Enhancing Residential Addiction Treatment Services in Ontario

A Drug Treatment Funding Program (DTFP) Webinar
Housekeeping

- The audio is being stream via your computers. For optimal sound, please use external speakers or earphones. If you are still having trouble hearing our presenters, you can dial into 1-800-509-6600 Participant PIN: 67628496#

- This webinar is being recorded and will be posted on the Evaluation of Residential Support Services DTFP webpage

- We would appreciate having your feedback on today’s webinar. A link to an online survey will be provided towards the end of the webinar. Thanks in advance for the 5 minutes of your time to complete our online feedback survey. Some collected data from the webinar might also be used for reporting (e.g. poll questions).
Please answer the following poll questions
This webinar is supported by EENet, which provides linkage & exchange for this ON-DTFP project
• PSSP houses **EENet**
• PSSP moves evidence to action to transform MHA systems and improve lives
• Supports Ontario’s 10-year Mental Health and Addictions Strategy
• Offices across Ontario
• Capacity and expertise in knowledge exchange, implementation, equity & engagement, information management, evaluation, and coaching
Introductions

• Janis Cramp, Senior Manager, AMHO
• Regan Anderson, CEO, Wayside House of Hamilton
• Deborah Gatenby, CEO Hope Place Centres
• Andrew Span, Quality Improvement, Information Systems & Special Projects Lead, Wayside House of Hamilton
Overview

Purpose of this webinar

– Opportunity to provide feedback on the draft Standards
– Hear how agencies are using sector-specific quality indicator cards
– Learn how we are creating consistency in baseline data collection for wait time indicators
Ontario Provincial Standards for Adult Residential Addiction Services
Wayside House of Hamilton

Involvement with the EQIP

– Provincial Alignment with Model for Improvement
– Data Coaching Secondment
– Collaboration & Framework Support
– Community of Practice
– Strengthening Partnerships & Relationships
Wayside House of Hamilton

Development of the Residential Standards

• Long standing collaboration as a Residential Sector at a Provincial Level
  ➢ Involved with leadership and the Residential Sector for 18 years
  ➢ Value of standardization and commonality
  ➢ Sector has been actively involved in developing and improving its Residential Standards
  ➢ This includes but is not limited to policy development and governance, service provision and best practices
  ➢ Currently supported by the EQIP Project
Wayside House of Hamilton

Residential Standards EQIP Project

- Development of Indicators & Scorecard
  - Standardized Definitions & Data Collection Procedures
  - Comparative Performance & Improvement Analysis (Organization and System Level)
  - Alignment with Quality Improvement Provincially
  - Training & Project Support
  - Effective, Efficient and Sustainable
Wayside House of Hamilton

Challenges & Opportunities

– Initial recognition and understanding of QI Frameworks
– Limited initial resources for development
– Limited reinvestment in sustaining positive change
– Increased complexity and ever-changing environment
– Outdated technology and supporting infrastructure
– Maintaining momentum by ensuring sustainability and spread
History of the Standards

• Based on comprehensive work undertaken in BC as part of the DTFP funding

• AMHO reviewed and incorporated this work and the Ontario Withdrawal Management Standards (2008) to create a set of draft Residential Standards for Ontario
Principles That Inform the Standards

1. Effective treatment begins with assessment of the client’s needs, strengths and preferences in order to determine which substance use service is likely to benefit her or him most.

2. Effective treatment is supported by collaboration and coordination across the spectrum of substance use services.

3. Effective services attend to the whole person.

4. Effective services are clientized and flexible.
Principles That Inform the Standards

5. The **therapeutic relationship** between the client and her or his counsellor is key to positive outcomes.

6. Effective services **plan** for each client’s **return to the community**.

7. Clients continue to be **supported** after leaving a residential setting.
Goals of the Standards

• To help ensure quality and consistency of residential addiction care across the province;

• To improve linkages and collaboration between residential services and non-residential community services;

• To support health funders and service providers by establishing recognized criteria for effective services and supports;

• To improve the information available to people about what they can expect from residential addiction services.
How to Read and Use the Standards

• Each standard includes an overarching statement, an expression of intent, and required elements.

