 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</p>	<p>Operational Guideline: <i>Mental Health Wait Time Reporting</i></p>	<p>Guideline Number: <i>PCOG#9</i></p>
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1. BACKGROUND

Manitoba signed onto a multi-year Shared Health Priorities Bilateral Agreement with the Government of Canada in late 2017 to enhance mental health and addictions, and home and community care, services in the province. As part of this agreement, the Canadian Institute for Health Information (CIHI) led the evaluation of implementation of these services through nationwide indicators and finalized a new indicator in 2019 for wait times for Community Mental Health services.

As part of the new reporting, CIHI now requires all Regional Health Authorities to report **Mental Health Wait Times** for counseling services. The definition used is not exclusive to Mental Health programs and therefore includes services that may be provided within the Regional Primary Care and Community Health Agency settings.

2. INTENT

- To utilize system automation through the capture of Mental Health Wait Time data electronically via the Community Electronic Medical Record (C-EMR), resulting in less time on administration and more focus on managing overall patient care
- To provide direction regarding a standard and consistent approach for collection and reporting of Mental Health Wait Time data occurring within Primary Care to CIHI
- To support CIHI's mandate to deliver meaningful, comparable information that will accelerate improvement in health care, the performance of health systems and the overall health of the population


3. DEFINITION

Counselling: Therapy grounded in a psychological theory or evidence-based practice that uses a set of recognized communication skills planned to be provided over one or more scheduled sessions by trained mental health professionals to promote positive growth, wellbeing and mental health. The service can be individual, group or family counselling.

Examples of types of counselling included are dialectical behavioural therapy (DBT), cognitive behavioural therapy (CBT), brief low-intensity counselling, interpersonal therapy, solution-focused therapy, narrative therapy, psychodynamic therapy and mindfulness-based interventions.

Examples of types of counselling not included are crisis, drop-in, self-help, peer led, clubhouses, residential care and day hospital/day programs, psychoeducational, information sharing, specialized consultations and general support.

Wait Time: The number of calendar days (not business days) a client waited for ongoing counselling services from the date the initial referral was received to the date of the "first


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scheduled” counselling session. First scheduled refers to the first appointment offered and accepted by the client, regardless of whether they showed up for the appointment.

Crisis Services: An urgent and immediate response, often by a crisis team (usually available 24/7), to a situation where a person experiences emotional, mental, physical and behavioural distress. It is intended to be very brief, focusing on the here and now, with the purpose of minimizing stress, de-escalating immediate risk, and providing emotional support to ensure individual’s safety while improving their coping strategies.

4. GUIDELINE

- 1) For the purpose of this guideline, Mental Health Wait Time inclusion and exclusion criteria:
 - a) Includes scheduled, ongoing individual, group and family counselling
 - b) Includes all ages. Clients enrolled in adult programs (regardless of age) will be considered to be adults. Similarly, clients enrolled in children/youth programs will be considered to be children/youth regardless of age. Where services are available to all ages, those 18 and older will be considered adults and those under the age of 18 will be considered children/youth.
 - c) Includes all levels of priority/urgency, except crisis services. Clients referred to crisis units/programs generally do not experience a “wait time”. These waits are shorter and thought of as “response times”. However, referrals from crisis services for ongoing counselling in the community will be included.
 - d) Includes counselling delivered in real time, by any mode (i.e., in person, phone, videoconferencing, online)
 - e) Includes all referrals for new clients or clients that are being referred for a new episode of care (i.e., wherever a new referral is required)
 - f) Includes client unavailable days. Although it is recognized that excluding client unavailable days provides a more accurate reflection of their wait time, the ability to identify and/or remove client unavailable days is currently not consistent across jurisdictions. The impact of client unavailable days is already partially addressed by this measure as the wait time is to the first scheduled appointment, regardless of whether the client showed up for that appointment.
 - g) Includes system delays (i.e., if the first scheduled/booked appointment is moved due to a system delay the wait time will continue until the new rescheduled date)
 - h) Excludes stand-alone addictions services. Wait times are generally known to be shorter for addictions services than Mental Health services.
 - i) Excludes drop-in/walk-in counselling services. Drop-in/walk-in counselling services do not have associated wait times by definition and therefore, should not be included.
- 2) To support improved data capture and reporting of Mental Health Wait Times, EMR Support Services (ESS) developed an algorithm (*APPENDIX A – Mental Health Wait Time Algorithm*) in addition to defining processes and workflows (*APPENDIX B – Mental Health Wait Time Reporting*) intended to guide EMR Accuro users. Following these steps effectively starts the wait time counter which ensures all applicable data is captured within the *CIHI Mental Health Wait Time* report generated electronically from the EMR.

