



QUALITY MENTAL HEALTH CARE

An Action Plan

This Action Plan responds to recommendations that were made as a result of a review conducted by a Case-Specific Mental Health Quality Assurance Committee established by the Minister of Health and Social Services in 2015. This Committee was mandated to consider the care provided to a specific client, with a view to determining whether there was a need to improve the provision of mental health services. The Committee's report cannot be released to the public because of disclosure provisions in the *Evidence Act*.

Although the review examined mental health services provided by Stanton Territorial Health Authority (STHA) and the Yellowknife Health and Social Services Authority (YHSSA), the recommendations touched on the entire health and social services system. Notably, the overarching recommendation was to conduct an independent external review of mental health care services in the Northwest Territories. The Department has accepted that recommendation and has already moved to implement it. That review will result in broader recommendations for change throughout the health and social services system.

Other recommendations were specific to the operations at STHA and YHSSA and these recommendations provide an opportunity for immediate change, specifically with respect to the provision of in-patient and out-patient psychiatry and related services.

The YHSSA and STHA are working together to deliver shared outcomes that demonstrate innovation and leadership. The Stanton Territorial Health Authority (STHA) is at the center of the acute care delivery system in the Northwest Territories. STHA is also an important part of the Government of the Northwest Territories' territorial integrated approach to healthcare. Through Stanton Territorial Hospital and the related clinics, the STHA offers a full spectrum of health care services for patients from Yellowknife, as well as every other region of the NWT.

This action plan sets out the ways in which these agencies will partner to fulfill their responsibilities so that residents have access to quality mental health care. The scope of some of the proposed actions, and time frames for implementation, will be fluid as we receive and move to implement recommendations from the broader system review. But in the meantime, we have the opportunity to make immediate changes that will have a direct impact on client and patient care, and improve outcomes for patients and families.

At the territorial level, the recommendations from this review will guide plans to improve the delivery of mental health care across the Northwest Territories. Recent amendments to the *Mental Health Act*, which will come into force in 2017, will put in place comprehensive measures for protection of rights for persons with mental illness, and help expedite access to services. The *Mental Health Act* amendments will also guide the development of policies and practices.

The action plan focuses on five key areas:

- 1) Areas for Action Program Management and Administration
- 2) Quality Improvement
- 3) Clinical Standards and Practice
- 4) Human Resources
- 5) Physical Plant and Infrastructure

Case Review Action Plan

1.0 Program Management and Administration		
Area for Action	Action	Deliverables
	An external review team with both clinical and administrative expertise will be engaged to conduct a review on behalf of the Department.	A report outlining the strengths and weaknesses of the current mental health and addictions system and services, with recommendations on how to improve.
1.1 Develop a Strategic Framework to guide the re-design of mental health and addictions programs and services.	A Steering Committee comprised of senior officials from the Department and the Regional Authorities will build on the recommendations of external experts to oversee the development of a strategic framework to guide the re-design of NWT mental health and addictions programs.	A strategic framework document that will guide the development of an action plan for mental health, an action plan for addictions, and an action plan that specifically targets the mental health and addiction needs of children and youth.
1.2 Improve Psychiatric Unit policies, processes, and staff development to ensure the implementation of a family based treatment approach with patients wherever possible.	<p>Review current best practices in the engagement of family members as supports to psychiatric patients and develop an implementation framework for the psychiatric unit.</p> <p>Develop and implement policies and processes to support family engagement in the support of patients.</p> <p>Train staff to engage and collaborate with families, to enable families to support the treatment and recovery of patients.</p>	<p>Approved plan for implementation of patient and family centered principles and recovery based philosophy, including:</p> <ul style="list-style-type: none"> • Unit policies and procedures manual that emphasizes a family-inclusive approach to patient care and recovery. • In-service training program on family-inclusive policies and procedures.
1.3 Improve consent policies to enable staff to talk to family members about the patient's care and their needs for support from the family.	<p>Undertake a review of existing operational policies, standards and forms used in the Mental Health and Addictions programs and services.</p> <p>Modify policies, standards and forms to support family member involvement and communication.</p>	Consent process is implemented for all patients.
1.4 Improvements to child and youth mental health and addiction services.	Develop an action plan to enhance access to mental health and addictions services designed specifically to meet the needs of children and youth.	Action Plan to improve psychiatric services to children and youth, with a specific quality assurance component and an evaluation methodology.

