. During the year, we have had a focus on staff recruitment and retention, looking for ways to enhance CAMH's profile and appeal to job seekers and to improve the conditions for our staff. We continue to work towards a more inclusive, equitable and diverse workplace, which supports our employees. Additional supports for staff:

- Continued implementation of our 3 year Mental Health Strategy for staff and physicians
- We hosted numerous fun events supporting wellness for staff,

relocated our Wellness Centre and continue to offer both in person and virtual programming and offer workshops that focus on wellness across CAMH

- We offered 18 different programs designed for health care workers to support mental health, wellbeing and psychological safety with more than 460 participants
- Introduced elements into our new hire orientation to embed both psychological safety and equity, diversity and inclusion work at CAMH
- CAMH continues to support staff development with the San'yas Cultural Safety training, both the Core Mental Health and Bystander to Ally
- Online training for all CAMH staff on the Foundations of Anti-Black Racism continues with over 3000 CAMH staff and physicians having completed this training
- Employee Resource Groups continue and new ones added in 2023
- A digital marketing campaign was launched in fall 2023, which has increased the number of applicants to some of our critical areas, such as nursing.

## SAFETY

The safety of patients, families, staff, physicians, volunteers, and visitors is a top priority at CAMH, with an intentional focus on a culture that is just and based on learning and system improvements. During the 2023-24 period; CAMH continued work to enhance a culture of safety and engage patient/family expertise to generate ideas for improvement. Some highlights include:

- Our Simulation Learning Centre has developed a Disclosure simulation to support CAMH staff responsible for guiding and

supporting the disclosure process. The Disclosure simulation will build staff capacity in planning and performing the disclosure process, and will contribute to understanding of patient and family partnerships in learning from safety events.

- Our new Virtual Reality Opioid Overdose Response Training for clinical and non-clinical CAMH staff to test their knowledge and understanding of how to respond to an opioid overdose. This unique, interactive learning and training experience has translated to the acquisition of valuable insights and an enhanced understanding of opioid overdose response techniques.
- Many units have been engaging with patients and staff from a systemic learning perspective. For example, at CAMH, staff utilize daily huddles which includes the patient/family voice. The inclusion of patients/family voice during these huddles takes into consideration their perspective on how CAMH as an organization can improve to a level whereby lived and learned experiences coexist and translates to efficient, diverse, effective, timely and equitable care that benefits everyone.
- Since December 2022, CAMH has implemented a Daily Safety Check. These brief check-ins support leadership to maintain a pulse on various safety related topics throughout the organization.

## POPULATION HEALTH APPROACH

CAMH's approach to population health activates its roles in public policy advocacy, generating research, providing care, sharing evidence-based practice and building systems, all with the aim of understanding health needs, promoting health, preventing disease and providing care for people living with mental illness. Our clinical dashboards at CAMH include information about various demographic and social determinants of health (income, housing, population characteristics)

CAMH's role in the launch and implementation of 9-8-8 Suicide Crisis Helpline which provides high quality, evidence-based, equitable suicide prevention and crisis support for everyone in Canada is driven by partnerships across the country and is illustrative of a public mental health intervention aimed at population health.

CAMH has also worked in partnership to provide, share and implement evidence-based care interventions through the following:

- Ontario Structured Psychotherapy program where patients can access publicly funded, short-term, evidence-based cognitive behavioural therapy (CBT)
- NAVIGATE program providing evidence-based treatment focused on recovery for youth and emerging adults with a first episode of psychosis now implemented at eleven sites across Ontario,
- Substance Abuse Program for African and Canadian Caribbean Youth (SAPACCY) providing support and counselling to African and Caribbean Canadian youth dealing with problem substance use and mental health concerns now implemented at seven sites in Ontario and
- Youth Wellness Hubs Ontario (YWHO), where 22 sites provide high-quality integrated youth services to support the well-being of young people aged 12 to 25, including mental health and substance use supports, primary health care, community and social supports, and more.

Our population health approach also extends to our research mandate where studies like the Toronto Adolescent & Youth Cohort Study, focusing on identifying and treating at-risk youth before they

get sick, closely observing over five years, 3,000 young people to help predict who may be most at risk for developing psychosis and respond to the warning systems rather than waiting until something happens.

## EXECUTIVE COMPENSATION

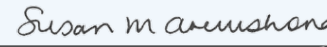
At CAMH, the executive team's compensation includes "at risk" pay in the range of 25% for the CEO and 15% for the executive team. The link to the QIP target achievement, as noted in the table below, is set at 5.0% for the CEO and 3.0% for the executives.

Quality Dimension	Objective	Weighting	CEO Compensation	ELT Compensation
Safe and Effective	Prevent workplace violence	16.6%	0.83%	0.5%
	Reduce the use of physical restraints	16.6%	0.83%	0.5%
Timely	Median Wait Time from Referral to First Offered Consult Appointment	16.6%	0.83%	0.5%
Efficient	Vacancy Rate	16.6%	0.83%	0.5%
	Voluntary Turnover	16.6%	0.83%	0.5%
Patient-Centred	Real Time Patient Satisfaction	16.6%	0.83%	0.5%
Total 'at risk' pay related to QIP			5.0%	3.0%
Total 'at risk' pay not related to QIP			20%	12.0%
Total 'at risk' pay			25%	15.0%

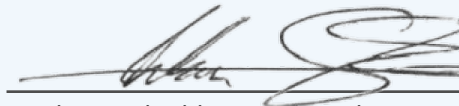
## SIGN-OFF

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

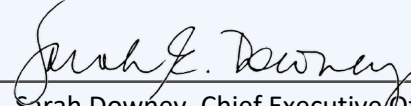
I have reviewed and approved our organization's Quality Improvement Plan on



Susan Armstrong, Board Chair



Rebecca Shields, Board Quality Committee Chair



Sarah Downey, Chief Executive Officer

Other leadership as appropriate