• Required elements represent components of evidence-informed practice - part of the service delivery model

• Where appropriate, notes and examples provide further context and practice guidance on how to meet the standards
Crosswalk

• **Purpose**: to determine if the Standards are consistent with the accreditation standards
  – CARF, Accreditation Canada and Canadian Centre for Accreditation

• Crosswalk identified that the standards of accreditation bodies are consistent with AMHO’s standards
# Client Experience Standards

<table>
<thead>
<tr>
<th>Referral</th>
<th>Waitlist Management</th>
<th>Settling Into the Residence</th>
<th>Medical Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Planning</td>
<td>Safety</td>
<td>Monitoring &amp; Evaluation</td>
<td>Transition Planning</td>
</tr>
</tbody>
</table>

19
Standard 1: Referral

• The client will have participated in a screening and assessment process, typically in the community, to determine which, if any, service(s) will be of most benefit to her or him.

• **Intent** - To ensure that clients are referred to the program(s) or support(s) that will best meet their bio-psycho-social needs and preferences, and most effectively support them in reaching their treatment goals.
Standard 2: Waitlist Management

• The organization actively manages wait lists and works to reduce wait times.

• **Intent** - To ensure that there is an active review process that helps clients to access services in a timely manner.
Standard 3: Settling into the Residence

• The client receiving services in a residential program is given the support needed to settle into the facility and feel comfortable with the program.

• **Intent** - To help ensure that clients engage with the residential program and make the best possible start to their residential treatment experience.
Standard 4: Medical Needs

- Each residential facility ensures that clients have access to medical services while in the program.
- **Intent** - To ensure that participants’ medical needs are met while in a residential treatment program.
Standard 5: Treatment Planning

• The client receiving service participates in creating a written personal treatment plan that clearly describes the supports and services the client will receive that reflect her or his needs, goals and strengths while in the treatment program.

• Intent - To ensure that treatment planning is a collaborative process that accurately reflects the client’s goals and outlines the work to take place, and that these decisions are clearly documented and regularly reviewed.
Standard 6: Safety

• The program is committed to providing a safe and supportive environment.

• **Intent** - To ensure that all clients are safe and respected in the environment.
Standard 7: Monitoring and Evaluation

- The residential program is committed to ongoing monitoring, evaluation and improvement in order to ensure that clients receiving service are provided with evidence informed treatment and supports.

- **Intent** - To ensure that all residential treatment programs in Ontario follow a continuous quality improvement process.
Standard 8: Transition Planning

• The client receiving service participates in creating a plan for her or his return to the community.

• **Intent** - The transition plan is a continuation of the client’s treatment plan. The program may provide opportunities for the client to participate post transition in support services and activities provided by the residential program.
Administrative Standards

- Governance
- Organization & Management
- Regulation, Policies & Procedures
- Financial Management
- Staff/Volunteer Experience & Qualifications
- Quality Management
- Data Collection & Utilization
- Risk Management
- Occupational Health & Safety
- Evidence Informed Practices
- Client Records
- Medication
- Equity
Standard 9: Governance

• The organization has a governance structure that provides leadership for residential addiction services.

• Intent - The intent of this standard is to ensure the legal entity has in place what is required to provide evidence based standards of care.
Standard 10: Organization and Management

- The organization has a management structure that provides leadership for residential treatment.
- **Intent** - The intent of this standard is to provide the necessary framework to support the day by day operations of residential treatment.
Standard 11: Regulations, Policies & Procedures

• Management ensures residential treatment utilizes a framework of comprehensive policies to guide the day by day operation of service.

