**Indicator Technical Specifications for the E-QIP Supportive Housing 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 Supportive Housing Community of Practice.

**June 2021**



About

The Excellence through Quality Improvement Project (E-QIP) is a Quality Improvement program focused on leadership and capacity building led by Addictions and Mental Health Ontario (AMHO) and the Canadian Mental Health Association (CMHA), Ontario with direct support from and in close partnership with the Provincial System Support Program (PSSP) at CAMH. E-QIP is funded by and delivered in collaboration with Ontario Health. The project promotes and supports the use of evidence-based assessment tools to do quality improvement (QI) and aims to improve mental health and addiction care in the community. The project supports agencies to achieve this vision by:

* Increasing QI adoption, culture and capacity
* Increasing the uptake of standardized tools and datasets and the use of data for decision-making and planning, and
* Identification and development of QI indicators for the community MHA sector aligned to provincial priorities and embedded within a provincial performance framework as developed by Ontario Health

E-QIP works collaboratively with the Mental Health and Addictions Centre of Excellence at Ontario Health to foster a data driven approach to improving care in the community mental health and addiction sector and to support the implementation of [The Roadmap to Wellness](https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system).

For more information on E-QIP and to access QI and data tools, resources and templates, visit [www.eqip.ca](http://www.eqip.ca)

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# Introduction

The Excellence through Quality Improvement Project (E-QIP) Supportive Housing Community of Practice (SH CoP) is endeavouring to build capacity among community mental health and addiction (MHA) agencies that provide Supportive Housing services to join the provincial quality improvement plan (QIP) program. The first part of this journey is supporting agencies to prepare a QIP and to share the QIP with your peers within the CoP and test out the indicators in the technical specifications. As such, you have the flexibility to choose your QI priorities and how to measure performance for each of the eight questions.

Questions 2, 6, 12, 16, 18, 33, 34, 38 from the Ontario Perception of Care (OPOC) Tool for Mental Health and Addictions Supportive Housing version (OPOC-SH) were shortlisted by SH CoP members, and system partners, as being representative of important quality issues experienced by supportive housing clients within the MHA sector and aligned with system priorities.

# Selecting a Quality Issue and Indicator(s)

When selecting the issues and indicator(s) you would like to track, and populating the QIP template, we recommend you consider the Roadmap to Wellness, and the Quadruple Aim and domains of quality to ensure you reflect on and align your work with provincial and regional priorities and provide a holistic view of quality.

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 do your OPOC data say? Does one of the prioritized 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 QI 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 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 #2 (the wait time for accessing housing choices was reasonable for me). Is there an aspect of the process where you know there are problems, and on which you want to focus? In addition to measuring OPOC question #2, are there other existing measures that would be helpful to better understand the problem? Are data already being collected for these measures that can support the process? Are there any benchmarks or aggregated comparators? These technical specifications will be your reference guide to help you define your QIP indicator and articulate your problem and your aim statement, including the direction of improvement.

# Indicators for Consideration and In Development

|  |  |
| --- | --- |
| SH OPOC Q#2 | The wait time for accessing housing choices 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, and you could also choose to exclude both or exclude neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data. |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.g. Q3, October 1, 2020 to December 31, 2020 |
| Data source | OPOC data reports; Survey question # 2 |
| 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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | This indicator is aligned to the Shared Health Priorities that are part of the provincial accountability for federal MHA funding. A similar indicator has been prioritized for the Advancing QI CoP for the general community MHA sectorCoaches are available for support |

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| --- | --- |
| SH OPOC Q#6 | I receive enough information about other services and supports available to me. |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that They received enough information about other services and supports available to them.  |
| Dimension | Client centred / client education |
| 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, and you could also choose to exclude both or exclude neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data. |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.g. Q3, October 1, 2020 to December 31, 2020 |
| Data source | OPOC data reports; Survey question # 6 |
| 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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | Coaches are available for support |

