CEQM

CONTINUOUS ENHANCEMENT OF QUALITY MEASUREMENT IN PRIMARY MENTAL HEALTH CARE: CLOSING THE IMPLEMENTATION LOOP PROJECT

TOP 30 QUALITY MEASURES

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Final Rank*	Overall Rank*	Domain	Measure Title
1	1	Patients with Mood Disorders	★ **Education about Depression** Patient and families should be educated on: • The causes, symptoms and natural history of major depression • Treatment options (trial and error approach) • What to expect during the course of treatment • How to monitor symptoms and side effects • Follow-up protocols (office visits and/or telephone contacts) • Early warning signs of relapse or recurrence • Length of treatment.
2	2	Patients with Acute Conditions	★ **Risk Assessment for Self Harm** Healthcare professionals attending a person who has self-harmed should conduct and record a comprehensive and respectful assessment of (in order of urgency): 1. risk 2. current emotional and mental state 3. psychosocial needs 4. main clinical and demographic factors associated with risk of further self-harm and/or suicide.
3	5	Continuity	★ **Secondary Care Discharge Plans** Development of a discharge plan addressing monitoring and follow-up actions for adults with low prevalence psychiatric disorders (e.g., schizophrenia) who have received specialist mental care and have been transferred back to primary health care.
4	8	Patients with Psychosis	★ **Family Interventions for Schizophrenia** Family interventions should be offered to families of individuals with schizophrenia who have experienced a recent relapse or have persisting symptoms, and are living with or in close contact with their family. Key intervention elements include duration of at least 9 months, illness education, crisis intervention, emotional support, and training in how to cope with illness symptoms and related problems.
5	10	Emergency Services	★ **Urgent Mental Health Services Within 24 hours** Urgently required mental health services are received within 24 hours.
6	11	Psychotherapy	★ **Availability of Psychosocial Treatment** Evidence based psychosocial interventions appropriate to a patient's condition should be available to patients in addition to pharmacological maintenance treatment, especially if complete or continued remission cannot be achieved.
7	12	Patient-Centeredness	★ **Informed Consent** Health professionals should make all efforts necessary to ensure that a service user can give meaningful and properly informed consent before treatment is initiated, giving adequate time for discussion and the provision of written information.
8	13	Shared Care	★ **Availability of Chronic Disease Management** Availability of chronic disease management strategies (including collaborative care) and additional strategies (such as self-management) improves the detection and care of patients with depression.
9	15	Children	★ **Caregiver Involvement in Child Mental Health Care** One or more visits with adult caregiver of child (13 years old or younger) within 3 months of the child being treated for a psychiatric or substance-related disorder.
10	17	Patients with Comorbid Conditions	★ **Physical Health Checks** Physical health checks should pay particular attention to hormonal disorders (e.g., diabetes and hyperprolactinemia), heart disease risk factors (e.g., blood pressure and lipids), side effects of medication, and lifestyle factors (e.g., smoking). These must be recorded in the notes.
11	22	Youth	★ **Specialist Staff for Child and Youth** Treatment of child and adolescent mental health problems by specialist staff working in primary health care is available.
12	25	Rehabilitation	★ **Access to Supported Housing** Adults with serious mental illness have access to a long term independent living program, including support staff.
13	26	Accessibility	★ **Wait Times for Services** Average access time for urgent, emergent, and routine services.
14	27	Competence	★ **Ongoing Mentorship for PHC Providers** On-site mental health worker mentorship of primary health care providers occurs in the practice as part of an ongoing (i.e., not time limited) collaborative care or quality improvement program.

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Final Rank : This rank is calculated using overall rank including an extra weighting for priority domains.
★ : Most highly rated measure for the identified primary domain.

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15	32	Outreach Services	★	**Assertive Case Treatment** Percent of adults with a serious mental illness at risk of repeated relapse, have made high use of inpatient and/or emergency services, have a poor history of engagement with services or are homeless, who are offered treatment via an assertive case treatment (ACT) or intensive case management program.
16	35	Early Detection	★	**Information for Public Regarding Mental Health** Dissemination of information to the public about symptoms of mental illness and available resources.
17	38	Health Conditions	★	**Self-Perceived Improvement** Percentage of patients who perceive improvement in their condition.
18	45	Equity	★	**Equity of Access to Counselling** There is equity of access to counseling services or psychotherapy treatments regardless of ethnic origin, age, place of residence, socioeconomic status, and sex.
19	51	Personal Resources	★	**Comprehensive Assessment** A comprehensive assessment, intervention plan, and individual progress review is undertaken that considers all domains in the individual's life as well as his/her support network.
20	80	Community Health Care Centre	★	**Centralized Intake** Presence of single entry systems/processes (e.g., standardized referral and service forms for CHC).
21	3	Patients with Mood Disorders		**Screening for Depression in High Risk Groups** Percent of individuals in high risk groups below with documented screening for major depression at least on one occasion : • Substance abuse or substance abuse withdrawal • Other psychiatric illnesses • Own or family history of depression • Major loss/traumatic events or life changes • Multiple (greater than 5/year) medical visits or multiple unexplained symptoms • Work or relationship dysfunction. • Cardiac disease, diabetes or other major physical illnesses
22	4	Patients with Acute Conditions		**Additional Support for Patients with Suicide Risk** Additional support (e.g., more frequent direct contacts with primary health care staff or telephone contacts) should be considered for patients with depression who are assessed to be at high risk of suicide.
23	6	Patients with Acute Conditions		**Same Day Services for Higher Risk Suicidal/Homicidal Thoughts** People presenting with suicidal, assaultive or homicidal thoughts and/or plans, which make the clinician uncertain of safety of the patient or others: Proportion who receive same-day specialized mental health care.
24	7	Continuity		**Follow-up for Anti-Depressant Treatment** For individuals being treated with antidepressants, establish and maintain follow-up contact (e.g. office visits, phone calls, or other) at intervals tailored to their mental health status.
25	9	Patients with Acute Conditions		**Protocol for Self/Other Harm Risk** The practice has a written protocol for the assessment of and management of people at risk of harming themselves or others.
26	14	Patients with Mood Disorders		**Weekly Contact for Severe Depression** Frequency of contact for people with major depression should be weekly for severe depressive symptoms; every 2-4 weeks if mild or moderate symptoms are present.
27	16	Emergency Services		**Availability of Crisis Response System** A crisis response system (CRS) is available in each district and includes a plan for 24 hours, 7 days per week services.
28	18	Patients with Mood Disorders		**Change Treatment for Non-Responsive Depression** Treatment changes occur for non-responsive depression (e.g., no or minimal response after 4-8 weeks of antidepressant treatment).
29	19	Patients with Comorbid Conditions		**Relapse Prevention for Alcohol Use** Access to relapse prevention treatments of established efficacy should be facilitated for alcohol dependent patients.
30	20	Patient-Centeredness		**Flexible Treatment Options** Allow for patient and/or family preferences for treatment.

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