• **Intent** - Management ensures service compliance with laws, regulations and agreements. Management develops, revises and implements policies and procedures for the effective operation of the Residential Treatment Service.
Standard 12: Financial Management

- Residential treatment has a comprehensive financial management system.
- **Intent** - Management ensures the efficient and effective use of the financial resources of residential treatment.
Standard 13: Staff/Volunteer Experience and Qualifications

• Residential treatment program staff/volunteers have the appropriate training, qualifications and experience for the services and supports they deliver.

• Intent - To ensure that all services and supports offered by the program are delivered by appropriately qualified staff. To ensure that new hires have the necessary skills and competencies for the roles to which they are appointed, and that existing staff needing to upgrade their training are supported in doing so.
Standard 14: Quality Management

- Residential treatment is supported by a comprehensive quality management structure.

- **Intent** - Quality management is developed and implemented by the leadership of residential treatment. Residential treatment has a process for establishing quality indicators and utilizes the findings to make improvements.
Standard 15: Data Collection and Utilization

• Management develops, implements and reports on data collection and utilization specific to residential treatment in collaboration with the funder(s).

• Intent - Residential treatment has a system for accurately collecting and aggregating data to permit retrieval and analysis for the purpose of planning, research, compliance monitoring and reporting.
Standard 16: Risk Management

• Residential treatment is supported by a comprehensive framework of risk identification, mitigation, and management.

• **Intent** - Management develops, implements and reports on risk management activities related to the comprehensive residential treatment framework.
Standard 17: Occupational Health and Safety

• Residential treatment maintains a well-defined Occupational Health and Safety framework for the organization.

• Intent - Residential treatment ensures the health and safety of staff and volunteers.
Standard 18: Evidence Informed Practices

• Residential treatment uses recognized promising practices and provides evidence-based supports and treatment to work with clients on the goals set out in the client’s treatment plan.

• Intent - To ensure that all services and supports offered at programs are informed by the best available evidence about what works in the field of residential substance use treatment.
Standard 19: Client Records

• Residential Treatment Service maintains accurate records for the clients care while in the Residential Treatment Service.

• **Intent** - The standards for client records are determined by the Service and the funder(s).
Standard 20: Medication

- Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, and legal requirements and follow prudent risk management practices.

- **Intent** - To support clients to access the medications they need to optimize health and support recovery.
Standard 21: Equity

• Each residential facility ensures that all individuals have access to, and benefit from equal quality in the processes, procedures, and services offered.

• **Intent** - To ensure that all services and supports offered at programs are sensitive to the cultural needs and diversity of clients.
Performance Measurement Indicators for Adult Residential Treatment Services
Context

• Excellent Care for All Act (ECFAA)
• Community Quality Network
  – share a desire to improve the care provided to clients through a collaborative and shared focus on quality
  – These performance measurement indicators build on the work of Community Quality Network
Hope Place Centres

- Overview of experience and involvement with project
- Challenges/successes
- Will describe the indicators in more detail
Performance Measurement

8 Quality Dimensions

1. Accessible
2. Effective
3. Safe
4. Patient/Client Centered
5. Integrated
6. Efficient
7. Work life balance
8. Equity
# Accessible

**Definition** - People should be able to get timely and appropriate healthcare services to achieve the best possible health outcomes

**Goal** - Minimize Wait Times

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Average Length of Time (# of days) from Assessment to Service Initiation</th>
<th>% Clients reporting that wait times for service were reasonable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Description</td>
<td># of clients and length of time (# of days) from assessment within the reporting period</td>
<td>% Clients reporting ‘agree strongly/agree’ that “wait times for service were reasonable” within the reporting period</td>
</tr>
<tr>
<td>Formula</td>
<td>$\frac{\text{# days from assessment to service for all clients}}{\text{# clients in the reporting period}}$</td>
<td>Information collected on a 5-point Likert scale</td>
</tr>
<tr>
<td>Inclusion/Exclusion</td>
<td>Do not count the day the assessment is completed on the client by the HSP (except where the assessment is complete on the same day as the first service visit date); do not count days when the bed is waiting for the client</td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Catalyst</td>
<td>OPOC/Client Satisfaction Survey</td>
</tr>
</tbody>
</table>
Effective

