



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

## Quality Improvement in Student Services:

# How to improve mental health care for post-secondary students




---

**DECEMBER 11, 2018**

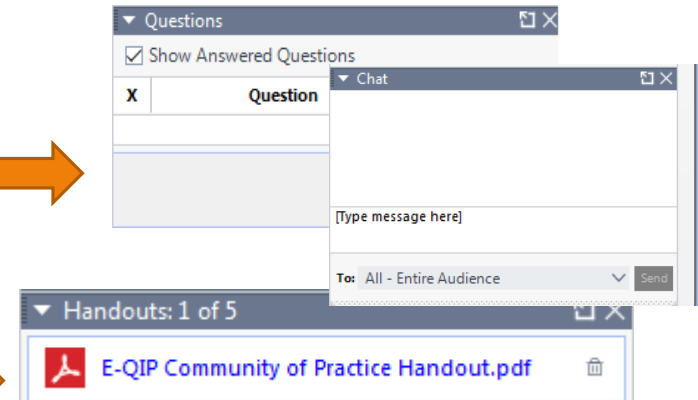
1:00 PM – 2:00 PM



# Using Go-To-Webinar together

- Audio is available through your computer. If you can not hear the webinar, please use a phone and dial the information here: 
- Please type in questions or comments in the chat box of the Go-To-Webinar window. 
- The presentation and handouts are available to download through the Go-To-Webinar window. 

FOR PEARLYN TO ADD IN





Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Webinar Panelists

---



**Jenna Hitchcox**  
Program Manager  
The Excellence through Quality  
Improvement Project (E-QIP)



**Alexandra Clement**  
Quality Improvement Coach  
The Excellence through Quality  
Improvement Project (E-QIP)



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

**Participant Question:** Let us know how many people are with you today, and what college/university you are representing.

---



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Goals for today

---

1. Review background and context regarding the QI movement in healthcare – why is QI important?
2. Share experiences on how QI methods and tools can be used in mental health and addiction programs, services and supports
3. Provide opportunities for you to reflect on common issues in student services and consider how QI tools can be applied in your setting



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# What is Quality Improvement (QI) in healthcare and why should I care?

---



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Background to QI Healthcare

---

- In the early 2000s, a series of reports were released in North America highlighting the prevalence of medical errors within healthcare systems.
- The Canadian Adverse Events Study (Baker et al., 2004) found that 7.5% of hospital admissions resulted in an adverse event (totaling approximately 185,000 events) and it was estimated that 70,000 of these events were preventable.
- These findings caused alarm for those working in and relying on healthcare systems, and shifted focus of service planners to strategies that may improve these shocking levels of poor patient outcomes (Health Council of Canada, 2013).
- A fundamental shift in health care has been approaching quality from a systems perspective and the responsibility of everyone working in healthcare vs. quality of services being the responsibility of a few.
- QI frameworks and methods such as Lean, Six Sigma and the Model for Improvement have been adapted and widely implemented in hundreds of healthcare settings and various countries as they focus on improving processes and systems (Berwick, 2008).



# Quality Control vs. Quality Improvement

	Quality Control	Quality Improvement
Motivation	Measuring compliance with standards	Continuously improving process to meet standards
Means	Inspection	Prevention
Attitude	Required, defensive	Chosen, proactive
Focus	Individuals	Processes and Systems
Scope	Care provider	Client care
Responsibility	Few	All

*\* Adapted from the [Health Resources & Services Administration website](#)*



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# What is Quality Improvement (QI) in healthcare?

**Quality Improvement** is a systematic approach to making changes that lead to better client outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, clients and their families, researchers, planners and educators — to make better and sustained improvements.



www.shutterstock.com · 383687617

## Source:

Health Quality Ontario - [Quality Improvement page](#)

Paul Batalden and Frank Davidoff. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care. 2007 Feb; 16(1): 2–3. ([PubMed](#))

IDEAS Glossary: <http://online.ideasontario.ca/terms/quality-improvement/>



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# QI & Ontario's healthcare system

---

- *The Excellent Care for All Act* was passed in the legislature on June 8, 2010. This piece of legislation promotes the continuous culture of improvement in Ontario's healthcare system.
- Health Quality Ontario is the provincial advisor on quality for the province.
- Provincial directions and initiatives are helping Ontario move towards promoting QI across all healthcare settings and organizations.
- Generally, healthcare organizations in Ontario are taking steps to ensure a continuous culture of improvement is adopted within their services and programs to better serve clients of the system.



# A good health system provides care that is...

Dimension	Client Meaning	Provider Meaning
Safe	I will not be harmed by the health system.	The care my client receives does not cause them to be harmed.
Effective	I receive the right care, and it contributes to improving my health.	The care I provide is based on best evidence and produces the desired outcome.
Client Centered	My goals and preferences are respected. My family and I are treated with respect and dignity.	Decisions about my client's care reflect the goals and preferences of the clients and family or caregivers.
Efficient	The care I receive from all providers is well coordinated and efforts are not duplicated.	I deliver care to my clients using available human, physical, and financial resources efficiently, with no waste to the system.
Timely	I know how long I have to wait to see a provider or for assessments or care I need and why. I am confident this wait time is safe and appropriate.	My client can receive care within an acceptable time after the need is identified.
Equitable	No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system.	Every individual has access to the services they need, regardless of location, age, gender, or socio-economic status

Adapted from Quality Matters: Realizing Excellent Care for All | Health Quality Ontario, Queens Printer for Ontario, 2015. <http://www.hqontario.ca/Portals/0/documents/pr/realizing-excellent-care-for-all-en.pdf>. Accessed 14.07.2016.



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Participant Poll: Have you worked on a quality improvement initiative to improve care for students of your mental health services or programs?

---



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Our two roles in health care:

---

**All health care professionals have 2 jobs  
at work**

Providing care; and  
Improving care

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



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# QI in Ontario's community mental health and addiction sector

---



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



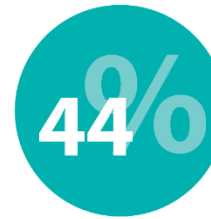
Ontario  
Health Quality Ontario

## Current state of QI adoption across Ontario's community mental health and addiction sector

---



*Of organizations  
don't have dedicated  
Quality Improvement  
time*



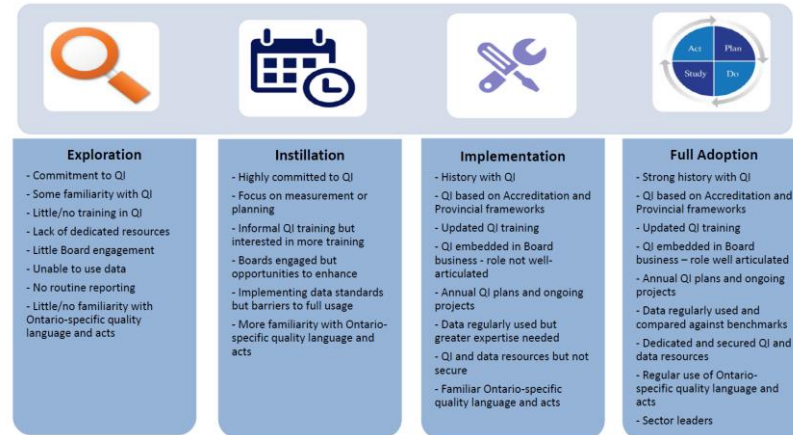
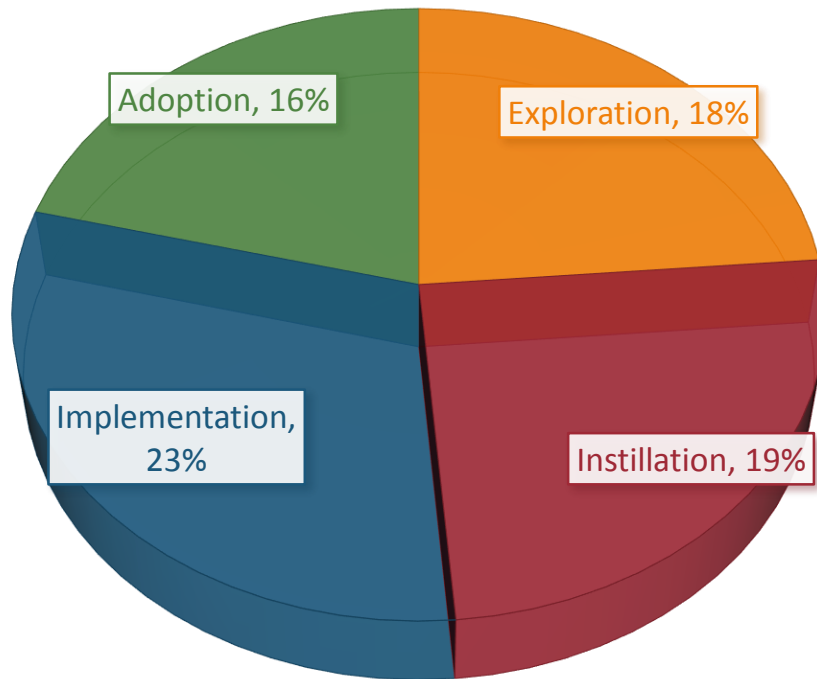
*Of organizations  
don't have Quality  
Improvement-friendly  
data systems*



*Of organizations  
don't have formal  
Quality Improvement  
policies*



# QI readiness levels in Ontario's community MH&A



E-QIP Survey, 2016

76 organizations responded to this survey (n=76)



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# E-QIP

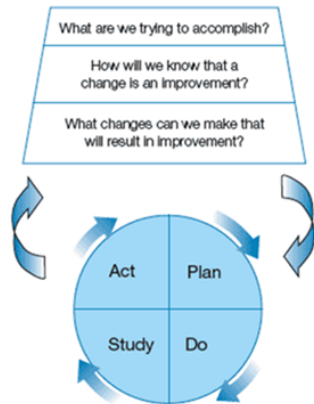
---

- The Excellence through Quality Improvement Project (E-QIP) is a **partnership initiative** between Addictions & Mental Health Ontario, Canadian Mental Health Association, Ontario & Health Quality Ontario to promote and support quality improvement (QI) in the community mental health and addiction sector.
- E-QIP is based on the sector's **existing commitment to providing high quality, person-centered care to clients and families.**
- Since 2016, E-QIP has been working with the community mental health and addiction sector to enhance the ability of agencies within this area of healthcare to **understand and apply quality improvement (QI) methods.**
- To date, E-QIP has offered QI project **coaching support** directly to agencies, delivered an extensive **training and education program** across the sector as well as developed an **online community of practice** that serves as a portal for QI resources and sharing.

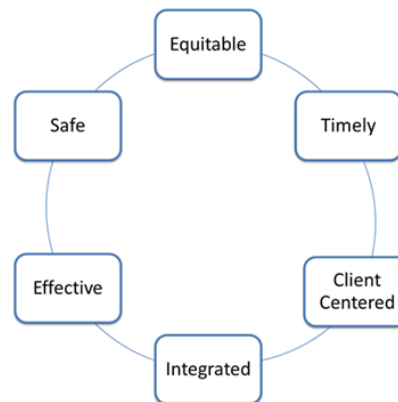


# Working Together to Achieve a Quality Culture

## Model for Improvement



## Domains of Quality



## Quadruple Aim



**Guiding Principles:** *Joyful, Person-Centered, Ethical, Transparent, Informed, Innovative, Unceasing*



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



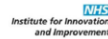
Ontario  
Health Quality Ontario

# The Model for Improvement and common QI Tools

---



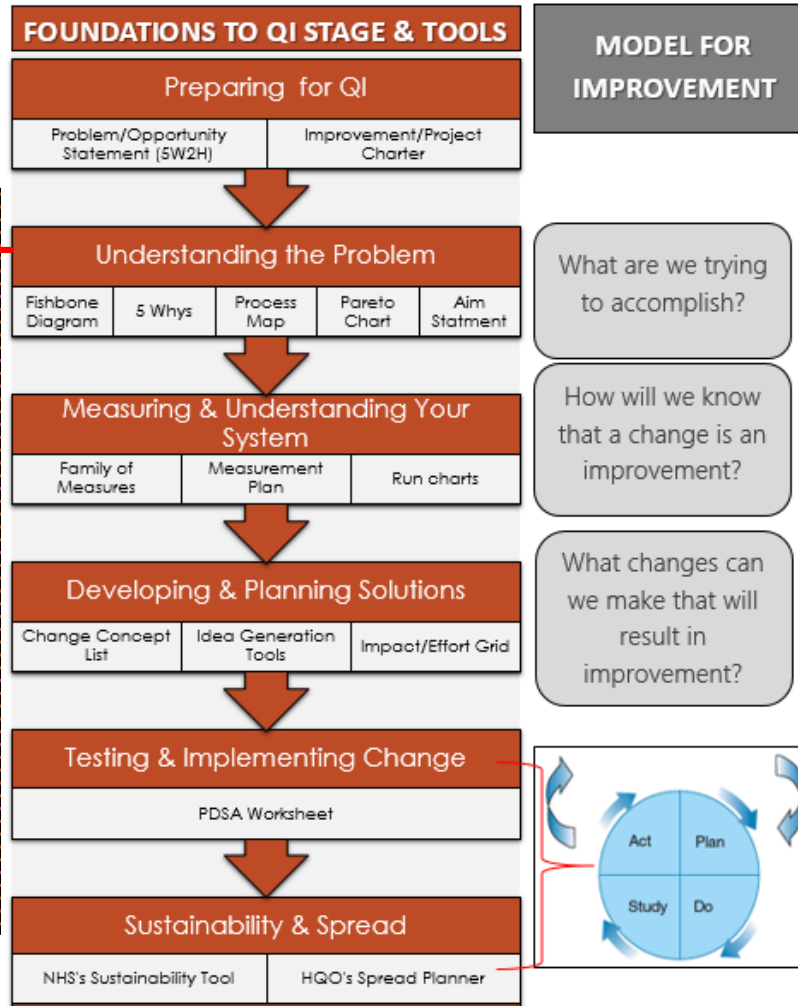
Experience Based Design is about designing better experiences...



- Introduction to the tools**  
Roles and structures  
Tools to help raise awareness
- Capture the experience**  
Tools to help people tell their stories
- Understand the experience**  
Tools for understanding patient and staff experiences
- Improve the experience**  
Tools to turn experience into action
- Measure the improvement**  
Tools for evaluating and measuring the improvement



Driver Diagram





Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# 5W2H/Problem Statement Tool

**ideas**  
Preparing & Doing Excellent Patient Services

**Problem / Opportunity Worksheet**

**Step 1:** With your team use bullet points to answer the 5W2H Questions to better understand the opportunity for improvement.

<b>What is the problem / opportunity?</b>	<b>Why is it a problem / opportunity?</b>
<b>Where do we observe the problem/opportunity?</b>	<b>Who is impacted?</b>
<b>When did we first observe the problem?</b>	<b>How does it effect clients/families/caregivers/staff?</b>
<b>How often does it occur?</b>	
<b>Step 2: Write a draft problem/opportunity statement</b>	

Queens / IDEAS Workbook Day 1 – Quality Improvement Workshop - p. 16



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Quality Issue Case Study: Wait times at Live-Well Recovery Services

---

- **Problem statement for LWRS QI project on case management wait times:**

The wait time from referral (initial contact with LWRS) to service initiation experienced by clients wanting to access LWRS's intensive case management program has been steadily increasing for two years. Currently, clients that are referred into the program are, on average, waiting 108 days for service. Long wait times are prolonging periods of unwellness for clients, increasing stress and frustrations felt by family members, and leading to over-all higher complexity levels for staff when service does eventually start.



<b>Title:</b>		<b>Start Date:</b>		<b>Target End Date:</b>	
<b>Team:</b>		<b>Resources Required:</b>			
<i>Executive Sponsor:</i>					
<i>Team Lead:</i>					
<i>Process Owner:</i>					
<i>Improvement Advisor:</i>		<b>Scope/Boundaries:</b>			
<i>Team Members:</i>					
<b>What are we trying to accomplish?</b>					
<b>Problem Statement:</b>			<b>Aim Statement:</b>		
<b>How will we know that a change is an improvement?</b>					
<b>Measures:</b>	Outcome:				
	Balancing:				
<b>What changes can we make that will result in an improvement?</b>					
<b>Root Causes of Problem:</b>		<b>Change Ideas:</b>		<b>Process Measures</b>	
<b>Key Milestones &amp; Timeline:</b>		<b>Barriers and Mitigation Strategies</b>			
<b>Signatures:</b>					
<i>Executive Sponsor:</i>					
<i>Process Owner/Project Lead:</i>					



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Quality Issue Case Study: Wait times at Live-Well Recovery Services

---

- **Quality Improvement (QI) Team Roles for LWRS working on the intensive case management wait time quality issue:**

**Executive Sponsor:** Executive Director of LWRS

**QI Team Lead:** Program Manager of LWRS intensive case management program

**Process Owner:** LWRS Intake Team staff lead

**Improvement Advisor:** Data Decision Support staff with QI knowledge and expertise

**QI Team Members:** Case Manager, intake team worker, receptionist

**Clients and Family members:** 1 long-term client of the intensive case management program, 1 new family member of client accessing the intensive case management program

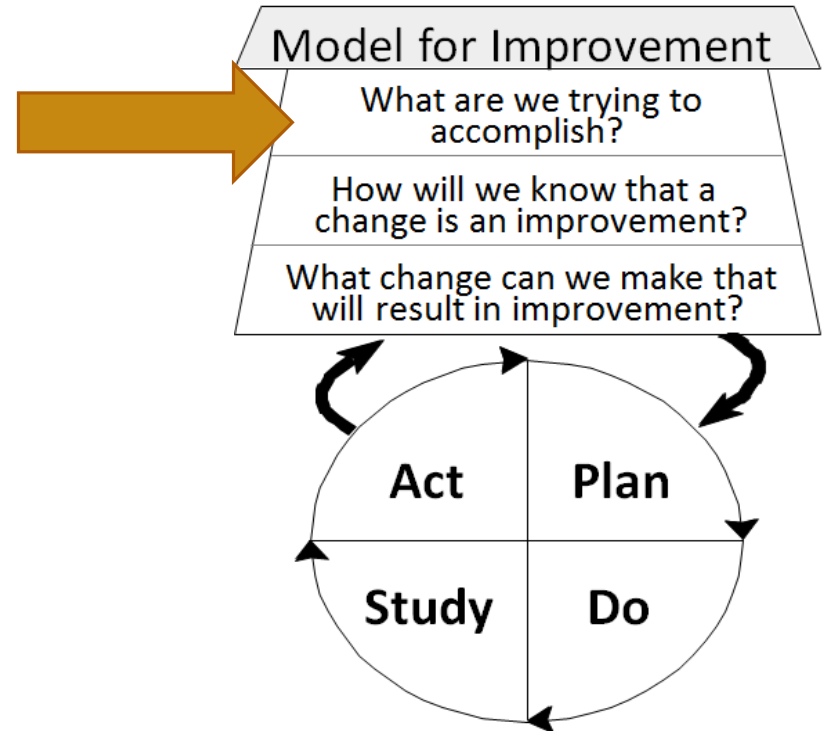
**Total number of QI Team members:** 8 people will be part of this QI team

