Experience Based Design (EBD) in QI Projects: Improving community-based mental health and addiction services with clients and family caregivers

2019 Ontario Shores Mental Health Conference
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Presented by:
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The Excellence through Quality Improvement project (E-QIP)
Presentation Overview

1. Background and Context: The Excellence through Quality Improvement Project (E-QIP)
2. Overview of Quality Improvement in healthcare and Model for Improvement
3. What is Experience Based Design (EBD)?
   ◦ Examples from community mental health and addiction
4. Lessons Learned: Experiences from the E-QIP team
Client and Family Caregiver Engagement in QI

- The E-QIP team will be using the language of “client” and “family caregiver” today.
- When referring to clients, we mean individuals that receive a wide-range of care and support(s) from community mental health and addiction agencies.
- Family caregivers are individuals identified by clients that are a part of their recovery journey.
- Engagement of clients and family caregivers for improvement occurs when clients and family caregivers are part of a QI project, aimed at improving client outcomes or experiences by addressing a specific problem.
Background and Context: The Excellence through Quality Improvement Project (E-QIP)
The Excellence through Quality Improvement Project

- The Excellence through Quality Improvement Project (E-QIP) is a partnership initiative 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 addiction sector.

- E-QIP is based on the sector’s existing commitment to providing high quality, person-centered care to clients and families.

- Since 2016, E-QIP has been working with the community mental health and addiction sector to enhance the ability of agencies within this area of healthcare to understand and apply quality improvement (QI) methods.

- To date, E-QIP has offered QI project coaching support directly to agencies, delivered an extensive training and education program across the sector as well as developed an online community of practice that serves as a portal for QI resources and sharing.
Overview of Quality Improvement in healthcare and Model for Improvement
Quality Improvement is a systematic approach to making changes that lead to better client outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, clients and their families, researchers, planners and educators — to make better and sustained improvements.

Source:
Health Quality Ontario - Quality Improvement page
IDEAS Glossary: http://online.ideasontario.ca/terms/quality-improvement/
## Quality Control vs. Quality Improvement

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Quality Control</th>
<th>Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measuring compliance with standards</td>
<td>Continuously improving process to meet standards</td>
</tr>
<tr>
<td>Means</td>
<td>Inspection</td>
<td>Prevention</td>
</tr>
<tr>
<td>Attitude</td>
<td>Required, defensive</td>
<td>Chosen, proactive</td>
</tr>
<tr>
<td>Focus</td>
<td>Individuals</td>
<td>Processes and Systems</td>
</tr>
<tr>
<td>Scope</td>
<td>Care provider</td>
<td>Client care</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Few</td>
<td>All</td>
</tr>
</tbody>
</table>

*Adapted from the Health Resources & Services Administration website*
Achieving a culture of quality

Guiding Principles:  Joyful, Person-Centered, Ethical, Transparent, Informed, Innovative, Unceasing
The Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?

Specify and set the aim
Establish measures
Change concepts & change ideas

PDSA Cycle

3 Ways to Do Quality Improvement

Don’t listen very much to our users, & we do the designing

Listen to our users, then go off to do the designing

Listen to our users, & then go off with them to do the designing

(Professor Paul Bate, 2007)
What is Experience Based Design (EBD)?
Experience Based Design is about Designing Better Experiences

- EBD is a co-designing approach aimed at improving client, family caregiver and staff experiences in healthcare delivery from the National Health Service’s (NHS) Institute for Innovation and Improvement (2005).

- The NHS has released a set of tools and resources to support service providers to capture, understand, improve and measure improvement efforts using a person-centered approach.
Experience Based Design is about designing better experiences.

- Introduction to the tools
- Capture the experience
- Understand the experience
- Improve the experience
- Measure the improvement

The EBD approach is about designing better experiences.

