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Domain	Indicator	Definition	Description	Frequency	Data Source										
Client Complexity	# of Reasons for Admission	% of clients admitted in the period with more than 1 reason for admission	Ontario's specialty mental health hospitals provide care for patients with serious and complex mental illness. Individuals are often admitted for a number of reasons and have multiple mental health conditions at the time of admission.	Quarterly	CIHI RAI-MH	78%	76%	67%	67%	46%	43%	86%	88%	61%	59%
	# of Psychiatric Diagnoses	% of clients with more than one psychiatric diagnosis at discharge	Individuals who receive inpatient treatment often have complex mental illness with multiple diagnoses. While in hospital, patients receive assessment, stabilization and treatment from an interprofessional team of healthcare providers.	Quarterly	CIHI RAI-MH	62%	62%	47%	44%	54%	56%	61%	54%	58%	52%
	# of Medical Diagnoses	% of clients with two or more medical diagnoses at discharge	Mental health inpatients can often have medical conditions that also need to be treated. Providing effective care for both physical and mental health conditions can be challenging, particularly where there is a risk of interaction among multiple medications. Clients with both medical and mental health diagnoses can present higher levels of complexity.	Quarterly	CIHI RAI-MH	36%	36%	8%	7%	40%	41%	8%	10%	26%	24%
Client Outcomes	GAF Scores ≥ 10 points	% of clients with positive difference ≥ 10 between admission & discharge	higher levels of complexity.	Quarterly	CIHI RAI-MH	72%	70%	62%	62%	82%	83%	42%	45%	63%	65%
	Readmission Rate	% of clients re-admitted to the same facility within 30 days of discharge/Total admissions in the period	Sometimes patients have difficulties maintaining their level of wellness in the community so they are readmitted to receive stabilization and support for their illness.	Quarterly	Internal Database*	4.9%	6.8%	12.9%	12.4%	3.5%	2.5%	4.1%	6.3%	5.9%	5.1%
	Self Care Index	% of clients with a decrease in severity score from admission to discharge	Provides a measure of the risk of a patient being unable to care for self due to psychiatric symptoms.	Quarterly	CIHI RAI-MH	77%	76%	63%	64%	67%	66%	43%	48%	48%	56%
Client Access	% ALC Days	# of ALC days during period/ # MH patient days in period x 100	When patients occupy hospital beds but do not require the inpatient services provided by the hospital, they are designated as Alternate Level of Care until they are discharged to a location that meets their current healthcare needs. Patients often experience wait times for an appropriate home in the community and remain in hospital, resulting in beds not being available for individuals that truly need specialized	Quarterly	Internal Database*	1.1%	1.4%	19.9%	18.7%	6.3%	5.6%	16.0%	15.8%	4.4%	5.4%
Staff Safety	Lost Time Injury Index: Frequency (LTI-F)	Lost time injury frequency based on # of lost time claims started in the reporting period divided by total earned (paid) hours X expected earned hours for 100 FTEs	Hospitals have a number of quality and safety programs in place to enhance the safety of staff, patients and community. Sometimes staff are injured at work and cannot return to work until they have recovered. This indicator represents the number of injuries that occur on the job per 100 employees.	Quarterly	Internal Database*	0.00	0.00	0.58	1.51	0.58	1.40	0.69	2.25	0.50	1.12
	Restraint Use	Prevalence of acute control medication use – percentage of patients whose admission assessment submitted during the quarter reported use of chemical	Mental health hospitals are striving towards the minimization of restraint use, including chemical restraint. This number represents the percentage of patients who received acute control medication according to their RAI-MH admission assessment.	Quarterly	CIHI RAI-MH	4.7%	5.2%	13.9%	13.5%	17.2%	13.0%	19.5%	20.0%	8.8%	10.9%
		Prevalence of physical restraint use – percentage of patients whose admission assessment submitted during the quarter reported use of physical restraints.	This number represents the percentage of patients who were physically restrained according to their RAI-MH admission assessment.	Quarterly	CIHI RAI-MH	2.2%	1.5%	2.8%	3.1%	6.3%	7.0%	3.9%	6.3%	1.4%	1.7%
	% Unauthorized Leave of Absence Days (ULOAs)	ULOAs days (from MIS TB) / Patient days in period x 100	As patients move through the treatment plan they spend time on hospital grounds or in the community, based on their individual recovery progress. This is an important part of the treatment plan as it helps patients recover as they reintegrate into the community. This indicator represents the number of patient days when the patient was absent due to an unapproved leave from the facility.	Quarterly	Internal Database*	0.00%	0.00%	0.44%	0.51%	0.04%	0.04%	0.12%	0.08%	0.03%	0.05%
	Medication Incidents	Actual # Medication Incidents/# patient days in the period x 1000	Patients, especially seniors and patients with cognitive or neurological conditions, may be at risk for falling. This number tracks serious injuries of our patients due to falls.	Quarterly	Internal Database*	8.80	6.46	1.54	1.78	2.05	2.26	**	**	1.34	1.43
	% Medication reconciliation on admission	Total # of In-patient Medication Reconciliations on Admission / Total # of admissions x 100	At the time of admission, clinical staff review patients' medications to ensure staff have an up-to-date list of all current medications for both the patient's mental illness and possible physical conditions as well. This information helps the clinical team make informed decisions about the patient's treatment plan.	Quarterly	Internal Database*	88%	88%	99%	97%	100%	92%	99%	99%	100%	98%
HR indicator	Absenteeism Rate	Total paid sick hours / total earned (paid) hours	This indicator monitors total paid sick hours in relation to total paid hours.	Quarterly	Internal Database*	2.59%	3.00%	2.15%	2.15%	3.70%	3.37%	5.60%	5.40%	5.01%	5.27%
Financial	Balanced Budget	% of balanced budgets in last 5 years	All hospitals are required to have a balanced budget. Sound financial management and a balanced budget reflect the hospitals' wider responsibility to the community.	Annual	Internal Database*	Annual	N/A	Annual	N/A	Annual	N/A	Annual	N/A	Annual	N/A