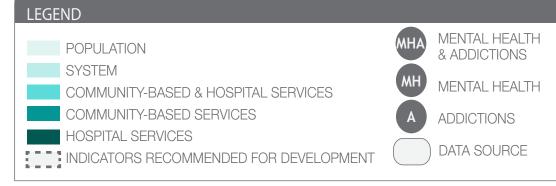
Mental Health and Addictions Performance Indicators for Ontario

Draft: February 5, 2016



EQUITY	CLIENT-CENTRED	SAFE	EFFECTIVE		TIMELY	EFFICIENT	
Indicators calculated from ICES administrative data, and other indicators where possible, will be assessed through five equity dimensions:	Overall rating of services received by client	2. Use of physical restraints MH	3. Years of life lost due to MHA	ICES: DAD, NACRS, OHIP, OMHRS, ORGD	5. Wait times from referral to service initiation OCAN DATIS	7. Repeat unscheduled ED visit within 30 days	NACRS MHA
(1) Geography(2) Income by neighbourhood(3) Immigration status(4) Age			4. Rate of death by suicide	ICES: MHA	6. First contact in the emergency department (ED) for MHA	Doctor visit within 7 days of leaving hospital after treatment for MHA	DAD, OMHRS, OHIP
(5) Sex						9. Rate of inpatient readmission within 30 days of discharge	DADS, OMHRS MHA
						10. Alternate level of care (ALC)	ATC MH
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	A. Stigma/Discrimination TBD MHA indicator	D. Medication reconciliation	E. Global assessment of functioning (GAF) scores ≥ 10 points	OMHRS MHA	F. Common definition of "wait times"	G. System transitions indicator	TBD MHA
	B. Decrease in a client's unmet needs indicator						
	C. Family/Caregiver support indicator						
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INDICATOR DESCRIPTIONS

Client-Centred:

I. Overall rating of services received by client

Every organization should ensure that the following question based on OPOC is included in their client satisfaction survey: Overall, how would you rate the services/care you are receiving? (Poor, Fair, Good, Very Good)

Safe:

2. Use of physical restraints

Use of physical restraints in facilities providing acute mental health care (# of patients who had mechanical restraint use indicated on their OMHRS records / Total # of individuals who were discharged from a designated adult mental health bed

Effective:

3. Years of life lost due to MHA

4. Rate of death by suicide

of deaths caused by suicide / Total # of individuals in Ontario

Timely:

5. Wait times from referral to service initiation

- 5.1 # of days from the point of referral/application to initial assessment for community based mental health programs
- 5.2 # of days from the point of referral/application to initial assessment for community based addictions programs
- 5.3 # of days from the point of initial assessment to service initiation for community based mental health programs
- 4. # of days from the point of initial assessment to service initiation for community based addictions programs

6. First contact in the emergency department (ED) for MHA

of individuals with an unscheduled ED visit related to MHA and without prior outpatient visits, claims, ED visits or hospital admissions related to MHA in the previous 2 years/ All unscheduled ED visits related to MHA

Efficient:

7. Repeat unscheduled emergency department visit within 30 days

- 7.1 Repeat unscheduled emergency department visit within 30 days for a substance abuse condition
- 7.2 Repeat unscheduled emergency department visit within 30 days for a mental health condition

8. Doctor visit within 7 days of leaving hospital after treatment for MHA

of patients who within 7 days of discharge following index hospitalization had at least one psychiatrist or primary care physician visit/ # of acute care discharges from episode care in which a MHA condition is coded as most responsible diagnosis

9. Rate of inpatient readmission within 30 days of discharge

10. Alternate level of care (ALC)

- 10.1 # of individuals on ALC by hospital in mental health beds whose next place of care is supportive housing
- # of days an individual is on ALC by hospital in mental health beds whose next place of care is supportive housing

INDICATORS RECOMMENDED FOR DEVELOPMENT

Client-Centred

- Stigma/Discrimination indicator Recommended development of indicator on client perception of stigma/discrimination when receiving services (i.e. Did you experience stigma or discrimination from staff at this organization? Staff did not stigmatize or discriminate against me in relation to my mental illness, and/or my substance misuse/addiction, and/or my involvement with the criminal justice system)
- **B.** Decrease in client's unmet needs indicator Recommended development of indicator on the decrease in client's unmet needs based on OCAN (i.e. % change in a client's unmet needs following 1 year of ongoing service)
- C. Family/Caregiver support indicator Recommended development of indicator to capture family/caregiver satisfaction with services

Safe:

D. Medication reconciliation - Recommended that every organization ensure that medication reconciliation is conducted & reported for each client at the point of admission and/or service initiation

Effective:

E. Global assessment of functioning (GAF) scores ≥ 10 points - GAF will be phased out of OMHRS by April 1, 2016 and will be replaced. An indicator that captures information such as the following is recommended: % of clients with positive difference of at least 10 points between admission & discharge GAF scores.

Timely:

F. Common definition of "wait times" - Recommended development of a standardized definition of "wait times" that can capture high quality, comparable data consistently across multiple data sources

Efficient:

G. System transition indicator - Recommended development of community-hospital transition indicator based on Community Business Intelligence demonstration project data, and development of transition to/from justice system indicator based on OCAN data (i.e. % of individuals applying for court diversion who are successfully diverted from the criminal justice system).

DATA SOURCES - GLOSSARY

ATC (Access to Care) provides high-quality information products and services to help improve performance and ensure accountability within health care organizations.

DAD (Discharge Abstract Database) is a database that contains demographic, administrative and clinical data on all separations (with the exception of stillbirths and cadaveric donors) from acute inpatient facilities in all provinces and territories except Quebec.

DATIS is the Ontario Drug and Alcohol Treatment Information System.

NACRS (National Ambulatory Care Reporting System) is a data collection tool developed by the Canadian Institute for Health Information (CIHI) to capture information on patient visits to emergency departments.

OCAN (Ontario Common Assessment of Need) is a standardized, consumer-led, decision-making tool.

OHIP (Ontario Health Insurance Plan) Billing Data collects data that includes services rendered by a physician for which an amount payable is prescribed by the regulations under the Health Insurance Act (HIA), or a service prescribed as an insured service under the HIA rendered by a practitioner within the meaning of that Act.

OMHRS (Ontario Mental Health Reporting System) contains data about individuals admitted to adult mental health beds in hospitals across Ontario.

OPOC-MHA (Ontario Perception of Care Tool for Mental Health and Addictions) is a tool to assess client satisfaction with mental health and addiction treatment services in Ontario.

ORGD is the Vital Statistics – Death (Office for the Registrar General – Deaths).

