


CIHI's Mental Health Data: Answering Questions at the Point and Across the Spectrum of Care



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Collect Once...



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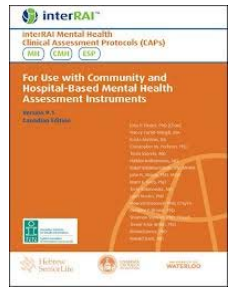
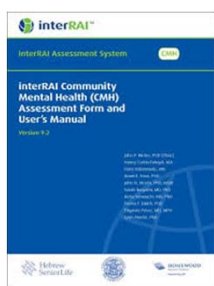

Agenda

- Collect Once, Use Many
- Point of Care Decision Support
- Evidence Informed Organization Management
- Evidence Informed System/Policy Decisions
- Integration of Information Across Sectors




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Comprehensive Inpatient and Community Mental Health Assessments

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interRAI MH Assessment Domains



| | | | |
|----------------------|------------------------------------|-----------------------------------|-------------------------------------|
| Administrative | Mental status | Substance use/excessive behaviour | Harm to self or others |
| Cognition | Functional status | Communication and vision | Health conditions |
| Medications | Service utilization and treatments | Nutritional status | Employment, education, and Finances |
| Social relationships | Discharge Resources | Behaviour | Control procedures (restraints) |

Mental Health Assessments are a portion or 'module' of the EHR




- Canadian Approved Standard (2014)
 - RAI-Mental Health
 - InterRAI Community Mental Health



Canada Health Infoway Inforoute Santé du Canada

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Standardizing Mental Health Inputs for the EHR



| Collected and entered once by: | Example of data used in mental health assessment: |
|-----------------------------------|---|
| Patient/client registration staff | Date of birth; health card number |
| Psychiatrist | Diagnostic information; medication |
| Nursing | Indicators of mood disturbance; skin problems; medication refusal |
| Occupational Therapy | Self-care; managing finances |
| Social Work | Social relationships and interpersonal conflict; family roles |

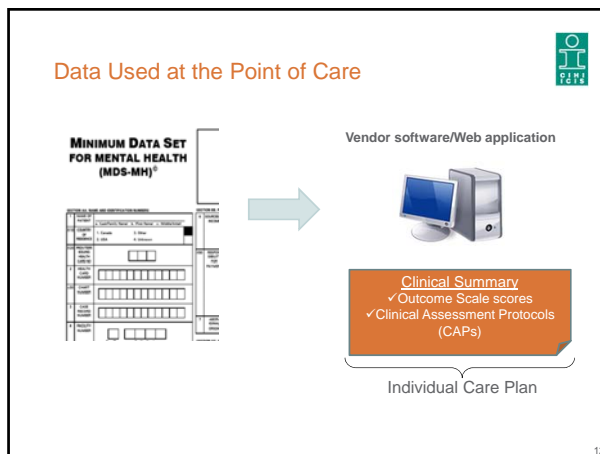
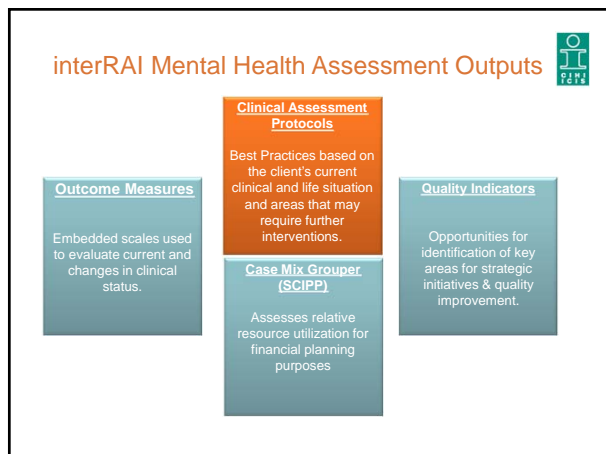
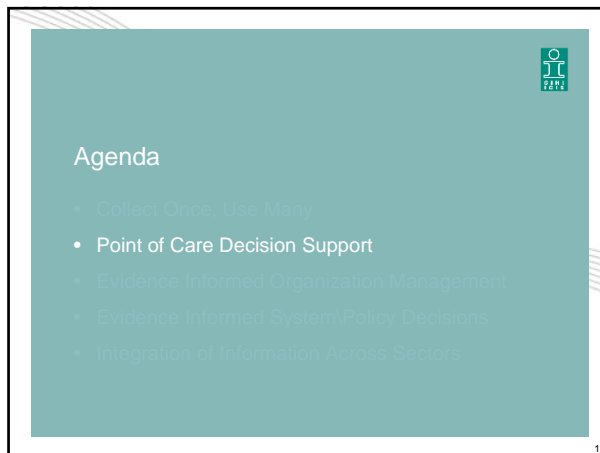
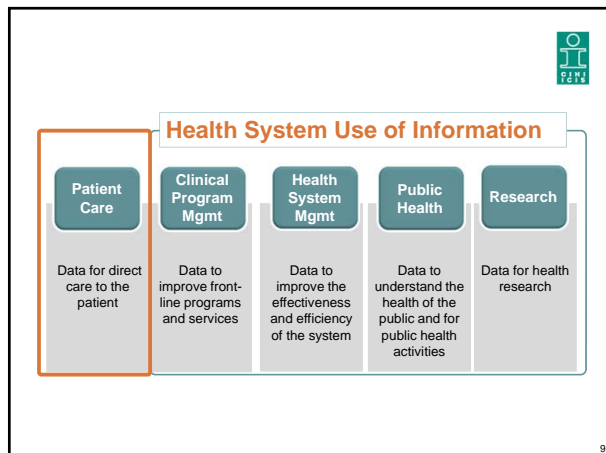
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...use many



