Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario

Canadian Mental Health Association Ontario

Ontario Health Quality

camh

Quality Improvement Plan (QIP) Journey Web Series: Chapter 1

Once Upon A Time there was a QIP Plan

October 6, 2020

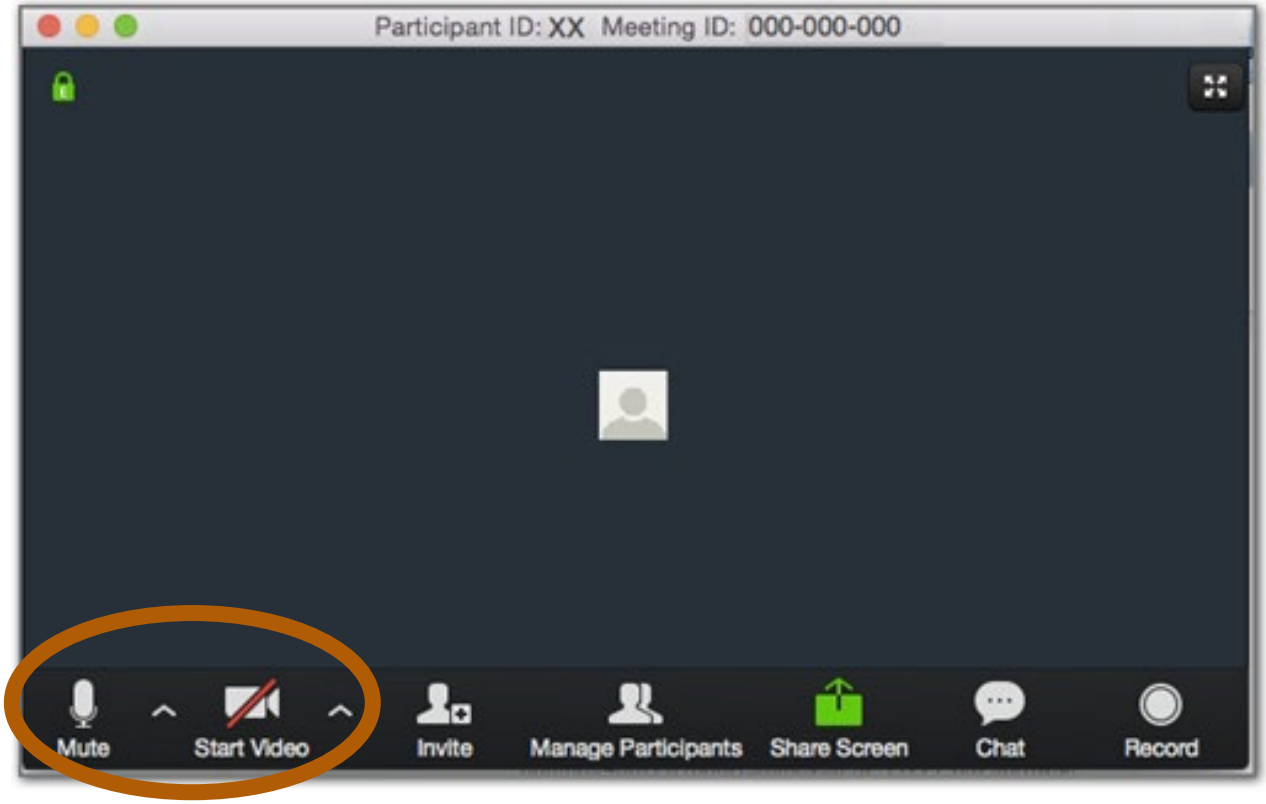
e-QiP

Excellence through Quality Improvement Project

Community-focused. Data-driven.

