QI Project Report Back

Session 1 – June 20th, 2022

Facilitators: Lucy and Abel

e-QiP

Excellence through Quality
Improvement Project

Community-focused. Data-driven.

Land Acknowledgement

Agenda

#1 Welcome & Opening Remarks

#2 CMHA Kenora

#3 Lanark, Leeds and Grenville Addictions and Mental Health

#4 Monarch Recovery Services

#5 Vesta Recovery

#6 Canadian Hearing Services

#7 Next Steps

#8 Staying Connected

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Excellence through Quality Improvement Project
Community-focused. Data-driven.

CMHA Kenora

Project Title: ACTT Discharges

Project Story:

CMHA Kenora has always been driven by quality improvement. It was through one of our quarterly quality improvement committee meetings that the concern over question #28 on the OPOC. "I have a plan that will meet my needs after I finish the program/treatment" arose.

CMHAK is a recovery orientated agency and strives to be as client centered as possible, as this is a major barrier to client centered service a QI project began.

Problem/Opportunity Statement

- According to OPOC (2020-2021) data #28, clients indicate that they are not ready/or not thinking about transitions out of the ACT program.

- OPOC #28: I have a plan that will meet my needs after I finish the program/treatment.

- 18.8% disagree - 31.3% indicate not applicable.

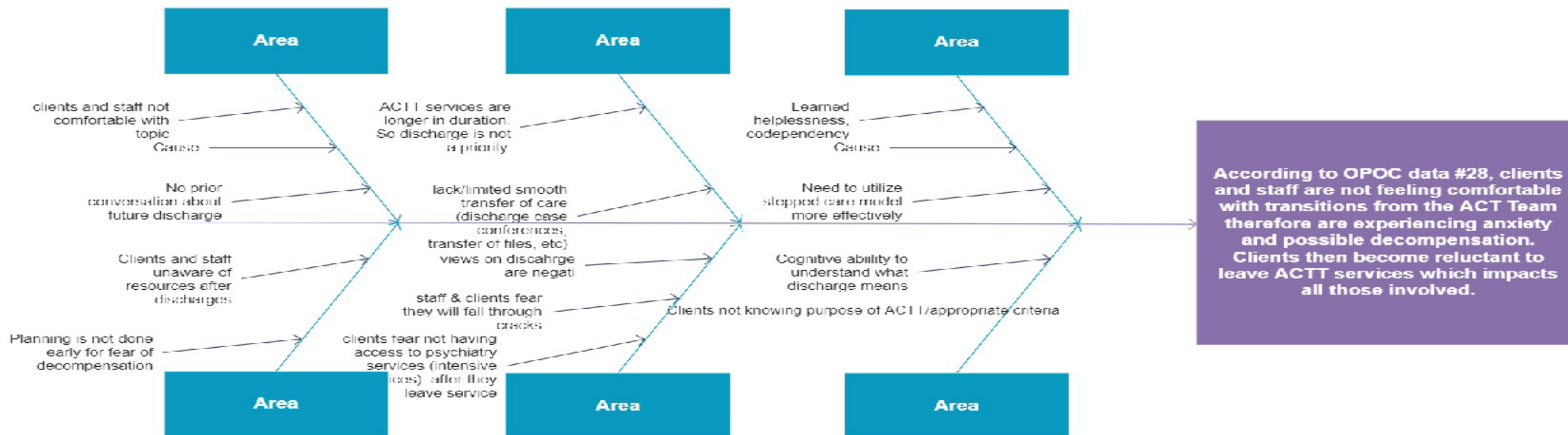- 21.9% strongly agree – 28.1% agree.

AIM Statement

- 75% of ACTT clients will agree or strongly agree with OPOC question #28

Diagnostic Tools – The Vital Few.

Cohort 6 Report back session

Change Ideas

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Area	Area	Area

clients and staff not comfortable with topic
Cause

ACTT services are longer in duration. So discharge is not a priority

Learned helplessness, codependency
Cause

No prior conversation about future discharge

lack/limited smooth transfer of care (discharge case conferences, transfer of files, etc)

Need to utilize stepped care model more effectively

Clients and staff unaware of resources after discharges

views on discharge are negati

Cognitive ability to understand what discharge means

staff & clients fear they will fall through cracks

Clients not knowing purpose of ACTT/appropriate criteria

Planning is not done early for fear of decompensation

clients fear not having access to psychiatry services (intensive ices) after they leave service

Area	Area	Area

According to OPOC data #28, clients and staff are not feeling comfortable with transitions from the ACT Team therefore are experiencing anxiety and possible decompensation. Clients then become reluctant to leave ACTT services which impacts all those involved.
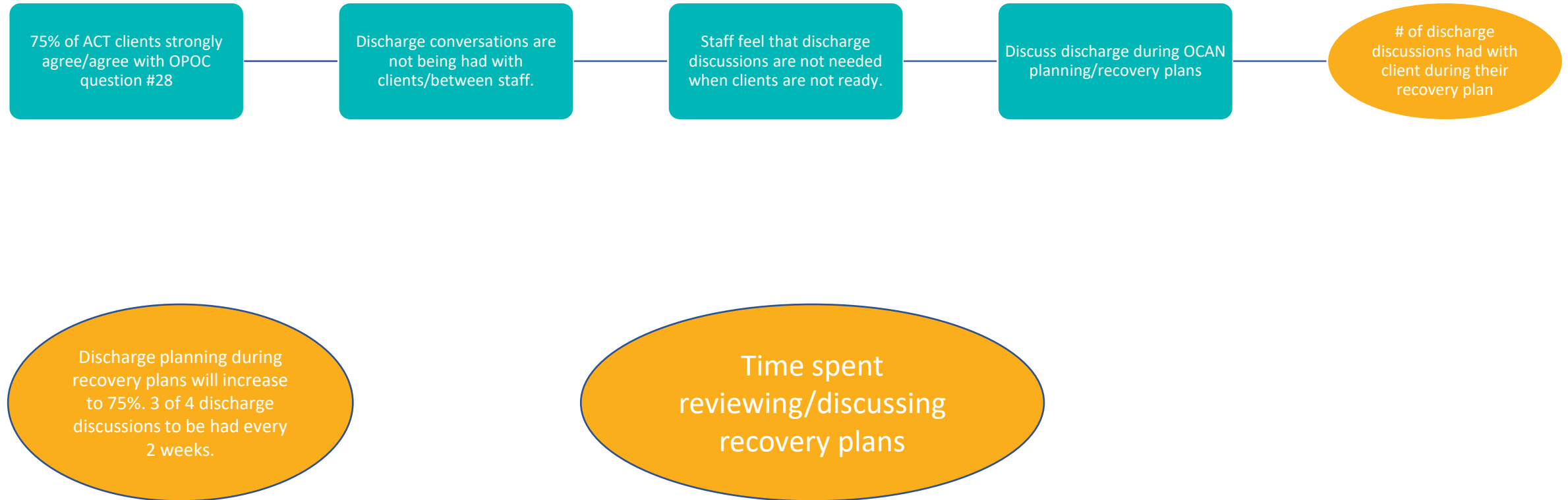
Change Ideas

- Discuss Discharge planning during recovery plans
- Client needs over time will be met. 2 recovery plans are reviewed by team each week, clients have their recovery plan reviewed every 6 months. Discharge discussions will be had with clients during their recovery plan review.
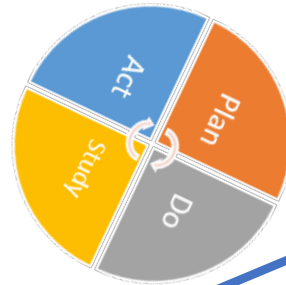
Driver Diagram

75% of ACT clients strongly agree/agree with OPOC question #28

Discharge conversations are not being had with clients/between staff.

Staff feel that discharge discussions are not needed when clients are not ready.

Discuss discharge during OCAN planning/recovery plans

# of discharge discussions had with client during their recovery plan

Discharge planning during recovery plans will increase to 75%. 3 of 4 discharge discussions to be had every 2 weeks.

Time spent reviewing/discussing recovery plans

Cohort 6 Report back session

PDSA Planning (one change idea)

Staff to increase discharge discussions with clients/staff during service. Staff records whether discussions were had during client's recovery plan.

Cycle 4: Adapt, Adopt, Abandon based on Cycle #3.

Cycle 3: Adapt, Adopt, Abandon based on Cycle #2.

Cycle 2: Continue discharge discussions with modifications learned from Cycle 1.

Cycle 1: Increase Discharge Discussions prior and during recovery plans. Collect the number of discharge discussions had. Modify for Cycle #2 based on lessons learned.

Lessons Learned During Cycle 1

- Staff need reminders to complete discharge discussion with clients.

- Staff reviewed what a discharge discussion entails.

- Some clients were not able to have discharge discussions, multiple attempts may be warranted.

- New clients don't have a thorough discharge discussion, but Intake checklist is being modified.

Potential Modifications

- Kardex/White Board Reminders.

- Standing Agenda Item to remind staff.

- Certain ATR/LOCUS scores can trigger discharge planning.

Run Chart(s) for Outcome/Process Measure

Discharge Planning Completed During Recovery Plan
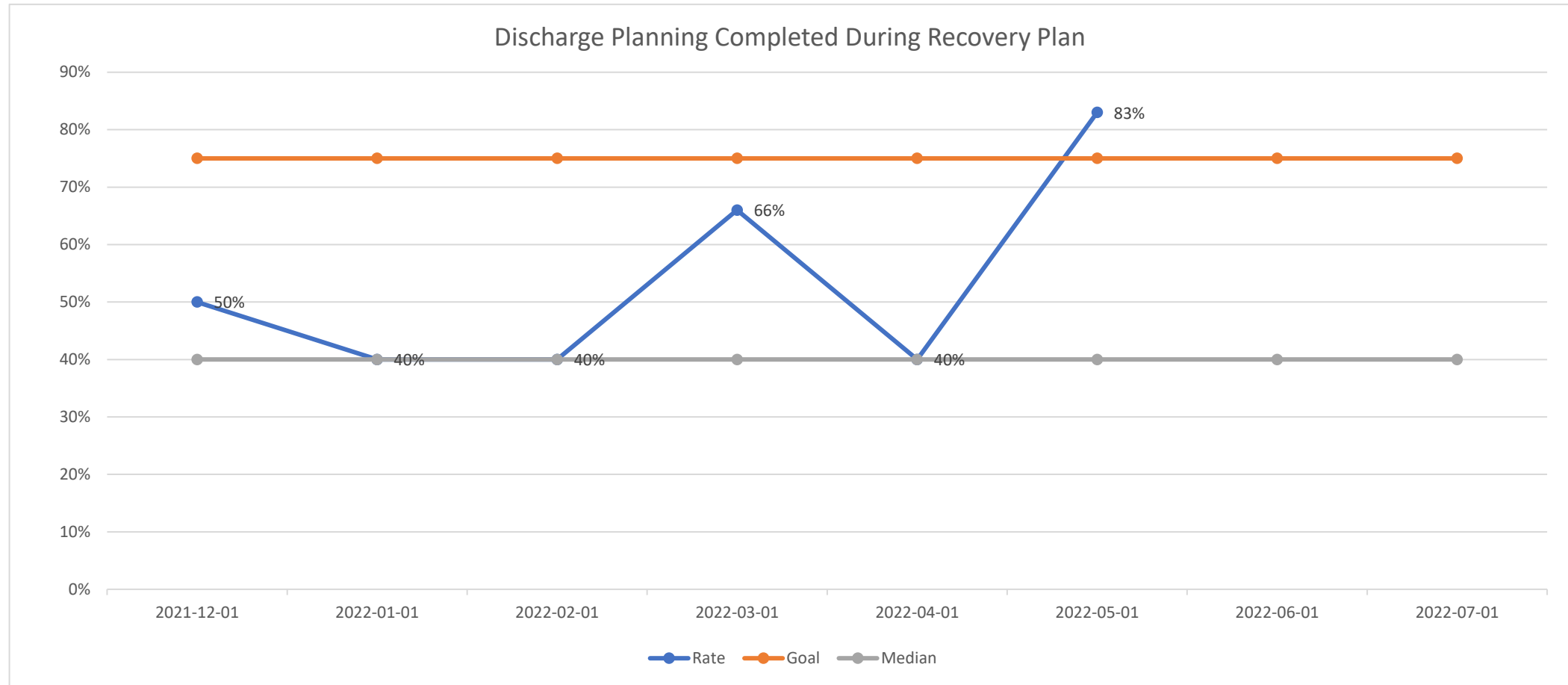
Lessons Learned / Ah-ha Moments

Staff realised how little we had been having the discharge conversation with clients. So much so that over 30% of respondents stated that the question about having a plan for when they finish the program was "Not Applicable" to them.

- We will know our project is sustainable when desired outcomes are achieved in 2023 when OPOC results are released at the end of the fiscal year.

Organization: Lanark, Leeds and Grenville Addictions and Mental Health

Project Title: Rapid Access

Project Status as of: June, 2022

THE EXCELLENCE THROUGH QUALITY IMPROVEMENT PROJECT (E-QIP)

COHORT 6 REPORT BACK

PRESENTATION DATE: June, 2022

Project Story:

In an effort to provide services that best meet client needs, LLGAMH has historically made big changes to programming based on anecdotal information from clients, staff and community partners. Often these program changes had unintended consequences, which would then lead to amendments to the program on a regular basis. Unfortunately, this has led to a program design that has been patched together, leading to confusion about the purpose of the Rapid Access program and who it best serves.

We have decided to use the e-QIP program to learn how to implement change in a more consistent and thought-out manner that allows us to use the tools we have at our disposal to generate high quality data about our clients and our services.

- And here's how…..

Problem/Opportunity Statement

- We (LLGAMH) do not currently have a defined process for identifying client needs, leading to frustration for clients, staff and community partners and inconsistent service access and provision

AIM Statement

- By March 31, 2023, we will develop and implement a process to identify the needs for 100% of clients accessing the Rapid Access Case Management and Rapid Access Counselling programs.
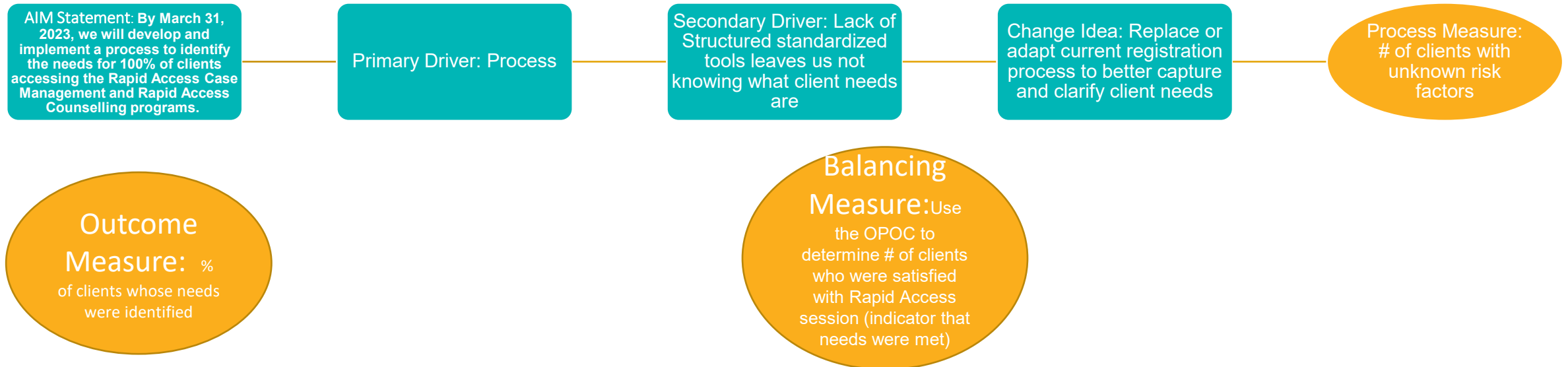
Diagnostic Tools – The Vital Few.
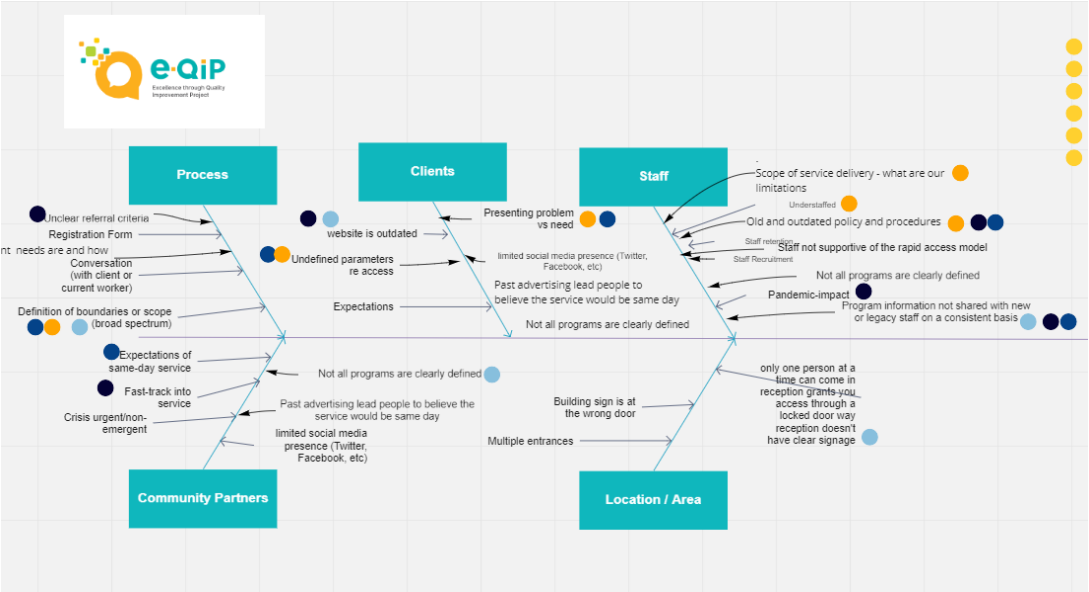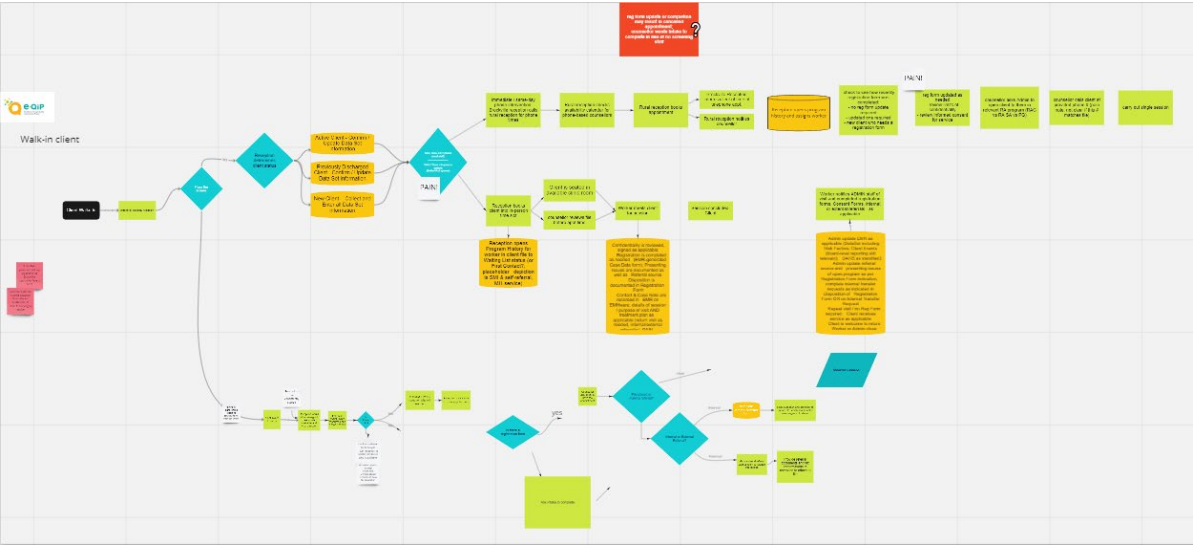
Change Ideas