1. Preparing for QI
   - Problem/Opportunity Statement (WOD)
   - Improvement/Project Charter

2. Understanding the Problem
   - 5 Whys
   - Process Map
   - Fence Chart
   - Affinity Statement

3. Measuring & Understanding Your System
   - Family of Measures
   - Measurement Plan
   - Run chart

4. Developing & Planning Solutions
   - Change Concept List
   - Idea Generation Tools
   - Impact/Effort Grid

5. Testing & Implementing Change
   - PDSA Worksheet

6. Sustainability & Spread
   - NHS Sustainability Tool
   - H.Q.I. Spread Planner

What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?
Experience Based Design and the E-QIP initiative

- E-QIP’s dedicated QI/Data coaches promote the use of EBD throughout improvement projects they are supporting to ensure that the client, family, caregiver and staff voice is leveraged from beginning to the end of a QI initiative.

- E-QIP coaches have the most experience using the “capture” and “understand” tools that are part of the EBD toolkit.

- Some examples of projects that have leveraged EBD methods effectively include projects aimed at: improving client goal planning processes; reducing the number of aggressive/violent incidents; lowering client drop-out rates; and enhancing client satisfaction with social activities.
How do organizations that take a client-centred approach engage clients?

What are we trying to accomplish?

Use qualitative CAPTURE tools to identify evidence that clients perceive this issue to be a problem

Use qualitative CAPTURE tools to understand touchpoints and possibly root cause from a client perspective

Project Set-Up

Problem Identification
Articulation of Aim
Identification of Measures & Initial Data Analysis

Diagnostic

Provider: fishbone, Process mapping, Data analysis, etc
Occasionally include a client in a process mapping exercise

May start with Quantitative data provided by clients
What is in the EBD Capture Tool Kit?

**Breadth**
- Interviews
- Shadowing
- Filming
- Photography
- Storyboards
- Diaries

**Depth**
- Emotion questionnaires
- Focus groups
- Observation

February 2019
EBD AND QI (ONTARIO SHORES 2019)
Example 1: Capturing client emotions from first contact to discharge
Example 2: Capturing client emotions during intake process

- Individuals surveyed indicated similar emotions at the steps in the process;
- Inconsistency in emotions post incident (50 positive/50 negative);
- Recognized where there were inconsistencies/gaps;
- Participants in the emotional mapping were very positive in using the tool and reporting that they felt validated;
- Participants welcomed the opportunity to discuss the incident and provide recommendations for improvement;
- Strengthens the organizations commitment to experience based co-design;
- Improvements: Incident Follow-up Form to include client feedback and debriefing after an incident;
- New Mock Code White and evaluation forms developed;
- Code White process is hospital based and requires review and adaptation for community organizations.
Example 3: Capturing staff experience completing the OCAN
Example 3: Capturing staff experience completing the OCAN

<table>
<thead>
<tr>
<th>Process steps for completing the OCAN</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
<th>#9</th>
<th>#10</th>
<th>#11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review available assessments in IAR for your new client</td>
<td>Introduction to OCAN with client</td>
<td>Self-assessment completion</td>
<td>Conversation between staff and client</td>
<td>Client consent to share on the IAR</td>
<td>Staff assessment completion</td>
<td>Enter OCAN information into computer</td>
<td>Have client prioritize summary of actions</td>
<td>Use OCAN information in your work with clients</td>
<td>Keep track of OCAN due date</td>
<td>Engage with client on doing reassessment or discharge OCAN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Emotions</th>
<th>Interested</th>
<th>Hopeful</th>
<th>Grateful</th>
<th>Enthusiastic</th>
<th>Hopeful</th>
<th>Interested</th>
<th>Productive</th>
<th>Confident</th>
<th>Empowered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Emotions</td>
<td>Confused</td>
<td>Frustrated</td>
<td>Unsure</td>
<td>Doubtful</td>
<td>Frustrated</td>
<td>Unsure</td>
<td>Doubtful</td>
<td>Insecure</td>
<td>Frustration</td>
</tr>
</tbody>
</table>

Confused | Frustrated | Unsure | Doubtful | Frustrated | Unsure | Doubtful | Insecure | Frustration |