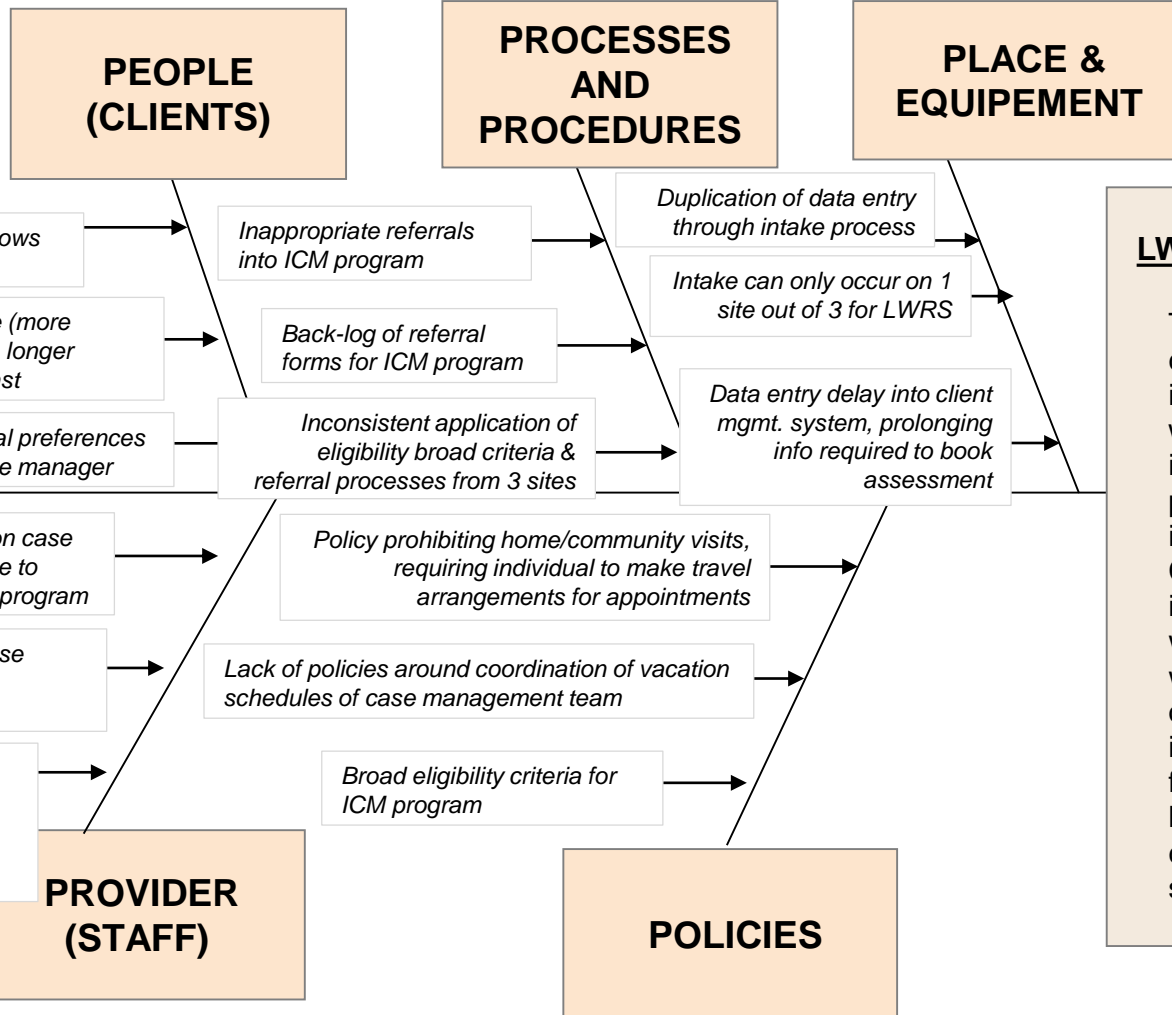


# Aim Statements: What are we trying to accomplish?

**Aim:** A good aim addresses an issue that is important to those involved; it is specific, measurable, and addresses these points:

- How much?
- By when?
- For whom (or for what system)?





**LWRS QI PROJECT PROBLEM STATEMENT:**

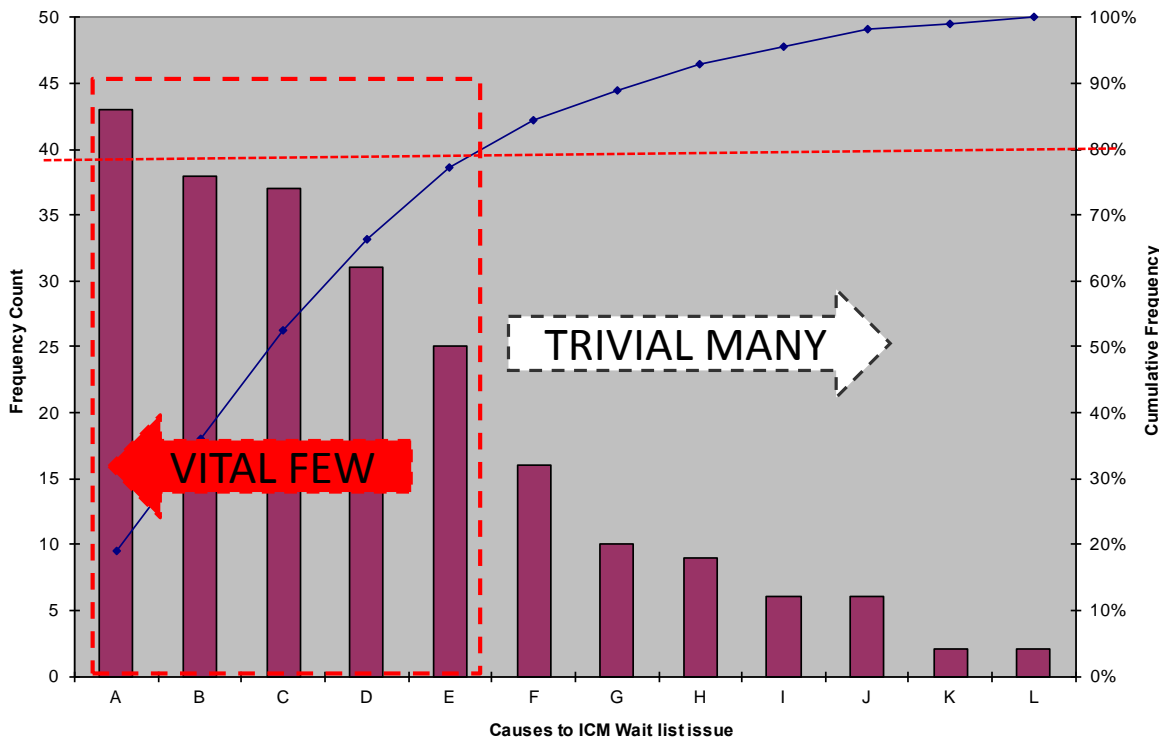
The wait time from referral (initial contact with LWRS) to service initiation experienced by clients wanting to access LWRS's intensive case management program has been steadily increasing for two years. Currently, clients that are referred into the program are, on average, waiting 108 days for service. Long wait times are prolonging periods of unwellness for clients, increasing stress and frustrations felt by family members, and leading to over-all higher complexity levels for staff when service does eventually start.



