

Data Quality Improvement (DQI)
Phase One: OHRS Community Services Capacity
Regional Implementation Plan – DRAFTv7, July 2017

Introduction

As detailed in the project charter and [project summary](#): The Data Quality Improvement (DQI) initiative is led by Pathways to Better Care, and directed by the Champlain LHIN. The objective of this initiative is to establish a valid, sustainable and reliable performance monitoring system for the Champlain Mental Health and Addictions (MHA) sector. The initiative will initially focus on validating current system capacity (i.e., service volumes and expenses) of community mental health and addiction services as reported via the Ontario Healthcare Reporting Standards (OHRS).

As of January 2017, work on DQI *Phase One OHRS Community Services Capacity* has advanced; including project planning and scoping, and initial implementation with a group of pilot sites.

This document details the regional implementation plan for the DQI *Phase One*, which will begin in June 2017.

Our Implementation Approach

Implementation is the process of putting into action a defined practice. It is the vital step linking the planning stage to the final achievement of goals and outcomes. Without effective implementation all we have is good intention.

Our approach to implementation is informed and guided by *Implementation Science*¹, which is a research-based approach to implementing new practices. It considers all of the factors that need to be in place to optimize positive outcomes.

What Are We Implementing?

The ‘intervention’ being implemented is the DQI checklist – a data validation tool developed for this initiative. The DQI checklist is being implemented to verify / validate the main statistics of Ontario Healthcare Reporting Standards (OHRS), as submitted by each agency quarterly to the Ministry. The validation exercise targets each community mental health and addictions (CMHA) functional centre, to ensure the data reported is accurate and complete. As part of the intervention, CMHA agencies will be supported by Pathways through tailored training and coaching.

With support from the Pathways Decision Support Specialist (DSS), each agency is expected to review the information provided in the checklist and respond to key considerations. Areas identified for improvement will be addressed by the agency and monitored for completion by Pathways. Monitoring will include tracking of data issues using a log to ensure successful resolution. As part of the continuous improvement cycle, Pathways will provide the DQI checklist anew to each agency, with the following fiscal year end data (2017-18) for review and action.

Note that, in future phases of this initiative other datasets will be verified.

¹ Implementation Science Defined: <http://nirn.fpg.unc.edu/learn-implementation/implementation-science-defined>



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The approach we are following to implement this intervention, includes:

- Planning
 - o Interview questions / readiness assessment
- Knowledge Exchange / Training
 - o Initial 2 hour session in person with each agency, including training materials/resources; done in sub-regional agency groups.
- Coaching
 - o Communications with agencies on the DQI checklist responses, and preparation of questions to query the OHRS experts of the Ministry of Health and Long-term Care (MOHLTC).
 - o Webinars/teleconferences and/or in-person meetings with OHRS experts of the MOHLTC, e.g. to target specific functional centre questions / interpretation
 - o Establishment and support of a Community of Practice
- Performance Assessment
 - o Monitoring & evaluation of implementation, such as the log of data issues and quality improvements applied.

Sub-Regional Agency Groups

We are proposing to group the CMHA agencies as follows, see Appendix B list of agencies for groupings:

Group	Name	# Agencies	Pilot / Early Adopter
1	Addictions 1 (Res. Add FCs)	6	
2	Addictions 2 (Res. Add + MH FCs)	5	
3	Community Health Centre (CHC)	5	#3 Pincecrest-Queensway & Carlington
4	Community Mental Health (CMH)	7	(#2 CMHA-Champlain East)
5	Eastern Counties	3	#2 CMHA-Champlain East
6	Hospital	6	#1 Royal
7	Housing	3	Early Adopter
8	Peer	3	
9	Renfrew County	6	Early Adopter
10	Sexual Abuse	2	

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Regional Implementation Plan

Implementation Action/Step (Describe)	Who is accountable?	Target Completion Date	Status Update
Intervention – use of pilots to develop, test & refine intervention / training package	Mitsi	2017-04-28	In progress : CHMA-Champlain East, The Royal, PQ & Carlington CHC
Develop regional implementation plan, agency action plan & agency listing	Melanie	2017-04-28	In progress : drafts in review
Establish implementation team – define roles & responsibilities	Melanie	2017-05-26	In progress



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Develop regional implementation schedule (& schedule training sessions/ communicate with agencies)	Melanie	2017-05-12	In progress : scheduling sessions
Finalize training package, including DQI checklist (& create package for each agency) – part 1, early adopter groups	Mitsi	2017-05-26	Completed
Host initial 2hr training sessions (& evaluate) – part 1, early adopter groups	Mitsi	2017-06-16	In progress
Finalize training package, including DQI checklist (& create package for each agency) – part 2, remaining sub-regional agency groups	Mitsi	2017-09-01	In progress
Host initial 2hr training sessions (& evaluate) – part 2, remaining sub-regional agency groups	Mitsi	2017-09-29	Not started
Webinars/teleconferences with MOHLTC staff: refine training.	Mitsi	2017-11-03	Not started
Provide ongoing coaching – ad hoc & through Community of Practice (& evaluate)	Mitsi	2017-11-03	Not started
Monitor, evaluate & refine implementation approach / plan	Mitsi	2017-12-01	Not started

Tools / Resources

Tool / Resource	Who is accountable?	Notes
DQI checklist – one for each agency, by functional centre	Mitsi	To be created for each agency prior to initial training session
Training package – presentation, interview questions, DQI checklist	Mitsi	To be created for each agency prior to initial training session
Agency listing	Melanie	Used to schedule and track implementation across all agencies
Agency action plan	Agency Lead	To be completed by each agency when planning for implementation

Implementation Schedule

The detailed implementation schedule will be developed and tracked using the Agency Listing.

Implementation Roles and Responsibilities

Under development.



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APPENDIX A

Implementation Science has defined 9 key drivers or factors that support successful implementation. These are outlined briefly below. In addition, key considerations related to DQI regional implementation are outlined by driver to support our regional implementation planning process. The answers to the questions below can populate the implementation chart that follows.

Implementation Drivers	Key Considerations for DQI Regional Implementation Planning
Selection: The process of recruiting the right individuals to be part of the implementation efforts. Includes defining necessary skills, abilities, and team composition.	Who will be the lead(s) for the regional implementation? What does the implementation team look like to support regional implementation?
Training: Purposeful, skills- based adult learning to support staff in acquiring the skills required to be successful at implementation and sustaining a practice.	How many users (agencies) will need to be trained on how to use the DQI checklist? What training will be provided to those who are not sufficiently proficient in OHRS? What training will be provided to those who are not sufficiently proficient in decision support data systems and tools?
Coaching: Regular, embedded professional support and development to help staff participate in / complete the process as intended. It is key to promoting confidence and building competence.	Who will be the lead support (who provides ongoing coaching and supervision) for agencies implementing the DQI checklist? How will coaching be provided to agencies?
Performance Assessment: Activities designed to assess the use of the skills that are taught in training and reinforced and expanded in coaching processes. These are sometimes called practitioner fidelity assessments.	How will you know if implementation is going as planned? How will you monitor fidelity (staying true) to the tool? What feedback mechanisms for staff already exist or can be put in place to provide feedback and support fidelity implementation?
Systems Intervention: Activities to influence the external variables such as policies, environments or structures which impact the intervention. The goal is to influence the context to be supportive of the intervention.	What resources are needed to create a supportive environment for implementation? Are there external partners that need to be engaged?
Decision Support Data Systems: Process for identifying, collecting, and reporting data related to the intervention that can be used in decision making processes.	In addition to the DQI checklist and OHRS, are there other tools that will be used to monitor adherence to the intervention?
Facilitative Administration: Proactive, vigorous and enthusiastic attention by the administration to reduce implementation barriers and create an administratively hospitable environment for practitioners.	How much time is needed for staff to use the new tool? How will practice-level experience about what is working well and what might be ‘getting in the way’ be communicated to the implementation team? What are the mechanisms to share these experiences



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Implementation Drivers	Key Considerations for DQI Regional Implementation Planning
	(with other agencies)?
Technical Leadership: Can be thought of as good management. The leader is engaged, quick to recognize and respond to issues that arise, organizes groups to solve problems, and regularly produces desired results. Technical leadership is needed where there is substantial agreement about what needs to be done and reasonable certainty about how to do it.	How will agency leadership demonstrate support for implementation (that can be observed by the implementation team)?
Adaptive Leadership: Adaptive leadership is needed to solve complex problems that do not have obvious solutions or widespread agreement about	Who is best positioned to address implementation challenges (as they arise)? How can the implementation team be proactive to mitigate these challenges?



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APPENDIX B

Organization	DQI Group	Prime Contact
Billy Buffett's House of Welcome	Addictions 1	Robin McAndrew (TBC)
Empathy House of Recovery	Addictions 1	Patrizia Wand-Mayville
Serenity House Inc.	Addictions 1	Laura Richer
Sobriety House	Addictions 1	Tom Jackson
The Governing Council of the Salvation Army	Addictions 1	Susan Allaire
VESTA Recovery Program for Women Inc.	Addictions 1	Jackie Rai
Amethyst Women's Addiction Centre	Addictions 2	Jocelyn Bigras
Dave Smith Youth Treatment Centre	Addictions 2	Mike Beauchesne
Maison Fraternité	Addictions 2	Yvon Lemire
Montfort Renaissance Inc.	Addictions 2	Marie-Andrée Carrière
Rideauwood Addiction and Family Services	Addictions 2	Marion Wright
Carlington Community Health Centre	CHC	Joann Michels
Centretown Community Health Centre	CHC	Tamara Chipperfield
Pinecrest-Queensway Community Health Centre	CHC	Janice McFarlane
Sandy Hill Community Health Centre	CHC	Robin McAndrew
Somerset West Community Health Centre	CHC	Anne Christie-Teeter
Canadian Mental Health Association, Ottawa Branch	Community MH	Tim Simboli
Causeway Work Centre Inc.	Community MH	Don Palmer
Family Services à la famille Ottawa	Community MH	Mark MacAulay
Geriatric Psychiatry Community Services of Ottawa/Carleton	Community MH	Vickie Demers
Jewish Family Services of Ottawa-Carleton	Community MH	Rebecca Fromowitz
Project Upstream Ottawa-Carleton Inc.	Community MH	Bo Turpin
Wabano Centre of Aboriginal Health	Community MH	Allison Fisher
Canadian Mental Health Association, Champlain East	Eastern Counties	Raquel Beauvais-Godard
Cornwall Community Hospital	Eastern Counties	Ann Zeran
Hôpital Général de Hawkesbury & District General Hospital	Eastern Counties	Benoit St-Jean
Arnprior Regional Health	Hospital	Eric Hanna
Children's Hospital of Eastern Ontario	Hospital	Barbara Casey
Hôpital Montfort	Hospital	Ann Salvador
Queensway Carleton Hospital	Hospital	Hazel Alexander
Royal Ottawa Health Care Group	Hospital	Kim Kealey
The Ottawa Hospital	Hospital	Heather Garnett
Ottawa Inner City Health Inc.	Housing	Wendy Muckle
Ottawa Salus Corporation	Housing	Lisa Ker
Shepherds of Good Hope	Housing	Lindy Rosko
A.P.P.L.E. (A Post Psychiatric Leisure Experience)	Peer	Matthew Ribout
Psychiatric Survivors of Ottawa	Peer	Sonja Cronkhite
Royal Ottawa Health Care Group, Parent's Lifeline of Eastern Ontario	Peer	Ulrike Komaksiutiksak
Algonquins of Pikwàkanagàn	Renfrew County	Vicky Two-Axe
Lanark Renfrew Health and Community Services	Renfrew County	John Jordan
Mackay Manor Inc.	Renfrew County	Tom Carroll
Pathways Alcohol & Drug Treatment Services Inc.	Renfrew County	Lise Laframboise
Pembroke Regional Hospital Inc.	Renfrew County	Mireille Delorme
Renfrew Victoria Hospital, Addiction Treatment Services	Renfrew County	Kimberly MacLeod
Catholic Family Services/Ottawa-Carleton	Sexual Abuse	Franca DiDionete
Lanark County Interval House	Sexual Abuse	Erin Lee-Todd