- Implemented the GAIN-SS in the Rapid Access Case Management Program

- We will know we are making a difference when we have collected enough data to provide a snapshot of the mental health and addictions needs of clients accessing RA services
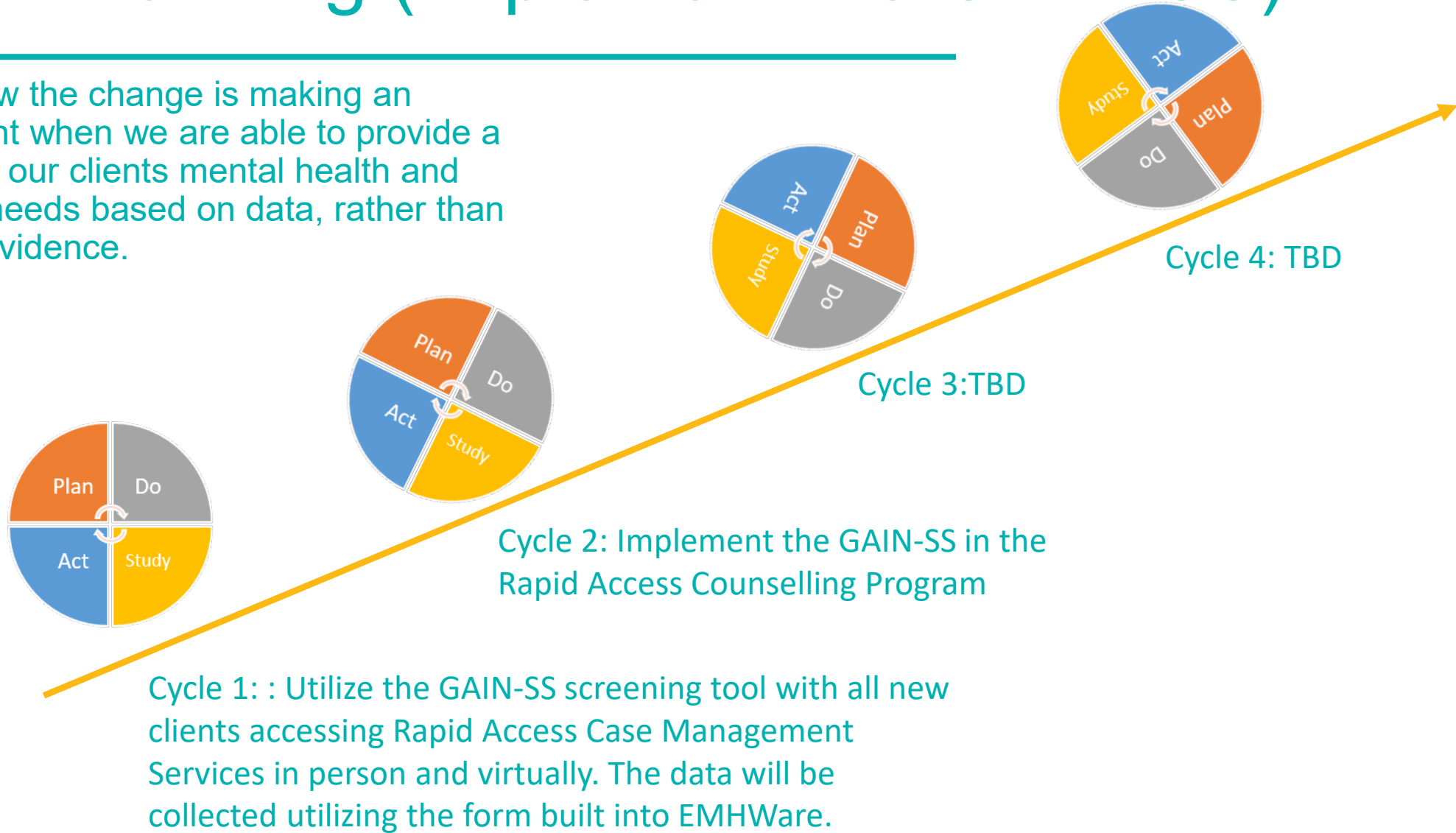
e-QiP

TRIZ Exercise

Problem Statement or Root Cause:
We (LLGAMH) do not currently have a defined process for identifying client needs leading to frustration for clients, staff and community partners, and inconsistent service access and provision.

How could you and your team make the problem worse?	Reversed Ideas (Positive)
reduce staffing	increase staffing
setup permanent staffing for the program
stable schedule & staffing
program specific staff
developing / provide on-going training and development for rapid access staff (re: brief related staff)
stop filling out registration form
don't ask clients about their needs
guess about client needs (assumptions)
don't care about clients / client outcomes

stop following any procedure or policy | replace registration for a more standarized screening tool which would include client needs
implement Core + self OCAN for Rapid access programs
revise the current registration form

clean up client information sharing process (admin and ra staff0)
updating policy and procedures |
| don't have a clear program name, rename it Walk-in again

no reception to greet client when they arrive | |
| increase expectation of service (within the hour) | |
| stop all communication about the program (internal and external)
be less clear about what the program has to offer
make people wait for service
don't return phone calls to referring staff / community partners
share incorrect information
stop sharing information completely | develop clear communication within the team itself
encourage clear communication with admin staff (all levels)
contribute to existing communication channels to spread the word about rapid access programs and programming
start new communication channels to spread rapid access news
start new external communication to inform about rapid access
internal presentations to the org at team meetings, update Connex
update PowerPoint presentation for on-boarding staff including photos of current location, make video from it
scrapbook / living document instead of PowerPoint |

Driver Diagram (mini/big) or Impact/Effort Grid

AIM Statement: **By March 31, 2023, we will develop and implement a process to identify the needs for 100% of clients accessing the Rapid Access Case Management and Rapid Access Counselling programs.**

Primary Driver: Process

Secondary Driver: Lack of Structured standardized tools leaves us not knowing what client needs are

Change Idea: Replace or adapt current registration process to better capture and clarify client needs

Process Measure: # of clients with unknown risk factors

Outcome Measure: % of clients whose needs were identified

Balancing Measure: Use the OPOC to determine # of clients who were satisfied with Rapid Access session (indicator that needs were met)
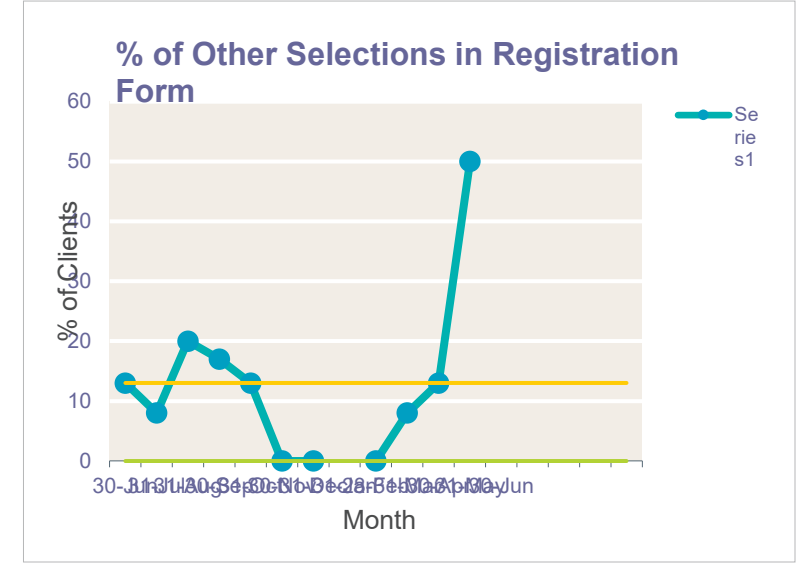
PDSA Planning (Implement the GAIN-SS)

We will know the change is making an improvement when we are able to provide a snapshot of our clients mental health and addictions needs based on data, rather than anecdotal evidence.