**Definition** - People should receive care that works and is based on the best available scientific information

**Goal** - Minimize avoidable ED Visits

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Successful Treatment Completion (%)</th>
<th>Unplanned Emergency Department Visits (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Description</strong></td>
<td>% of clients whose ‘Reason for Discharge’ is ‘Successfully Completed Program’</td>
<td>Repeat unscheduled emergency visits within 30 days for substance use issues</td>
</tr>
<tr>
<td><strong>Formula</strong></td>
<td># clients who Successfully Completed Program / # clients discharged from program in reporting period</td>
<td># clients with unplanned repeat ED visit within 30 days for substance use issues first presenting at ED for substance use issues</td>
</tr>
<tr>
<td><strong>Inclusion/Exclusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>Catalyst</td>
<td>LHIN Level Data from acute care reporting</td>
</tr>
</tbody>
</table>
**Safe**

**Definition** - People should not be harmed by an accident or mistakes when they receive care

**Goal** - Promote a culture of safety

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th># of Incidents or Risk Events per 1,000 Service Visits</th>
<th># of Adverse Events per 1,000 Service Visits</th>
<th>% Employee Form 7/Lost Time Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Description</strong></td>
<td># of risk events (e.g. minor incidents, medication/treatment errors, ‘near misses’, etc.) per 1,000 (bed days) within the reporting period</td>
<td># of adverse events (e.g. serious occurrences, medication/treatment errors) per 1,000 (bed days) within the reporting period</td>
<td>% of total FTE represented by paid working days of employee absence due to workplace-related accident/illness/injury</td>
</tr>
<tr>
<td><strong>Formula</strong></td>
<td># of risk events in the reporting period / # 1,000 bed days in the reporting period</td>
<td># of adverse events in the reporting period / # 1,000 bed days in the reporting period</td>
<td># of paid hours lost due to accidents / # of total paid hours in the reporting period</td>
</tr>
<tr>
<td><strong>Inclusion/Exclusion</strong></td>
<td>i.e. 5 risk events in 1,000 ‘bed days’ reported as 5</td>
<td>i.e. 5 adverse events in 1,000 ‘bed days’ reported as 5</td>
<td></td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>Agency records</td>
<td>Agency records</td>
<td>Agency records</td>
</tr>
</tbody>
</table>
Patient Centered

**Definition** - Healthcare providers should offer services in a way that is sensitive to an individual’s needs and preferences

**Goal** - Individual client’s services are sensitive to their needs and preferences

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>% of Clients who are satisfied with service provided</th>
<th>% of Clients who agree they received High Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Description</strong></td>
<td>% of clients who strongly agree or agree with a statement similar to &quot;overall, I was satisfied with the services provided to me&quot; in their response to the customer satisfaction survey</td>
<td>% of clients who strongly agree or agree with a statement similar to &quot;I received high quality of care that was appropriate to my needs&quot; in their response to the customer satisfaction survey</td>
</tr>
<tr>
<td><strong>Formula</strong></td>
<td># of clients who strongly agree/agree to being total # of clients who responded to survey in the report</td>
<td></td>
</tr>
<tr>
<td><strong>Inclusion/Exclusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>OPOC/Client Satisfaction Survey</td>
<td>OPOC/Client Satisfaction Survey</td>
</tr>
</tbody>
</table>
## Patient Centered cont.

