





Mental Health and Addictions Quality Initiative Peer Scorecard (2014-2015)

REPORTING PERIOD: Q4: January 1 - March 31, 2015																																			
				 Centre for Addiction and Mental Health								 The Le Royal Mental Health - Care & Research Soins mentaux - Soins et recherche								 Ontario Shores Centre for Mental Health Sciences								 Waypoint CENTRE FOR MENTAL HEALTH CARE CENTRE DE SOINS DE SANTÉ MENTALE							
Domain	Indicator	Definition	Description	Frequency	Data Source	2013-2014	2014-2015					2013-2014	2014-2015					2013-2014	2014-2015					2013-2014	2014-2015										
						YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE	YE	Q1	Q2	Q3	Q4	YE
Client Complexity	# of Reasons for Admission	% of clients admitted with more than one reason for admission	People admitted to an inpatient bed often present with serious and complex mental illness. They may be admitted for a number of reasons and have multiple mental health conditions at the time of admission. This indicator is a way to look at the complexity of illness at the time of admission without relying on a diagnosis, which may not yet have been made. Possible reasons for admission include inability to care for oneself, risk of harm to self or others, and various specific symptoms.	Quarterly	CIHI RAI-MH	67%	76%	88%	91%	77%	83%	42%	41%	44%	45%	41%	43%	88%	83%	92%	88%	87%	88%	60%	61%	57%	48%	55%	55%						
	# of Psychiatric Diagnoses	% of clients with more than one psychiatric diagnosis at discharge	The percent of individuals with more than one type of mental health diagnosis is a reflection of the complexity of the population served, the treatment required and the resources used in providing care. This measure uses diagnoses at discharge, when diagnostic information is likely to be more accurate and reliable than at the time of admission.	Quarterly	CIHI RAI-MH	45%	49%	53%	61%	62%	56%	57%	57%	57%	57%	56%	57%	54%	50%	54%	44%	55%	51%	52%	56%	45%	54%	49%	51%						
	# of Medical Diagnoses	% of clients with more than one medical diagnosis at discharge	Mental health inpatients can often have medical conditions that also need to be treated. Providing effective care for both physical and mental health conditions can be challenging, particularly where there is a risk of interaction among multiple medications. Clients with both medical and mental health diagnoses can present higher levels of complexity.	Quarterly	CIHI RAI-MH	6%	10%	29%	29%	28%	24%	41%	37%	42%	44%	44%	42%	10%	9%	10%	8%	54%	19%	24%	26%	22%	24%	26%	25%						
Client Outcomes	Global Assessment of Functioning Scores ≥ 10 points	% of clients with positive difference of at least 10 points between admission & discharge GAF scores	The Global Assessment of Functioning (GAF) is a 100-point scale used by physicians to subjectively rate an individual's overall functioning level, taking into account their social, occupational and psychological functioning. An increase in GAF score is one way to demonstrate improvement following treatment. This indicator measures the percentage of individuals with a positive difference of 10 points or more on the GAF score between admission and discharge, indicating improved functioning.	Quarterly	CIHI RAI-MH	62%	63%	59%	61%	65%	62%	81%	78%	80%	76%	85%	80%	43%	38%	49%	58%	47%	47%	66%	73%	65%	67%	65%	67%						
	Self Care Index	% of clients with an improvement in the self care index score from admission to discharge	The Self-Care Index (SCI) reflects a person's risk of inability to care for self due to mental health symptoms. It is calculated using factors such as daily decision making, insight into one's own mental health, decreased energy, abnormal thought process, and expression (i.e. - making self understood). This indicator shows the percentage of clients with improved SCI scores between admission and discharge, indicating an improved ability to care for oneself.	Quarterly	CIHI RAI-MH	63%	62%	58%	53%	57%	58%	64%	64%	61%	61%	67%	63%	48%	45%	43%	46%	39%	43%	57%	67%	54%	61%	62%	61%						