Cycle 4: TBD

Cycle 3: TBD

Cycle 2: Implement the GAIN-SS in the Rapid Access Counselling Program

Cycle 1: : Utilize the GAIN-SS screening tool with all new clients accessing Rapid Access Case Management Services in person and virtually. The data will be collected utilizing the form built into EMHWare.

Run Chart(s) for Outcome or Process Measures
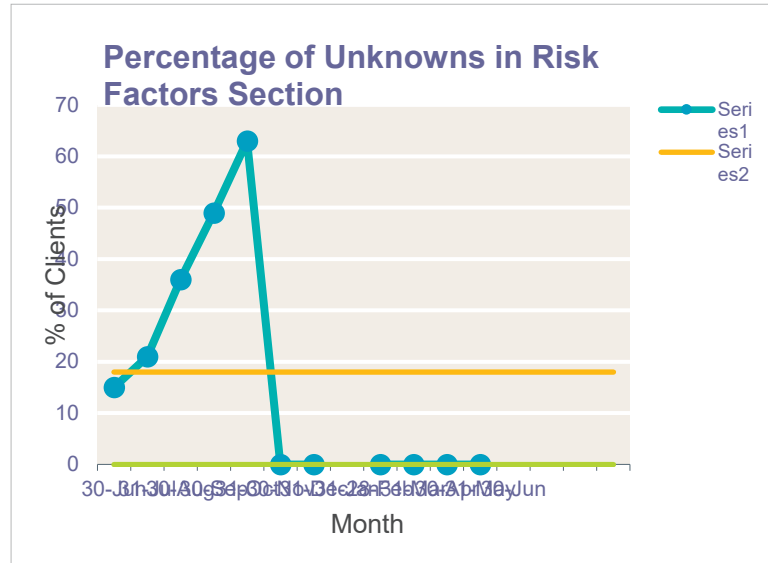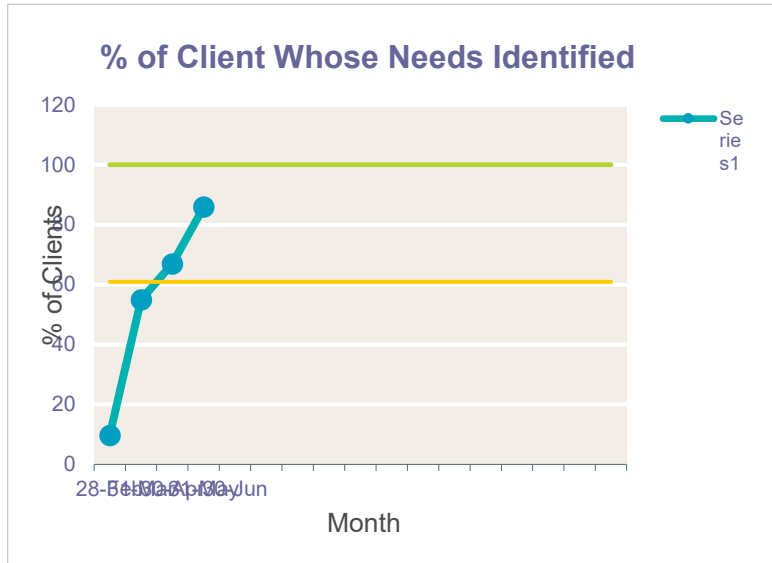
Lessons Learned / Ah-ha Moments

- *When done thoughtfully, data collection at screening/intake can be an important source of demographic and clinical information that can help us develop and implement programming more effectively. It's not "just paperwork"*

- *How will you know when your project is at the point of 'sustainability'?*

- We will know the project is at the point of sustainability when we are consistently implementing screening/registration in a standardized manner in the Rapid Access program

Organization: Monarch Recovery Services
Project Title: Getting to Better

Project Status as of: June 20, 2022

THE EXCELLENCE THROUGH QUALITY IMPROVEMENT PROJECT (E-QIP)

COHORT 6 REPORT BACK

PRESENTATION DATE: June 20, 2022

Project Story:

Monarch Recovery Services – Men's Recovery Home is a 3 phase program that supports men in recovery from alcohol and or drugs. The program is designed in a fashion that allows them to relearn life on life's terms. Meaning, rebuilding bridges, finding work, transforming relationships & working on becoming a better part of society, all the while working on their recovery and what it will look like when they leave here.

We decided to do this QI project, since out of 7 Monarch Recovery Services programs surveyed, the Men's Recovery Home had the lowest score on question #27. It shows that there are some clients that identify a need for Staff to help them develop a plan when finishing the treatment/program. This may cause residents, family members and staff to feel the program is incomplete. With this QI project we are hopeful that we can increase the number of residents that feel supported in developing a plan for when completing the program.

Through our past surveys we have noted that many residents are new to our programming when completing the survey, so we will be changing when the survey gets completed. We have also created a discharge plan, that will be worked on in phase 2 and 3 of their stay with us, in hopes to better prepare them for discharge.

Problem/Opportunity Statement

- According to OPOC reports, out of 7 programs surveyed, Men's Recovery Home at Monarch Recovery Services had the lowest score on question #27. It shows that there are some clients that identify a need for Staff to help them develop a plan when finishing the treatment/program. This may cause residents, family members and staff to feel the program is incomplete

AIM Statement

- By December 31st, 2022 Monarch Recovery Services- Men's Recovery Home will increase average score on OPOC Q#27 from 3.12 to 3.5. and residents will feel increased support during service and will feel better prepared and more involved in developing their personal goals and discharge plan.

Diagnostic Tools – The Vital Few.

Residents/Alumni

10 surveys completed
of the 6 candidates that were living in the community, all successfully completed the
program and are living in community and felt they were supported and didn't need
anything more from staff or the program
of the 4 candidates that are back in the program 3 of them left unsuccessfully and all felt
they were not supported

lack of self directed planning, left impulsively,
rushing for the next thing (work, school, family)

OPOC language includes 'treatment' and may be
confusing
Lack of consistent process when completing
service plan (supposed to start at week 2)

Unknown if the standard process of phases of service
inhibiting provider ability to have discussions around
discharge planning or transitions of care.

The timing of collecting OPOC may
impact answers/scores.

Lack of individual client focus
on OPOC collection

Procedures

Places/Equipment

Lack of accessible supports which may lead
to clients leaving early once the realize they
are unable to attend fully.

Lack of safe housing

Wait times for
community
programs

Client Guidelines Document - listing rules/code
of conduct signed by residents (warnings,
possible discharges) which may contribute to
early discharges

Policies

Provider

Lack of time for providers to
meet with people to discuss
discharge
Staff may feel uncomfortable with discussing
transitions/discharge planning early on

Providers are meeting the basic needs at
outset, vs. looking at future and discharge
planning, complex needs

Language of 'discharge' may
be uncomfortable for clients

Clients may not 'complete' program
due to external factors outside
control

Each person has their own goals
and these goals shift/change while
residing at MRH

People

Language of discharge may be uncomfortable for staff (
don't want clients to feel like they are being pushed out
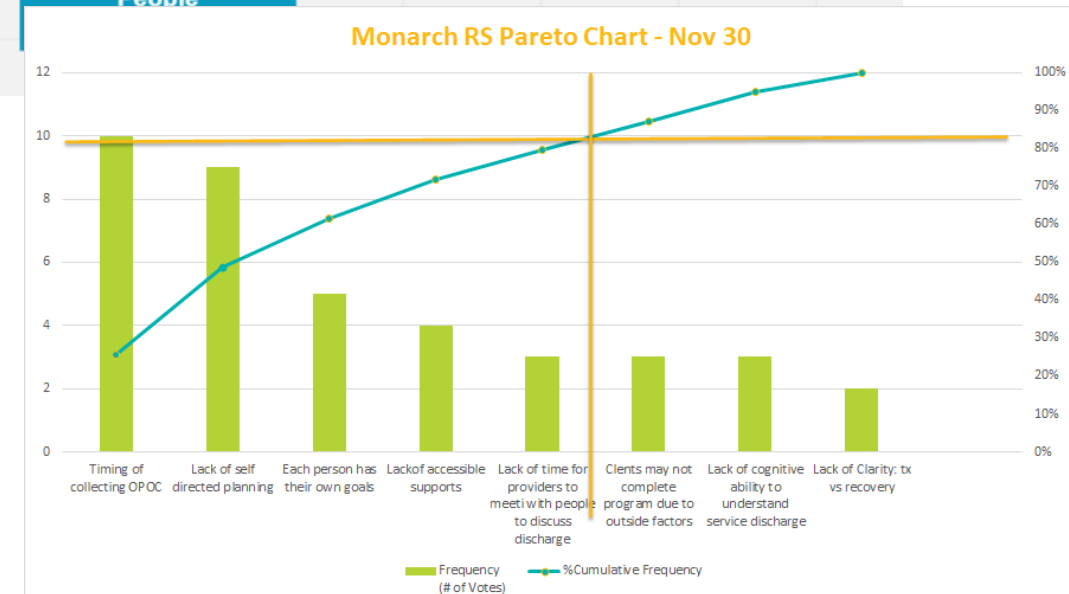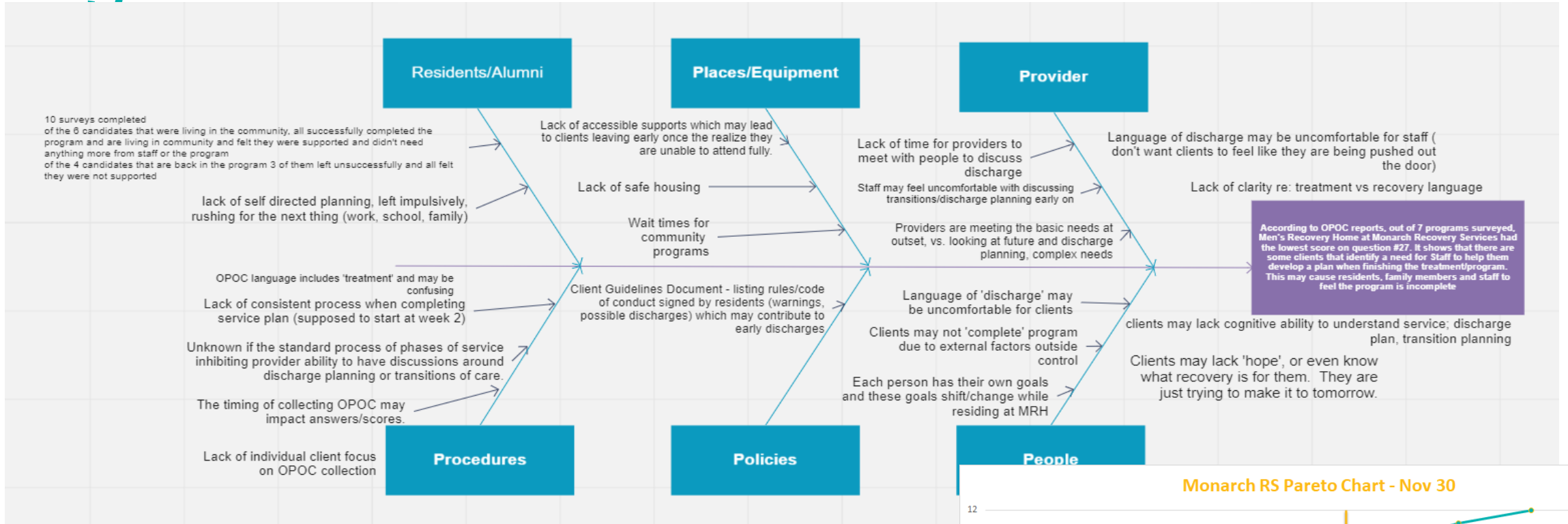the door)

Lack of clarity re: treatment vs recovery language

According to OPOC reports, out of 7 programs surveyed,
Men's Recovery Home at Monarch Recovery Services had
the lowest score on question #27. It shows that there are
some clients that identify a need for Staff to help them
develop a plan when finishing the treatment/program.
This may cause residents, family members and staff to
feel the program is incomplete

clients may lack cognitive ability to understand service; discharge
plan, transition planning

Clients may lack 'hope', or even know
what recovery is for them. They are
just trying to make it to tomorrow.

Monarch RS Pareto Chart - Nov 30
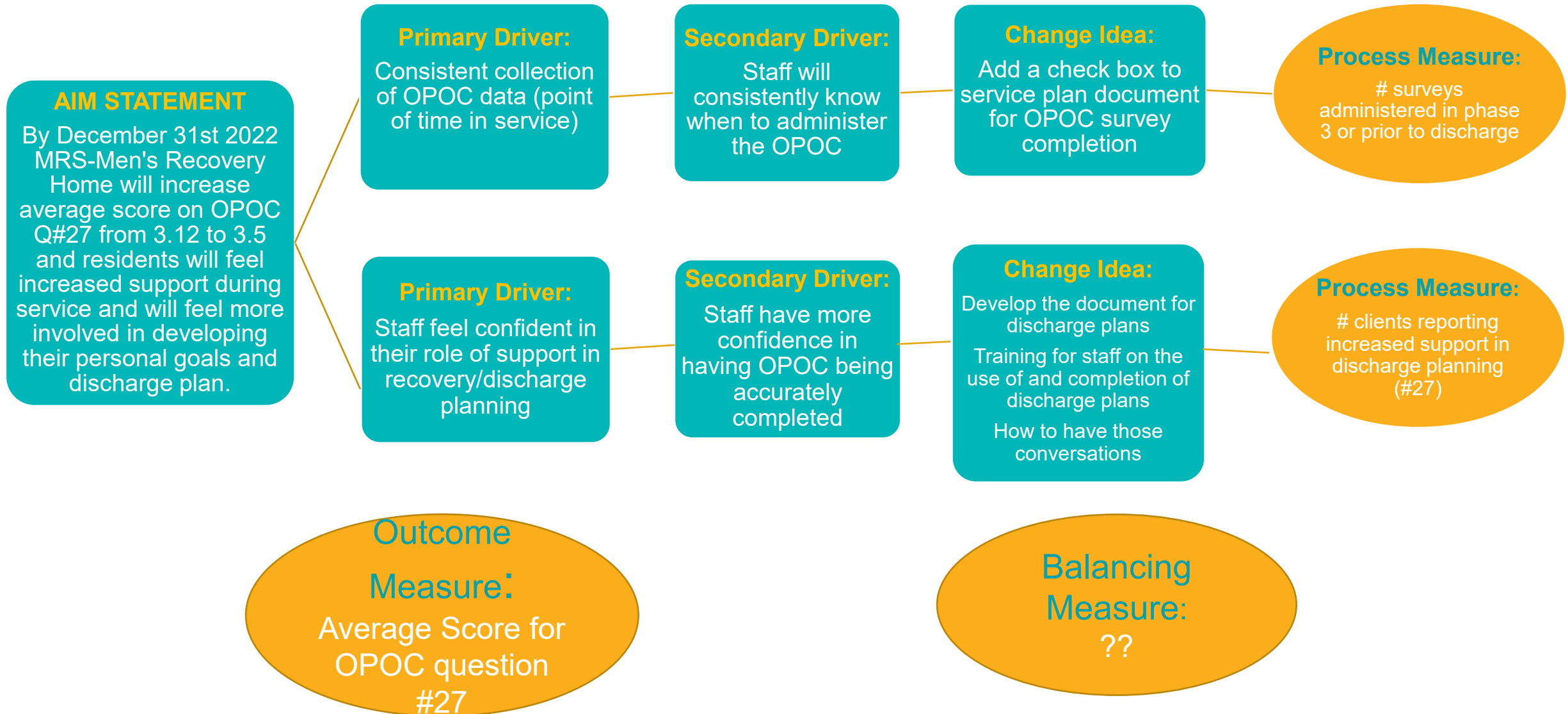
Change Ideas

TRIZ Exercise

Problem Statement or Root Cause:
According to OPOC reports, out of 7 programs surveyed, Men's Recovery Home at Monarch Recovery Services had the lowest score on question #27. It shows that there are some clients that identify a need for Staff to help them develop a plan when finishing the treatment/program. This may cause residents, family members and staff to feel the program is incomplete

How could you and your team make the problem worse?	Reversed Ideas (Positive)
By not supporting them at all, not offering support at all	Giving more support, explaining the tool in depth, support them while answering any questions. make a script so all staff know what is expected

- Our first change idea is to have participants complete the OPOC upon entry into phase 3 or prior to discharge from the program

- We will know it is working when we see how many people entered into phase 3 and completed the OPOC & how many people discharged from the program and completed the OPOC

Driver Diagram

AIM STATEMENT
By December 31st 2022 MRS-Men's Recovery Home will increase average score on OPOC Q#27 from 3.12 to 3.5 and residents will feel increased support during service and will feel more involved in developing their personal goals and discharge plan.

Primary Driver:
Consistent collection of OPOC data (point of time in service)

Secondary Driver:
Staff will consistently know when to administer the OPOC

Change Idea:
Add a check box to service plan document for OPOC survey completion

Process Measure:
surveys administered in phase 3 or prior to discharge

Primary Driver:
Staff feel confident in their role of support in recovery/discharge planning

Secondary Driver:
Staff have more confidence in having OPOC being accurately completed

Change Idea:
Develop the document for discharge plans
Training for staff on the use of and completion of discharge plans
How to have those conversations

Process Measure:
clients reporting increased support in discharge planning (#27)

Outcome

Measure:

Average Score for OPOC question #27

Balancing Measure:
??

PDSA Planning (one change idea)

Objective: To have participants complete the survey at the prescribed time (at Phase 3 or upon completion); participants have a clear understanding of point of time in service they are at; that staff will not need to describe and re-iterate the point in time of service.

Questions we want to answer: Do participants understand the questions on the survey? Do staff feel comfortable supporting participants while they complete the OPOC survey?

Our predictions: That staff will feel comfortable in supporting participants in completing the survey and that participants will respond with less 'I don't know' or 'N/A'

Cycle 1: March – May 2022

8 participants completed the survey in phase 3 or prior to discharge

Increase from 3.14 to 4 on #27 from the OPOC

Run Chart(s) for Outcome Measures

~ 5 years of data

5 year average =3.12

GOAL = 3.5

Monarch Recovery Services-Baseline Data OPOC Q #27
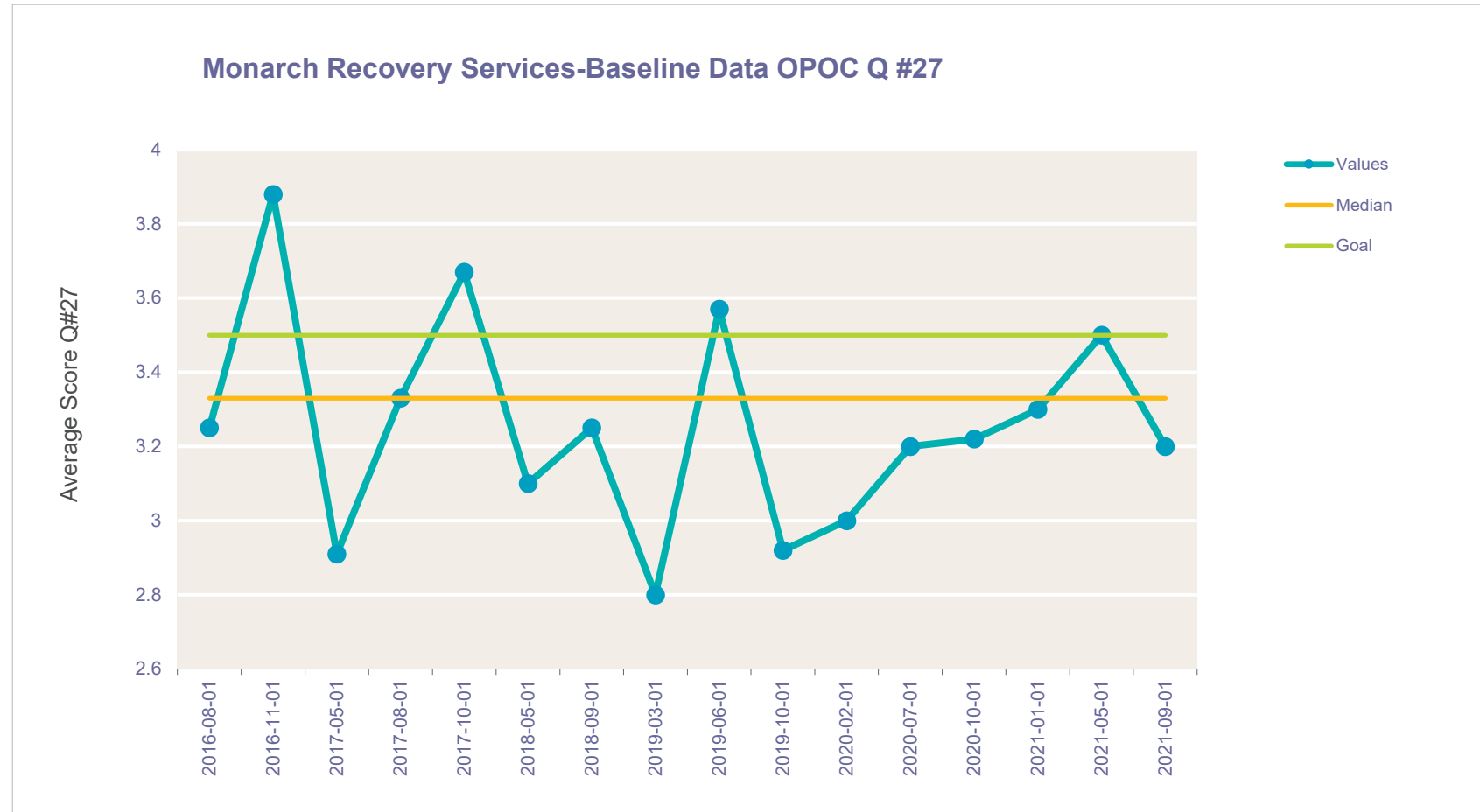
Lessons Learned / Ah-ha Moments

We were most excited about the amount of data we had & we learned a lot about data collection and how to do it more efficiently and meaningfully

We will know we are at the point of sustainability when our OPOC survey #27 has increased from 3.14 to 3.5 and above

Reach Out with Questions

Angie Gaudette – ag@srmonarchrs.ca

Karyn Mathewson – km@srmonarchrs.ca

Rene Trudeau – rt@srmonarchrs.ca

Vesta Recovery

Vesta Recovery Program for Women Inc.
Project Title: Return to pre-COVID-19 Programming

Project Status as of: June 20, 2022

THE EXCELLENCE THROUGH QUALITY IMPROVEMENT PROJECT (E-QIP)

COHORT 6 REPORT BACK

PRESENTATION DATE: June 20, 2022

Project Story:

Opportunities to strengthen Relapse Prevention skills and Discharge Planning

via family visits, are hindered as we continue to be very cautious in applying

health & safety measures re: COVID-19.

Given that all the staff and most clients are triple vaccinated,

we wish to explore how we can safely return to opening up

these aspects of the program.

Problem/Opportunity Statement

- As pertaining to questions 30, 33 and 34 of the OPOC Questionnaire: opportunities to strengthen Relapse Prevention skills and Discharge Planning via family visits, are hindered as we continue to be very cautious in applying health & safety measures re: COVID-19. Given that all the staff and current clients are triple vaccinated, we have the opportunity to explore how we can safely return to opening up these aspects of the program.

AIM Statement

- As pertaining to Questions # 30, 33, 34 in the OPOC Questionnaire, Vesta will return to full "Pre- COVID" Relapse Prevention and Discharge Planning activities by gradually increasing activities/opportunities in the community from 1 to 6 by June 2022 .This will be carried out while adhering to Ottawa Public Health guidelines, consulting with the client group and staff team, with the goal of maintaining zero COVID-19 outbreaks by June 2022.

Diagnostic Tools – The Vital Few
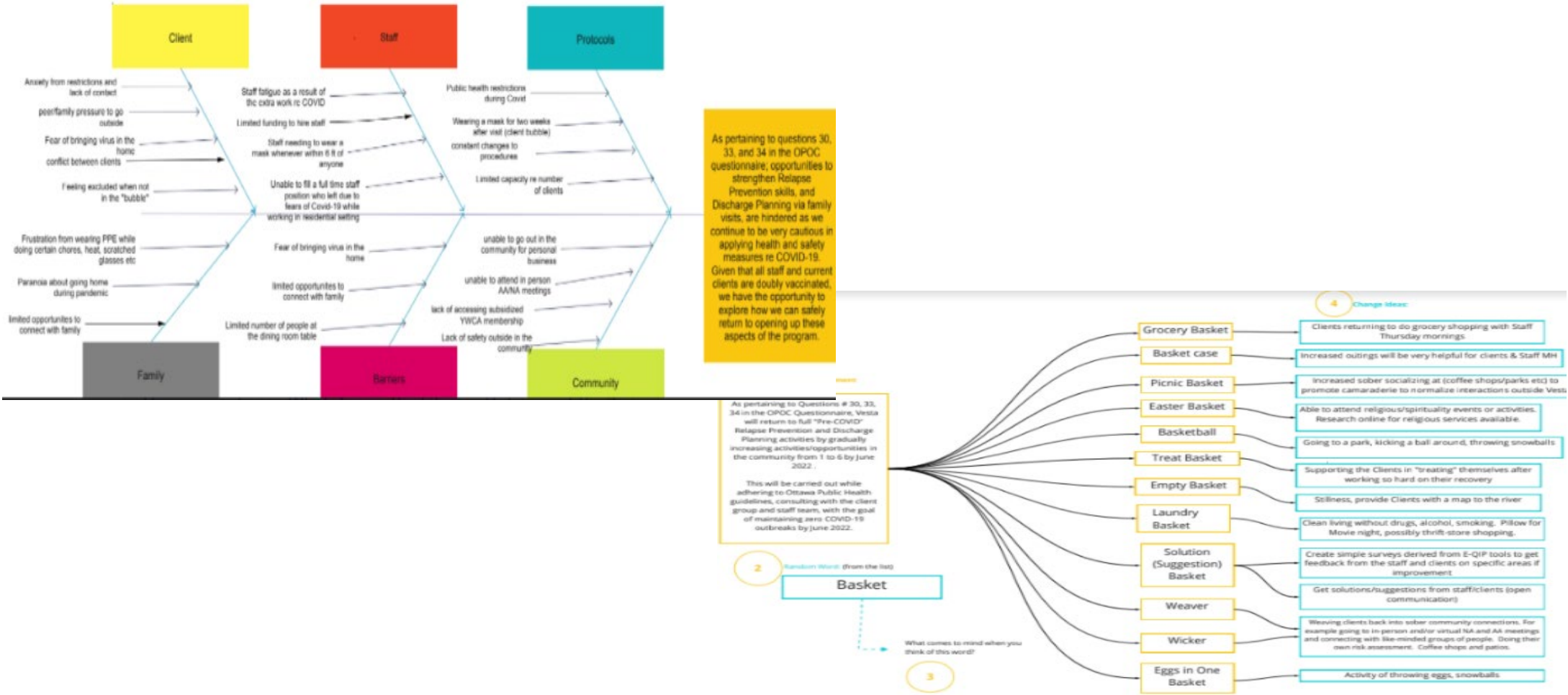
Change Ideas - Impact/Effort Grid
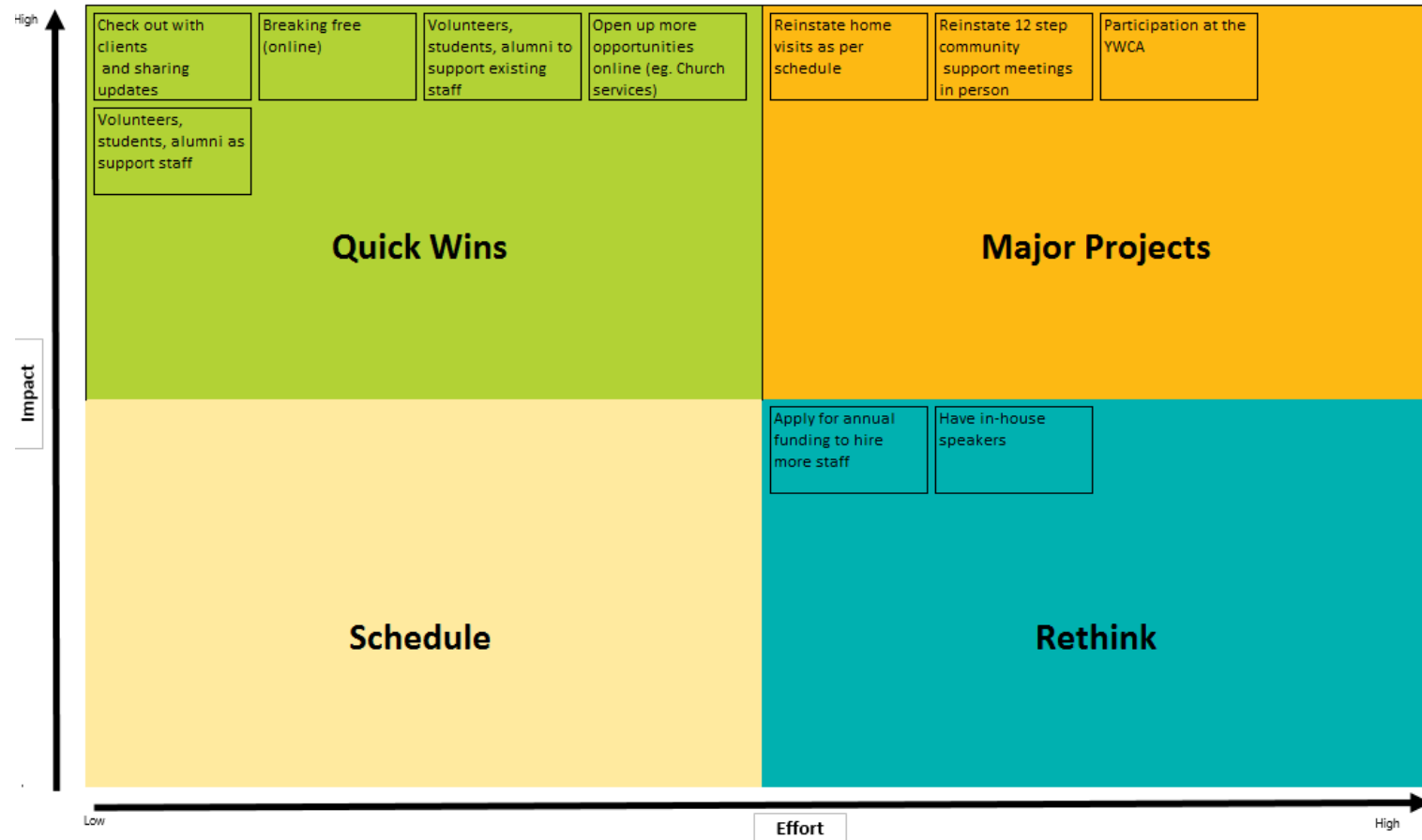
Mini Driver Diagram

Aim statement:

As pertaining to OPOC Questions 30, 33, 34 , Vesta will return to "pre-COVID" relapse prevention & discharge planning by gradually increasing activities in the community from 1 to 6 by June 2022, while adhering to Ottawa Public Health guidelines, consulting with the client group and the staff team, with the goal of maintaining zero COVID-19 outbreaks by June 2022.

**Primary Driver:
SAFETY**

**Secondary Driver:
Discharge Planning**

Relapse Prevention

Impact of trucker convoy on safety/security

**Change Idea:
Reinstate home visits as per schedule**

Reinstate 12-step community support meetings in-person (virtual at present)

Breaking-Free online

Check-out with clients and share updates (meal table) and in group

Process Measure: Monday AM check-in to discuss how home visits went

Tuesday AM Integration group (discharge planning)

Personal Goal Planning tool

 # Clients attending virtual vs. in-person meetings

Level of satisfaction among clients using Breaking-Free online
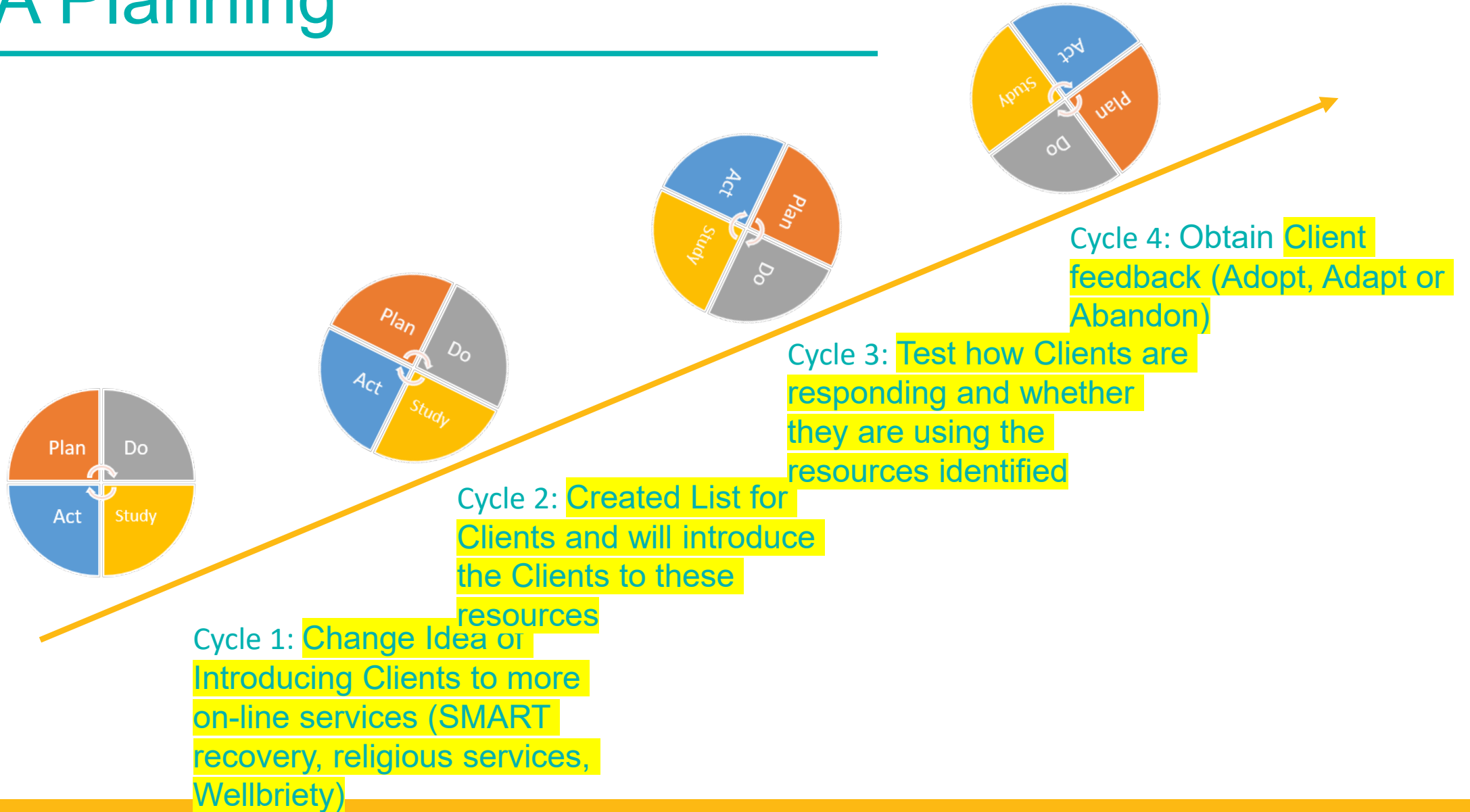
Monday AM check-in regarding safety