# Quality Issue Case Study: Wait times at Live-Well Recovery Services

- **Pareto Chart principle applied to vote on root causes of long wait times of LWRS's case management program:**

Pareto Chart showcasing staff voting on causes to ICM wait list issues



A. Inconsistent application of broad eligibility criteria & referral processes from 3 sites
B. Not enough time for case managers to hold for assessments
C. Lack of clarity on who manages incoming referrals (reception, intake, case managers?)
D. Data entry delay into client management system, prolonging info required to book assessment
E. Duplication of data entry through intake process
F. High rate of no shows
G. Increasing demands on case managers to contribute to community education program
H. Inappropriate referrals into ICM program
I. Intake can only occur on 1 site out of 3 for LWRS
J. Increase use of service (more frequent appointments, longer duration) thank in the past
K. Language and cultural preferences requiring specific case manager
L. Lack of policies around coordination of vacation schedules of case management team



Addictions & Mental Health Ontario

Dépendances & santé mentale d'Ontario



Canadian Mental Health Association Ontario



Ontario Health Quality Ontario

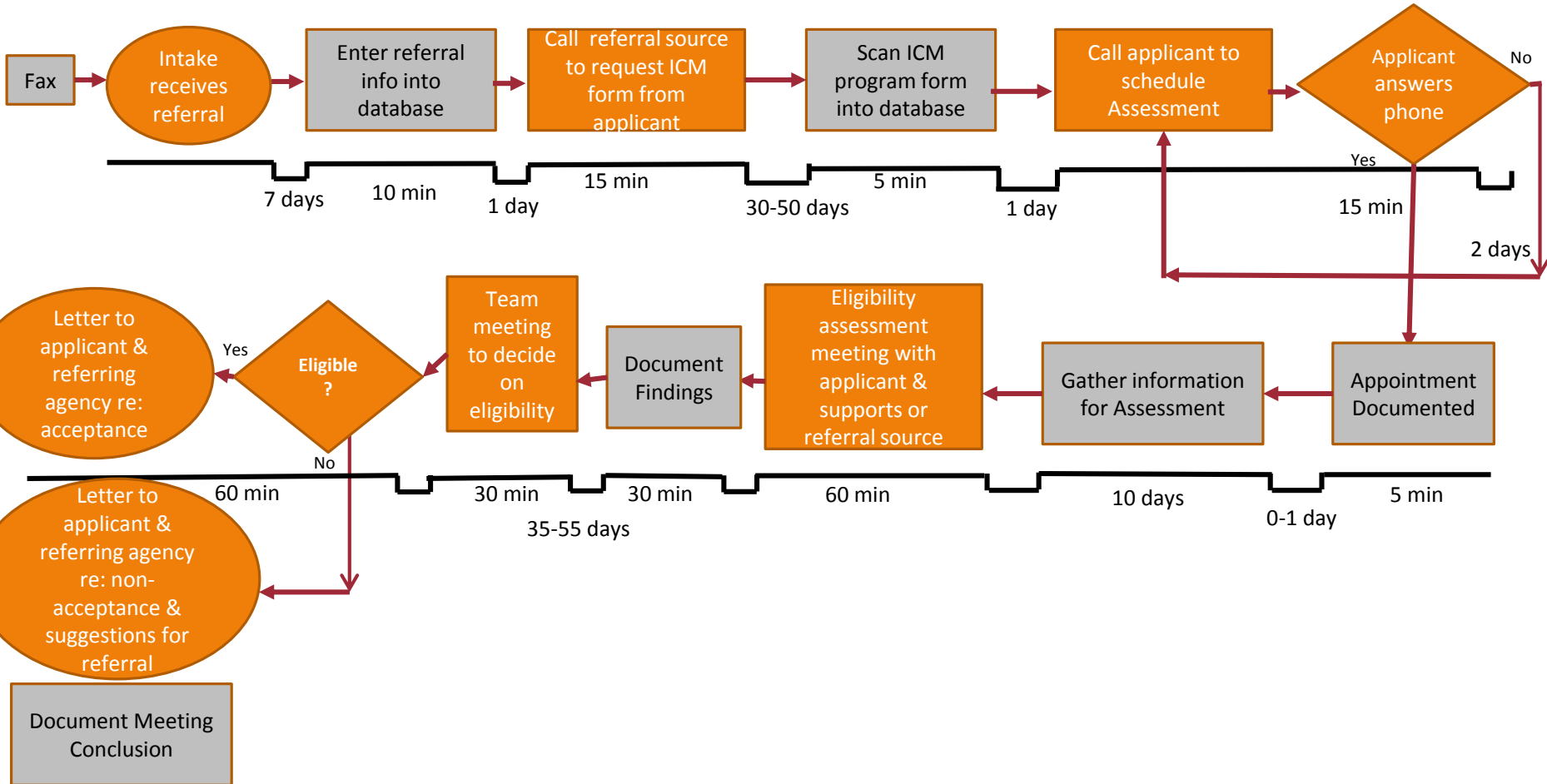
REFERRAL

INTAKE

ELIGIBILITY ASS'T

DECISION

NOTIFICATION





# Random Word: **Penguin**

## Aim:

*We will decrease the average wait time from referral to service initiation into LWRS's intensive case management program to 10 days by April 1, 2019.*

**Black and White**

**Annual migration**

**Hunters**

**Wings**

**Shared nesting roles**

Make eligibility criteria for ICM program very clear or "black and white", not open for interpretation or inconsistent application.

Conduct annual/bi-annual service review of current ICM clients to ensure individuals still need and are appropriate for the ICM program

Reception will spend time at the end of the week looking for (or "hunting for") potential assessment openings in the coming week for wait listed clients.

Assessments will occur at a location that is best suited for the individual to ensure easy access to appointments, preventing delays due to transportation challenges of clients.

Define referral, intake and assessment roles and processes within the organization to ensure staff skillsets are being used optimally and referrals are being made equitably.

- **Example of the Random Word exercise used to generate change ideas for LWRS's QI project on case management wait times**



# Family of Measures

## Outcomes Measures

- Where are we ultimately trying to go?
- Are your changes leading to improvement
- Measures of the customer or client
- **Average number of days waiting for ICM Services from referral to service initiation**

## Process Measures

- Are we doing the right things to get to the outcome?
- Measures of the workings of the system
- Are we doing the right steps – are our changes working?
- **# of hours administrative staff spend on referral process**