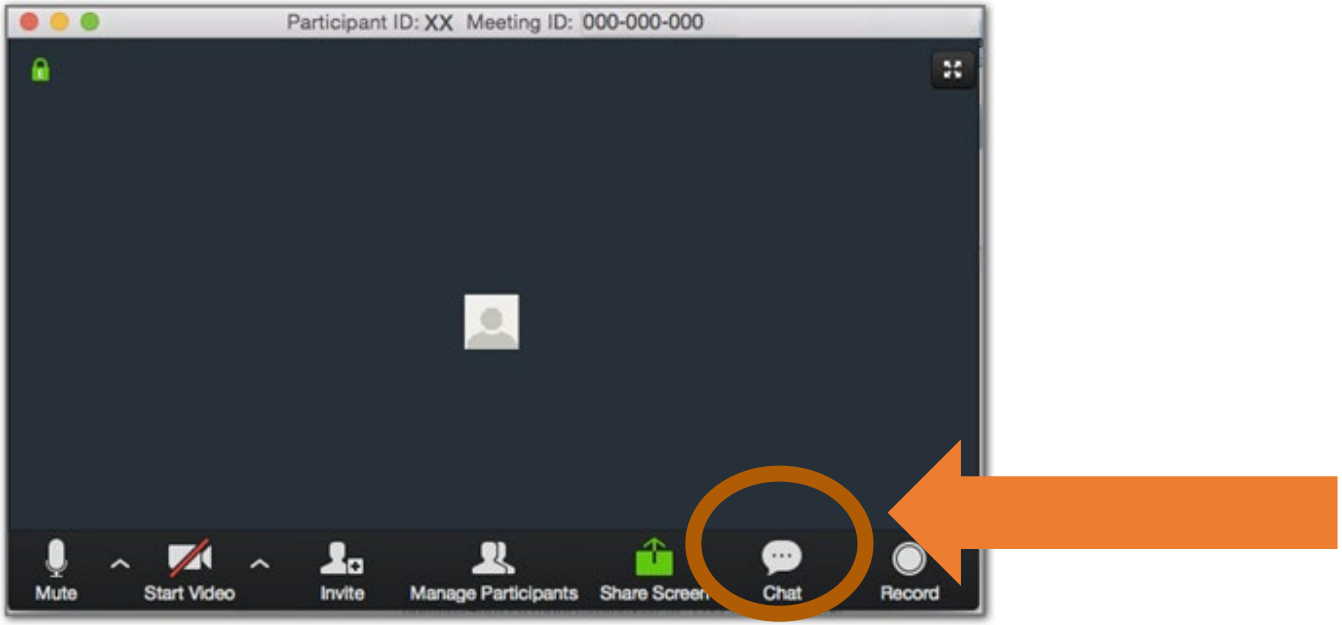
Using Zoom Together!

Audio and Visual Controls



Using Zoom Together!

During the session if you want to contribute please use the chat function at the right hand of the toolbar



Learning Objectives

Through active participation in this session participants will:

- ✓ Understand that the QIP is part of an ongoing QI Journey
- ✓ Learn about how to focus your work
- ✓ Know more about how to discover what data is available
- ✓ Know who should be on your team and engaged in your QIP journey
- ✓ Understand next steps to get started on your QIP journey
- ✓ Be aware of challenges to be aware of along the journey
- ✓ Discuss keys to success

Quality Improvement is a priority

- **Ministry of Health**
  - Improving quality
  - Implementing innovative solutions
- **Centre of Excellence for MH&A**
  - Performance indicators to establish & monitor performance expectations
- **Ontario Health**
  - Mandate to “bring together a unified “single team” to “execute the government’s strategy, oversee health care delivery, improve clinical guidance, and extend and **strengthen quality and performance improvement capacities** across the continuum of care.”

ID	AIM	MEASURE									CHANGE				
	QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFOR MANCE	TARGET PERFOR MANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	TARGET FOR PROCESS MEASURE	COMMENTS

Source: Ontario Ministry of Health Roadmap to Wellness

Our two roles in health care…

All health care professionals have 2 jobs at work

Providing care; and
Improving care

Quality by Design – A Clinical Microsystems Approach
E.C. Nelson, P.B. Batalden, M.M. Godfrey

Introducing today's Panelists

- Alice Strachan (Quality Specialist, Ontario Health, Clinical Institutes and Quality Programs)
- Chris Babcock (Quality and Performance Improvement Officer, Privacy Officer – CMHA EM)

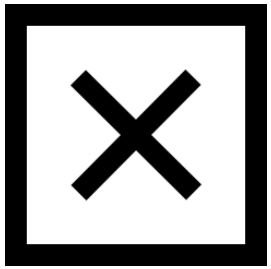
What QI is and what it isn't

QI Is

- about learning
- about testing theories and ideas
- a ongoing journey (and not a straight road)

QI is not

- a team building exercise
- implementing known answers to a problem
- something you do once a year
- linear