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Importance of the Point of Care Approach



- Temporal\Relational Proximity
 - Real-time outputs
- Engagement of clinical staff
 - In the assessment
 - With other team members
- Better data quality—better assessments
- Evidence based clinical decision support
- Better patient\client care

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Informed Organizational Management?



Comprehensive information to inform:

- Program planning
- Resource allocation (SCIPP)
- Staff training requirements
- Quality improvement (benchmarking with peers)



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Community of Practice: Mental Health and Addictions Quality Initiative (MHAQI)



Mental Health & Addictions Quality Initiative Comparison Scorecard - Q4 2012-2013

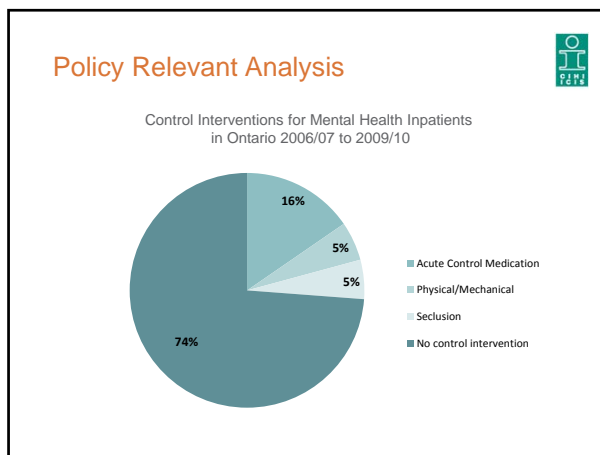
| Domain | Indicator | Definition | camh | | Homewood | | Health Centre de Saint | | Ontario Shores | |
|-------------------|----------------------------|---|-------|-------|----------|-----|------------------------|-----|----------------|--|
| | | | Q4 | YTD | Q4 | YTD | Q4 | YTD | | |
| Client Complexity | # of Reasons for Admission | % of clients admitted in the period with more than 1 reason for admission | 66% | 65% | 74% | 76% | 87% | 77% | | |
| | # of Diagnoses | % of clients with more than one diagnosis at discharge | 42% | 46% | 63% | 65% | 50% | 54% | | |
| Client Outcomes | Readmission Rate | % of clients re-admitted to the same facility within 30 days of discharge/Total admissions in the period | 12.6% | 11.8% | 4% | 4% | 7% | 8% | | |
| | Self Care Index | % of clients with a decrease in severity score from admission to discharge | 65% | 64% | 76% | 78% | 52% | 53% | | |
| Client Access | % ALC Days | # of ALC days during period/ # MH patient days in period x 100 | 19.2% | 18.6% | 2% | 2% | 16% | 16% | | |
| Client Safety | Restraint Use | Prevalence of acute restraint medication use - percentage of patients whose admission assessment submitted during the quarter reported use of chemical restraint. | 11.9% | 10.5% | 7% | 5% | 17% | 16% | | |

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Answers to System Level Questions

Population Served

- In what environments do persons live prior to admission to mental health care?

Health Outcomes

- What is the severity of illness (depression, psychosis) of individuals upon admission to inpatient care/community care and how does this change by discharge?

Quality and Safety

- How many individuals are discharged while still at risk of harm to self or others?

Resource Utilization

- How does relative resource utilization vary between organizations/regions/sectors?