	Readmission Rate	% of clients re-admitted to the same facility within 30 days of discharge	Readmission within 30 days of discharge is an important quality indicator for all hospitals, as a high readmission rate may indicate that patients have been discharged too quickly and/or without adequate support. This is true for psychiatric patients as well. For mental health facilities, this indicator can help an organization monitor its discharge practices, and can also indicate where and what type of services may be most urgently needed to support clients in their recovery.	Quarterly	Internal Database	13.0%	13.8%	14.3%	14.1%	13.7%	14.2%	3.1%	4.6%	4.6%*	7.5%	6.0%	5.6%	6.6%	10.8%	9.2%	8.4%	9.0%	9.4%	5.7%	8.6%	14.7%	13.8%*	7.3%	11.1%						
	Client Satisfaction Inpatient Survey	% of positive responses to the question, "Overall, how would you rate the care you are receiving?"	This indicator focuses on client perceptions of the quality of care provided by the hospital, as measured by a Client Experience Survey that was co-developed by CAMH and Accreditation Canada. Inpatient and outpatient results are reported separately, because the nature of the services is different. The survey is done annually and results are reported once a year.	Annual	Internal Database	65%	Annual Reporting					69%	78%	Annual Reporting					71%	73%	Annual Reporting					68%	66%	Annual Reporting					69%		
	Client Satisfaction Outpatient Survey	% of positive responses to the question, "Overall, how would you rate the care you are receiving?"	This indicator focuses on client perceptions of the quality of care provided by the hospital, as measured by a Client Experience Survey that was co-developed by CAMH and Accreditation Canada. Inpatient and outpatient results are reported separately, because the nature of the services is different. The survey is done annually and results are reported once a year.	Annual	Internal Database	92%	Annual Reporting					92%	84%	Annual Reporting					89%	91%	Annual Reporting					92%	90%	Annual Reporting					93%		
Client Safety	Acute Control Medication Use	Prevalence of acute control medication use – percentage of patients whose admission assessment submitted during the quarter reported use of acute control medication.	Mental health hospitals are striving towards the minimization of restraint use, including acute control medication use. This number represents the percentage of patients who received acute control medication according to their RAI-MH admission assessment. The RAI-MH (Resident Assessment Instrument- Mental Health) is a standardized assessment tool mandated by the Ministry of Health and Long Term Care for inpatients receiving mental health services.	Quarterly	CIHI RAI-MH	13.0%	14.4%	17.5%	18.5%	17.8%	17.0%	13.6%	11.5%	12.0%	6.9%	11.7%	10.6%	19.0%	27.2%	23.0%	15.9%	16.5%	21.1%	9.5%	3.8%	5.2%	5.0%	6.1%	5.1%						
	Physical/Mechanical Restraint Use	Prevalence of physical/mechanical restraint use – percentage of patients whose admission assessment submitted during the quarter reported use of physical/mechanical restraints.	This number represents the percentage of patients who were physically restrained according to their RAI-MH admission assessment. The RAI-MH (Resident Assessment Instrument- Mental Health) is a standardized assessment tool mandated by the Ministry of Health and Long Term Care for inpatients receiving mental health services.	Quarterly	CIHI RAI-MH	3.3%	1.8%	4.2%	3.1%	2.8%	3.0%	7.7%	10.3%	7.8%	9.0%	8.6%	8.9%	6.7%	5.4%	3.3%	0.0%	2.5%	2.0%	1.2%	1.5%	1.2%	2.2%	0.6%	1.3%						
	% Unauthorized Leave of Absence Days (ULOAs)	# of Unauthorized Leaves of Absences / Patient Days in the period x 100	As individuals move through the treatment process, they are given leave to spend time in the community, based on their individual recovery progress. This is an important part of the treatment plan as it helps patients recover as they reintegrate into the community. When a person is absent without leave from the hospital, their personal safety may be at risk and on rare occasions they may present a risk to the community. This indicator represents the amount of time patients were absent from the hospital due to an unapproved leave.	Quarterly	Internal Database	0.55%	Not Available***	Not Available	Not Available	Not Available	Not Available	0.04%	0.05%	0.09%	0.04%	0.05%	0.06%	0.10%	0.03%	0.11%	0.06%	0.05%	0.06%	0.06%	0.01%*	0.00%	0.06%	0.01%	0.02%						