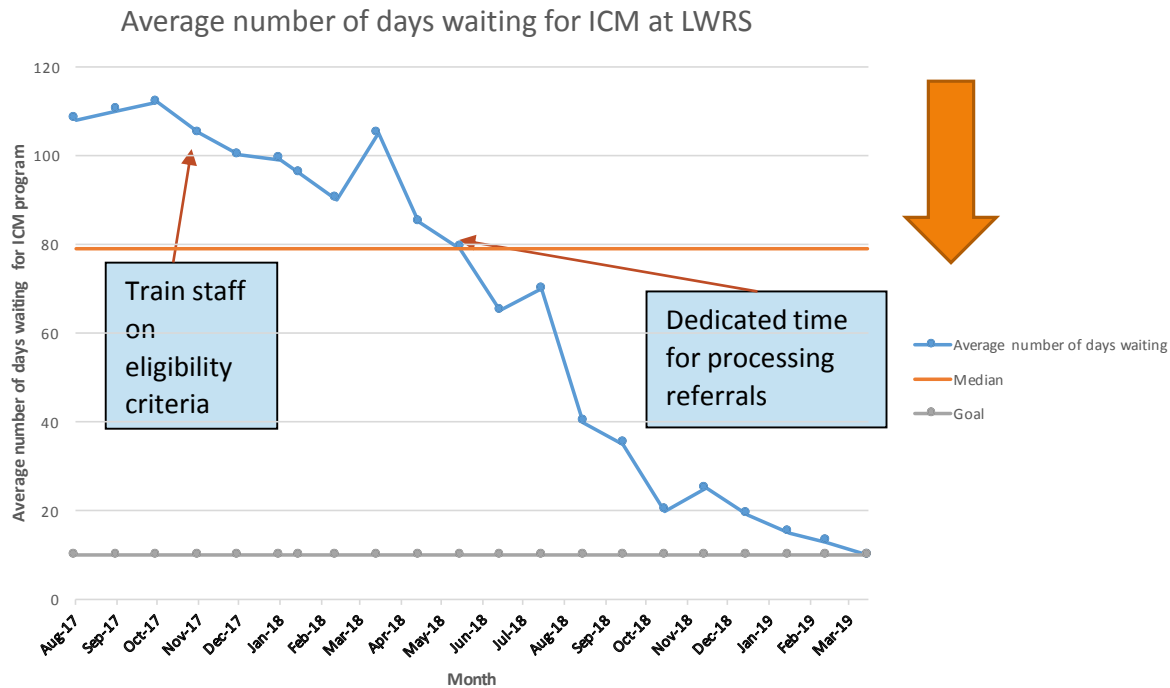
## Balancing Measures

- Are the changes we are making to one part of the system causing problems in other parts of the system?
- Measures of other parts of the system
- **Average number of days waiting for alternate program if referred out of ICM**




# Quality Issue Case Study: Wait times at Live-Well Recovery Services

- **Example Run Chart for LWRS's QI project on case management wait times: (Outcome Measure)**





# QI TOOL: PDSA Worksheet



**Project:** \_\_\_\_\_ **Cycle #:** \_\_\_\_\_

**Change Idea:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is this cycle used to develop, test, implement or spread a change? *(Circle one)*

**Plan:**  
Describe the following:  
*Objective of the cycle, how it will be carried out (who, what, when, where the change will be tested or implemented)*

*Predictions & questions*

*Data Collection: what will be collected, when will it be collected, and why is it important to collect*

**Do:**  
*Carry out the test; document what happened, including problems and unexpected observation; document your data as you carry it out*

**Study:**  
*Complete the collection and analysis of data. Compare the data to your predictions and summarize the learning*

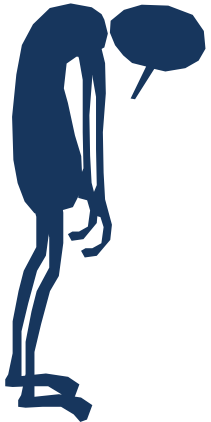
**Act:**  
*What changes need to be made? What is your plan for the next cycle?*

- A PDSA cycle in the **“Develop”** stage means that the change idea is being tested with staff, no client involvement. It may include simulations of situations or discussions with a few people that will implement the change to gather initial thoughts.
- A PDSA cycle in the **“Test”** stage means that you are testing an idea with a small number clients to begin with then grow to larger tests.
- A PDSA cycle in the **“Implement”** stage means the change idea has worked in the smaller tests of change and is ready to be **“hard wired”** into current practice.
- A change idea that has been implemented fully is ready to be considered for **“Spread”** to other departments, sites, clients populations, programs etc.



# Typical Improvement Frustrations...

---



- The 'improvement evaporation effect'
  - lack of sustainability
- The 'islands of improvement effect'
  - lack of spread





Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario

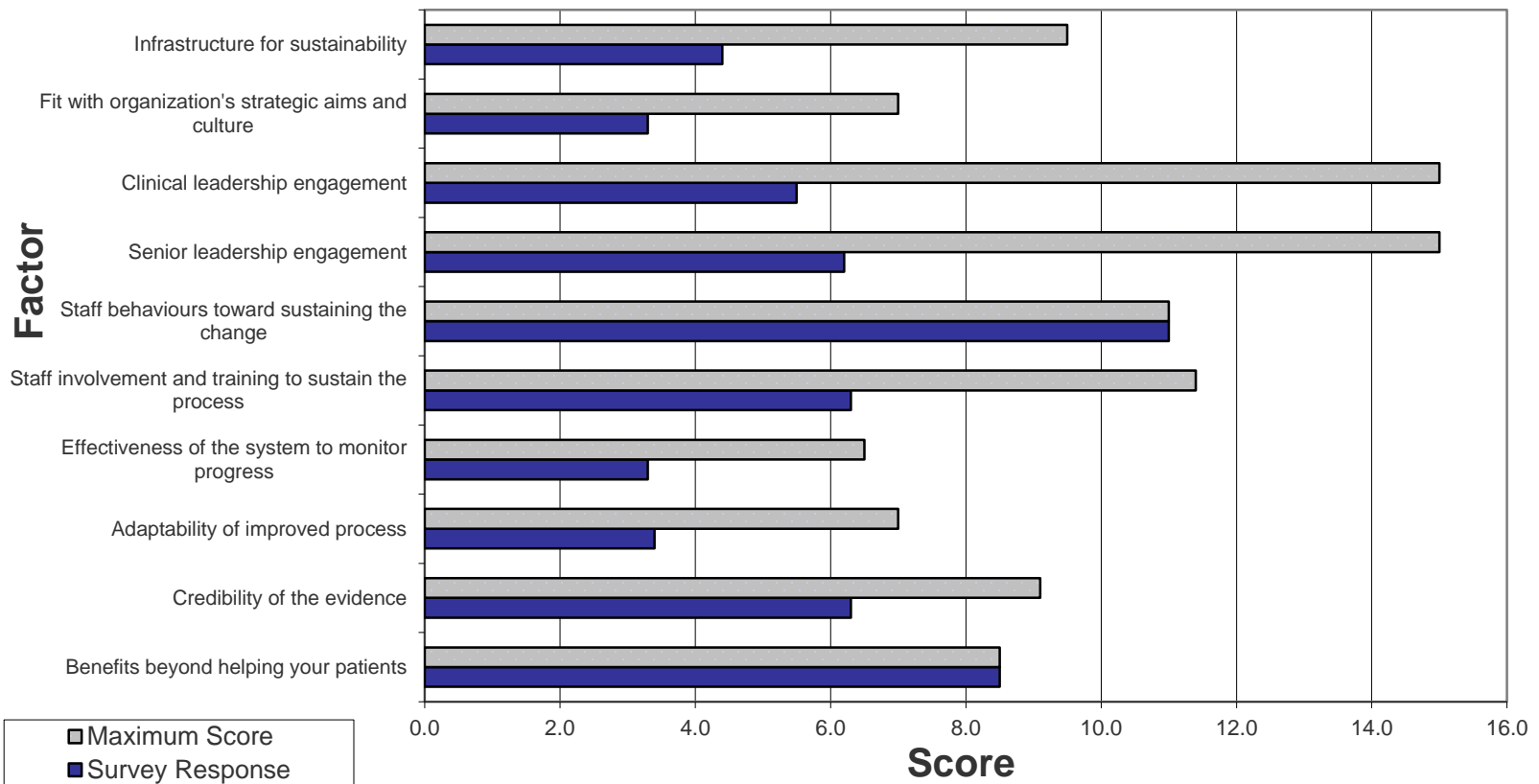


Ontario  
Health Quality Ontario

# QI TOOL: NHS's Sustainability Guide

## Sustainability Model Report

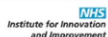
**NHS**  
Institute for Innovation  
and Improvement



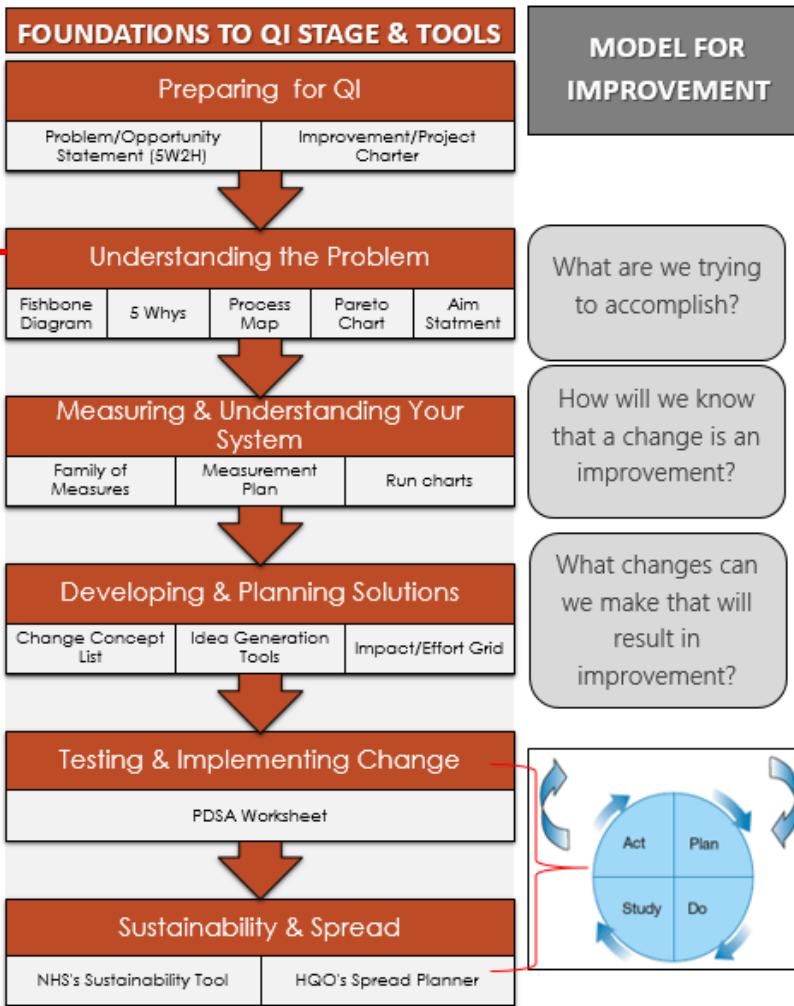
Maier, L., Gustafson, D., & Evans, A. (2010). NHS Institute for Innovation and Improvement: Sustainability Model and Guide.



Experience Based Design is about designing better experiences...

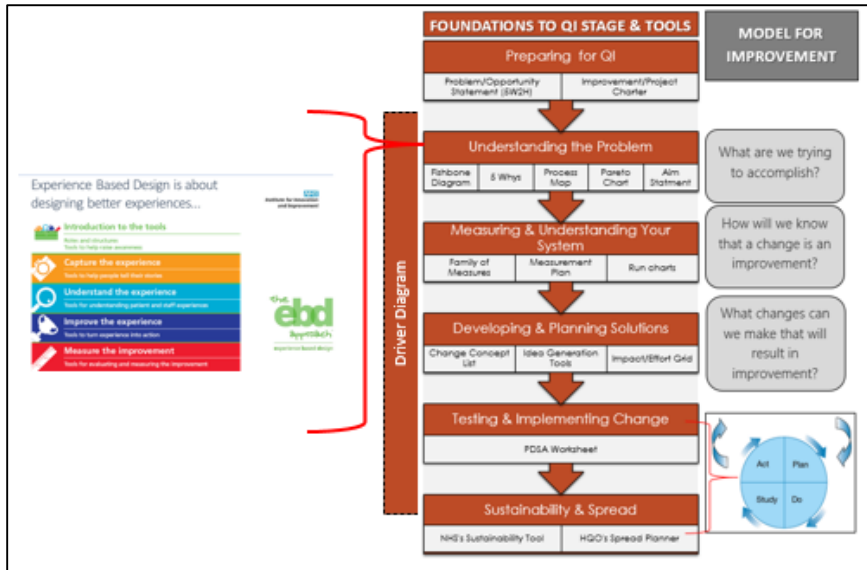


Driver Diagram





# QI Goals vs. QI Reality





Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Improving student mental health care services and programs

---



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Participant Question: What are some common issues impacting the *quality* of mental health care you are providing to students.

---

**Hint:** Think about the dimensions of high quality healthcare services. For example: issues impacting **student experiences** when receiving mental health services, staff and student engagement, issues around ensuring **effectiveness and efficientness of care (no shows?)**, is your service well integrated with other supports? issues around **timeliness of care provision** (long wait times?), issues of **equitable care** provision.



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Thinking about QI?

---

## Some tips for starting a QI project or initiative:

1. What are you hearing from students? The perspectives from the people you serve should be driving improvement.
2. Start small – manageable, clear aims make for better QI projects, especially when you are new to the methods and tools.
3. Be open to the “QI” process – take time to diagnose your issues and not jump to solutions.
4. Embrace data (quantitative and qualitative) - QI requires you to be able to measure change overtime to understand your issue and see improvement over time.
5. Understand existing enablers/barriers in supporting QI work (see next slide).



# Set yourself up for success

ORG.	<ul style="list-style-type: none"> <li>• infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• fit with organization's strategic aims and culture</li> </ul>
	<ul style="list-style-type: none"> <li>• clinical leadership engagement and support</li> </ul>	<ul style="list-style-type: none"> <li>• senior leadership engagement and support</li> </ul>
STAFF	<ul style="list-style-type: none"> <li>• staff behaviours toward sustaining the change</li> </ul>	<ul style="list-style-type: none"> <li>• staff involvement and training to sustain the process</li> </ul>
	<ul style="list-style-type: none"> <li>• effectiveness of the system to monitor progress</li> </ul>	<ul style="list-style-type: none"> <li>• adaptability of improves processes</li> </ul>
PROCESS	<ul style="list-style-type: none"> <li>• credibility of evidence</li> </ul>	<ul style="list-style-type: none"> <li>• benefits beyond helping clients</li> </ul>

Maier, L., Gustafson, D., & Evans, A. (2010). NHS Institute for Innovation and Improvement: Sustainability Model and Guide.



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario

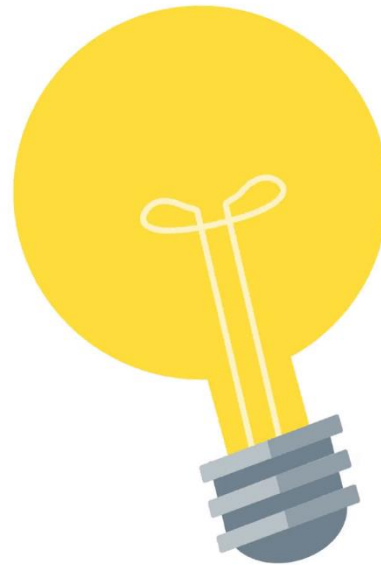


Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# QUESTIONS?





Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Connecting with E-QIP and further resources

---



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# E-QIP's CoP

- Lives on Quorum (HQO's online platform) for connecting health service providers interested in improving care across Ontario
- Contains QI resources including tools, templates, webinars, program newsletters and a discussion forum
- To join, sign up for “Quorum” at <https://quorum.hqontario.ca/>
- Click “Join Group” when you find the E-QIP CoP under the “Groups” page

**E-QIP Community of Practice**

E-QIP supports the entire sector through a Collaborative Community of Practice (CoP) comprised of like-minded leaders from Ontario's community mental health and addictions sector interested in advancing QI practices. It's a primarily web-based collaborative space, where people can come together to share, learn, develop and discuss anything about QI.

Please contact [quality@e-qip.ca](mailto:quality@e-qip.ca) to become a member or visit <http://www.hqontario.ca/Quality-Improvement/Our-Programs/Community-Mental-Health-and-Addictions> for more information.

**JOIN GROUP** MEMBERS: 58 | Established: Mon Apr 10 2017



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# E-QIP's Quick QI Webinars

---

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

For those interested in understanding or refreshing their knowledge on the *Model for Improvement*, this webinar series is for you. E-QIP coaches have developed this series of 9 webinars which are twenty to thirty minutes each. These webinars are based on our coach's first-hand experience and use a case study on reducing wait times to case management programs to demonstrate how to use QI tools. The [webinar series can be viewed here](#) and supporting [slide decks and resources for each webinar can be found here.](#)



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Future E-QIP webinars:

---

- **Prioritizing Quality Improvement in community mental health and addiction agencies: Lessons in driving improvement efforts**  
Date: Tuesday, January 8, 2019 (12:00 – 1:15 pm)  
Register here: <https://attendee.gotowebinar.com/register/3921115045335836418>
- **Encore Webinar: Primer on Governance and Leadership of Quality Improvement: Key messages for Boards**  
Date: Thursday, January 24, 2019 (10:00 am – 11:30 am)  
Register here: <https://attendee.gotowebinar.com/register/6477558745262104323>
- **Enhancing “joy in work” for professionals through healthcare improvement with Dr. Chris Hayes**  
Date: Tuesday, February 5, 2018 (11:30 – 12:30 pm)  
Register here: <https://attendee.gotowebinar.com/register/4986865069402298625>
- **Sustaining your gains: A discussion on challenges of sustaining QI success & preventing the risks of short-lived improvements**  
Date: Thursday, March 21, 2019 (12:00 – 1:15 pm)  
Register here: <https://attendee.gotowebinar.com/register/8063377768425131266>



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# E-QIP Webinar Series

---

Webinar 1: [Supporting a QI Culture](#)

Webinar 2: [The Use of OCAN in Quality Improvement](#)

Webinar 3: [Quality Improvement and the OPOC](#)

Webinar 4: [The Role of Data in the QI Process](#)

Webinar 5: [Change Management and Organizational Support](#)

Webinar 6: [Sustaining and Spreading Success](#)

Webinar 7: [Client and Family Member Engagement in QI \(Part 1\)](#)

Webinar 8: [Experience Based Design](#)

Webinar 9: [Primer on Governance and Leadership for QI](#)

Webinar 10: [QI Mythbusting Webinar](#)

Webinar 11: [PDSA Cycles and Data](#)

Webinar 12: [Client and Family Member Engagement in QI \(Part 2\)](#)

Webinar 13: [Trusting the QI Process](#)





Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# E-QIP Newsletter

## E-QIP NEWS

Excellence through Quality Improvement Project

### Message from Debbie and Michael

Summer is here and so is the third cohort of E-QIP coaching! Our team is excited to start receiving applications for the final round of funded QI project coaching which takes place September 2018 to March 2019. This is an excellent opportunity to build QI capacity within your organization and make improvements in an area that is important to you and your clients.

Applications are due July 15, 2018. [The complete application package can be found here.](#) We are also always available to respond to questions and/or assist with your application. There will be a webinar on July 4, 2018 from 11 a.m. to 12 p.m. where we will provide an overview of what we are looking for from agencies through the application and answer questions. [You can register for the webinar here.](#)

*Michael Dunn, Director of QI, CMHA Ontario delivering the Foundations to QI program to CMHA Durham staff.*



While we gear-up for cohort 3, the dedicated teams in cohort 2 continue to work with their E-QIP coaches to tackle QI projects that include: decreasing wait times for service, improving the experience of using the OCAN tool and improving transitions between hospital and community services. Each project is unique and all have the shared goal of improving the quality of mental health and addiction services in the community. [A list of cohort 2 projects can be found here.](#)

With the support of Health Quality Ontario and Paula Blackstien-Hirsch from the University of Toronto's Institute for Health Policy, Management and Evaluation, the E-QIP team planned and delivered a full-day training session entitled "Effective Governance and Senior Leadership for Quality." The session focuses on the role of senior leaders and boards in facilitating quality

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

<http://eepurl.com/b1A5EX>



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# E-QIP Contact Information

---

**Debbie Bang, AMHO**

Director of Quality Improvement

[Debbie.Bang@amho.ca](mailto:Debbie.Bang@amho.ca)

416-490-8900 ext. 236

**Michael Dunn, CMHA Ontario**

Director of Quality Improvement

[mdunn@ontario.cmha.ca](mailto:mdunn@ontario.cmha.ca)

416-977-5580 ext. 4164

**Jenna Hitchcox, E-QIP**

Program Manager

[jhitchcox@Ontario.cmha.ca](mailto:jhitchcox@Ontario.cmha.ca)

416-977-5580 ext. 4137



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario



Ontario  
Health Quality Ontario

# Thank you!

Please complete the brief (3 minutes or less!) webinar evaluation survey.

<https://www.surveymonkey.com/r/QIForStudentMentalHealth>