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- 3) The *Mental Health Referral Information Form (APPENDIX C)* within EMR Accuro is not intended to track all referrals submitted for counselling services. Its intention is to track the wait time for NEW clients or clients that are being referred for a NEW episode of care. **Completion of the Referral Information Form “activates the timer” which allows us to capture the necessary wait time data for CIHI Mental Health reporting purposes.** In order to capture accurate data, a Referral Information Form must be added to a client's chart if the service they are requesting is within scope of the counselling definition or Mental Health Wait Time criteria defined.


- 4) Once it has been determined an individual is eligible for services within scope, an initial visit appointment must be created within the C-EMR scheduler using the **Appointment Type: New Client Initial Visit** with accompanying **Appointment Reason: Counselling**. The only exception to the Appointment Type: New Client Initial Visit is for Group Therapy Appointments (see point #5 below). Any additional comments may be typed in the **Notes** text box; these notes are associated with this appointment only.

Note: For providers working within a Community Health Agency, the Appointment Type may differ slightly. As long as “**New**” or “**Initial**” exists within the Appointment Type AND an Appointment Reason of “**Counselling**” is used, the appointment will be captured within the data (For example: Appointment Type “Social Work - Initial Visit” AND Appointment Reason “Counselling” would be included).

- 5) In the case of a Group Therapy Appointments, all group sessions that are the client's initial visit will be counted in the C-EMR to calculate the end of the wait time period. While there is no need to modify the current group appointment booking process, clinicians are reminded to update the Group Program Tracker. It is important however, to add the Referral Intake Form to the client's chart to calculate Mental Health Wait Time data for reporting purposes. Any additional comments may be typed in the **Notes** text box.

Note: Those Group Therapy Appointments considered within scope of the Mental Health Wait Time criteria include Cognitive Behaviour Therapy with Mindfulness (CBTm) and Chronic Pain Self-Management classes.

- 6) Dates affiliated with the client rescheduling or deferring their first appointment will not be reflected within the data. Total wait time will be calculated using the difference between the date the initial referral was received to the date of the “first scheduled” counselling session. This includes client “unavailable days” and “system delays” as per above criteria.
- 7) At those Primary Care Direct Operated Clinics where My Health Team (MyHT) staff work in unison (using EMR Accuro) with primary care staff, any MyHT data within scope of the counselling definition and Mental Health Wait Time criteria will automatically be rolled up and captured in the quarterly report generated electronically from the C-EMR, as long as all above processes are followed.

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Note: There are two separate streams for Shared Care staff within Community – those that have responsibility to and report directly through Primary Care, and those that have responsibility to and report directly through Mental Health. Within the context of this guideline, all processes and steps identified are applicable to Shared Care staff under the Primary Care Service Area portfolio only.


- 8) Each site must identify a designate responsible to generate and submit site specific Mental Health Wait Time data quarterly (*APPENDIX D – Mental Health Wait Time Reporting-Export Instructions*) **before the 15th of the month immediately following quarter end** (i.e. Q1 data due before July 15) via email to data@wrha.mb.ca. Aggregate data will be compiled and submitted to CIHI on behalf of Primary Care by WRHA Performance and Business Planning. Prior to quarterly submission, it is recommended site designates validate data with those clinicians and/or group facilitators delivering the services to ensure data is being captured appropriately.
- 9) Any clinician who does not have access to EMR Accuro will be responsible for collecting and submitting their individual Mental Health Wait Time data manually to the designated site contact responsible for reporting. Any site-specific Mental Health Wait Time data not available electronically from the C-EMR is to be reported and submitted manually by the designated site contact using *APPENDIX E – Mental Health Wait Time-Template, MANUAL REPORTING*.
- 10) While the aggregate Mental Health Wait Time data submitted quarterly is not automatically distributed to the various sites within scope of the guideline, the data is available for review upon request to Performance and Business Planning.

5. SOURCE/REFERENCES

- Canadian Institute for Health Information, “Shared Health Priorities: Wait Times for Community Mental Health Counselling — Indicator Definition” (August 2020)
- Consultation with Primary Care Service Area Leadership, WRHA Performance and Business Planning, EMR Support Services and Canadian Institute for Health Information (March – June 2022)

6. APPENDICES

- APPENDIX A – Mental Health Wait Time Algorithm
- APPENDIX B – Mental Health Wait Time Reporting
- APPENDIX C – Mental Health Referral Information Form
- APPENDIX D – Mental Health Wait Time Reporting-Export Instructions
- APPENDIX E – Mental Health Wait Time-Template, MANUAL REPORTING

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SCOPE: Applicable to any WRHA Primary Care Direct Operated Clinics (with Shared Care Counsellors who have responsibility to and report directly through Primary Care), My Health Team or Community Health Agency that offers Mental Health Counselling

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes identified within be adopted by those Agencies offering Mental Health Counselling (Centre de Sante, Hope Centre, Klinik Community Health, Mount Carmel Clinic, Nine Circles Community Health, NorWest Co-op Community Health, Youville Clinic and Women's Heath Clinic).

**Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership*