

Excellent Care
For All.



2011-12

Quality Improvement Plan

(Short Form)



camh

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

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ontario.ca/excellentcare

Part A:

Overview of Our Hospital's Quality Improvement Plan

Purpose of this section: Quality Improvement Plans (QIPs) are, as the name suggests, all about improvement. They are an opportunity for organizations to focus on how and what to improve, in the name of better patient-focused care. As such, they will be unique documents, designed by, and for, each individual organization. Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes. This introductory section should highlight the main points of your hospital's plan and describe how it aligns overall with other planning processes within your organization. In addition, this section provides you with an opportunity to describe your priorities and change plan for the next year.

*Please refer to **Appendix D** in the QIP Guidance Document for more information on completing this section.*

1. Overview of our quality improvement plan for 2011-12

Our purpose statement is: At CAMH, we Care, Discover, Build and Share to Transform Lives. This statement is the scaffolding for our Balanced Scorecard (BSC), which in turn, reflects our well developed Quality Improvement agenda. Like other Academic Health Science Centres we have a BSC that outlines a range of indicators consistent with our mission of providing excellent care, conducting research across the spectrum of brain science to social and epidemiologic research, providing education to health care professionals and scientists, and contributing to the healthcare system through our leadership role in the mental illness and addiction sector.

2. What we will be focusing on and how these objectives will be achieved

This is evident by the weighted distribution of objectives in the four categories, one each in effectiveness, access, patient centred, and three in safety: hand hygiene, restraint reduction and reduction of medication errors. In these foci, we aim to develop indicators and measurement tools and systems so that decisions can be data informed. The restraint initiative has been a 3 year initiative with dedicated resource in the form of an advanced practice nurse and the development of strategic work groups focused on education, policy review, policy revision, development of alternatives to restraints, and a debriefing process that stresses the methodology of continuous quality improvement and collaboration with clients and families. Medication reconciliation and ER wait time also have specific task groups to develop the processes and implement the strategy.

We are also focusing on enhancing patient-centred, family sensitive care. The nature of our population makes it particularly challenging to get patient feedback, however we have worked with Accreditation Canada to develop and pilot a Client Experience Survey. While refinements are needed to the tool, we have been successful in getting feedback across all clinical programs. Multiple strategies are being implemented to support the objective of increasing patient satisfaction including the implementation of a practice model of care, involving clients and families in our care initiatives, and developing indicators and capacity to track client involvement in care.

3. How the plan aligns with the other planning processes

The quality plan is developed as a result of systematic and regular operational planning, consistent with organizational strategy. It is in alignment with our HSAA commitments. CAMH has taken a leadership role in the sector as reflected in our partnership with other mental health and addiction organizations to develop an outcome orientation and design consistent outcome indicators for benchmarking. We are currently engaged in a pilot with the Toronto Central LHIN on the ALC project and have also partnered with Accreditation Canada to develop and pilot a Client Experience Survey for this sector.

4. Challenges, risks and mitigation strategies

- Information System in its infancy – We expect to have a 5-year lag until we have systems that allow for comprehensive data collection and quick analysis of data.
- Lack of valid and reliable tools for measuring patient centeredness -- In the past, we have relied on in-house satisfaction surveys but we are now moving towards a more consistent tool with Accreditation Canada.
- The nature of the patient population leads to particular challenges in collecting patient /family satisfaction data -- Challenges exist in the capacity of our clients to provide information, particularly when they are ill. As well there are methodological issues –administration of our client satisfaction instruments cannot simply be done via mail out or quantitative measures, rather it requires interviewers who are able to assist clients with the understanding of the questions and transcribe their responses.

Part B:

