

Champlain LHIN Inpatient Mental Health & Addictions Capacity Plan

Final Report Summary

21 August 2017

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Executive Summary

In response to the objectives outlined in the Champlain LHIN's Integrated Health Services Plan 2016-19, and in recognition of the need to continue to improve access to inpatient mental health and addictions (MH&A) services, the Champlain LHIN convened a Steering Committee to develop an Inpatient MH&A Capacity Plan. The Steering Committee was led by Co-Chairs, George Weber, CEO of The Royal Ottawa Healthcare Group, and Bernard Leduc, CEO of Hôpital Montfort and membership included:

- Representation from each hospital with inpatient MH&A beds
- Representations from small, rural, and community hospitals that refer into the inpatient MH&A system;
- Representation from the University of Ottawa Department of Psychiatry;
- Representation from the Réseau des services de santé en français; and,
- Representation from the Champlain Mental Health Inter-hospital Committee.

The focus of this Steering Committee was to develop a Capacity Plan for inpatient mental health and addiction services being provided across the Champlain LHIN by schedule 1, schedule 2/3, and specialty facilities. The specific goals of the project were to increase efficiency, effectiveness (e.g. patient and family experience), and flow across identified hospitals and inpatient programs with limited additional financial investment.

The Champlain LHIN Inpatient Mental Health Capacity Plan project resulted in thirteen (13) recommendations. This document outlines an overview of the Capacity Plan Assessment, recommendations and implementation plan. The implementation plan has been presented as a set of integrated implementation activities and titled the Regional Inpatient MH&A Capacity Program (Regional Program) Implementation. Built on change management principles, and through consultation with MH&A system experts and users, providers and partners of Champlain's MH&A services, the Regional Program is also aligned with the Champlain LHIN goals of Integration, Access and Sustainability. The Regional Program Implementation includes five (5) work streams to be completed over a three-year timeframe:



Many of the steps and sub-steps within each work stream will be implemented simultaneously and complement each other – successes in one area will contribute to successes in others. Furthermore, many elements of the implementation will begin immediately, whereas other elements will not begin until later in Year 1 or even Year 2 given their dependencies on other activities within this Program.

Acknowledgements

This report has been prepared on behalf of the Champlain Inpatient MH&A Service Capacity Plan Steering Committee. The committee is acknowledged for its dedication and thoughtful direction of the process. The Steering Committee members are listed below.

Steering Committee Membership:

- George Weber, The Royal Ottawa Health Care Group, Co-Chair
- Bernard Leduc, Hôpital Montfort, Co-Chair
- Raj Bhatla, Chair Champlain Inter-Hospital Committee
- Barbara Casey, Children's Hospital of Eastern Ontario
- Jacinthe Desaulniers, Réseau des services de santé en français de l'Est de l'Ontario
- Jeanette Despatie, Cornwall Community Hospital, Interim CEO Brockville General Hospital
- Heather Garnett, The Ottawa Hospital
- Kathy Gillis, Chair Department of Psychiatry
- Marc LeBoutillier, Hawkesbury & District General Hospital
- Pierre Noel, Pembroke Regional Hospital
- Tom Schonberg, Queensway Carleton Hospital
- Frank Vassallo, Kemptville District Hospital, Champlain Alliance of Small Hospitals
- Kevin Barclay, Champlain LHIN, Senior Health System Integration Specialist

The OPTIMUS | SBR Project Team:

- Terri Lohnes
- Andrea Spencer
- Rachel Steger
- David Lynch
- Glenna Raymond
- Janice Dusek
- Jacquie Dale
- Guy Thérout
- Nathan Duyck
- Lindsay Martin

The following individuals, organizations, and groups are acknowledged for their participation in the stakeholder consultation process.