Confused | Frustrated | Unsure | Doubtful | Frustrated | Unsure | Doubtful | Insecure | Frustration | Frustrated | Guilty | Unsure | Sad
Example 3: Capturing staff experience completing the OCAN

<table>
<thead>
<tr>
<th>Why?</th>
<th>(Positives – What is going well)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helpful to have a place to start</td>
<td>• Try to get client interested and engage in process</td>
</tr>
<tr>
<td>• Always try to be positive with actions that may help client</td>
<td>• Good method of creating goals, learning more about client</td>
</tr>
<tr>
<td>• Different perspectives, additional history</td>
<td>• Opens a conversation about tool and process</td>
</tr>
<tr>
<td>• Help to understand the process</td>
<td>• Good opportunity to discuss areas of concern – pinpoint priorities</td>
</tr>
<tr>
<td>• Helpful to review any information that has already been gathered</td>
<td>• A tool to open up conversation</td>
</tr>
<tr>
<td>Most don’t have this though.</td>
<td>• Opportunity for client to communicate and own process</td>
</tr>
<tr>
<td></td>
<td>• We have a direction</td>
</tr>
<tr>
<td></td>
<td>• Reviewing the information helps to clarify answers, get accurate info</td>
</tr>
<tr>
<td></td>
<td>• Done enough OCANS to talk to clients seamlessly</td>
</tr>
<tr>
<td></td>
<td>• Think client will engage in process</td>
</tr>
<tr>
<td></td>
<td>• Directed towards goal setting</td>
</tr>
<tr>
<td></td>
<td>• Manage time to do assessment</td>
</tr>
<tr>
<td></td>
<td>• Let client know about worker opinion on client recovery plan</td>
</tr>
<tr>
<td></td>
<td>• Helps to put your thoughts, assessments into words</td>
</tr>
<tr>
<td></td>
<td>• Completion of task is always satisfactory</td>
</tr>
<tr>
<td></td>
<td>• Initial OCAN can take a while but reassessments are fairly easy</td>
</tr>
<tr>
<td></td>
<td>• Identifies what client wants to do first</td>
</tr>
<tr>
<td></td>
<td>• If both agreed great conversation rapport building</td>
</tr>
<tr>
<td></td>
<td>• Can redirect if you get off track</td>
</tr>
<tr>
<td></td>
<td>• Don’t find it difficult to keep track</td>
</tr>
<tr>
<td></td>
<td>• See progress and set up future working goals</td>
</tr>
</tbody>
</table>
Example 3: Capturing staff experience completing the OCAN

<table>
<thead>
<tr>
<th>Why?</th>
<th>Questions hard for clients, answers not clear for workers</th>
<th>Client confused about what it is</th>
<th>Amount of work to do dependent on how many times I see a client – getting relevant info is difficult</th>
<th>Not entirely sure what/how things should be rated dependent on nature of discharge</th>
<th>Task-addition of paper work to my day</th>
<th>Many discussions do not relate to OCAN, deviate to other client concerns/more day to day tasks than long-term goals</th>
<th>Clients do not always know how to prioritize</th>
<th>Sometimes have a lot to do at same time</th>
<th>Don’t usually do this</th>
<th>How is it done with discharge that is not planned</th>
</tr>
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<tr>
<td>(Negatives – Pain points)</td>
<td>Unless I take the time to go through each question and explain it, won’t necessarily get done</td>
<td>Confused about what it is</td>
<td>Amount of work to do dependent on how many times I see a client – getting relevant info is difficult</td>
<td>Not entirely sure what/how things should be rated dependent on nature of discharge</td>
<td>Task-addition of paper work to my day</td>
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<td>Don’t usually do this</td>
<td>How is it done with discharge that is not planned</td>
</tr>
<tr>
<td></td>
<td>Low completion rate, literacy, time, comfort</td>
<td>Client not always engaged or asking for clarification</td>
<td>Amount of work to do dependent on how many times I see a client – getting relevant info is difficult</td>
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How do organizations that take a client-centred approach engage clients?