Our Improvement Targets and Initiatives

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Outcome Measure/Indicator	Current Performance	Performance Goal 2011/12	Priority	Improvement Initiative	Methods and Results Tracking	Target for 2011/12	Target Justification	Comments
Safety	Improve provider hand hygiene compliance	% hand hygiene compliance to be determined	N/A	1000 audits	2	CAMH is part of the Handy Audit Project which is designed to develop more reliable evidence based targets for hand hygiene.	Handy audit project participation Monthly review of audits	To be determined	Best Practice Evidence generated via CAHO handy audit project	
	Reduce medication errors	% of clients who have medication reconciliation completed on admission	N/A	90%	2	Refine and implement the process for medication reconciliation on admission.	random chart audits	90%	Best Practice & Internal org. targeting exercise	We are just in the process of refining our process. Therefore, we do not have current performance data.
						Development of indicators to assess the quality of the direct admission medication reconciliations.	Random chart audits	To be determined	Best Practice & Internal org. targeting exercise	Measurement methodology is currently being developed.
	Reduce use of mechanical Restraints	# of unique clients in mechanical restraints divided by # of unique clients in the period (includes emergency room patients) as per our BSC	1.93%	2.00%	1	We have a comprehensive initiative aimed at restraint reduction focusing on staff education, policy revision, staff and client debriefing to learn from incidents, and development of alternatives to restraints.	Each aspect of the strategy has tracking methods built in.	Specific targets vary with the strategy.	Best Practice & Internal org. targeting exercise	This is a priority initiative for CAMH. The patient population is such that some restraint use is expected (hence the 2%) but our goal is prevention and reduction of time spent in restraints.
Effectiveness	Improve organizational financial health	Total Margin (consolidated): Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. Q3 2010/11, OHRS	2.41%	0.52%	3					
Access	Reduce wait times in the ED	Amount of time in minutes from presenting in the ED to completion of triage.	N/A	30 mins	1	Increase physician presence and support in ED in the evening hours.	New system to be implemented.	Under 30 mins	Internal org. targeting exercise	This is a new initiative and thus current data is not available.
						Review of physical space and patient flow process.				
						Enhanced staff education re: triage.				
Patient Centred	Improve Patient Satisfaction	% of patients who answered "yes" to the following question on discharge: "If you needed treatment again would you choose to come back to this hospital?"	76.69%	77.00%	2	Continue to work with Accreditation Canada to refine survey tool and re-implement. Our aim will be to increase sample size.			We are maintaining the target at current level as this was the first year of data collection with a new instrument.	CAMH has a strong relationship with client empowerment and family councils and funds their representation on key committees including Clinical Quality Committee of the Board.

Part C:

The Link to Performance-based Compensation of Our Executives

Manner in and extent to which compensation of our executives is tied to achievement of targets

At CAMH, the compensation plan for executive leadership team (ELT) members includes an Incentive Payment Target (or “at risk” pay) of up to 25% of base salary for the CEO and up to 15% for all other ELT members. The purpose of this plan is to align ELT performance objectives and compensation with the attainment of CAMH’s strategic directions. The compensation system applies to ELT members which include the President and CEO and her executive direct reports (Physician-in-Chief, Chief of Nursing and Professional Practice, EVP Corporate Services and Redevelopment, EVP Clinical Programs, EVP Strategic Transformation Initiatives and Clinical Quality Improvement, and VPs of Research, Communications and Community Engagement and Education).

Our Executive Compensation is tied to the Achievement of the QIP Targets in the following way:

- It is recommended that 25% of the “at risk” pay be tied to the attainment of the ECFAA Quality Improvement Plan targets.
- Complete attainment of the target improvement will result in a full payment. Greater than 50% attainment but less than complete will result in 50% of the payment. Less than 50% attainment will result in zero payment. Level of attainment will be determined by the CEO.

The specific relationship between attainment of the QIP targets and compensation are shown below.

Quality Dimension	Objective	Target	Weighting	100% Pay Out	50% Pay Out
Safety	Improve provider hand hygiene compliance	1000 audits	40%	1000 audits	750
	Reduce use of mechanical restraints	2.00%		2.00%	2.01% to 2.10%
	Medication Reconciliation	90%		90%	80 to 89.9%
Effectiveness	Improve organization financial health	0.52%	20%	Revenues exceed costs by 0.52% or equal costs	Revenues exceed or are below costs by 0.26%
Access	Reduce wait times in ED	30 Minutes	20%	30 Minutes	31 to 40 Minutes
Patient-centred	Would you come back to CAMH?	77%	20%	77%	75% to 76.9%
'At Risk' Compensation as a %age of Base Salary			CEO Compensation		ELT Compensation
Total 'at risk' pay linked to achieving QIP targets			6.25		3.75
Total 'at risk' pay not related to QIP			18.75		11.25
Total 'at risk' pay			25.00		15.00

Part D: Accountability Sign-off

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

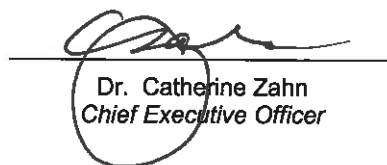
1. Was developed with consideration of data from the patient relations process, patient/family representation and patient/employee/provider surveys, aggregated critical incident data, and patient safety indicators;
2. Contains annual performance improvement targets, and justification for these targets;
3. Describes the manner in and extent to which, executive compensation is tied to achievement of QIP targets; and
4. Was reviewed as part of the planning submission process and is aligned with the organization's operational planning.



Dan Burns
Board Chair



Pam Jolliffe
Clinical Quality Committee Chair



Dr. Catherine Zahn
Chief Executive Officer