E-QIP Partnership

February 14, 2020

Indicator Technical Specifications for the E-QIP Advanced CoP

This document specifies indicator definitions, reporting periods, and other information for Community Mental Health and Addiction agencies that are participating in the submission of a QIP to the E-QIP Advanced Community of Practice.

Partnership organizations include:

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Introduction

The E-QIP Advanced Quality Improvement and Measurement Community of Practice (E-QIP Advanced CoP) is endeavouring to build capacity among community mental health and addiction agencies to join the provincial Quality Improvement Plan (QIP) program. The first part of this journey is supporting participating agencies to submit a QIP to their peers within the CoP and test out the indicators in the technical specifications. As such, you have flexibility to choose what you would like to measure for each of the four questions. This will define your indicator.

Questions 1, 12, 27 and 30 from the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC) were carefully selected by CoP members, as well as a group of clients, peers and other collaborators, as being representative of important quality issues experienced within the mental health and addiction sector and aligned with issues identified in other sectors in the health care system. The results of the CoP's pilot QIP submission will inform recommendations to the Ministry of Health.

Selecting a Quality Issue and Indicator(s)

When selecting the issues and indicator(s) you would like to track, and populating the EQIP Advanced CoP QIP template, we recommend you consider the [Quality Matters Framework](#). This will help you reflect on and align your work with the six domains of health care quality: safe, effective, patient-centred, efficient, timely, and equitable.

What are the quality issues in your agency/program? Where do you think performance is an issue? How do you know there are quality gaps? What sources of information do you have that help tell the story? What does your OPOC data say? Does one of the four selected OPOC questions particularly resonate as an area for improvement within your agency/program? Learning to use your data for quality improvement purposes is part of the QIP journey.

As you work to prioritize the issues within your agency/program, focus on issues where you have control to make a change, understanding that part of the control is the ability to partner with others. Each agency/program will have its own priorities and, in addition to choosing one of the OPOC questions, you may want to include other indicators to help measure performance on the specific quality issues relevant to your program. Evidence from the literature can help you find other key measures corresponding to your issue, such as balancing and process measures, and inform your target setting.

For instance, timely care is common to any program or sector, and this may be reflected in your data for OPOC question #1. Is there an aspect of the process where you know there are problems, and on which you want to focus, such as timely care at the first visit? In addition to measuring OPOC question #1, are there other existing measures that would be helpful to better understand the problem? Are there any benchmarks or aggregated comparators? Is data already being collected for this indicator that can support the process? These technical specifications will be your reference guide to help you

choose your indicator and articulate targets related to the four selected OPOC questions, including the direction of improvement.

Indicators for Consideration and In Development

OPOC Question #1	The wait time for services was reasonable for me
Indicator Name	Percent of clients who (strongly agree, agree, disagree, strongly disagree) that the wait times for service was reasonable for them.
Dimension	Timely
Direction of Improvement	Improvement would be - *Increase* in the percent of clients who agree with the statement or - *Decrease* in the percent of clients who disagree with the statement
Type	Outcome
Denominator	Clients who have completed the OPOC survey in the reporting period **Potential Exclusions:** - Clients who did not answer this question - Clients who answered N/A (not applicable) Depending on how you are approaching this question, you may want to exclude one group or the other. Alternatively, you could also choose to exclude both.
Numerator	(dependent on what you choose to measure) Number of clients who chose the appropriate response category If you are trying to increase the positive response this may be - clients who 'strongly agreed' with the statement OR - clients who 'strongly agreed' **AND** 'agreed' with the statement If you are trying to decrease the negative response this may be - clients who 'strongly disagreed' with the statement OR - clients who 'strongly disagreed' **AND** 'disagreed' with the statement
Calculation Methods	numerator / denominator X 100
Current performance: reporting period	The reporting period is informed by when and how your agency/program administers the OPOC. E.g. April 1, 2020 to March 31, 2021 E.g. Q3, October 1, 2020 to December 31, 2020
Data source	OPOC data reports; Survey question # 1
How to access data	Refer to the OPOC Reporting Platform Navigation Guide (accessible to Health Service Providers in the resources section of the OPOC website). For additional support, connect with your OPOC Implementation Specialist.
Comments	Coaches are available for support

OPOC Question #12	I was involved as much as I wanted to be in decisions about my treatment services and supports
Indicator Name	Percent of clients who (strongly agree, agree, disagree, strongly disagree) that they were involved in decisions about treatment services and supports as much as they wanted to be
Dimension	Patient Centred
Direction of Improvement	improvement would be - **Increase** in the percent of clients who agree with the statement or - **Decrease** in the percent of clients who disagree with the statement
Type	Outcome
Denominator	Clients who have completed the OPOC survey in the reporting period **Potential Exclusions:** - Clients who did not answer this question - Clients who answered N/A (not applicable) Depending on how you are approaching this question, you may want to exclude one group or the other. Alternatively, you could also choose to exclude both.
Numerator	(dependent on what you choose to measure) Number of clients who chose the appropriate response category If you are trying to increase the positive response this may be - clients who 'strongly agreed' with the statement OR - clients who 'strongly agreed' **AND** 'agreed' with the statement If you are trying to decrease the negative response this may be - clients who 'strongly disagreed' with the statement OR - clients who 'strongly disagreed' **AND** 'disagreed' with the statement
Calculation Methods	numerator / denominator X 100
Current performance: reporting period	The reporting period is informed by when and how your agency/program administers the OPOC. E.g. April 1, 2020 to March 31, 2021 E.g. Q3, October 1, 2020 to December 31, 2020
Data source	OPOC data reports; Survey question # 12
How to access data	Refer to the OPOC Reporting Platform Navigation Guide (accessible to Health Service Providers in the resources section of the OPOC website). For additional support, connect with your OPOC Implementation Specialist.
Comments	Coaches are available for support

OPOC Question #27	Staff helped me develop a plan for when I finish the program/ treatment

Indicator Name	Percent of clients who (strongly agree, agree, disagree, strongly disagree) that staff helped them in the development of a plan for when they finish the program or treatment
Dimension	Patient Centred
Direction of Improvement	Improvement would be - ***Increase*** in the percent of clients who agree with the statement or - ***Decrease*** in the percent of clients who disagree with the statement
Type	Outcome
Denominator	Clients who have completed the OPOC survey in the reporting period **Potential Exclusions:** - Clients who did not answer this question - Clients who answered N/A (not applicable) Depending on how you are approaching this question, you may want to exclude one group or the other. Alternatively, you could also choose to exclude both.
Numerator	(dependent on what you choose to measure) Number of clients who chose the appropriate response category If you are trying to increase the positive response this may be - clients who 'strongly agreed' with the statement OR - clients who 'strongly agreed' AND 'agreed' with the statement If you are trying to decrease the negative response this may be - clients who 'strongly disagreed' with the statement OR - clients who 'strongly disagreed' AND 'disagreed' with the statement
Calculation Methods	numerator / denominator X 100
Current performance: reporting period	The reporting period is informed by when and how your agency/program administers the OPOC. E.g. April 1, 2020 to March 31, 2021 E.g. Q3, October 1, 2020 to December 31, 2020
Data source	OPOC data reports; Survey question # 27
How to access data	Refer to the OPOC Reporting Platform Navigation Guide (accessible to Health Service Providers in the resources section of the OPOC website). For additional support, connect with your OPOC Implementation Specialist.
Comments	Organizations may find a large percentage of clients do not answer OPOC question #27, or answer "N/A". As such, using the "time of service" filter on the OPOC reports may demonstrate quite different results if only feedback from people at or near service completion is included. It may also, however, be an organizational goal to reduce the number of N/A responses for this question. For example, the organization may want to work on improving when in the care process discharge planning begins, or when the client perceives it to begin. In this case, the organization may want to use the number of N/A responses as the numerator, and an improvement would be a decrease in the number of N/A responses.

OPOC Question #30	The services I have received have helped me deal more effectively with my life's challenges
Indicator Name	Percent of clients who (strongly agree, agree, disagree, strongly disagree) that the services they have received have helped them deal more effectively with life's challenges
Dimension	Effective
Direction of Improvement	Improvement would be - *Increase* in the percent of clients who agree with the statement or - *Decrease* in the percent of clients who disagree with the statement
Type	Outcome
Denominator	Clients who have completed the OPOC survey in the reporting period **Potential Exclusions:** - Clients who did not answer this question - Clients who answered N/A (not applicable) Depending on how you are approaching this question, you may want to exclude one group or the other. Alternatively, you could also choose to exclude both.
Numerator	(dependent on what you choose to measure) Number of clients who chose the appropriate response category If you are trying to increase the positive response this may be - clients who 'strongly agreed' with the statement OR - clients who 'strongly agreed' AND 'agreed' with the statement If you are trying to decrease the negative response this may be - clients who 'strongly disagreed' with the statement OR - clients who 'strongly disagreed' AND 'disagreed' with the statement
Calculation Methods	numerator / denominator X 100
Current performance: reporting period	The reporting period is informed by when and how your agency/program administers the OPOC. E.g. April 1, 2020 to March 31, 2021 E.g. Q3, October 1, 2020 to December 31, 2020
Data source	OPOC data reports; Survey question # 30
How to access data	Refer to the OPOC Reporting Platform Navigation Guide (accessible to Health Service Providers in the resources section of the OPOC website). For additional support, connect with your OPOC Implementation Specialist.
Comments	Coaches are available for support

Next steps

Congratulations on joining a group of agencies in the mental health and addiction sector that has committed to drafting and submitting a Quality Improvement Plan! For this year, we suggest you select just one OPOC survey question as your focus in the QIP. Consider how the other OPOC questions or other data to which you have access (i.e. OCAN, GAIN) may provide you with information about a process or a balancing measure to use in your quality improvement work.

If possible, test the chosen indicator(s) thoroughly, especially in the first year after submission. Ensure that updates about your QIP journey are shared on the E-QIP Advanced CoP Quorum space so that everyone involved can learn from one another. For example, you may be working on the same indicator as another member of the CoP and want to touch base on whether you are measuring issues the same way.

Remember, start small with a few change ideas (two is enough for the first year), that reflect the most urgent issues where you anticipate that you can have the most control over the outcome, and where you feel you can have the largest impact.   Your targets should be set to align to what you believe is achievable in the given year. You can add more change ideas during the year and follow PDSA cycles to get a sense of your next step when implementing. When you populate your programmatic QIP templates, it is really the cluster of change ideas that you create, test and measure that will, in the end, move the indicators you have chosen in the direction of improvement.

If you have any questions or need more information, please contact the CoP members, coaches or email qip@hqontario.ca. We'll be glad to help.

Regards,

The E-QIP Partnership Team

Appendix A. Resources

Ontario Perception of Care (OPOC)

The following resources are available on www.improvingsystems.ca/projects/ontario-perception of care and under the resources tab for health service providers on www.opoc.ca:

- [OPOC Implementation Guide]
- [OPOC-Data Review Tips]

Additional resources, including the OPOC Reporting Portal Navigation Guide, are available through your OPOC Implementation Specialist.

Quorum

The following resources are helpful for general QI purposes and to gain a view towards the use of changes ideas across a variety of indicators and patient care issues:

- [Indicators and Change Ideas]
- [QI Tools and Resources]

Excellence through Quality Improvement (E-QIP)

E-QIP's [quick webinar series] is a series of nine webinars detailing each stage of the Model for Improvement. It is a quick guide and reminder on problem and aim statement generation, diagnostic tools to identify the root cause of the problem, measurement approaches, activities to identify change ideas, run charts, PDSA cycles and sustainability and spread strategies.

Appendix B. Notes on Data

Please note that indicator results that are based on small numbers (numerators < 5; denominators < 30) should be interpreted with caution.