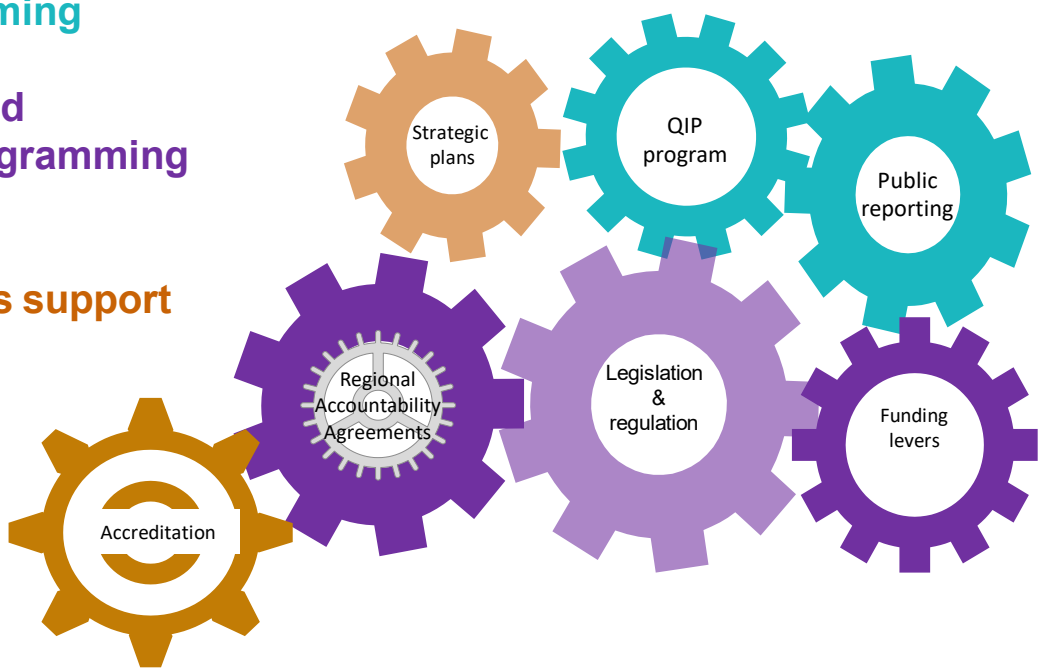
Aspect	Improvement	Accountability	Research
Aim	Improvement of care	Comparison, choice, reassurance	New knowledge
Test Observability	Test observations	Evaluate current performance; no test	Test blinded
Bias & Sample Size	Consistent bias – just enough data to learn	Measure and adjust to reduce bias – 100% of data	Design to eliminate bias – just in case data
Flexibility of hypothesis	Improvement of care	No hypothesis	Fixed hypothesis
Testing strategy	Sequential tests	No tests	1 test
Is change an improvement?	Run or control charts	No change focus	Hypothesis tests (F-test, T-test, Chi-squared, P-value)
Confidentiality of data	Only used by those involved in improvement	Available for public consumption	Identities protected

The QIP is One Tool Among Many to Improve Quality and Safety Across the Province

OH programming

Provincial and regional programming

Other quality organizations support



Here is Edward Bear coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it"

A.A. Milne 1926

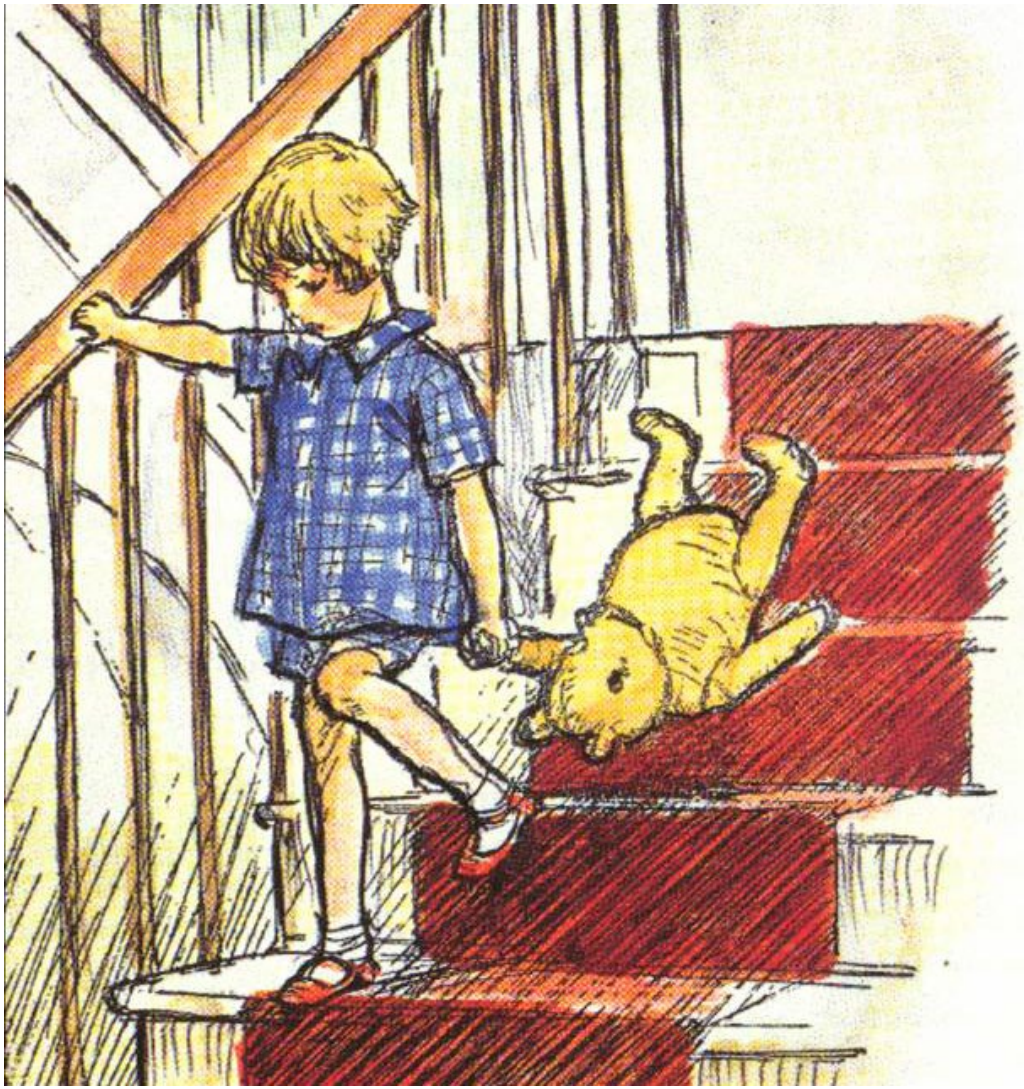


Illustration E.H.Shepard 192614

Experience Based Design is about designing better experiences...

NHS Institute for Innovation and Improvement

the ebd approach™ experience based design

FOUNDATIONS TO QI STAGE & TOOLS

Preparing for QI
- Problem/Opportunity Statement (5W2H)
- Improvement/Project Charter

Understanding the Problem
- Fishbone Diagram
- 5 Whys
- Process Map
- Pareto Chart
- Aim Statment

Measuring & Understanding Your System
- Family of Measures
- Measurement Plan
- Run charts

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

Testing & Implementing Change
- PDSA Worksheet

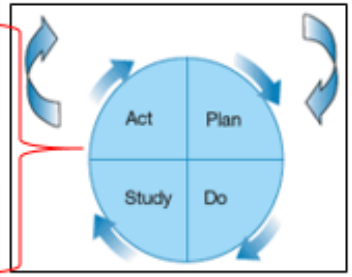
Sustainability & Spread
- NHS's Sustainability Tool
- HQO's Spread Planner

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?



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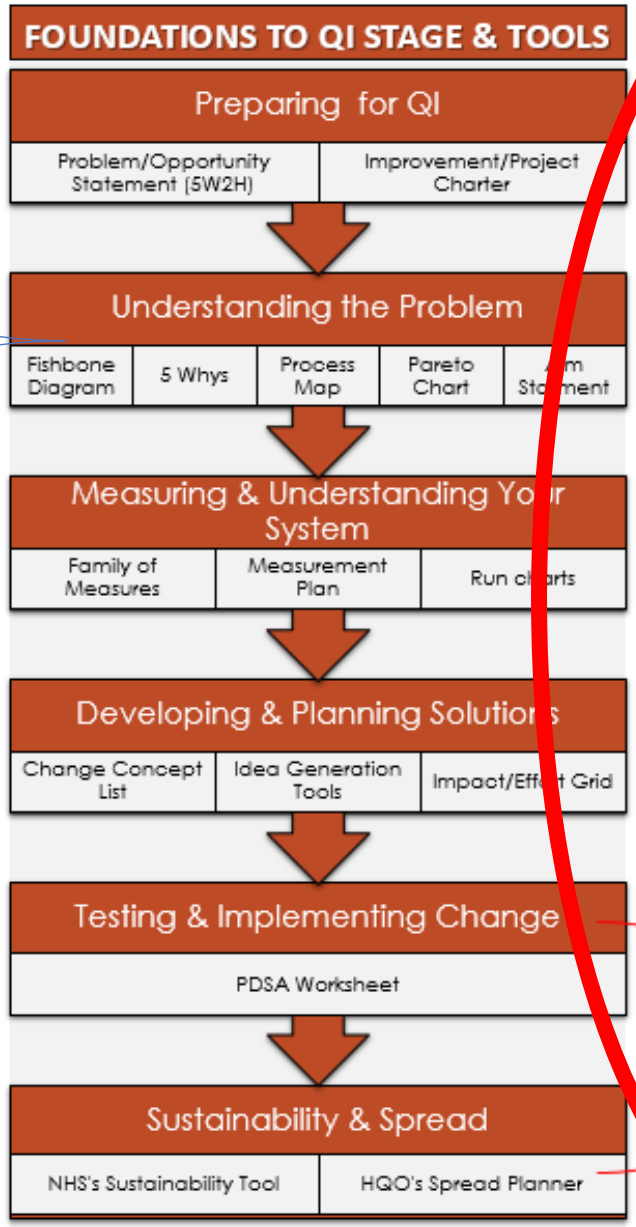

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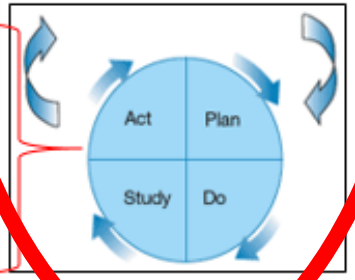

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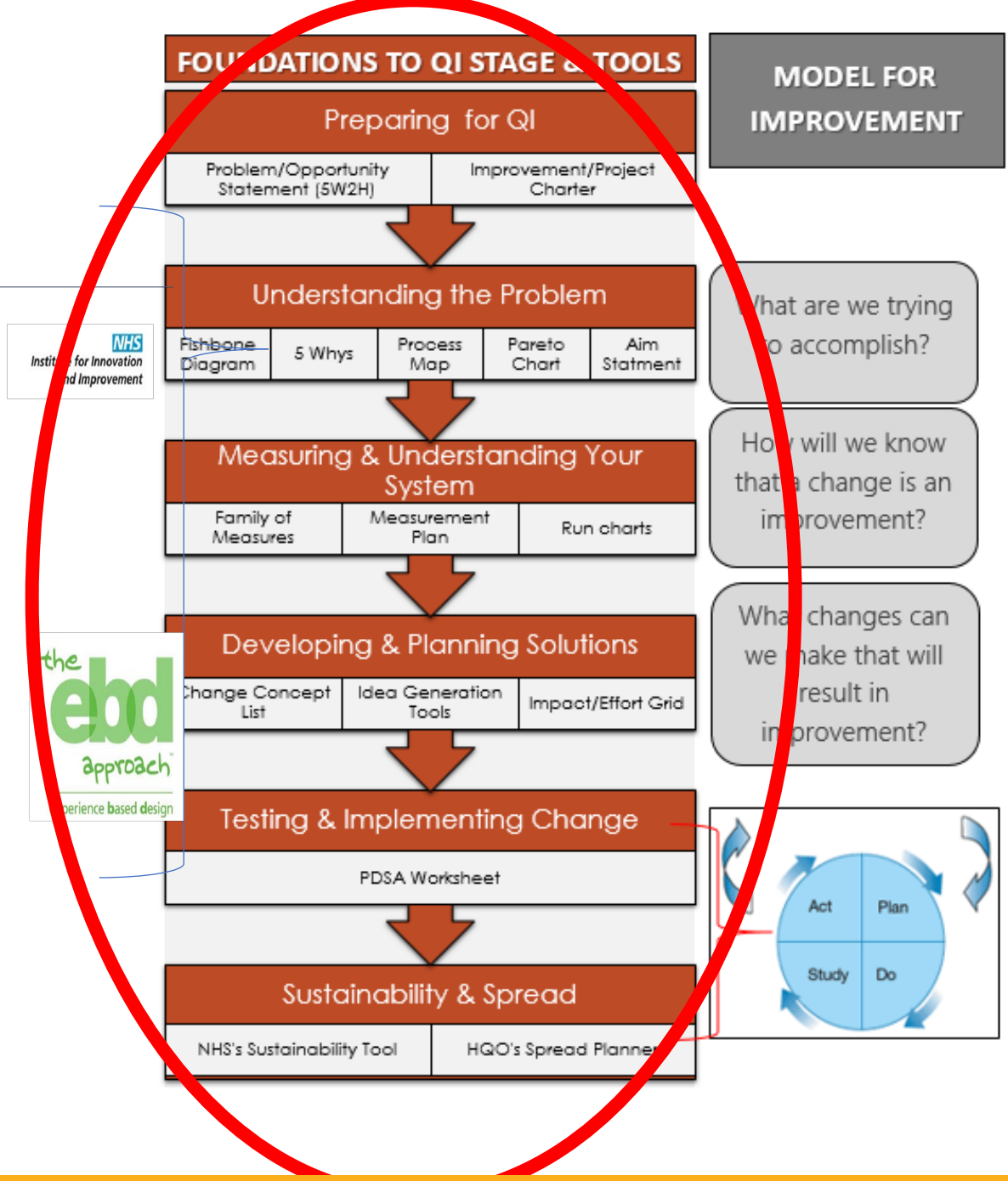

Understanding the Problem

Fishbone Diagram	5 Whys	Process Map	Pareto Chart	Aim Statment

Experience Based Design is about designing better experiences...

