2022/23 Quality Improvement Plan
"Improvement Targets and Initiatives"

Ontario Shores
Centre for Mental Health Sciences

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AIM		Measure				Change			
Issue	**Quality dimension**	**Measure/Indicator**	**22/23 Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**
Theme I: Timely and Efficient Transitions	**Timely**	LOS Optimization - average length of stay for long-stay patients minus their ALC days at discharge/forensic transfer.	171	Incremental improvement	n/a	Implement program-specific inititives to decrease the average LOS for long-stay patients and/or prevent long stays	1. Forensics - enhance the efficiency of treatment provision in the Forensic Program	LOS BI tool completed for the Forensic Program for visual management of long-stay patients.	100%
							2. DDS - Implement new process to complete behavioural assessments in a timely manner	New process implemented in DDS Behavioural assessment components completed within timelines	100% 90%
							3. ADOL - implement a new Psychiatry face-to-face assessment to determine suitability for EDU Program	New process for face-to-face assessments implemented Suitability for EDU Program improved from baseline	100% 90%
							4. EDU - implement a combined ADOL and EDU intake meeting (1x week) to determine eligibility for program admittance	Combined intake meeting implemented Program eligibility improved from baseline	100% 90%

							5. Geriatrics - implementation of a long-stay patient tracking sheet	Audit completion of tool at week 1, week 4 and week 8 to determine if required tasks identified for completion are met each week.	90% of identified tasks met. 80% of patients reach the milestones identified in weeks 1, 4 and 8. 10% decrease in LOS .
							6. ARP - Engage with Substitute Decision-Makers to support discharge decisions when applicable.	Pathway for SDM engagement developed and implemented for all ARP units. % of SDMs engaged for patient discharges	100% 90% (when applicable)
Theme III: Safe and Effective Care		Total Seclusion Duration Hours	370	Incremental improvement	n/a	Improve therapeutic environment in the PICA	1. Ensure screening tool is being used for every PICA patient (FAU, CGP-B, CGP-C, CGP-D) 2. Evaluate the utility of the sensory screening tool.	1. Each applicable PICA patient receives screening tool for identified units (FAU, CGP-B, CGP-C, CGP-D) 2. Evaluation of the sensory screening tool complete.	100% yes/no

						Program-specific working groups on high-use units to focus on reducing total seclusion duration	Establish local restraint and seclusion working group on each of the following units: FAU, WASU, EDU, CGP-B, GTU	1. Working groups to be established by end of April 2. PDSAs for each working group to be outlined by end of Q1.	
	Safe	Percentage of patients with an identified suicide risk who receive at least one brief intervention in an ambulatory setting	60%	New indicator	n/a	Support the implementation of brief interventions as a new practice in ICAP	1. Ongoing education and support plan with clinicians 2. Review of practice workflow to support incorporation	1. % of clinicians educated 2. Workflow review completed and implemented	1. 95% 2. Yes/No
						Support implementation of new process with Meditech platform	1. Optimization in the system as needed in support of new practice to optimize workflows	Update made in the system with advanced decision supports where possible	1. Yes/no
	Effective	Percentage of outpatients with PHQ-9 scores that improved by at least 6 points at discharge.	55%	New indicator	n/a	Ensure clients are triaged to the most appropriate program	Expand pathway assessments Optimization of the referral form	Implementation of expanded pathways for appropriate programs Completed referral form with optimized elements	100% 100%

						Ensure clients are assigned to the most appropriate modality	Expand pathway assessments Implementation of problem-specfic protocols e.g. OCD Timely completion of scales through the portal and acuracy of measusrement	Implementation of expanded pathways for appropriate programs Protocols implemented for identified conditions Improved completion of scales from baseline	100% 100% 90%
	Effective	Percentage of patients with a primary diagnosis of Schizaphrenia or Schizoaffective disorder have improvement in their BPRS-6 from admission to discharge	87%	New indicator	n/a	Improve the percentage of completed documentation for admission RAI	Add a pop-up reminder to complete the admission RAI starting at day 4	Implementation of the pop-up reminder in MediTech complete. Documentation rates increased	Yes/No 90%
							Expand the indicator criteria to include other psychotic disorder diagnoses	Expansion criteria reviewed and approved	Yes/No
						Increase the amount of time for MRP to document in the RAI	Admission RAI to be documented following 3 day assessment period to allow for a comprehensive and accurate assessment. Documentation required within 7 days following assessment period	Education to MRPs to change practice for reporting requirments	100%
						Building functionality to recall previous scores	Populate the admission BPRS-6 score into the discharge summary for comparison with the discharge BPRS-6 score to ensure accuracy of the clinical changes captured.	Population of the admission BPRS-6 score into the discharge summary	Yes/No