What are we trying to accomplish?

Use qualitative **CAPTURE tools** to **identify** evidence that clients perceive this issue to be a problem

Use qualitative **CAPTURE** tools to **UNDERSTAND** touchpoints and possibly root cause from a client perspective

**Project Set-Up**

**Problem Identification**
**Articulation of Aim**
**Identification of Measures & Initial Data Analysis**

Diagnostic

Provider: fishbone, Process mapping, Data analysis, etc
Occasionally include a client in a process mapping exercise

May start with Quantitative data provided by clients
Understand the Experience

- Identify emotions
- Identify underlying triggers
- Map the emotions & triggers to the touch points (points along the journey that are identified as +ve or –ve emotionally)
Example 1: Understanding client emotions from first contact to discharge

<table>
<thead>
<tr>
<th>Pressures/Events</th>
<th>Positive/Effective</th>
<th>Negative/Troublesome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to Program Arrive at Centre</td>
<td>Safe Supported Welcomed</td>
<td>Staff on the phone was helpful Made me feel safe</td>
</tr>
<tr>
<td>Screening: Offer Substance Use bed on 3rd Floor</td>
<td>Safe Compassion Supported</td>
<td>Easy Made me feel safe</td>
</tr>
<tr>
<td>Intake: Assessment and Make a Plan</td>
<td>Safe Supported Welcomed</td>
<td>The staff was nice I know the staff at MSUP</td>
</tr>
<tr>
<td>Observation: Overnight stay</td>
<td>Supported</td>
<td>Brian is realistic and easy to talk to</td>
</tr>
<tr>
<td>Pre-Discharge Assessment and Re-visit Plan</td>
<td>Safe Supported</td>
<td>Felt safe enough to disclose past trauma</td>
</tr>
<tr>
<td>Book Out</td>
<td>Valued</td>
<td>Good to know I was safe at night</td>
</tr>
<tr>
<td></td>
<td>Compassion Supported</td>
<td>Called MASH for me It helped with next steps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Felt supported in my goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Good to know I have options</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Checked in with me Today has great ideas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I woke up with the sun</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Felt rushed, not enough time in the morning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need more time to find somewhere else to go in the morning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I don’t know how my day will go</td>
</tr>
</tbody>
</table>
Example 2: Understanding client emotions from first contact to discharge

<table>
<thead>
<tr>
<th>Catalyst #</th>
<th>First Contact</th>
<th>Comment</th>
<th>Filling out Intake paperwork</th>
<th>Comment</th>
<th>Assessment on Computer</th>
<th>Comment</th>
<th>Wait time between intake and first meeting (days)</th>
<th>Comment</th>
<th>First Meeting with Counsellor</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopeful</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td></td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td>4</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valued</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrated</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopeless</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disrespected</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overwhelmed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td>0</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First contact paperwork</th>
<th>Assessment</th>
<th>wait</th>
<th>FA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>32</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>
Example 2: Understanding client emotions from first contact to discharge
How do organizations that take a client-centred approach engage clients?

What changes can we make that will result in an improvement?

**Bring clients and providers together to brainstorm/CO-DESIGN change ideas to address root cause(s)**

Provider: Research for leading practices & brainstorming generally done only with providers
IMPROVE: Planning an Improvement Event

Working in partnerships with patients can create some apprehension, but it has the potential to transform health services.

- Make sure everyone can get to the event and cover expenses – plan in advance
- Use client-friendly and inclusive language
- Remember that staff are often as nervous as patients/family caregiver members
- Staff may try to take control; facilitation is important
- Do not leave without next action steps
Initial Engagement of Clients and Families (Capture vs. Co-Design)

Patient and Family Advisor Partnership Program
Lend your voice to a truly remarkable partnership
How do organizations that take a client-centred approach engage clients?

How will we know that change is an improvement?