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Why Integrated Mental Health Care is Significant

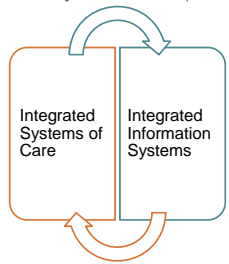
- Difficulty navigating care system
- Lack of social supports
- Lack of financial means
- Relatively transitory
- Questions of insight into illness
- Comorbid conditions (addictions)
- Repeat hospitalization
- Clinical practice guidelines



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Models of Collaborative Mental Health Care

- Shared Care Model
- Assertive Community Treatment (ACT)



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Clinical Practice Guidelines

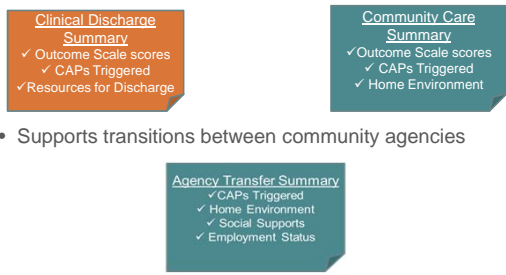
- *All patients should have access to a comprehensive continuum of services that provides continuity of care....*
- *Patients must not be allowed to fall between various components of the treatment system.*
- *The continuum of care should include... community-based rehabilitation, assertive community treatment programs....*

— ... CLINICAL PRACTICE GUIDELINES Treatment of Schizophrenia, Canadian Psychiatric Association, 2005

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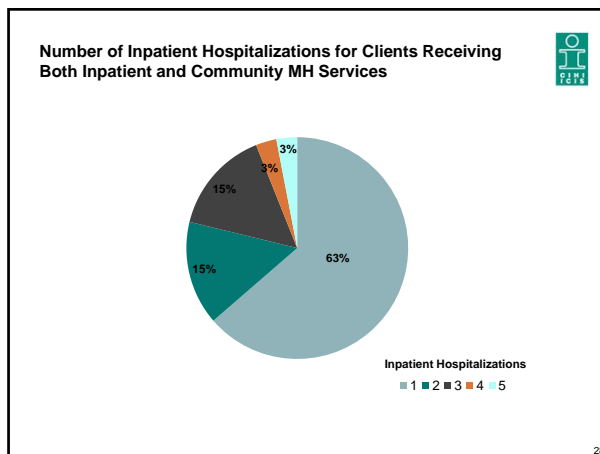
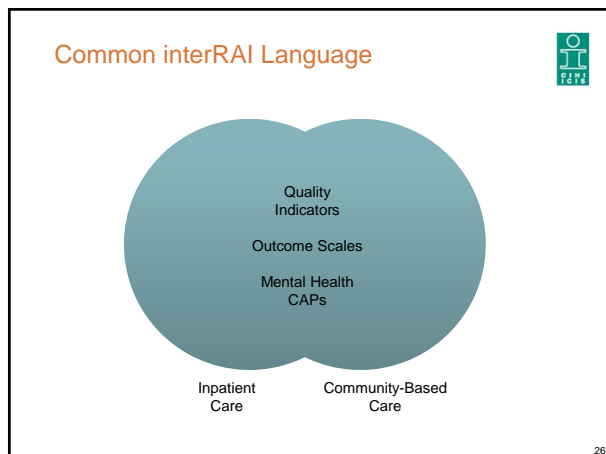
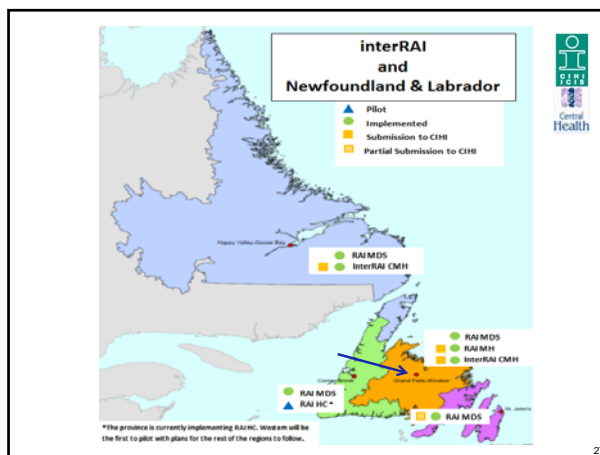
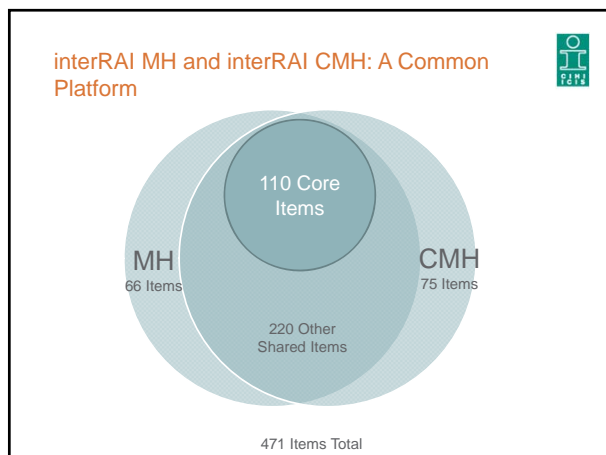
Integrated Electronic Patient Record for Transitional Care

