

## Area of Focus - Increase Overall Access to Community Mental Health and Addiction (MHA) Services

### Measure Dimension: Timely

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.	P	% / People Mental Health & Addictions	See Tech Specs / Oct 2021– Sept 2022	24.80	20.00	Given our anticipated work in MHA care for 2023/2024, we hope to further decrease the number of individuals seeking care in the emergency department as first point of contact.	Cambridge Memorial Hospital, Two Rivers FHT, Grandview FHT, Langs, Waterloo Region NPLC

### Change Ideas

**Change Idea #1** We plan to pilot a clinic co-located at Cambridge Memorial Hospital (CMH) to offer quick access for mental health and addictions related care, focusing on individuals visiting the emergency department for low-acuity concerns, targeting CTAS levels 4 & 5.

Methods	Process measures	Target for process measure	Comments
We will launch a pilot clinic from March 6/23 - April 28/23, co-located at CMH to provide an alternative to the emergency department for low acuity mental health and addictions related care. This clinic will run from Tuesday-Saturday, 1-9pm and will be staffed by an interdisciplinary team.	(1) Number of unique patients accessing CND OHT C-MAC pilot clinic	(1) 100 unique patients	

**Measure**      **Dimension:** Timely

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Average number of patients per month with 4 or more ED visits for MH care in past 365 days	C	Number / ED patients  Mental Health & Addictions	Local data collection / 2022/2023	12.70	11.00	<p>The CMH/CND OHT proxy measure is aligned to that of KW4 OHT.</p> <p>Pre-pandemic in 2019 the monthly average for this metric was 12.5 patients per month. This metric has been trending down since spring 2022 aligned to enhanced community access (family physicians, programs etc.). We are currently sitting at a monthly average of 12.7, slightly above pre-pandemic. Throughout out the pandemic as pictured below many months were above 15 and as high as 20. Cambridge Memorial Hospital is setting a target of 11.0 for this metric which is an improvement of less than 2 ED visits less per month and the CND OHT will align with this.</p>	Cambridge Memorial Hospital, Two Rivers FHT, Grandview FHT, Langs, Waterloo Region NPLC

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## Area of Focus- Improving Overall Access to Care in the Most Appropriate Setting

### Measure Dimension: Efficient

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	P	% / People Frail and Medically Complex	See Tech Specs / Oct 2021–Sept 2022	24.20	17.00	We will maintain our target and continue to work on addressing this ALC indicator in our OHT. This target reflects our pre-pandemic performance and we are still waiting to see if this indicator will improve as system pressures subside. This is an aspirational target and recognize that we will not be able to achieve this target in the next year, but perhaps in the next 3 years.	Cambridge Memorial Hospital, Fairview Mennonite Home, Saint Luke's Place

### Change Ideas

Change Idea #1 We will implement frailty screening to support upstream intervention and optimize patient experience.

Methods	Process measures	Target for process measure	Comments
Through the work of our Medical Complexity and Older Adult Work Stream, we have developed a screening tool to identify frailty. We intend to pilot this in primary care settings within CND OHT over the next year to support identification and proactive intervention to prevent hospitalizations.	(1) Number of patients identified as at risk for frailty, (2) Number of patients screened for frailty, (3) Number of patients identified as frail	(1) 150, (2) 150, (3) 40	

## Area of Focus- Increase Overall Access to Preventative Care

### Measure Dimension: Effective

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of screen-eligible people aged 21 to 69 years who had a cytology (Pap) test within the previous 3 years.	P	% / Population	See Tech Specs / 2nd Quarter - up to Sept 2022	56.70	60.00	We will maintain our target and continue to work on addressing this preventative care indicator in our OHT.	Two Rivers FHT, Grandview FHT, Langs, Waterloo Region NPLC

### Change Ideas

Change Idea #1 We will host walk-in pap clinics across Cambridge and North Dumfries to encourage screening.

Methods	Process measures	Target for process measure	Comments
Partnering with the Waterloo Wellington Regional Screening and Cancer Program, we will be working w to establish walk-in pap screening clinics at community centres in Cambridge and North Dumfries. We will focus on priority populations that may not have access to primary care.	- Number of paps performed/number of unique patients - Number of patients without a primary care provider - Percentage of patients satisfied with care they received at the pap clinic	- By the end of FY 2023/2024, we hope to screen 150 people	This work is in development and we hope to start this project in FY 2023/2024.

Change Idea #2 Increase awareness of primary care providers' performance on this preventative care indicator.

Methods	Process measures	Target for process measure	Comments
We will engage with all primary care providers across CND OHT on quality improvement coaching, education on reports available to providers (such as MyPractice), and awareness of EMR tools.	(1) number of primary care providers engaged per quarter	(1) 10 primary care providers in Cambridge and North Dumfries	There continues to be backlogs accessing appropriate imaging for patients. Primary care does not have access to timely results, sometimes taking upwards of six months to receive cancer screening results. This, along with other system pressures continue to impact cancer screening in our OHT. During this year, we will work with primary care providers to find ways to reduce pressure on primary care and look for novel solutions to better support cancer screening.

**Measure**      Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of screen-eligible people aged 50 to 74 years who had completed at least one screening mammogram within the past 2 years.	P	% / Population	See Tech Specs / 2nd Quarter - up to Sept 2022	60.70	65.00	We achieved our target set in our 2022/2023 cQIP and has set a target that we feel is achievable through planned primary care engagement in 2023/2024.	Two Rivers FHT, Grandview FHT, Langs, Waterloo Region NPLC

**Change Ideas**

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We will engage with all primary care providers across CND OHT on quality improvement coaching, education on reports available to providers (such as MyPractice), and awareness of EMR tools.	(1) number of primary care providers engaged per quarter	(1) 10 primary care providers in Cambridge and North Dumfries	There continues to be backlogs accessing appropriate imaging for patients. Primary care does not have access to timely results, sometimes taking upwards of six months to receive cancer screening results. This, along with other system pressures continue to impact cancer screening in our OHT. During this year, we will work with primary care providers to find ways to reduce pressure on primary care and look for novel solutions to better support cancer screening.

**Measure**      Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
The percentage of screen-eligible people aged 50 to 74 years who had a fecal immunochemical test (FIT) within the past 2 years, a colonoscopy within the past 10 years, or a flexible sigmoidoscopy within the past 10 years.	P	% / Population	See Tech Specs / 2nd Quarter - up to Sept 2022	63.60	65.00	We will maintain our target and continue to work on addressing this preventative care indicator in our OHT.	Two Rivers FHT, Grandview FHT, Langs, Waterloo Region NPLC

**Change Ideas**

Change Idea #1 Increase awareness of primary care providers' performance on this preventative care indicator.

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We will engage with all primary care providers across CND OHT on quality improvement coaching, education on reports available to providers (such as MyPractice), and awareness of EMR tools.	(1) number of primary care providers engaged per quarter	(1) 10 primary care providers in Cambridge and North Dumfries	There continues to be backlogs accessing appropriate imaging for patients. Primary care does not have access to timely results, sometimes taking upwards of six months to receive cancer screening results. This, along with other system pressures continue to impact cancer screening in our OHT. During this year, we will work with primary care providers to find ways to reduce pressure on primary care and look for novel solutions to better support cancer screening.