**PDSA Developmental**

**IMPROVE & MEASURE:**
Consult with clients re: acceptability/feasibility of design from a client perspective

**Provider:** Generally get feedback from other providers re: feasibility, format, content, etc

**IMPROVE & MEASURE:**
Debrief with clients to understand whether the test had a positive impact on their experience

**PDSA Testing**

**Provider:** Testing on clients

**PDSA Implementation**

**Provider:** Spread to all staff in micro-system
Measurement: Key to All Improvement Work

MEASURE: Quantitative Data to Support Quality Improvement
Qualitative Data to Support Quality Improvement

BEFORE

AFTER

www.wordle.net

Sample Quantitative Data

www.wordle.net
Lessons Learned: Experiences from the E-QIP team
Lessons Learned from the E-QIP Team

- E-QIP has observed that teams benefit greatly from hearing experiences directly from clients and staff.
- Improvement initiatives may change directions and/or become rooted in improving client experiences more strongly when using EBD tools.
- Those that have leveraged EBD have reported feeling validated by the process and welcomed the opportunity to share experiences.
- EBD tools are reported as engaging and meaningful by those that have used them.
- Projects often wish they had better incorporated the client voice into the improvement project or included this perspective earlier and/or in more in-depth ways using EBD.
Lessons Learned from the E-QIP Team

- In cases where gathering client and family caregiver engagement is challenging through formal EBD tools and methods, teams often find creative ways in getting feedback from clients in testing change ideas through PDSA cycles.
- EBD is a great approach to leverage to help ensure that the client voice is heard from the beginning of a project through to the re-design of services.
- The mental health and addiction sector is often good at hearing the voice of the client, however it is often challenging to ask for help in the redesign of the future state of improved care; EBD is an effective way of hearing client’s voices regarding root causes and in redesigning the service.
- Capturing and understanding the provider experience in delivering services can also provide valuable insight into opportunities for improvement.
- In QI work, using EBD tools can play a crucial role in problem identification, root cause analysis, data collection, change idea development, and the “study” phase of PDSA cycles.
- The more we can share and expose this approach to mental health and addiction providers across the province, the more services, programs and supports can be shaped with the client and staff experience at the core of improvement efforts.
Additional Resources on EBD and QI

- Become a member of the E-QIP online Community of Practice to get access to the following resources:
  - List of Emotions from Russ et al. (2013)
  - Experience Based Design Emotional Questionnaire Template
- The EBD Approach: Guide and Tools from the NHA Institute for Innovation and Improvement [https://improvement.nhs.uk/resources/the-experience-based-design-approach/](https://improvement.nhs.uk/resources/the-experience-based-design-approach/)
- E-QIP Webinar on Experience Based Design
  Link: [https://youtu.be/rDVsQ02oCoA](https://youtu.be/rDVsQ02oCoA)
- E-QIP Webinar on “Diagnosing the Problem” in our Quick QI Webinar series
  Link: [https://youtu.be/hi8fKZguT3g](https://youtu.be/hi8fKZguT3g)
QUESTIONS?
E-QIP’s CoP

- Lives on Quorum (HQO’s online platform) for connecting health service providers interested in improving care across Ontario
- Contains QI resources including tools, templates, webinars, program newsletters and a discussion forum
- To join, sign up for “Quorum” at https://quorum.hqontario.ca/
- Click “Join Group” when you find the E-QIP CoP under the “Groups” page
**E-QIP Webinar Series**

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Webinar 4: The Role of Data in the QI Process  
Webinar 5: Change Management and Organizational Support  
Webinar 6: Sustaining and Spreading Success  
Webinar 7: Client and Family Member Engagement in QI (Part 1)  
**Webinar 8: Experience Based Design**  
Webinar 9: Primer on Governance and Leadership for QI  
Webinar 10: QI Mythbusting Webinar  
Webinar 11: PDSA Cycles and Data  
Webinar 12: Client and Family Member Engagement in QI (Part 2)  
Webinar 13: Trusting the Quality Improvement process  
Webinar 14: Prioritizing Quality Improvement in community MH&A agencies  
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Thank you!