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Introduction to the tools
Roles and structures
Tools to help raise awareness

Capture the experience
Tools to help people tell their stories

Understand the experience
Tools for understanding patient and staff experiences

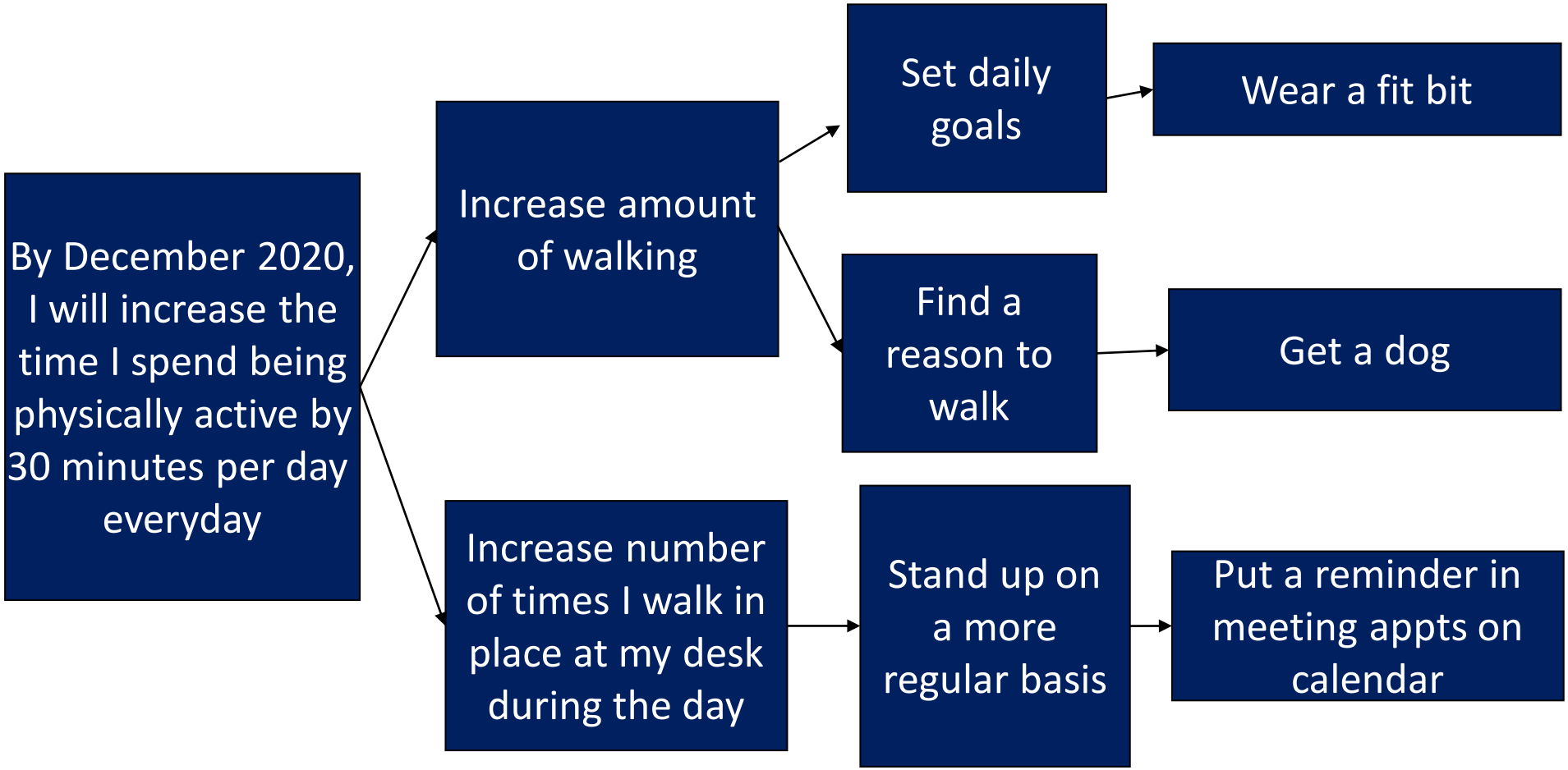
Improve the experience
Tools to turn experience into action