Outcome Measure: # of clients who indicate agree/strongly agree to OPOC #34
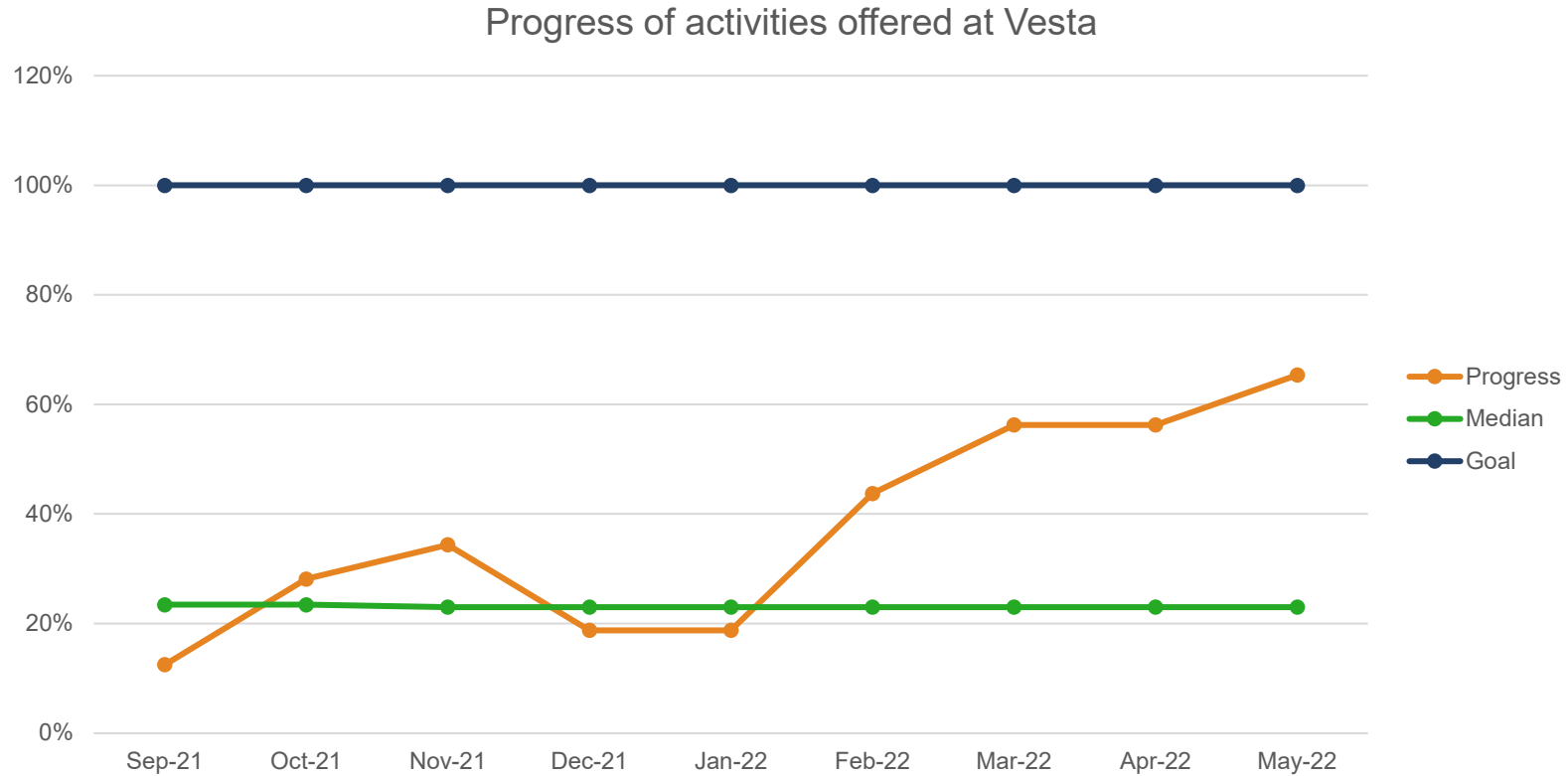
Balancing Measure:
# of clients who relapse

PDSA Planning

Cycle 4: Obtain Client feedback (Adopt, Adapt or Abandon)

Cycle 3: Test how Clients are responding and whether they are using the resources identified

Cycle 2: Created List for Clients and will introduce the Clients to these resources

Cycle 1: Change Idea of Introducing Clients to more on-line services (SMART recovery, religious services, Wellbriety)

Run Chart(s) for Outcome Measure

Progress of activities offered at Vesta

Lessons Learned / Ah-ha Moments

We have benefitted from participating in a process that uses data collection/analysis in meeting our goal of returning to full community activities. The data collection has been helpful in avoiding pre-determining possible outcomes. Gathering thoughts/opinions/ideas from as many staff and clients as possible was also helpful.

The Impact/Effort grid helped our team identify and move towards decisions that we could implement with less effort. This was important to us especially after dealing with COVID for over 2 years, as we need to offset fatigue by implementing quick wins.

As a team, we clearly learned the benefits of E-QIP by using the Plan/Do/Study/Act tool. This is demonstrated with the following examples:

- ✓ *Researching Virtual resources- things opened up to being in person again – temporarily abandoned; remains available should another lock-down happen*
- ✓ *Re-engaging with the YWCA re: subsidized passes – now available to clients*
- ✓ *Increasing numbers of clients in program while maintaining COVID health and safety precautions – currently using PDSA tool*

In working with the E-QIP coaches, we are pleasantly surprised at how this has broadened our knowledge base of tools available for data collection, analysis and implementation of quality improvement at Vesta.

Driver Diagram

Aim statement:

In order to align with CHS values of C.A.R.E, by the end of fiscal year 22-23, we will increase the number of clients in the Connect mental health program who respond 'agree' or 'strongly agree' to the statement 'Staff were sensitive to my cultural needs' from 73.92% to 80%.

Primary Driver:

Improve staff comfort in providing psychotherapy services in ASL

Secondary Driver:

Align staff level of proficiency and associated assessment process with providing psychotherapy in ASL

Change Idea:

Staff attending PD directly in ASL

Process Measure:
Survey given to staff after PD

Outcome Measure: % of clients who respond 'agree' or 'strongly agree' to the statement 'Staff were sensitive to my cultural needs.'

Balancing Measure:
TBD

OPOC Survey

OPOC Survey is available to clients in American Sign Language (ASL).

Short-Term Change Ideas

Quick Change Ideas
- Staff attend workshops presented in ASL

    (2 workshops complete, 3rd in July)
    - Staff complete survey after workshop and debriefs to assess staff comfort level with ASL
- Share projects updates with staff and communicate value of this project
    - Updated staff in recent meetings (April 13, 26th, and May 12th)

Long-Term Change Ideas

Long-Term Change Ideas

- Setting up Deaf culture training and requiring staff to attend Deaf Culture workshop regularly
- On-boarding: Create onboarding package for all new connect staff

Lessons Learned

Our most significant learnings:

- We are excited to finally have data! We can start measuring outcomes and implement positive changes.
- Identifying critical key opportunities, such as joining the ASL Committee Interpreter Program
- Increased collaboration with agencies / networks / professionals
- Having team-wide input has allowed the onboarding committee to identify several gaps in training new staff and standardize items into a checklist.
- Creating a foundational 101 onboarding course has uncovered the need for continuous learning, so resources are being collected for a 102 course

Lessons Learned and Comments

Comments from the professional development and debrief survey:

- I enjoyed the discussion; getting used to colleagues and their ASL.
- I would not have been able to turn video on to comment or ask a question, as it happened too quickly. I just tried to follow the chat and the presenter reiterating the chat.
- I felt more comfortable than at the previous debrief, although I expect I made quite a few signing errors when expressing myself!
- Towards the end, I became more confident and excited about doing more of these types of trainings as I could understand better the more familiar I became with the presenter's signing style.

Lessons Learned

How will you know when your project is at the point of sustainability?

- CHS upper management has implemented system-level change, such as staff who have completed ASL 304 are automatically prompted to enroll in professional development in ASL
- Established professional development in ASL and on Deaf culture
- Enhanced cultural awareness and ASL language communication for current and future staff
- Improved satisfaction ratings from our Deaf and hard of hearing clients
- Once our data reflects several cycles of change ideas going well, with ongoing staff buy-in, we will be able to determine the project's sustainability

Staff Comfort in Training in ASL

Workshop #2

	Please rate your comfort level during this event.
very comfortable	3
comfortable	2
neutral	1
uncomfortable	1

Debrief #2

	Please rate your comfort level during this event.
Very comfortable	3
comfortable	4

EQIP CHS Team Members

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Any Questions?
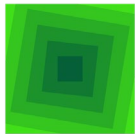
"Deaf people can do anything except hear"

I. I. King Jordan

II. First Deaf President of Gallaudet University

Next Steps

Final Evaluation Survey

https://www.surveymonkey.com/r/RJX3ZF3

What is summertime all about?

- Continue to monitor your Change Ideas (collect the data now)

- Consider your threshold for Sustainability. When will you know you've reached sustained improvement?

- What will you continue to monitor past August 31st? Is this a multi-year project?

- Who else might benefit from hearing about your project?

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Staying Connected

THERE ARE MANY WAYS TO ENGAGE WITH E-QIP!

CONNECT AND IMPROVE

LEARN

- QI cycle and data literacy webinar series

- IDEAS - QI Foundations course (e-learning course)

- Agency specific governance and leadership training (customized based on need)

- Coaching consultations on quality improvement activities

- E-QIP Cohorts for QI and data coaching (6 to 7 months dedicated coaching for projects)

- Community of Practice (bi-weekly, 1-hour meetings)

BE INFORMED

- E-QIP newsletter
- @EQIP_ON on Twitter
- E-QIP website

- e-qip.ca
- @EQIP_ON
- quality@e-qip.ca

Follow us @ EQIP_ON

E-Mail: quality@e-qip.ca

www.e-qip.ca

Foundations to QI(IDEAS) e-Course - REGISTER HERE!
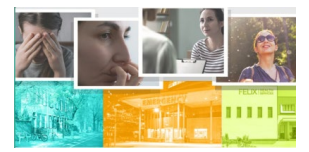
Take your QI activities one step further…

- Is this QI project part of your Quality Improvement Plan? If not, is there an opportunity to add it?

- Consider joining E-QIP's Community of Practice.

- Do you have new board members or new senior leaders? Consider Governance and Leadership training

- Do you have others in your organization who have an interest in learning more about QI? Consider signing up for Foundations to QI (IDEAS) e-Course

June 27, 2022

Questions and Curiosities