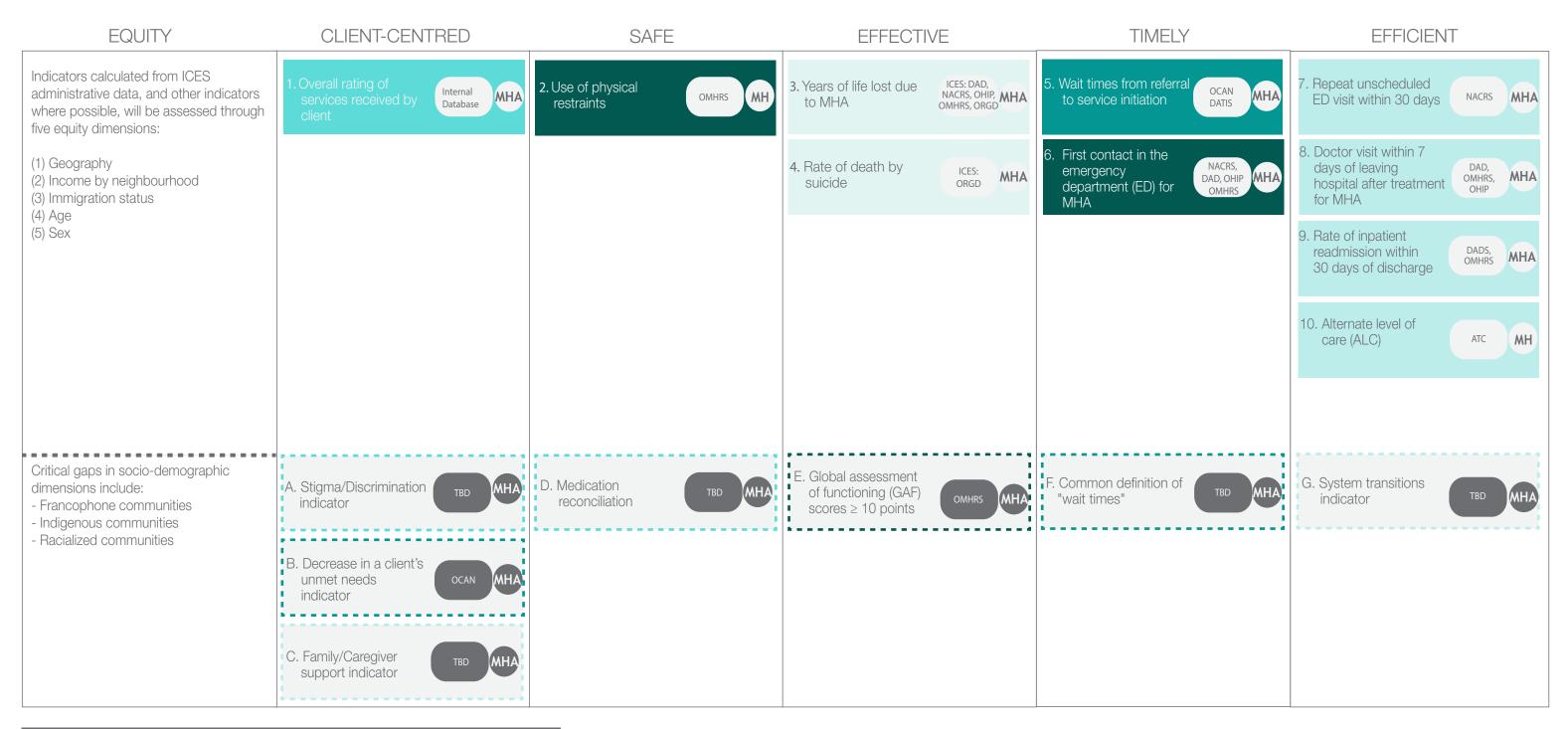# Performance Indicators for the Mental Health and Addictions System in Ontario

Approved by the Mental Health and Addictions Leadership Advisory Council on May 16, 2016

EQUITY

Indicators calculated from ICES administrative data, and other indicators where possible, will be assessed through five equity dimensions:

(1) Geography
(2) Income by neighbourhood
(3) Immigration status
(4) Age
(5) Sex

Critical gaps in socio-demographic dimensions include:
- Francophone communities
- Indigenous communities
- Racialized communities

CLIENT-CENTRED

1. Overall rating of services received by client — Internal Database — MHA

A. Stigma/Discrimination indicator — TBD — MHA

B. Decrease in a client's unmet needs indicator — OCAN — MHA

C. Family/Caregiver support indicator — TBD — MHA

SAFE

2. Use of physical restraints — OMHRS — MH

D. Medication reconciliation — TBD — MHA

EFFECTIVE

3. Years of life lost due to MHA — ICES: DAD, NACRS, OHIP, OMHRS, ORGD — MHA

4. Rate of death by suicide — ICES: ORGD — MHA

E. Global assessment of functioning (GAF) scores ≥ 10 points — OMHRS — MHA

TIMELY

5. Wait times from referral to service initiation — OCAN DATIS — MHA

6. First contact in the emergency department (ED) for MHA — NACRS, DAD, OHIP OMHRS — MHA

F. Common definition of "wait times" — TBD — MHA

EFFICIENT

7. Repeat unscheduled ED visit within 30 days — NACRS — MHA

8. Doctor visit within 7 days of leaving hospital after treatment for MHA — DAD, OMHRS, OHIP — MHA

9. Rate of inpatient readmission within 30 days of discharge — DADS, OMHRS — MHA

10. Alternate level of care (ALC) — ATC — MH

G. System transitions indicator — TBD — MHA

LEGEND

- POPULATION
- SYSTEM
- COMMUNITY-BASED & HOSPITAL SERVICES
- COMMUNITY-BASED SERVICES
- HOSPITAL SERVICES
- INDICATORS RECOMMENDED FOR DEVELOPMENT

- MHA — MENTAL HEALTH & ADDICTIONS
- MH — MENTAL HEALTH
- A — ADDICTIONS
- DATA SOURCE

Ontario's Mental Health & Addictions Leadership Advisory Council

Performance Indicators for the Mental Health and Addictions System in Ontario

INDICATOR DESCRIPTIONS

Client-Centred:

1. **Overall rating of services received by client**
   Every organization should ensure that the following question/statement is included in their client satisfaction survey: "I think the services provided here are of high quality" (Strongly Disagree, Disagree, Agree, Strongly Agree, Not Applicable)

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
   5.4. # 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
    10.2 # 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:

A. **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.

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

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