



2020-21 Quality Improvement Plan report for the community mental health and addiction sector

Excellence through Quality Improvement Project



camh

Table of contents

About E-QIP	[3]	Conclusions and next steps	[11]
Background	[3]	Summary reflection	[11]
The advancing QI and measurement community of practice and Quality Improvement Plans	[4]	Forward to 2021-22 and beyond	[11]
Indicator selection	[4]	Impact	[11]
QIP template	[5]	Appendix	[12]
Results	[6]	Criteria for selecting indicators	[12]
2020-21 Submission statistics and review process	[6]	Partners	[13]
OPOC-MHA questions chosen by agency. . . .	[7]	Collaborators	[14]
Setting relative improvement targets for performance	[8]		
Change ideas	[8]		
Specific change ideas by indicator	[10]		



About E-QIP

The Excellence through Quality Improvement Project (E-QIP) is a partnership initiative between Addictions and Mental Health Ontario (AMHO) and the Canadian Mental Health Association (CMHA) Ontario, working in close collaboration with the Provincial Support System Program (PSSP) at the Centre of Addiction and Mental Health (CAMH) and Ontario Health.

E-QIP's objectives are to support community mental health and addiction agencies by:

- Increasing the understanding of quality in mental health and addiction care
- Working towards improvement in key domains of quality
- Increasing sector-wide quality improvement (QI) learning and mentorship
- Highlighting promising QI practices

Through E-QIP, the community mental health and addiction (MHA) sector is taking steps forward in ensuring that clients and families are provided with the best possible services and outcomes when receiving care and support from community MHA agencies. The project also ensures that the dedicated and skilled service providers are supported to improve the quality of services offered to clients through QI education, training and resources.

Background

The latest iteration of E-QIP, called E-QIP 3.0, is focused on measurement and improvement of client experiences of care in the community-based mental health and addiction sector by:

- Improving use and data quality for the standardized tool, the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)
- Informing and populating perception of care system indicators with high-quality data
- Using data from OPOC-MHA to inform QI opportunities
- Supporting community MHA agencies to complete QI projects and a Quality Improvement Plan (QIP)

In the first year of E-QIP 3.0 (2019-20 fiscal year), we worked with a subset of community agencies, leaders in QI culture and capacity to develop and share QIPs that focused on a prioritized set of perception of care indicators on access, engagement in treatment, discharge planning and overall satisfaction. The development of a QIP reflects an agency's commitment and support for QI. The plan lays out an agency's improvement goals. Sharing these plans with other agencies and with clients builds accountability and transparency and signals a strong QI culture.

“A Quality Improvement Plan (QIP) is a formal, documented set of quality commitments aligned with system and provincial priorities that individual health care organizations make to its patients/clients/residents, staff and community to improve quality through focused targets and actions.”

Source: Ministry of Health and Long-Term Care (2014). Quality Improvement Plan (QIP) Guidance Document for Health Care Organizations. Retrieved from [here](#).



The advancing QI and measurement community of practice and Quality Improvement Plans

The Advancing QI and Measurement Community of Practice (CoP) brought together leaders in QI from across the MHA sector. Members met regularly to work through the development of QI projects using the Model for Improvement. Members focused their projects on indicators that are aligned to provincial priorities and using data identified from the OPOC-MHA. With the guidance and support of E-QIP, CoP members developed focused QI projects and documented these in a common QIP template that is consistent with the QIP template developed by Ontario Health. Members of the Advancing QI and Measurement CoP were the first set of community agencies to share their QIPs within a CoP and with the E-QIP team.

This report provides an overview of the 2020-21 QIP submissions from these leading community MHA agencies.

Indicator selection

The E-QIP partners identified a subset of questions from the OPOC-MHA for Registered Clients that could be used to develop priority indicators. These candidate questions were assessed against the indicator selection framework that is used in the provincial QIP program (see Appendix). Through subsequent consultations with community of practice members, E-QIP executive sponsors and clients, the list was further refined and four questions from the OPOC-MHA for Registered Clients were recommended for the 2020-21 QIP. [Technical specifications](#) were prepared for the four questions that assist agencies in using the data to select and develop an indicator for their QI work.

- **Question 1: The wait time for services was reasonable for me.**
- **Question 12: I was involved as much as I wanted to be in decisions about my treatment services and supports.**
- **Question 27: Staff helped me develop a plan for when I finish the program/ treatment.**
- **Question 30: The services I have received have helped me deal more effectively with my life's challenges.**



QIP template

The [QIP template](#) used by the community MHA sector was modeled on the provincial QIP template and has three main components.

- The 'Narrative' which asks the agency to share what they are hoping to achieve through the QIP and what lessons learned the agency will use to help them achieve their goals.
- The 'Workplan' is where the agency indicates which indicators they will be focusing on, the agency's current and target performance, their change ideas and process measures.
- 'Progress' is where the agency reports on performance and experience in the previous QIP year.

As this is the first year of QIP development and sharing for the community MHA sector, the Progress tab was not used. We expect in the 2021-22 submissions that the initial participating agencies will also report on their progress.



Results

2020-21 Submission statistics and review process

There were 18 members of the Advancing QI and Measurement CoP. These members met regularly to develop QI projects and to document their planned activities in a common QIP template.

Early in 2020, shortly before submission of the QIPs was expected, the province shifted priorities and focus to managing the COVID-19 pandemic. The requirement for community of practice members to share their QIPs was relaxed consistent with the changes to the provincial program. Despite this, 12 agencies prepared and shared their QIPs in June 2020.

The following agencies submitted QIPs:

- Addiction Services of Thames Valley
- Canadian Mental Health Association (CMHA) Durham
- CMHA Elgin-Middlesex
- CMHA Haliburton, Kawartha, Pine Ridge
- CMHA Kenora
- CMHA Peel Dufferin
- COTA Health
- Gerstein Crisis Centre
- Jean Tweed Centre
- Progress Place
- Wayside House of Hamilton
- Thunder Bay Counselling

The E-QIP coaches and PSSP implementation specialists, under the guidance of Ontario Health QI specialists, completed reviews of each plan submitted. The reviews consisted of a descriptive summary of contents by agency, the indicators chosen, choice of direction of improvement, change ideas and targets set. The results of the reviews were shared back with the teams to aid in the implementation of the projects and to share learnings.

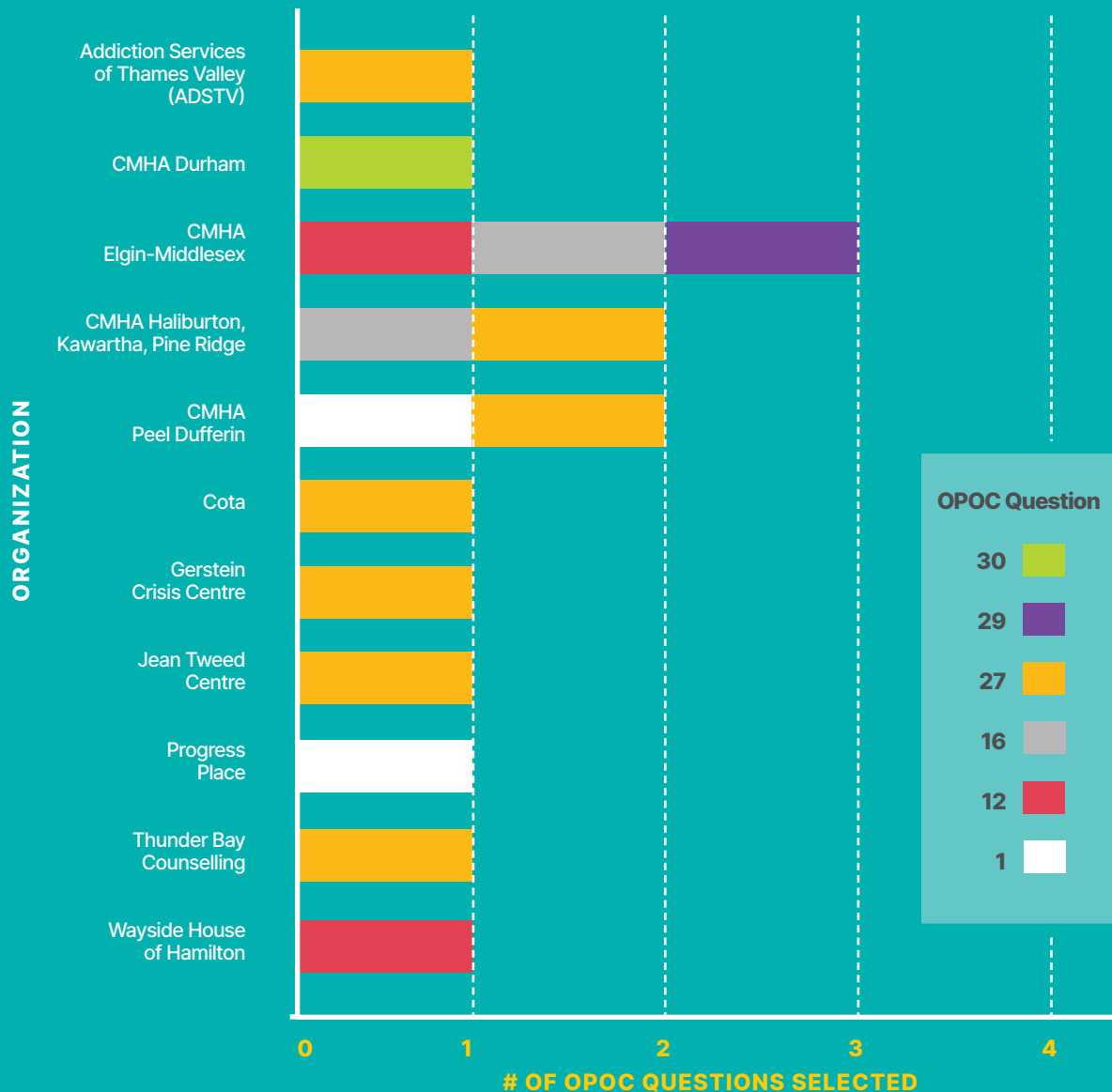


OPOC-MHA questions chosen by agency

There were 15 questions chosen across the 11 agencies. Some agencies chose to work on more than one OPOC-MHA question and some agencies chose to work on questions that were outside of the four that were prioritized (Fig. 1). While agencies were encouraged to incorporate at least one of the four priority indicators into their QIPs, it was more important to ensure that their projects and aims were aligned to their organizational priorities. Each agency, in choosing a question to work on, made decisions about whether they were targeting to improve the percent agreement on the question, reduce the percent disagreement (for indicators where the direction of improvement was to agree) or to improve the data quality (reduce missing and not applicable). One QIP is not included in this part of the analysis because they used their own QIP template rather than the common template.

OPOC-MHA QUESTIONS CHOSEN BY AGENCY

(FIG. 1)



Setting relative improvement targets for performance

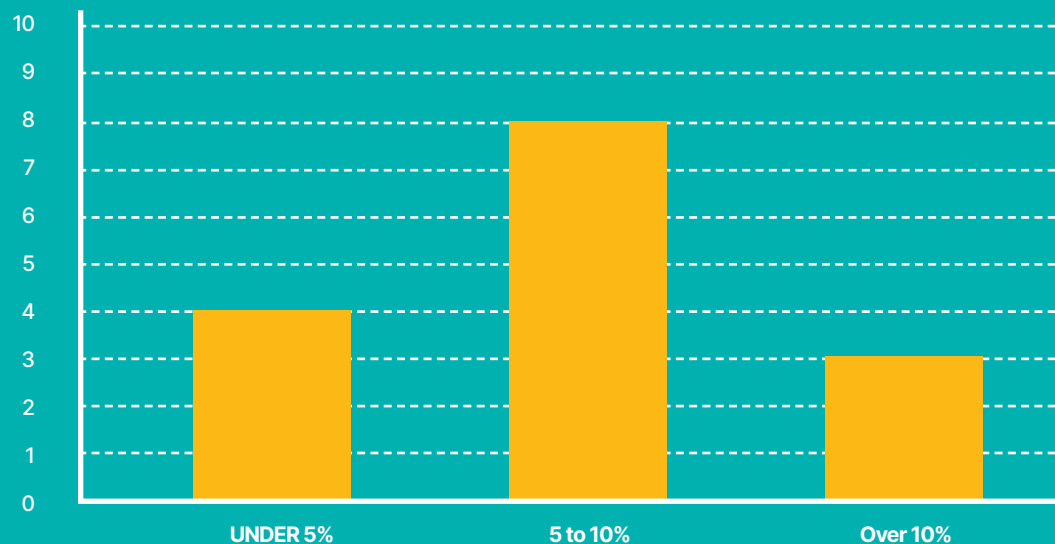
Agencies also had to make decisions about what they would like to set as the target performance. Eight of the indicators have targets set between five and 10 per cent improvement from baseline. (FIG. 2)