Area for Action	Action	Deliverables
<p>1.5 Enhance capacity on the pediatric unit to manage child/ adolescent mental health/psychiatric admissions by providing training for nursing staff on the pediatric ward. (Links to 1.3)</p>	<p>Review current best practices in the engagement of family members as supports to psychiatric patients and develop an implementation framework for the psychiatric unit.</p> <p>Develop and implement policies and processes to support family engagement in the support of patients.</p> <p>Train staff to engage and collaborate with families, to enable families to support the treatment and recovery of patients.</p>	<p>Policies, processes, and in-service training program focused on the fundamentals of child and adolescent psychiatry.</p>
<p>1.6 Support adolescent patients to transition to adult services.</p>	<p>Through the existing Mental Health Advisory Committee, develop a plan to facilitate the transition of young people receiving mental health care between child/adolescent and adult services.</p>	<p>Procedures and protocols to support transitions.</p>

2.0 Quality Improvement and Risk Management

Area for Action	Action	Deliverables
2.1 Discontinue narrative charting and the NISS (Nursing Information System Saskatchewan) system and replace with a more clinically effective tool.	<p>Complete a needs assessment study.</p> <p>Develop Data Collection Strategies (Questionnaires, Process Mapping, Interviews and System Observations).</p> <p>Conduct an evaluation of the Current System (Features, security, workflow, reporting).</p> <p>Identify Functional Deficiencies.</p> <p>Submit Recommendations (Keep system but increase training/New System).</p>	Approved plan to implement a more clinically relevant tool.
2.2 Establish academic ties to University training programs that facilitate ongoing resident rotations and faculty supervision in both inpatient and outpatient psychiatric care.	Explore academic ties to Universities providing psychiatric training programs. Review options for residency placements on an ongoing basis.	Improved training opportunities for staff, and exchange of best practices.
2.3 Implement improved daily therapeutic programming for all patients.	Develop a complete daily therapeutic program that reflects Stanton Territorial Hospital's commitment to client recovery and positive patient outcomes.	An approved plan to develop and implement a therapeutic program.
2.4 To ensure appropriate continuity of care and patient safety, implement a common electronic medical record (EMR) that connects mental health care providers to primary and acute care.	<p>Revise standards to support implied consent, in line with current Health Information Act requirements.</p> <p>Develop and implement plan to integrate mental health staff on to the EMR.</p>	Mental health staff, primary care staff, and acute care staff are integrated through EMR and there is a single chart for the client.
2.5 Ensure that psychiatric consultation resources are available specifically for children and youth with mental health issues.	Explore options for expanding psychiatric consultation through the use of telehealth or other mediums.	An options paper examining feasibility and costs, with recommendations for action.
2.6 Develop a formal system-wide policy for reviewing and responding to Coroner's reports.	Develop a consistent and standardized approach for tracking and coordinating system responses to recommendations made by the Coroner, and follow-up commitments.	HSS system-wide protocol and tracking mechanism to respond to and follow up on Coroner's recommendations.

3.0 Clinical Standards and Practice		
Area for Action	Action	Deliverables
3.1 Consistently involve family members in discharge planning.	Develop a policy to support the engagement of family members in the discharge process and provide staff training.	Patients and their family members have a post discharge plan that they can follow, with appropriate connections in the community.
3.2 Consistent use of a valid checklist tool addressing key factors in the patient's clinical condition that must be implemented prior to discharge. This should include an assessment of suicide risk.	Review evidence base and current best practice. Complete detailed gap analysis. Complete analysis and recommendation of scope of change (Authority/System). Develop a policy with an approved checklist tool. Complete implementation plan.	Approved policy, checklist tool and full implementation plan. Checklist tool implemented with patients.
3.3 Implement the use of evidenced based daily assessment tool for each psychiatric patient's care.	Review evidence base and current best practice and select an appropriate daily assessment tool. Complete implementation plan.	An approved plan to define a suite of structured interventions. Assessment tool implemented for all patients. An implementation and training program that includes ongoing training cycles and regular policy review.
3.4 Balance workload to ensure that each principle nurse spends time in face-to-face therapeutic contact with their patient (s) and provides their daily assessment charting based on that contact.	Develop and approve Standards of Care that reflect workload and focus on client recovery and positive patient outcomes.	Standards of Care implemented. Chart audits demonstrate improved patient contact.
3.5 Promote adequate and appropriate patient information sharing among health care professionals to facilitate safe and effective care.	Subject to restrictions that may be imposed by the <i>Health Information Act</i> , develop a protocol for information sharing within a defined circle of care providers.	Information sharing protocol.
3.6 Establish a protocol to support continuity of care for students entering other jurisdictions.	Obtain and/or develop information guides for mental health services in select post-secondary institutions.	Information guides for students and practitioners.