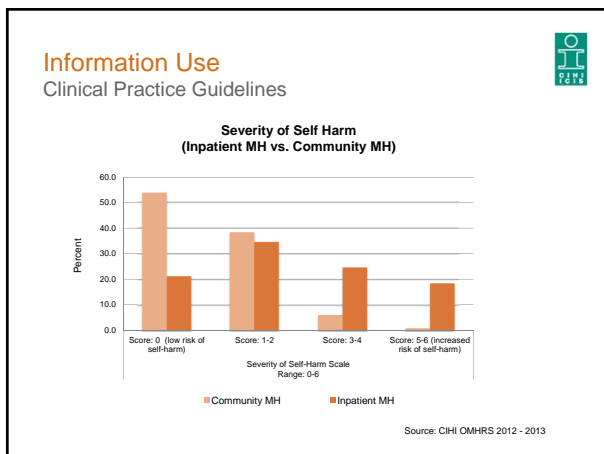
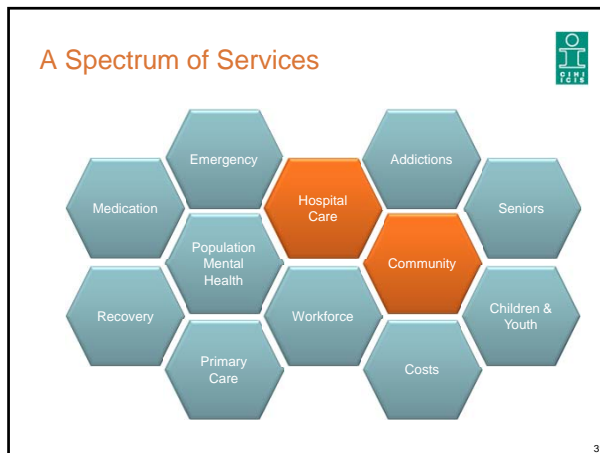
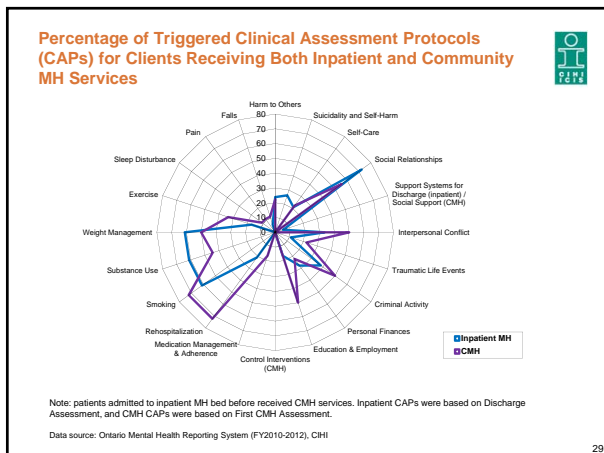
- Supports transitions between hospital and community agency



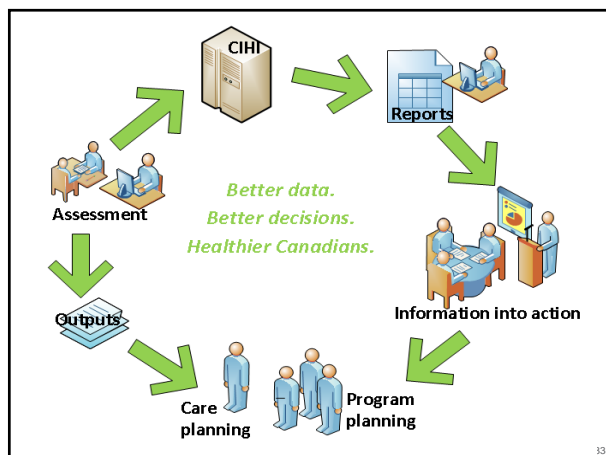
- Supports transitions between community agencies

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- ### A Spectrum of Mental Health Assessments
- > interRAI Suite of Assessments
 - Inpatient Mental Health (MH)
 - Community Mental Health (CMH)
 - Emergency Screener for Psychiatry (ESP)
 - Child and Youth Mental Health (ChYMH)
 - Brief Mental Health Screener (BMHS)
 - > Modules Under Development:
 - Forensic/Corrections
 - Addictions
-



Thank You

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Better Client Care

- Care teams that speak the same language
- Use of common measures to plan, evaluate, and adjust care
- Better flow of information

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