Ontario Shores

Ontario Shores Centre for Mental Health Sciences
2019/20 QIP Workplan

Aim		Measure								Change				
Quality dimension	**Issue/ objective**	**Measure/Indicator**	**Unit / Population**	**Data source**	**Reporting period**	**Current performance (YTD)**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
THEME I: TIMELY AND EFFICIENT TRANSITIONS														
Timely	Timely access to care/services	LOS Optimization – Percent of patients that achieved the clinical pathway EDD/LOS target on discharge	Percent/All discharged patients	In house data collection	April 1, 2019-March 31, 2020	60.20%	67%	Target represents 11% improvement from Dec ytd performance	n/a	1) Optimize at risk for/Long Stay and ALC rounds.	1a) Review Leave Of Absence use for opportunities for improvement. 1b) Establish early identification of at risk for Long Stay/ ALC and barrier mitigation at rounds with regular tracking of follow up activities. 1c) Utilize rounds to drive clinical advocacy and intervention to avoid/ mitigate long-stay and ALC. 1d) Quarterly review of rounds processes and effectiveness for innovation sharing at Director level.	% LOA days of hospital days.	TBD reduction	
										2) Utilize audit and decision support tools to facilitate pathway adherence.	2a) Ongoing pathway adherence monitoring at local levels. 2b) Development of BI tool to monitor for quality milestones and adherence. 2c) Annual pathway review and evaluation. 2d) Streamline BI tools and documentation related to ALC root cause process, rounds and pathway adherence.	LOS Target achievement.	67%	
										3) Ongoing work to identify innovative housing options.	3a) Establish semi-annual review process with our community partners to review all individuals with no discharge destination. Review what would be required to be in place to support discharge and work collaboratively to find creative solutions. 3b) Explore with one nontraditional partner an innovative approach to reducing ALC.	ALC percentage.	14%	
										4) Adhere to ALC leading practices.	4a) SDM quality improvement activity with CELHIN. 4b) Build into BI tool optimization and streamlining audits per ALC leading practices. 4c) Complete a physician engagement review for ALC and LOS processes. 4d) Complete a review with local leaders for senior team visibility and engagement in ALC and LOS activities.	LOS Target achievement.	67%	

Ontario Shores

Ontario Shores Centre for Mental Health Sciences
2019/20 QIP Workplan

Aim		Measure								Change				
Quality dimension	**Issue/ objective**	**Measure/Indicator**	**Unit / Population**	**Data source**	**Reporting period**	**Current performance (YTD)**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
THEME I: TIMELY AND EFFICIENT TRANSITIONS (Cont'd)														
										5. Estimated Discharge Date (EDD) Optimization	5a) Formalize communication to pts and family regarding EDD target and shared expectations. 5b) Establish a mechanism to identify missed EDD root causes and track reasons for themes and QI improvements. 5c) Optimize the EDD documentation process and develop reports to track changes and reasons for changes. 5d) Establish an audit process to support communication of EDD to patients and families.	EDD match on discharge.	80%	
Timely	Timely access to care/services	Average Number of Days Patients Waited for Outpatient Services	Number/Outpatients	In house data collection	April 1, 2019-March 31, 2020	55	50	Need flexibility to accommodate quality standards and eCBT	n/a	1. Optimize scheduling practices.	1a) Complete a review of the outpatient scheduling team and current processes. 1b) PDSA 3 change ideas based on review.	Wait 3 data quality issues	10	
										2. Implement new models of care to reduce waits and increase number of individuals seen.	2a) Implementation of eCBT in all anxiety and mood streams. 2b) Ongoing development of phone consultation service to primary care. 2c) Trial brief assessment in intake to establish correct stream and avoid unnessary assessments. 2d) Pilot with one primary care site complex case review rounds.	Reduce average wait time Increase number of registrations	50 days 6500	
										3. Enhance group offerings.	3a) Introduce group IPT in anxiety and mood streams. 3b) Introduce groups in the Women's Clinic. 3c) Explore the use of Peer Support to co-lead groups.	Increase # of registrations.	6500	
										4. Explore the use of technology to enable care.	4a) Introduce vocation service offerings utilizing OTN. 4b) Expand the use of OTN to support Long Term Care. 4c) Pilot the use of OTN groups in two services.	Increase # of registrations.	6500	
										5. Establish waitlist management strategies.	5a) Explore and pilot psychoeducational groups for individuals that are waiting for service. 5b) Explore the use of Peer Support for individuals waiting for service. 5c) Explore partner opportunities to establishing waiting supports. 5d) Standardize recommendations or technology while individuals are waiting.	Increase # of registrations	6500	This is volume dependant.