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| --- | --- |
| SH OPOC Q#12 | Opportunities are provided to give input into my housing |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that opportunities were provided to give input into their housing  |
| Dimension | Client Centred / Client Engagement  |
| 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, and you could also choose to exclude both or neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data. |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable
 |
| 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, 2021E.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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | Coaches are available for support |

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| SH OPOC Q#16 | I am aware of my rights and responsibilities as a tenant (e.g. rent payment, noise level, visitors, other rules). |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that they are aware of their rights and responsibilities as a tenant |
| Dimension | Client engagement / client education |
| 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, and you could also choose to exclude both or neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data.  |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.g. Q3, October 1, 2020 to December 31, 2020 |
| Data source | OPOC data reports; Survey question # 16 |
| 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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | Coaches are available for support |
| SH OPOC Q#18 |  Overall, I am satisfied with the support I receive from staff. |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that they are satisfied with the support they receive from staff |
| 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, and you could also choose to exclude both or neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data. |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.g. Q3, October 1, 2020 to December 31, 2020 |
| Data source | OPOC data reports; Survey question # 18 |
| 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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | Coaches are available for support |

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| SH OPOC Q#33 | Overall, I feel safe and comfortable in my home. |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that they feel safe and comfortable in their home overall  |
| 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, and you could also choose to exclude both or neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data.  |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.g. Q3, October 1, 2020 to December 31, 2020 |
| Data source | OPOC data reports; Survey question #33 |
| 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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | Coaches are available for support |

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| SH OPOC Q#34 | The services and supports I receive help me deal more effectively with my life's challenges. |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that the services and supports they received help them deal more effectively with life’s challenges |
| 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, and you could also choose to exclude both or neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data.  |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.g. Q3, October 1, 2020 to December 31, 2020 |
| Data source | OPOC data reports; Survey question # 34 |
| 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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | A similar indicator has been prioritized for the Advancing QI CoP for the general community MHA sectorCoaches are available for support |

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| --- | --- |
| SH OPOC Q#38 | My living situation is contributing to my overall well-being. |
| Indicator Name | Percent of clients who (strongly agree, agree, disagree, strongly disagree) that their living situation is contributing to their overall well-being |
| 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, and you could also choose to exclude both or neither. ***Alternatively,*** if you have a lot of missing or NA, you may focus your QI efforts on reducing the amount of missing data.  |
| Numerator (dependent on what you choose to measure) | Number of clients who chose the appropriate response categoryIf 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

If you are trying to decrease the number of missing or NA responses, your numerator may be* clients who choose ‘Not applicable’ as their response
* records with Missing as the response
* records that are ‘missing’ or ‘Not applicable’
 |
| 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, 2021E.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](http://www.opoc.ca)). For additional support, connect with your OPOC Implementation Specialist. |
| Comments | Coaches are available for support |

# Appendix A. Resources

Ontario Perception of Care (OPOC)

Resources on the OPOC tools are available through <http://improvingsystems.ca/> . These include:

* [OPOC Implementation Guide](http://improvingsystems.ca/img/OPOC-Implementation-Guide-4th-Ed.pdf)
* [OPOC-Data Review Tips](http://improvingsystems.ca/img/OPOC-MHA-Data-Review-Tips.pdf)
* [Guidelines for Using Select OPOC Questions](http://improvingsystems.ca/img/OPOC-Guidelines-for-Using-Select-OPOC-Questions.pdf)

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

Quorum

Quorum provides access to an online Community of Practice for a variety of sectors and clinical areas. To sign up for the E-QIP CoP or any of the other CoPs available through Quorum, please go to <https://quorum.hqontario.ca/en/>

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](https://quorum.hqontario.ca/en/home/indicators-change-ideas)
* [QI Tools and Resources](https://quorum.hqontario.ca/en/Home/QI-Tools-Resources/QI-Essentials)
* [Advice on Target Setting](https://quorum.hqontario.ca/Portals/6/Groups/176/Supports/2021-12-06_Advice_TargetSetting.pdf?ver=2021-12-06-155603-550)