

Queen's Department of Psychiatry Strategy at a Glance (2016-2017)

Vision

Queen's Department of Psychiatry is nationally respected as a model of high quality collaborative, person and family-centered mental health care services, education and research:

- With our community partners, we provide outstanding, integrated mental health care services for people with mental disorders in South Eastern Ontario, across their life span
- We are known by students and educators to provide an exemplary competency-based, clinical education
- We are innovative, having a strong, collaborative clinical research program, with areas that earn international acclaim
- We work in a collegial, collaborative manner across Divisions and Services to achieve our goals and provide career opportunities
- We are a partner and an advocate for the rights and improved quality of life for people with mental disorders
- We are valued for our knowledge and leadership by the communities we serve, Queen's, and our service delivery partners

Objectives 2017

1. Community-based, shared-care program operational in South-Eastern Ontario with primary care-givers
2. High approval ratings in local communities and institutions among medical practitioners, patients and families
3. Competency-based education in place in all programs
4. Continuous quality improvement and associated metrics in place
5. High, evidence-based patient and family outcomes
6. High levels of faculty / staff retention; faculty / staff engagement
7. Expanded research activity and network; local, national and international collaborative projects underway
8. Track record of tangible patient / family advocacy successes
9. National recognition for collaborative care / education / and related research initiatives (awards, papers etc.)

Mission

Continue to evolve towards a person and family-centered community-based shared service delivery model, while enhancing our education and research capabilities, through:

- Ensuring a successful transition to CBME
- Progressing the development of a community-based shared-care program, including collaborative and shared care, with solutions to access and flow problems, more effective lines of communication to community organizations, and increase GP comfort levels with managing stable cases
- More effectively monitoring the patient's journey through the system, satisfaction levels, reducing chronic and acute waiting lists
- Finalizing and implementing the partnership and practice plan
- Participating effectively in the LHIN redesign
- Ensuring an effective leadership succession within the Department

Objectives 2016

1. Departmental faculty development sessions held (2016)
2. Understand the shared care landscape in SE Ontario – what is happening, expectations of different stakeholders, opportunities to move forwards (2016)
3. Explore viability of mock patient journeys through multiple streams (2016)
4. Full accreditation of the Residency Training Programs
5. Successful transition to CBME (2017)
6. Increased shared care services in SE Ontario (2017)
7. Centralized intake (2017)
8. Ensure the characteristics of the new Department Head matches priorities and values of the Department (2017)

Four Priorities in 2016-2017 (with specific objectives and action plans in 1st year)

1. Transition to CBME

Objectives: 1.1 Departmental faculty development sessions held (2016); 1.2 Successful, full accreditation and transition to CBME (2017)

- 1a. Fill the Director of Faculty Development Committee
- 1b. Fill the administrative position for CBME
- 1c. Allocate funding within the Department to support CBME activities and needs

2. Community-based Shared Care

Objectives: 2.1 Understand the shared care landscape in SE Ontario – what's happening, expectations of different stakeholders, opportunities to move forwards (2016); 2.2 Increased shared care services in SE Ontario (2017)

- 2a. Form a committee engaging family health team managers and LHIN (July 2016)
- 2b. Hold a workshop by the end of 2016 (align vision, next steps), include people from successful shared care teams in the area

3. Monitoring the Patient Journey

Objectives: 3.1 Explore viability of mock patient journeys through multiple streams (2016); 3.2 Centralized intake (2017)

- 3a. Take more of a leadership role in centralized intake design
- 3b. Create Stakeholder buy-in
- 3c. Value stream mapping
- 3d. Create an intake team including Psychiatrist input

4. Leadership Succession

Objective: 4.1 Ensure smooth transition to new Department Head

- 4a. TBD after external review