Measure the improvement
Tools for evaluating and measuring the improvement

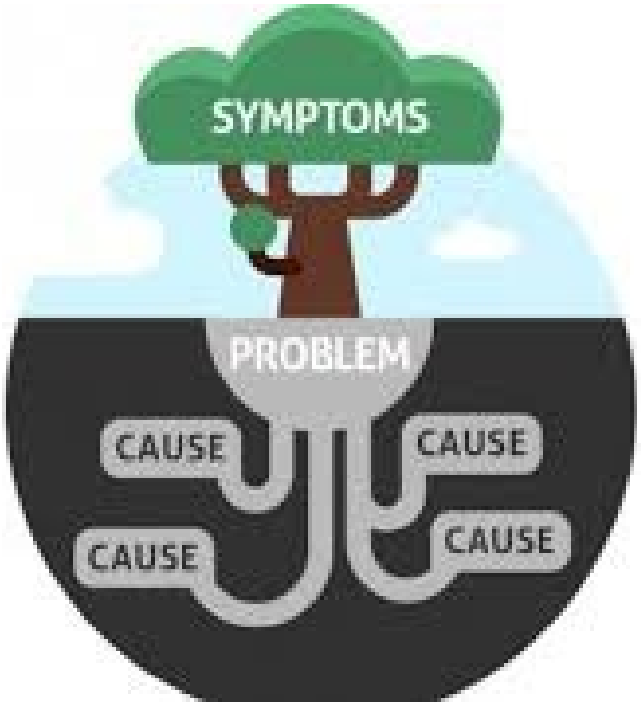
the ebd approach
experience based design

Scope – how not to boil the ocean

Driver Diagram



Be sure you are working on a problem not symptoms



MICHAEL LONG
TRUCK & CRANE HIRE

MICHAEL LONG
TRUCK & CRANE HIRE

Start with what you already know!

What do you already collect?

- ✓ Ontario Perception Of Care (OPOC)
- ✓ Employee Engagement/Satisfaction
- ✓ MIS / Common Data Set (CDS) i.e. wait times, contacts
- ✓ Client Record, OCAN– other data, what reports can you access
- ✓ Health and Safety i.e. incidents reported, evacuation drills
- ✓ HR – sick time, turn over, training
- ✓ Other

What are your program objectives?

- What do you hope to achieve?
  - From the perspective of the individual served i.e. achieve service goals, reduce use of substances, attend specific groups…
  - From the perspective of your partners i.e. ER diversion, provide supportive housing, co-facilitate groups…
  - From a business perspective i.e. contact time for new referrals, occupancy rates…

You now have a lot of data!

So What's Next? How CMHA Elgin Middlesex starts a QIP

(We will do a deeper dive into data and learn more about target setting in the next QIP Journey webinar)

- ✓ Think of your Quality Domains:
  - ✓ Safe
  - ✓ Effective
  - ✓ Person Centred
  - ✓ Efficient
  - ✓ Timely
  - ✓ Equitable

- ✓ Strategic Directions / Operational Goals
- ✓ Try to find one measure/indicator at least for each domain / strategic Direction... What stands out in your data?
- ✓ Make a list of areas/objectives that appear to be performing poorly

Making a list, checking it twice

So What's Next? How CMHA Elgin Middlesex starts a QIP

- ✓ Sort your list by quality domain
- ✓ If you don't have a written objective for the indicator, consider why you are collecting it. Does is add value to collect it? Write an objective.
  - ✓ You will probably need to involve program leadership. While you're at it, talk to them about the data – get input – Is there an explanation?
  - ✓ i.e. Occupancy rate is 50%. Why do we measure that? Does it matter?
    - ✓ To provide safe, affordable accommodation of choice and to improve successful community tenure
- ✓ Add your objectives to the list of indicators that remain after talking to program leadership, other staff i.e. HR

I have my list, now what?

So What's Next? How CMHA Elgin Middlesex starts a QIP

SET PRIORITIES

- **Send list to:**
  - **the board to select their priorities**
  - **Your leadership team to select their priorities**
    - **Always add an "other" for them to choose a priority**
- **Compile the priorities and set the agencies priorities using the results**
- **Send final list to the board for approval**

You're now ready to start populating the QIP template

Good old Model for Improvement

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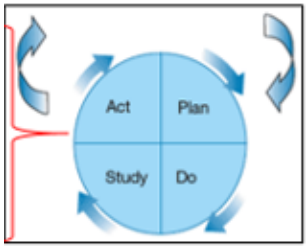

Aim statement

What, for who, how much and by when

But not how

Forming a QI Team

Including the right people on an improvement team is critical to a successful improvement effort.

- Review the aim
- Consider what part of your service relates to that aim: What service/program will be affected by the improvement efforts?
- Be sure that the team includes members familiar with all the different parts of the process — managers and administrators as well as those who work in the process, including front-line workers and clients/tenants receiving the service
- AND each team needs an executive sponsor who takes responsibility for the success of the project

Source: IHI

Effective QI Teams

Effective teams include members representing three different kinds of expertise within the organization:

- System leadership
- Technical expertise
- Day-to-day leadership

There may be one or more individuals on the team with each kind of expertise, or one individual may have expertise in more than one area, and all three areas should be represented in order to drive improvement successfully.

Source: IHI

Quality Planning Happens Throughout the Year for the Provincial QIP

Q1: APR – JUN

- Test and implement change ideas

Q2: JUL – SEP

- Implement and monitor change ideas

Q3: OCT – DEC

- Implement and monitor change ideas
- Review progress
- Plan for continued or new priorities
- Seek out partnerships
- **Health Quality Ontario announces priority indicators**

Q4: JAN – MAR

- Review progress
- Complete the QIP for the coming year
- Schedule Board sign-off of the QIP
- **Submit approved QIP to Health Quality Ontario by April 1**

Ontario Health

Challenges Along the Way

Interprofessional Teamwork	Challenge	Solution
Communication	Information not delivered across professions, programs, organizations and sectors	Communication tools, practices, meetings, documentation
Role Clarity	Roles or scope of practice related to quality are not clearly defined or understood	• Use of QI Tools, such as process mapping, to discuss roles • Shadowing and interviewing team members
Team Functioning	Lack of focus on team processes including debriefing on team outcomes	Team rounding structures, defined team rooms with strong facilitators for meetings
Collaborative Leadership	Lack of coordinated care planning or shared decision making	Shared decision-making committees collaborative solutions with team input
Conflict	Power or hierarchy with damaged professional relationships	Formal conflict engagement strategies and/or resolution models

Adapted from National Interprofessional Collaboration and Competencies

Challenges Along the Way

- Overwhelmed with data – think in terms of the quality standards – they will guide you
- How to narrow it down – look at your agency's strategic directions, operational goals – use those and choose indicators that relate
- Leadership or Board do not provide feedback / lack of communication – choose your own priorities, at least for the first QIP, use your QI colleagues to compare – Once you have one QIP, they will begin to see the importance and fit…

Keys to Success When Getting Started

- Just start and be curious
- Gather and look at all available data, including client/tenant complaints and compliments
- Use others knowledge and expertise, ask questions: to the board, senior leaders, manager, service delivery team, clients/tenants and stakeholders - about the strengths and area for improvement for the agency

Coming Soon! Chapter 2: Measurement Session One-Counting what counts!

Objectives:

- Understand the importance of data in your QIP
- Know the sources of data relative to your QIP
- Understand the different type of measures and how they align with your QIP
- Know methods to determine targets
- Discuss keys to success

CLICK HERE TO REGISTER!

Questions

Resources

Growth Mindset Carol Dweck click here

Visit E-QIP's New Website!

Visit us at www.e-qip.ca

Stay connected to the
E-QIP Community of Practice on

Quorum

JOIN TODAY!

1) Create and account on **Quorum**
2) Click on the "Join Group" button on the E-QIP CoP

Don't forget to click the **SUBSCRIBE TO UPDATES** button in the group to get notified when there's new activity!

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Quick QI Webinars & Newsletter

E-QIP NEWS

Excellence through Quality Improvement Project

Message from Debbie and Naushaba

We are amidst unprecedented times with competing priorities which may seem in opposition. On one hand, keeping clients/tenants, team members, and your families' safe, balanced against providing the services that your clients/tenants need during the pandemic. The problem solving and ultimately cycles of plan, do, study, act (PDSA) are happening over minutes versus the usual slower, contemplative speed. Creative approaches (change ideas) are being implemented rapidly and altered as you gather data and input from team members and clients/tenants about what is working and as new information is shared by health authorities. Many of you are finding a balance between keeping your clients/tenants, team, and own families safe while providing services in new and modified ways. At E-QIP, we have started a hashtag #QIOnTheFly, to capture the ways in which you are modifying your service delivery during COVID-19. Please share with us stories about adjustments you are making and what you are learning; E-QIP remains available to you as a conduit to share your great ideas through twitter -using our hashtag #QIOnTheFly, or through an email or telephone call. We are beginning to share your innovations on our new website www.e-qip.ca and as well as future communiques and webinars.

E-QIP's Quick QI webinar series now available online!

- For refreshing knowledge on the *Model for Improvement*
- A series of 9 webinars which are 20-30 minutes each
- Based on our coach's first-hand experiences and case studies

Join our mailing list to stay informed of future webinars and training events:

http://eepurl.com/b1A5EX

Help us Evaluate our Event!

Please take a few minutes to help us evaluate today's event and let us know what future topics you would be interested in!

Click HERE to help us evaluate this event!

thank you
danke
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merci
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