4.0 Human Resources and Labour Relations

Area for Action	Action	Deliverables
4.1 Provide all staff with consistent and ongoing training in the administration and interpretation of structured intervention tools.	<p>Review evidence base and current best practice.</p> <p>Develop an operational policy with an approved set of structured intervention tools.</p> <p>Complete implementation plan.</p> <p>Secure senior management approval.</p>	<p>An approved plan to define a suite of structured interventions.</p> <p>Senior management approval of a set of structured intervention tools.</p> <p>An implementation and training plan that includes ongoing training cycles and regular policy review.</p>
4.2 Investigate, identify and implement a valid, effective Suicide Risk Assessment tool that can be utilized by the Psychiatric, and all health and social services staff in the regions.	<p>Review evidence base and current best practice.</p> <p>Develop an operational policy with an approved assessment tool.</p> <p>Complete implementation plan.</p> <p>An implementation and training program that includes ongoing training cycles and regular policy review.</p>	<p>Suicide Assessment tool is implemented consistently by all staff.</p>
4.3 Train all nursing staff working on the Psychiatry Unit in current psychiatric nursing assessment of patient functioning, including mental status evaluation.	<p>Develop a training module including objectives and content.</p> <p>Develop a training schedule.</p> <p>Initiate evaluation and cycle for skills maintenance.</p>	<p>Successful completion of training by all staff.</p> <p>Chart Audit demonstrates assessments are utilized appropriately with patients.</p>
4.4 Implement a thorough and consistent orientation to the unit, and ensure staff develop a specific set of skills as defined by hospital care policies.	<p>Develop an operational policy that defines skills and an orientation checklist.</p> <p>Implement orientations.</p>	<p>All new staff are appropriately oriented to the unit and are able to demonstrate a knowledge of applicable hospital care policies.</p>
4.5 Establish and implement a mandatory psychiatric nursing skills upgrading program for all nurses working on the Unit.	<p>Develop an in-service training plan in consultation with clinical leadership and senior management at Stanton.</p>	<p>Report and recommendations on the establishment of a mandatory psychiatric nursing skills upgrading program.</p>

Area for Action	Action	Deliverables
4.6 Provide enhanced psychiatric training to primary care physicians who provide coverage to the Unit.	Develop an in-service training plan in consultation with clinical leadership and senior management of both Authorities.	All hospitalists are appropriately trained to provide medical coverage to patients in the psychiatric unit.
4.7 Ensure that in-patient and out-patient psychiatric services are supported by the appropriate mix of psychiatric and allied mental health service providers, including adequate and appropriate coverage for psychiatric nursing, patient advocacy, and discharge management.	<p>Consider recommendations of the external review team in developing the Strategic Framework and Action Plans.</p> <p>Ensure that psychiatric and allied mental health care providers are included as a priority within the Department's health human resources recruitment and retention strategies.</p>	<p>An informed plan for organizational design and staffing of mental health services.</p> <p>HR strategies include psychiatric and allied mental health care providers as a priority consideration.</p>
4.8 Provide crisis management and inpatient short term stay intervention competency training for nursing staff on the pediatric service.	Develop an in-service training plan in consultation with clinical leadership and senior management of both Authorities.	Report and recommendations on the establishment of a training program.

5.0 Physical Plant and Infrastructure

Area for Action	Action	Deliverables
5.1 Obtain expert advice in the functional program development and Unit design for the new Stanton Psychiatric Inpatient Unit.	Engage a consultant to plan changes to improve the functional program in the context of the Stanton Hospital Renewal project.	Completed. An external consultant was engaged and recommendations provided during the schematic design phase of the Stanton Renewal Project.
5.2 Comply with all of the relevant recommendations of the recently conducted Stanton Territorial Health Authority Crime Prevention through Environmental Design Review (CPTED).	<p>Conduct risk and feasibility analysis of all relevant recommendations. Stanton will then prioritize.</p> <p>Review recommendations.</p>	<p>Completed. Contract in place for risk assessment and feasibility work.</p> <p>Follow up report to be produced once work is complete.</p>
<p>5.3 Review current physical structure to ensure that:</p> <p>a) All windows in the patient seclusion rooms cannot be broken or pushed out of their frames; and</p> <p>b) The glass enclosure of the nursing station is made of shatter-proof glass.</p>	<p>Assess current windows in seclusion rooms and glass enclosure of the nursing station.</p> <p>If necessary, replace/ upgrade windows, enclosures and frames.</p>	<p>Findings provided to Stanton Senior Management.</p> <p>Follow up report to be produced once work is complete.</p>
5.4 A 2-3 bed child and adolescent mental health ward, adjacent to the pediatric inpatient service, for children and adolescents requiring short stay inpatient pediatric mental health hospital care is required.	Engage a consultant to plan changes to improve the functional program in the context of the Stanton Hospital Renewal project.	Completed. An external consultant was immediately engaged and recommendations provided during the schematic design phase of the Stanton Renewal Project.