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>% of Clients who would recommend the program to friend or family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Description</strong></td>
<td>% of clients who strongly agree or agree with a statement similar to &quot;I would recommend the program to a friend or family member&quot; in their response to the customer satisfaction survey</td>
</tr>
<tr>
<td><strong>Formula</strong></td>
<td># of clients who strongly agree/agree to recommend total # of clients who responded to the survey in the reporting period</td>
</tr>
<tr>
<td><strong>Inclusion/Exclusion</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>OPOC/Client Satisfaction Survey</td>
</tr>
</tbody>
</table>
Integrated

**Definition** - All parts of the community care system should be organized, connected and work with all healthcare providers to provide high quality care

**Goal** - Collaborate to serve clients

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>% Clients who had no referral</th>
<th>% of Administrative Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Description</td>
<td>Upon discharge, what % of clients did not receive referral to any community services?</td>
<td># clients involuntary discharged without prior planning or transfer to other service provider</td>
</tr>
<tr>
<td>Formula</td>
<td># of clients discharged with no outgoing referral # of clients discharged in the reporting period</td>
<td># of clients with ‘administrative discharge’ # of clients discharged in the reporting period</td>
</tr>
<tr>
<td>Inclusion/Exclusion</td>
<td>Excludes clients discharged upon death</td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Catalyst</td>
<td>Catalyst</td>
</tr>
</tbody>
</table>
**Efficient**

**Definition** - Healthcare providers should look for ways to achieve the highest possible client outcomes using the most efficient services

**Goal** - Leverage resources to optimize capacity

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Total Margin Ratio (%)</th>
<th>Variance Forecast to Actual Expenditure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Description</td>
<td>% M-SAA financial indicator meeting or exceeding targets</td>
<td>% M-SAA financial indicator meeting or exceeding targets</td>
</tr>
<tr>
<td>Formula</td>
<td>$ total revenues − expenses (all fund types)</td>
<td>$ total forecast − actual expenses (all fund types)</td>
</tr>
<tr>
<td>Inclusion/Exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>MS GP Report/WERS Report</td>
<td>MS GP Report/WERS Report</td>
</tr>
</tbody>
</table>

Formula:

\[
\text{Total Margin Ratio} = \frac{\text{Total Revenues} - \text{Total Expenses}}{\text{Total Revenues}} \\
\text{Variance} = \frac{\text{Total Forecast} - \text{Actual Expenses}}{\text{Total Forecast Expenses}}
\]
## Efficient cont.

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>% of Budget Spent on Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% M-SAA financial indicator meeting or exceeding targets</td>
</tr>
<tr>
<td>Indicator Description</td>
<td>$ administrative expenses (all fund types)</td>
</tr>
<tr>
<td></td>
<td>$ total expenses (all fund types) in the reporting period</td>
</tr>
<tr>
<td>Formula</td>
<td>MS GP Report/WERS Report</td>
</tr>
</tbody>
</table>
Work life integration

**Definition:** Work-Life balance plays an essential role in employee engagement and retention levels

**Goal:** Improve Work-Life balance to optimize employee engagement and retention rates

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>% of Employees Engaged</th>
<th>% Voluntary staff departures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Description</td>
<td>% of overall employee engagement in the reporting period</td>
<td>% of Employees who quit/resigned for reasons including compensation/benefits and/or work schedule</td>
</tr>
<tr>
<td>Formula</td>
<td># of employees rated as engaged / total # of employees surveyed in the reporting period</td>
<td># of FTE employees who quit/resigned due to pay/hours / total # of FTE employees in the reporting period</td>
</tr>
<tr>
<td>Inclusion/Exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Aon Hewitt Canada employee survey</td>
<td>Agency records</td>
</tr>
</tbody>
</table>
# Work life integration cont.

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>% of Employees Engaged</th>
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<tr>
<td>Inclusion/Exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Source</td>
<td>Aon Hewitt Canada employee survey</td>
<td>Agency records</td>
</tr>
</tbody>
</table>
# Equity

**Definition:** Healthcare providers should ensure that services are developed and delivered in alignment with the principles of Health Equity

