The Excellence through Quality Improvement Project (E-QIP)

ONTARIO SHORES 7TH ANNUAL MENTAL HEALTH CONFERENCE
Outline

Today we will talk about:

• The QI imperative
• The community mental health & addictions sector in Ontario
• E-QIP’s design and roll-out
• Results and planning for the future
“It ain't what you don't know that gets you into trouble. It's what you know for sure that just ain't so.”

- Mark Twain
As providers of healthcare we have two responsibilities; to provide care, and to improve care.

- Batalden & Davidoff Institute for Healthcare Improvement
Model for Improvement

What are we trying to accomplish?
What changes can we make that will result in improvement?

Plan
Do
Stud
Act

Domains of Quality

Equitable
Timely
Effective
Client Centered
Integrated

Quadruple Aim

Guiding Principles:  Joyful, Person-Centered, Ethical, Transparent, Informed, Innovative, Unceasing
The Community MH&A Sector

- Over 300 providers (CMHA's, AMHO members and others)
- Tremendous variability
- Serve over 500,000 Ontarians annually
QI in the Community
Reported Barriers

• Lack of dedicated time
• Meaningless or no data!
• Lack of dedicated QI resources
• No common language across the system
• Lack of subject matter expertise
E-QIP is a partnership project between Addictions & Mental Health Ontario, Canadian Mental Health Association, Ontario & Health Quality Ontario to promote and support *quality improvement* (QI) in the *community mental health and addictions sector*.

E-QIP is based on the sectors existing commitment to providing high quality, person-centered care to individuals and families.
**Exploration**
QI Capacity Strengths & Barriers: very limited experience, may be interested, no dedicated resources, little/no QI training, unusable data
E-QIP Intension: motivate, inspire agencies to learn about QI and consider action

**Installation**
QI Capacity Strengths & Barriers: some resources & experience, ready and willing, limited data, informal QI training, little history of QI application
E-QIP Intension: assistance to secure processes (data gathering, team, resource allocation) for ongoing QI work

**Implementation**
QI Capacity Strengths & Barriers: infrastructure in place, some experience, interest and doing QI, data used but not always connected QI, limited governance expertise/role in QI, projects underway but not always connected to larger picture
E-QIP Intension: support to continue QI investment and complete projects

**Adoption**
QI Capacity: infrastructure in place, active in QI, champion and able to inspire/lead others
E-QIP Intension: connect them with those at other agencies, invite champion role and profiling work

Network Coaching: Using existing networks to leverage the experience of cohort 1/2 participants to multi-agency QI collaborative initiatives
- Change in QI Readiness (move to implementation and adoption)
- QI Project Agency Coaching: Use available data sources (i.e. OPOC, OCAN, GAIN etc.) for meaningful improvement and link projects to the larger agency, regional and provincial priorities. Train leadership/governance on enabling QI.
- General QI Agency Coaching: Grow the capacity and infrastructure to access relevant data and understand how data can be used for improvement.
- General Training: Practical training to help build interest in and readiness for QI.
- IHI Open School: Self-learning tools to increase knowledge and generate interest in the application of QI.
- Foundations to QI Training: Establish baseline QI skills for those 1) taking part in Network Coaching, project/general coaching or interested in IDEAS APL.
- Community of Practice: Accessible and current QI resources, collaborative peer support, sharing of innovation and problem solving [webinars, online info sharing].

- # of agencies participating in QI Collaborative
- Change in QI Readiness
- If reached
- # follow-ups/ requests
- # access resource
- Change in knowledge
- Application of learnings
- # participants reached
Reach

29 Organizations received coaching support

2,060 Participants trained

404 Community of Practice members
# Changes in Project Team Readiness

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Instillation</th>
<th>Implementation</th>
<th>Adoption</th>
<th>Mean scores</th>
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<tbody>
<tr>
<td>Pre-coaching QI Readiness Scores</td>
<td>5%</td>
<td>43%</td>
<td>52%</td>
<td>0%</td>
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<tr>
<td>Post-coaching QI Readiness Scores</td>
<td>0</td>
<td>14%</td>
<td>59%</td>
<td>27%</td>
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Impact of the Foundations to QI Training Program

• E-QIP worked with HQO staff to adapt the provincial Foundations to QI IDEAS content to the needs of the community mental health and addictions sector.

• Many of our sessions were modified to local needs where participants worked on quality issues related to their organization.

• We trained 412 people in the first year of E-QIP, all LHIN regions represented to various degrees in training sessions.

• A total of 83 agencies participated with varying degrees of staff participation. 304 participants requested and were granted access to E-QIP’s online Collaborative Community of Practice (79% of all participants).

• Participants were also added to the IDEAS Alumni list.

• Positive reviews of the program with expressed interest in applying what was learned in evaluations and reflective exercises.
Moving the Bar

QI Readiness by E-QIP Participation

- Exploration:
  - Did Not Access E-QIP: 16
  - Accessed 1 or More Offerings: 27
  - Accessed Intensive Support: 31

- Instillation:
  - Did Not Access E-QIP: 0
  - Accessed 1 or More Offerings: 33

- Implementation:
  - Did Not Access E-QIP: 0
  - Accessed 1 or More Offerings: 0

- Adoption:
  - Did Not Access E-QIP: 82
  - Accessed 1 or More Offerings: 40
Problem Statement

Because women with substance use, mental health and/or gambling issues have significant difficulty accessing traditional, office-based primary health care, the Jean Tweed Centre offers services (including direct care and referral services) to clients through videoconference (OTN) in a number of its programs. While the outcomes of this service have been positive, broader uptake in the agency’s Pathways outreach program, which serves a particularly vulnerable and marginalized population, has been less than anticipated.

Aim Statement

By June 30, 2017, 100% of clients in the Pathways outreach program, who have been identified as having an unmet primary health care need, are offered person-centered primary health care services, either in person or through the Ontario Telemedicine Network (OTN).
**Problem Statement**

There is confusion around access to services, and data demonstrates an average of **186.4 days** wait times from assessment to service initiation with case management services in London. There is inequity in service access depending on point of 1st contact.

**Aim Statement**

To decrease “avoidable” wait times to case management services in London from assessment to service initiation (this includes referral to assessment and assessment to service initiation) to **under 14 days**, by December 1, 2017.
What is still needed

Build QI **capacity and capability** in Ontario’s community mental health and addictions

**QI capacity building**: the planned development of knowledge, skills and other capabilities of a system or an organization to improve quality. ‘Capacity’ refers to having the right number and level of people who are actively engaged and able to conduct improvement, while ‘capability’ refers to the confidence, knowledge and skills to lead the improvement. Bottom-up approaches to QI capacity are required to enable HSPs to make measurable improvements that will translate to successful provincial QI and data-related strategies.
E-QIP 2.0: Building on Our Success

Support mental health, addiction, and concurrent disorders service providers

Across all 14 LHINS

2 Cohorts of Project & General Coaching

Education & Training:
- Foundations to QI (IDEAS)
- Change Management and Governance Training
- Experience Based Design
- IHI licenses for self-learning

Access & General Sector Support:
- Linking and profiling via Quorum
- QI and Data webinars
- Collaborative CoP Membership
- Support for the IDEAS ALP

Building on capacity built in
- E-QIP Cohort 1
- 2060 MH/Add participants trained
- 29 organizations coached
- 404 MH/Add participants increased access to QI resources (CCoP)
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