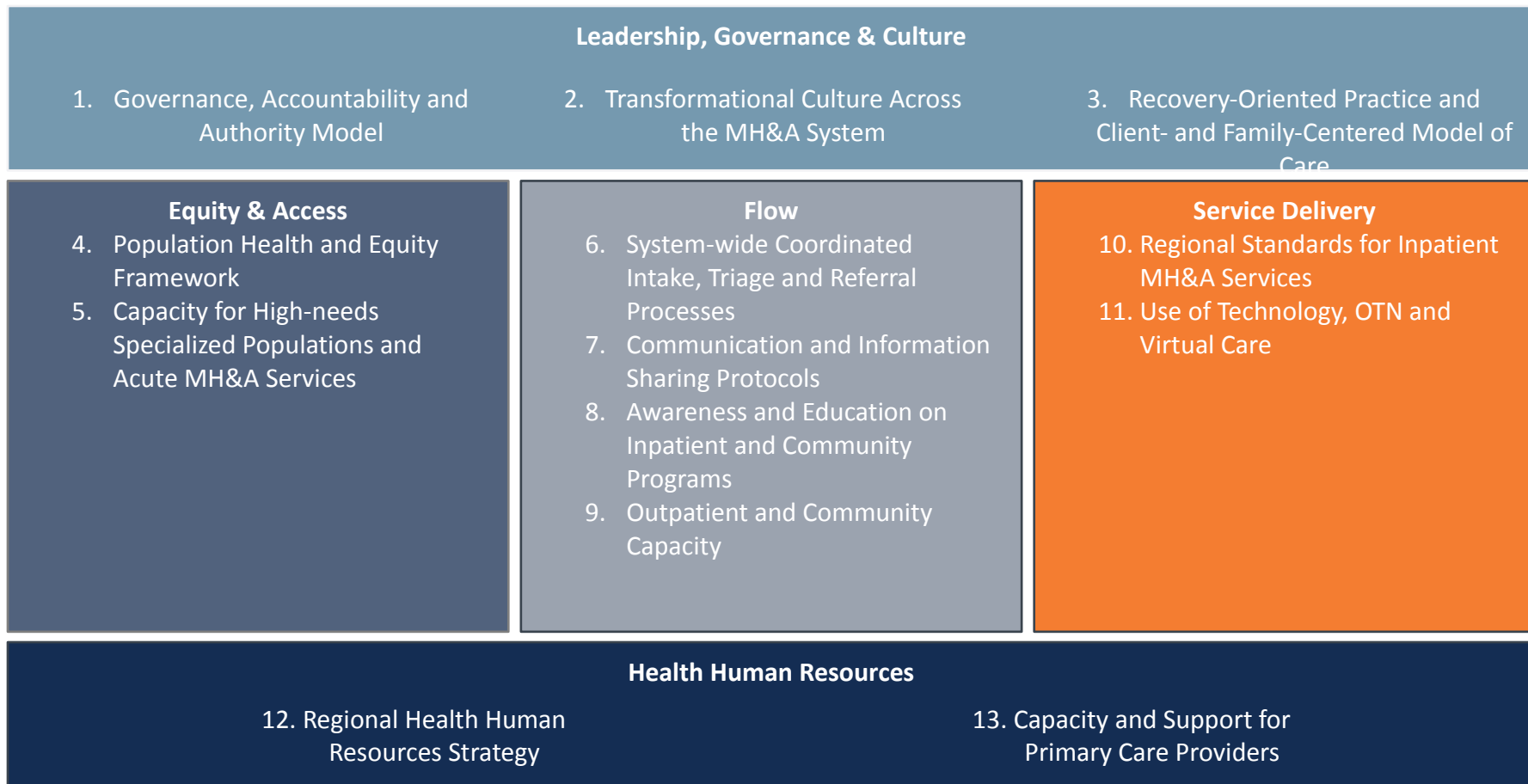
- ACTT/FACTT-DD
- Addiction and Mental Health Network Champlain
- Champlain Crisis Teams
- Champlain Inter-Hospital Committee
- Champlain Primary Care Working Group
- CMHA Ottawa and other Community MH&A Providers
- Indigenous Health Circle Forum
- Member hospitals of the Champlain Association of Small Hospitals
- Montfort Renaissance
- Ottawa Police
- Ottawa Paramedic Service
- Parents' Lifelines of Eastern Ontario
- People with lived experience
- Psychiatric Survivors of Ottawa
- Salus Ottawa
- THRIVE

The contributions from the participating organization's administrative, clinical, and decision support teams at each hospital and the Champlain LHIN are also appreciated, in particular to:

- Andrew Bonner, The Ottawa Hospital
- Mitsi Cardinal, The Royal Ottawa Health Care Group
- Sonia Dicaire, Hôpital Montfort
- Barb Fisher, Children's Hospital of Eastern Ontario
- Robyn Griff, The Royal Ottawa Health Care Group
- David Hesidence, The Royal Ottawa Health Care Group
- Henna Hussain, The Royal Ottawa Health Care Group
- Heather Mallon, The Royal Ottawa Health Care Group
- El Mostafa Bouattane, Hôpital Montfort
- Coralee Purdy, Queensway Carleton Hospital
- Brian Schnarch, Champlain LHIN
- Gamil Shahein, Pembroke Regional Hospital
- Rhiannon St. Pierre, Cornwall Community Hospital
- Ellen Whittingham, Queensway Carleton Hospital

Champlain Inpatient Capacity Plan Recommendations

The Capacity Plan Project identified the following recommendations, which were informed by engagement with people with lived experience, MH&A providers and system partners, secondary data analysis, and a jurisdictional and best practices scan. The recommendations are also aligned with recent national and provincial strategies and reports including the Auditor General of Ontario's 2016 reviews of Children's and Specialty Mental Health.



Recommendations to the LHIN
Leadership, Governance & Culture
Recommendation 1: Develop a governance, accountability, and authority model for inpatient MH&A for Champlain LHIN that supports enhanced collaboration across the system, increases accountability for system performance, allows for more effective allocation of resources along the MH&A continuum, and ultimately allows for the provision of effective and efficient care to patients and their families.
Recommendation 2: Drive transformational culture across the MH&A system to promote an integrated and collaborative system team.
Recommendation 3: Implement a recovery-oriented practice as well as a client- and family-centered model of care by facilitating active participation of patients, families, and peers as part of collaborative teams and endorsing and integrating recovery-oriented principles into service design and delivery.
Equity & Access
Recommendation 4: Develop/Adopt a Population Health and Equity Framework to support planning and decision making.
Recommendation 5: Build/Reallocate capacity for high-needs specialized populations (e.g., dual diagnosis, neuropsychiatric disorders, etc.) and address urgent acute MH&A capacity challenges.
Flow
Recommendation 6: Design and implement system-wide coordinated intake, triage, and referral processes to support patients to get access to the appropriate level of care.
Recommendation 7: Establish concrete communication and information sharing protocols for service delivery across the MH&A continuum.
Recommendation 8: Increase awareness of, and provide education on, both inpatient and community programs and referral services.
Recommendation 9: Evaluate capacity and gaps of outpatient and community MH&A services and invest to optimize capacity across the continuum.
Service Delivery
Recommendation 10: Develop/Adopt regional standards for inpatient MH&A services to ensure consistent person-centered, high-quality experience for all patients.
Recommendation 11: Increase the use of technology in the provision of care by expanding use of OTN/virtual care and increasing patient access to information.

Health Human Resources

Recommendation 12: Develop a regional Health Human Resources strategy that supports recruitment, retention and sharing of HHR (including peer supports) and enables MH&A care providers to work to full scope of practice.

Recommendation 13: Build capacity and better support Primary Care Providers to support patients with MH&A in the community through education and improving access to consultation and referral supports

Implementation Considerations

The implementation plan was developed through a consultative process that leveraged the strengths, weaknesses and gaps identified through the Inpatient Capacity Plan Project, in which over 200 stakeholders were engaged between February and July 2017. The findings from engaging stakeholders through multiple interviews and working sessions were used to design the Regional Program, which is a comprehensive program of implementation activities that work together to achieve the desired deliverables and outcomes as articulated in the thirteen (13) recommendations of the Champlain Inpatient Capacity Planning Project. The following graphic provides an overview of the plan to implement the Regional Program (further details on each step are provided in the detailed report):

The implementation of the steps is a complex undertaking, therefore additional considerations and context have been provided to supplement the activities. The following framework was applied to categorize various implementation considerations relevant to each step:

Dimension	Definition
Attitudes	The political economy for change: the vision of a different future and the motivations and commitment to achieve it
Conditions	The laws, structures, systems, etc. necessary to mandate, support and manage the change
Resources	The human, physical and financial resources needed to support or facilitate the change

There are a number of dimensions to the implementation of a Regional Program for Inpatient MH&A. As partners work with the LHIN to implement the program there needs to be a strong commitment to maintaining high standards for quality and safety, with patients at the centre.

Implementation Plan: How to Execute

Recommendations Inform Steps of a Regional MH&A Capacity Program

The recommendations were designed to achieve a set of objectives through a process of parallel implementation, where success on one recommendation will result in success in others. Accordingly, there are significant interdependencies between the different recommendations, therefore the approach to implementing all seven must be to consider them as a package, through the design of a Regional Program.

The Regional Program is made up of five (5) major steps that support the execution of all thirteen (13) recommendations, including:

1. Set-Up & Initiative;
2. System Framing;
3. Operational Capacity Building;
4. Broader System Alignment; and,
5. Evaluation.

The figure below identifies the sub-steps within each of the major steps, which are described in further detail in the full report.

