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

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2012/13 QIP

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
Priority 1				
Reduce Medication Errors (% of clients who have medication reconciliation completed upon admission) **(Safety)**	Q2 2011 -12 94.6%	96%	97% (Q3 YTD)	-Random chart audit of 100 inpatient charts each quarter. This was an increase in number of chart audited from 30 / quarter in previous year - The sample across units was proportional to the volume of admissions so that units with more admissions had more audits - Follow up provided to providers that had incomplete medication reconciliation forms - Pilot undertaken to review the quality of BPMH (best possible medication history) – data analysis pending
Reduce use of mechanical restraints (level 1) (% of patients whose RAI-MH* admission assessment indicated use of physical restraints) **(Safety)**	Q2 2011 -12 2.8%	<4.7%	2.4% (Q2)	- CAMH has led a focused initiative on minimizing restraints. In 2012-13, focus was to sustain gains and advance improvements by continued monitoring and understanding information from client and staff debriefings after restraint events. Review of debriefing data indicates a need for process review and refinement to

* RAI –MH (Resident Assessment Instrument – Mental Health)

				provide more meaningful data and embed debriefing review in organizational processes -Staff education ongoing with targeted attention to high risk areas - Minor policy revisions based on desire for increased clarity
Priority 2				
Improve provider hand hygiene compliance (% of staff hand hygiene compliance pre and post client contact) **(Safety)**	2011/12 74% pre-client and 90% post client contact	**75% pre client contact**	**83.4% pre client contact**	- Ongoing audits on all units by infection prevention and control (IPAC) staff involving over 1250 health care providers - Previous hand hygiene performance rates shared with staff - IPAC staff provided refresher training session on every unit
Reduce wait times in the ER 90th percentile ER length of stay for admitted patients **(Access)**	2011/12 Q1 3.6 hours Q2 3.0 hours	4.0 hours	3.43 Q2 YTD	- Additional staffing have been hired to help with increased volumes in the ER - Increased leadership oversight and program collaboration to support patient flow
Improve Patient Satisfaction (% of patients who rated the overall care that they received as good or very good when asked to rate their care on annual Client Experience Survey) **(Patient Centered)**	2010 Client Satisfaction Survey 64-68% inpatients 86-87% outpatients	Not stated	72.4% Inpatients 91.1% Outpatients (Q3)	- Results from survey shared with programs and posted on the external website - Results presented to Empowerment and Family Councils

Reduce long stay client days (Reduce % of long stay clients greater than 1 year) **(Integration)**	Dec 31, 2011 172 long stay clients (107 forensic and 65 non forensic)	Reduce non forensic long stay clients by 10%	43 non forensic, representing a reduction of 34 per cent (or 22 people) (Q3)	- Major progress has been made by the successful discharge of 40 long stay patients to high support permanent housing - Successful advocating efforts have resulted in dedicated ALC funds to support 11 new high support and 15 transitional units in the community - Complex Mental Illness program has a dedicated bed utilization manager - LOCUS (Level of Care Utilization System) assessment tool has been piloted in certain areas with a plan to implement across the organization in 2013
Priority 3				
Improve organizational financial health (Total margin (consolidated) % by which corporate consolidated revenues exceed or fall short of total corporate consolidated expense, excluding the impact of the facility amortization in a given year) **(Effectiveness)**	2.3%	Above 0	1.98 (Q3)	