Ontario Shores

Ontario Shores Centre for Mental Health Sciences
2019/20 QIP Workplan

Aim		Measure								Change				
Quality dimension	**Issue/ objective**	**Measure/Indicator**	**Unit / Population**	**Data source**	**Reporting period**	**Current performance (YTD)**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
THEME I: TIMELY AND EFFICIENT TRANSITIONS (Cont'd)														
Timely	Timely access to care/services	Percentage of patients with schizophrenia that have initiated evidence-based psychotherapies. (CBT and/or FIT - inpatients)	Percentage/inpatients	In house data collection	April 1, 2019-March 31, 2020	31.00%	50%	New indicator	n/a	1. Establish professional practice leadership for CBTp and FIT to support clinicians in offering and delivering these psychotherapies.	1. Allocate dedicated time for an advanced trainer in this role who will establish monitoring processes and complete root cause analysis to inform QI activities.	1. Scorecard/dashboard for monitoring components of this work.	1. Monthly reporting on mesaures to monitor progress.	
										2. Improve motivational interviewing skills for applicable clinicians	2. Provide education and coaching support.	2. Percentage of clinicians that have participated in education.	100%	
THEME II: SERVICE EXCELLENCE														
Patient Centred	Improve Patient Satisfaction	Percentage of respondents who responded positively to question #28 on OPOC: I have a plan that will meet my needs after I finish my program/treatment.	Percentage/Survey respondents	Ontario Perception of Care (OPOC) validated survey tool	April 1, 2019-March 31, 2020	84%	89%	New approach to survey administration	n/a	1. Increase the completion rate for question #28.	1. Quality Department staff to book a separate meeting after a patient/family discharge meeting to administer the OPOC survey.	1. Percentage of meetings booked after the patient discharge meeting.	50%	
										2. Explore new approaches to obtain information on upcoming discharges.	2. Attend weekly bed management meetings to learn of upcoming patient discharges.	2. Percentage of identified patients for discharge that complete an OPOC survey.	75%	
										3. Identify reasons for patients that score lower on question #28.	3. Further inquiries to unfavourable responses to question #28 to understand gaps.	3. Quality staff to inquire with patients directly to understand reason for response.	75%	
THEME III: SAFE AND EFFECTIVE CARE														
Safe	**Increase culture of reporting**	Number of workplace violence incidents reported by hospital workers within a 12 month period	Count/Worker	In house data collection	April 1, 2019-March 31, 2020	391	456	Continue to establish culture of reporting	n/a	1. Fulsome review of ARP and Forensics portfolios.	1. Focus groups and data analysis.	1. Themes identified and action plan created.	1. Creation of two quality improvement goals per portfolio to address workplace violence.	Note: The goal is to support a reporting culture at Ontario Shores whilst working diligently to combat the incidents of workplace violence.
										2. Safe Work Committee to develop champions across the in-patient units to support the prevention of workplace violence.	2. Staff engagement and support.	2. Champions identified and their role clearly defined.	2. One champion per unit identified and clear roles outlined.	
										3. Focus on reducing lost time and health care incidents related to workplace violence.	3. Focus groups and data analysis.	3. Themes identified and action plan created.	3. Creation of at least two quality improvement goals to address the highest contributors to lost time and heatlh care incidents related to workplace violence.	
										4. Quarterly Metric review at the program level.	4. Program review of data and quality improvement initiative implementation.	4. Review points identified and embedded into operations.	4. A process identifed for ensuring quarterly reveiw of data and action planning.	
										5. Refresh and education on reporting methodology.	5. Staff education.	5. Education created and rolled out throughout organization.	5. Education materials created and distributed to the organization.	

Ontario Shores

Ontario Shores Centre for Mental Health Sciences
2019/20 QIP Workplan

Aim		Measure								Change				
Quality dimension	**Issue/ objective**	**Measure/Indicator**	**Unit / Population**	**Data source**	**Reporting period**	**Current performance (YTD)**	**Target**	**Target justification**	**External Collaborators**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Target for process measure**	**Comments**
THEME III: SAFE AND EFFECTIVE CARE (Cont'd)														
Safe	Safe care	Average Seclusion Duration (hours)	Hours/all inpatients	In house data collection	April 1, 2019 - March 31, 2020	11.3	10	Incremental improvement	n/a	1. Implement structured client debriefing across all inpatient units.	1. Pilot the debriefing process in the Forensic Program and then spread through other programs.	1. Percentage of clients who have been secluded/restrained who are approached for debriefing	85%	
										2. Initiate physician review every 2 hours of all incidents of mechanical restraint.	2. Initiate physician review every two hours.	2. Percentage of two hour reviews completed of the total number required.	85%	
Effective	Improve patient outcomes	Patient positive recovery indicator - % of patients with meaningful improvement in RAS (inpatients)	Percentage of improvement/inpatients	In house data collection	April 1, 2019 - March 31, 2020	60%	65%	New indicator	n/a	1. Roll out program-specific customized education and training regarding the meaningful application of RAS, in hopes to support greater understanding of utility of RAS organization-wide.	1. Sharing of program-specific reference tools containing interventions and experiences designed to enhance individual recovery.	1. Number of staff in attendance for education and training.	100%	
										2. Evaluation of RAS education and training roll-out.	2. Completion of evaluation.	2. Proportion of patients in the meaningfully improved category at discharge.	65%	
										3. Revamped clinical staff orientation includes the application of Recovery oriented principles within Ontario Shores, specifically including the use of the patient story and the RAS to inform collaborative goal-setting.	3. Delivery of Recovery and RAS education within a Recovery College course framework.	3. Number of staff attended.	100% of clinical staff attended	