Change ideas

There were a total of 26 change ideas included in the QIPs. The largest proportion of change ideas are linked to OPOC-MHA question 27 – discharge planning. (FIG. 3)

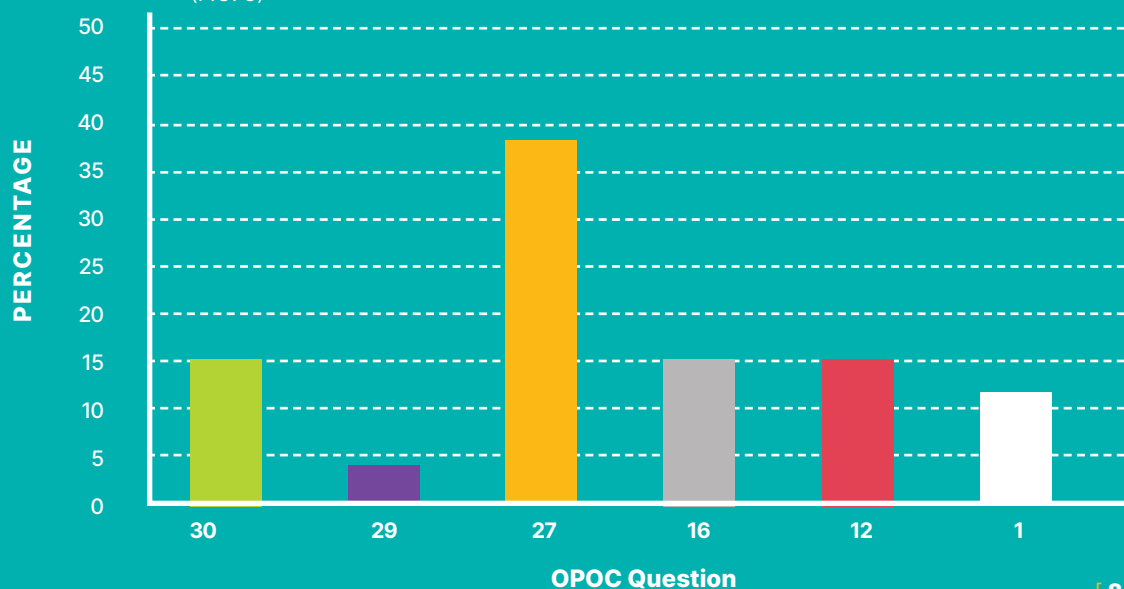
RELATIVE PERCENT DIFFERENCE SET FOR TARGET PERFORMANCE

(FIG. 2)



PROPORTION OF CHANGE IDEAS BY OPOC-MHA QUESTION

(FIG. 3)



Below is a summary of the change ideas that were developed by agencies for each of the priority indicators.

Waiting and OPOC-MHA Question 1:

The wait time for services was reasonable for me.

- Client perception of waiting is a stated priority for two organizations
 - Client flow, access and transitions were priorities in the Narratives of a few submissions
- Each of the organizations focusing on OPOC-MHA #1 are looking at different root causes
 - One organization is going to look at how wait time is understood and getting a standard definition in place for the agency; and this will inform regular data review of the actual wait times
 - Another organization will be streamlining the intake/interview/tour steps to fit into a 14-day timeframe.

Involvement in planning and OPOC-MHA Question 12:

I was involved as much as I wanted to be in decisions about my treatment services and supports.

- Use of a tool to standardize the process
- Gathering input from clients and staff as to what would improve the process

Discharge and OPOC-MHA Question 27: Staff helped me develop a plan for when I finish the program/treatment.

- Two included the use of PODS (Patient Oriented Discharge Summary) and another two included the use of OCAN (Ontario Common Assessment of Need)
- Another idea seen was using OPOC-MHA #27 as a process measure for discharge planning related to an indicator that is using OPOC-MHA #29

Services I received were effective and OPOC-MHA Question 30: The services I have received have helped me deal more effectively with my life's challenges.

- Use of standardized tools and methods, use of OCAN
- Value stream mapping

In addition to the priority indicators, some agencies also elected to work on other areas of client perception of care.

Complaints and OPOC-MHA Question 16

Major theme: Prioritize including the client voice and concerns in development of the services and the desire to increase client knowledge, control and skills in making a formal complaint

Supports after discharge OPOC-MHA Question 29

Major theme: Engagement in implementing change

- Five agencies included engaging clients in the change ideas and two included engaging staff
- The two that included engaging staff also articulated how they plan to engage clients in implementing the changes

Major theme: COVID-19 as a barrier

- COVID-19 created immense challenges in health care impacting QIP submission
- Not surprisingly, a major theme observed is that COVID-19 impacts will continue throughout the implementation phase of the Quality Improvement Plans



Specific change ideas by indicator

OPOC #1 The wait time for services was reasonable

- Defining wait times with a committee
- Engaging clients and staff in developing supports for those that are waiting
- Developing a virtual version of the program for those who are out-of-town and waiting
- Streamlining the intake process to complete all components with a defined number of days; shorten forms, increase in staff available and train, e-booking

OPOC #12 I was involved as much as I wanted to be in decisions about my treatment services and supports

- New process designed to include clients as active decision makers in treatment plan
- Discussion of client recovery goals in every counselling session

OPOC #16 If I has a serious concern, I would know how to make a formal complaint to this organization

- Use visuals, displays and easy to understand language to communicate formal process
- Unique change idea: business card communication

OPOC #27

Staff helped me develop a plan for when I finish the program/treatment

- Standardizing discharge process
- Implementing evidence-based change ideas: PODS
- Pilot and spread an after-care program
- Virtual service for on-going follow-up post discharge
- Connected change ideas: new discharge plan and using it in a new way during care that is designed to include clients as active decision makers

OPOC #29

Staff helped me identify where to get support after I finish the program/treatment

- Spreading an initiative: PODS

OPOC #30

The services I have received have helped me deal more effectively with my life's challenges

- Integrating standardized tool and methods: value stream mapping and use of OCAN



Conclusions and next steps

Summary reflection

Given the challenges resulting from the COVID-19 pandemic, it is commendable that agencies were able to complete and submit their QIP. Through the community of practice and coaching support there is evidence of significant activity from agencies on operationalizing the submitted QIPs and planning for their 2021-22 QIP submission.

Some areas of opportunity to improve the QIP submissions in the future include continuing to focus the indicators and change ideas and scope the work to a one-year plan. The continued reinforcement of quality improvement for learning has supported teams as they are reconciling what they stated in their QIP and what they have been able to achieve. In future submissions, an increased understanding of the difference between activities and change ideas will also help to strengthen the submissions. Additionally, reinforcing and advancing what agencies have learned through participation in the community of practice will lead to improvements in QI capacity and culture.

Forward to 2021-22 and beyond

The planned 2021-22 QIP submission date is April 1, 2021. The same indicators have been recommended which will allow agencies to focus their improvement activities over a longer time and to monitor and sustain improvements for the next period of time. New agencies have also joined the CoP and have committed to the completion and sharing of a QIP using the same priority indicators. This will allow the working group additional time and information to review the selection of those indicators as the ones to identify as priorities in future QIP templates.

The 12 agencies that submitted a 2020-21 QIP will now submit for a second time and will also include a progress report where they will have an opportunity to reflect on their progress against the target they set, and lessons learned that they will use going forward.