**Goal:** Improve alignment of service provision with principles of Health Equity

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Staff Preparedness</th>
<th>Client Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Description</strong></td>
<td>% Staff trained in diversity issues and cultural competency</td>
<td>% Clients reporting that their cultural needs are being met</td>
</tr>
<tr>
<td><strong>Formula</strong></td>
<td>( \frac{\text{# of FTE employees appropriately trained}}{\text{total # of FTE employees in the reporting period}} )</td>
<td>( \frac{\text{# of clients who strongly agree/agree to cultural competency}}{\text{total # of clients who responded to the survey in the reporting period}} )</td>
</tr>
<tr>
<td><strong>Inclusion/Exclusion</strong></td>
<td>Appropriately trained includes completion of a course or courses that the AMHO Residential Sector CoP prescribes for the purpose of this indicator</td>
<td></td>
</tr>
<tr>
<td><strong>Data Source</strong></td>
<td>Agency records</td>
<td>OPOC/Client Satisfaction Survey</td>
</tr>
</tbody>
</table>
Excellence through Quality Improvement Project (E-QIP)

• Collaborative initiative of Addictions and Mental Health Ontario (AMHO), Canadian Mental Health Association (CMHA Ontario), and Health Quality Ontario (HQO).

• Residential Treatment Community of Practice will be working with the E-QIP team to increase the consistency in baseline data collection for wait time indicators among residential addiction treatment services to 80% accuracy by March 2017.
The E-QIP Project

Mission

• Increasing the understanding of QI in Mental Health and Addictions care;
• Working towards improvement in key domains of quality;
• Increasing sector-wide QI learning and mentorship;
• Highlighting promising QI practices and;
• Building readiness within the sector to embrace the Excellent Care for All Act (ECFAA) principles
The E-QIP Project
Excellence through Quality Improvement

• Strong Leadership & Management
• Diverse Organizational Representation
• Cross-Functional Team Composition
• Multi-Facetted Expertise & Experience
• Sector wide movement towards standardized and collaborative QI
• Efficient Use and Allocation of Resources dedicated for QI
• Sandbox for Innovation & Improvement
The E-QIP Project

Team Composition

• Quality Improvement Coaches
• Data Management Coaches
• Management Team
E-QIP & Residential Standards

How is E-QIP Involved in the Residential Standards Project?

• Development of Standardized Indicator Scorecard based on common metrics for comparative analysis and decision support.
  – E-QIP QI Support
  – E-QIP Data Support
  – Management Support & Coordination
E-QIP & Residential Standards

Residential Standards E-QIP Project Overview

- Establishment of Indicator Scorecard for the Residential Sector across the eight currently defined dimensions of quality
- Alignment with PDSA Model for Improvement
- Organization Specific Implementation Support
- Develop standardized approach to working with data focusing on definitions, processes and procedures.
- Ensure consistent data accuracy and integrity
- Identify opportunities for improvement and future areas for iterative improvement
E-QIP & Residential Standards

Current Activities

• Assess organizational data definitions, processes and procedures
• Identify resources and materials to assist organizations who are uncomfortable or unfamiliar with Catalyst
• Provide organizational assistance
• Develop a scalable and extendable strategy for the basket of indicators and scorecard
• Build capacity for sustainability and spread
• Identify opportunities for improvement
E-QIP & Residential Standards

Equipping the Organization Moving Forward

• PDSA Model for QI training, coaching and implementation support
• Data Management Assessment, Training and Support
• Management Support
• Identify and Implement Best Practices
E-QIP & Residential Standards

Adding Value & Driving Outcomes

- Standardized Approach, Common Language & Methodology
- Sustainability & Spread
- Efficient Allocation of Resources
- Innovative Development & Improvement
- Collaboration & Communication
- Networking & Knowledge Transfer
- Increased Capacity & Momentum
- Accuracy and availability of data to support evidence-informed decision making
- Risk Management
- Best Practice & Benchmarking
Next steps

- Develop dissemination strategy for Residential Standards to be released by April 1\textsuperscript{st}
- Project Team for E-QIP composed of 12 agencies from across the province
- Will be working with E-QIP to create baseline data for wait times by March 31\textsuperscript{st}
- Conduct an environmental scan of residential treatment providers as a first step
ANY
questions?