	% Inpatient Medication Reconciliation on Admission	# of In-patient Medication Reconciliations completed on Admission / # of admissions x 100	Medication reconciliation is a systematic and comprehensive review of all the medications a person is taking to ensure that medications being added, changed, or discontinued are carefully assessed and documented. A high proportion of adverse events that occur in hospital are related to medication errors. Doing a medication reconciliation at the time of admission reduces the risk of medication error, and can help the clinical team make informed decisions about an individual's treatment plan.	Quarterly	Internal Database	98%	95%****	73%	73%	90%	79%*****	94%	99%	100%	100%	100%	100%	99%	100%	99%	99%	97%	99%	97%	93%	92%	90%	91%	92%						
Client Access	% Alternative Level of Care Days	# of Alternative Level of Care days reported during period/ # mental health patient days in the period x 100	An 'alternate level of care (ALC)' designation is made when a person has recovered enough to no longer require inpatient hospital services but cannot be discharged because the appropriate level of care is not currently available in the community. Individuals who have been declared ALC are commonly waiting for placement in a supportive housing environment or in a Long Term Care home. This indicator shows the percent of hospital patient days that are ALC days and is one measure of access because the inability to discharge patients has an impact on the hospital's capacity to accept new patients.	Quarterly	Internal Database	18.9%	21.6%	19.2%	19.1%	19.4%	19.9%	5.9%	6.0%	4.5%	4.3%	6.9%	5.5%	15.0%	12.3%	11.6%	11.5%	14.8%	12.5%	5.2%	3.9%	4.1%*	5.1%	6.0%	4.8%						
Staff Safety	Lost Time Injury Index: Frequency (LTI-F)	Lost time injury frequency based on # of WSIB lost time claims started in the reporting period divided by total earned (paid) hours x expected earned hours for 100 FTEs	This indicator represents the number of injuries that occur on the job and result in time lost per 100 employees, and is a measure of workplace safety. Causes of job-related lost time can include falls, epidemic outbreaks, and patient-related incidents.	Quarterly	Internal Database	2.32	0.15	0.20	0.72	0.55	1.62	1.72	0.35	0.23	0.22	0.45	1.23	1.96	1.35	0.70*	1.04*	1.05	4.15	1.51	0.49*	0.65*	0.60*	0.30	2.04						
HR Indicator	Absenteeism Rate	total paid sick hours for employees / total paid hours x 100	A high rate of absenteeism increases costs for hospitals, by necessitating increased overtime or use of casual staff. It can also have an adverse impact on continuity of care for patients. In addition, it has been suggested that there is an inverse relationship between employee absenteeism and staff engagement and commitment to an organization.	Quarterly	Internal Database	2.22%	2.09%	2.17%	2.15%	2.16%	2.16%	3.38%	4.07%	2.83%	3.73%	3.99%	3.66%	5.20%	4.70%	5.80%	6.20%*	5.70%	5.60%	5.32%	4.50%	5.78%	5.49%	5.27%	5.25%						
	Staff Engagement	% positive score on the Employee Engagement Survey "Engagement" subscale.	The literature suggests that higher staff engagement is associated with higher staff and client satisfaction, better client outcomes, and lower rates of absenteeism.	Bi-annual	NCR Picker	72.4%	Bi-annual Reporting					69.7%	Bi-annual Reporting					67.2%	Bi-annual Reporting					63.9%	Bi-annual Reporting										
Financial	Balanced Budget	% of balanced budgets in last 5 years	All hospitals are required to have a balanced budget. Sound financial management and a balanced budget reflect the hospitals' wider responsibility to the community.	Annual	Internal Database	100%	Annual Reporting					100%	100%	Annual Reporting					100%	100%	Annual Reporting					100%	80%	Annual Reporting					80%		

*** Results not available due to change in data collection method
 ****April to May provided since data collection method changed in June and results cannot be combined
 ***** Results are for Q2 to Q4 since data collection method changed during Q1

*correction to data