Beyond 2021-22, E-QIP will continue to focus on working towards a mandatory QIP submission for this sector including formal board sign off and the recommended posting of QIPs publicly.

E-QIP will also focus on supporting MHA agencies as they engage in work as part of Ontario Health Teams and helping them to prepare to actively engage in this process.

Impact

1. 12 QIPs were submitted in spite of the COVID-19 pandemic.
2. E-QIP partners increased their capacity to review QIPs and coach teams on the operationalization of the plan.
3. Through the CoP, agencies have shared their QIP stories and progress.
4. The agencies are incorporating quality improvement as part of their annual cycle and seeing QI as a part of their day-to-day work.
5. All agencies have continued their QIP work in spite of the COVID-19 pandemic.



Appendix

Criteria for selecting indicators

Criteria for assessing indicators
(from the provincial QIP program):

- Indicator reflects issue important to public and all relevant stakeholders, is consistent with provincial quality issues
- An appropriate and validated indicator is available and ready enough
- Actionable and improvable at the organizational level; best practices and improvement opportunities available; alter behaviour of health care providers
- Data sources exist that could potentially be used to measure the indicator
- Indicator is clear and understandable to a range of audiences; results are comparable and easy to understand, including what constitutes improved performance
- Good/strong evidence is available to support the process or importance of the outcome
- Calculable; data are timely
- Indicator analyzed in greater detail including technical definition, calculation methodology, validity, reliability, timeliness of data; also review limitations and caveats, performance over time



Partners

Addictions and Mental Health Ontario (AMHO)

www.amho.ca

Addictions and Mental Health Ontario (AMHO) represents over 200 addiction and mental health organizations across Ontario. Our members span the full continuum of addiction and mental health organizations and services, ranging from community-based service providers to peer support and consumer survivor groups, to Community Health Centres, harm reduction, and hospital-based services.

As the collective voice of our members, we provide leadership and engage partners to build a comprehensive and accessible system of addiction and mental health care, and improve the well-being of individuals, families, and communities in Ontario. We do this through policy work, advocacy initiatives, service development, knowledge exchange, education offerings, and quality improvement work.

Canadian Mental Health Association (CMHA), Ontario

www.ontario.cmha.ca

Founded in 1952, the Canadian Mental Health Association (CMHA), Ontario, is a non-profit, charitable organization committed to making mental health possible for all.

CMHA Ontario achieves its mission by being a leader in the evolution of Ontario's mental health and addictions system. We contribute our knowledge, resources and skills to provincial policy development and implementation. We promote mental health in collaboration with others. We further equitable access to mental health services and champion the reduction of mental health disparities. And we serve our branches in building their governance and leadership capacities.

CMHA Ontario is a dedicated partner within the network of Canadian Mental Health Associations at the national, provincial and local level. CMHA Ontario works closely with its local branches in communities across the province to ensure the utilization of best practices in the organization, management and delivery of services to consumers and families of individuals with mental illnesses, dual diagnosis and concurrent disorders. All CMHAs in Ontario work in a variety of partnerships to provide a coordinated, continuum of care using the social determinants of health model.



Addictions &
Mental Health
Ontario

Dépendances &
santé mentale
d'Ontario



Canadian Mental
Health Association
Ontario

Collaborators

Provincial System Support Program (PSSP) at CAMH

www.improvingsystems.ca/about

The Provincial System Support Program (PSSP) the Centre for Addiction and Mental Health (CAMH) works with diverse communities, service providers and other partners across Ontario to create sustainable, system-level change and support innovation in mental health and substance use services.

PSSP is on the ground providing expertise within provincial and regional contexts in the following areas: implementation, knowledge exchange, evaluation, data management, health equity, and engagement.

Ontario Health (OH)

www.ontariohealth.ca

Ontario Health (OH) is an agency created by the Government of Ontario with a mandate to connect and coordinate our province's health care system in ways that have not been done before, to help ensure that Ontarians receive the best possible care.

We believe in patient-centred care and in health equity. And we believe in learning from the many diverse communities that make up Ontario, so we can reflect those learnings in everything we do.

Our highly skilled team comes from across the province and collectively applies world class experience, knowledge and expertise to support health care professionals and to benefit all Ontarians.