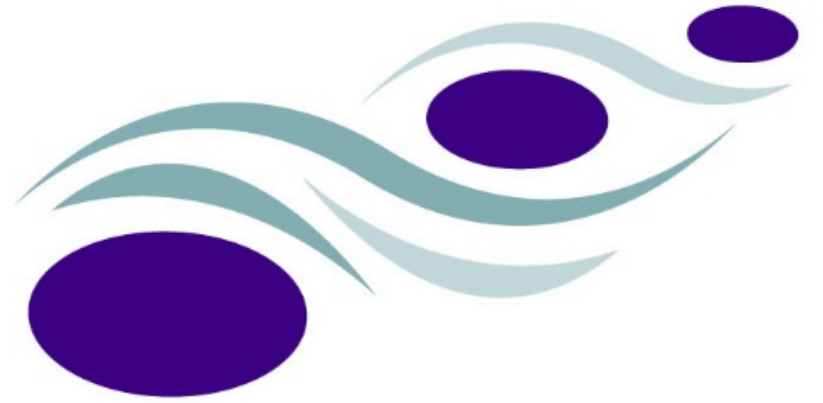




Pathstone



Mental Health

Compassionate • Innovative • Professional



Transformation through Collaboration and Standardization

Children's Mental Health Conference November 14, 2017

Agenda

- ▶ Background or Starting Point
- ▶ Literature and Rationale
- ▶ Process
- ▶ Outcomes
- ▶ Next Steps

Purpose and Genesis

- ▶ Commitment to Quality Improvement
- ▶ Increasing reporting demands
- ▶ Increasing referrals
- ▶ A commitment to reducing waitlist and wait times
 - ▶ Developing a culture to actively address this issue
 - ▶ Ensuring Quality of Service
- ▶ Identification, intervention, and implementation up stream.



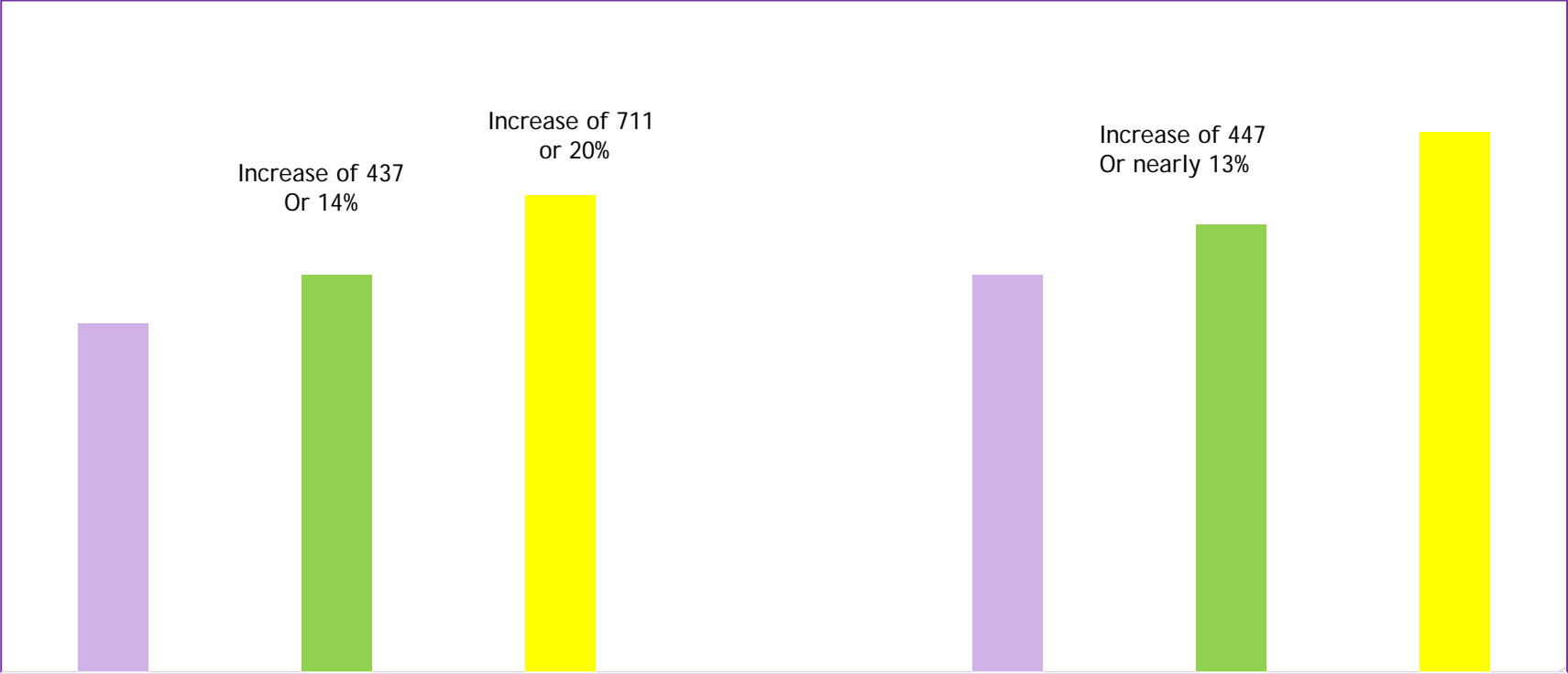
Background and Starting Point



Pathstone Status Review (May –June 2016)

- ▶ Standard operational procedures was not in place or enforced
- ▶ Hierarchical Approach to decisions making
- ▶ Management Team applied policies inconsistently between teams
- ▶ Teams operated in silo's
- ▶ Lack of recognition of staff good works & efforts
- ▶ Communication systems impeded clear messaging and caused misinformation
- ▶ General lack of accountability of practices, process, & protocols
- ▶ General feeling of mistrust and suspicion through the organization
- ▶ Programs were often unaware of the initiatives happening in the other programs within the agency

Comparison Unique and Total: 2015, 2016, and 2017



Literature and Rationale

The background features abstract, overlapping geometric shapes in shades of purple and teal. The shapes are primarily triangles and quadrilaterals, some of which are semi-transparent, creating a layered effect. The colors range from a deep, dark purple to a lighter, muted teal. The overall composition is modern and minimalist.

Factors In Knowledge Transfer

- ▶ Where knowledge is transferred from
- ▶ Media used in knowledge transfer
- ▶ Where knowledge is transferred to

Remember:

- ▶ Only a limited amount of expertise can be captured as explicit knowledge
- ▶ Knowledge transfer facilitates knowledge sharing

Prerequisites for Knowledge Transfer

- ▶ Knowledge sharing recognizes personal nature of people's knowledge gained from experience
- ▶ The myth that "once you build it, they will use it" does not work that well
- ▶ For knowledge transfer to work, it takes change in culture, politics, and attitude
- ▶ Instill an atmosphere of trust in the organization
- ▶ Fix culture to accommodate change
- ▶ Push reasoning before process
- ▶ Doing is far better than talking
- ▶ Create an organization and culture able to handle mistakes or challenges

Positive Cultural Values

- ▶ Leadership
- ▶ Understanding Organization's mission and values
- ▶ Culture created is internalized and practiced across organization
- ▶ Culturally driven forces

Transfer Methods

- ▶ A team sets out to perform a specific task
- ▶ Team's outcomes are captured and fed back to same team or another team for information, validation, and learning
- ▶ New knowledge reinforces or improves performance of the team next time round
- ▶ New knowledge

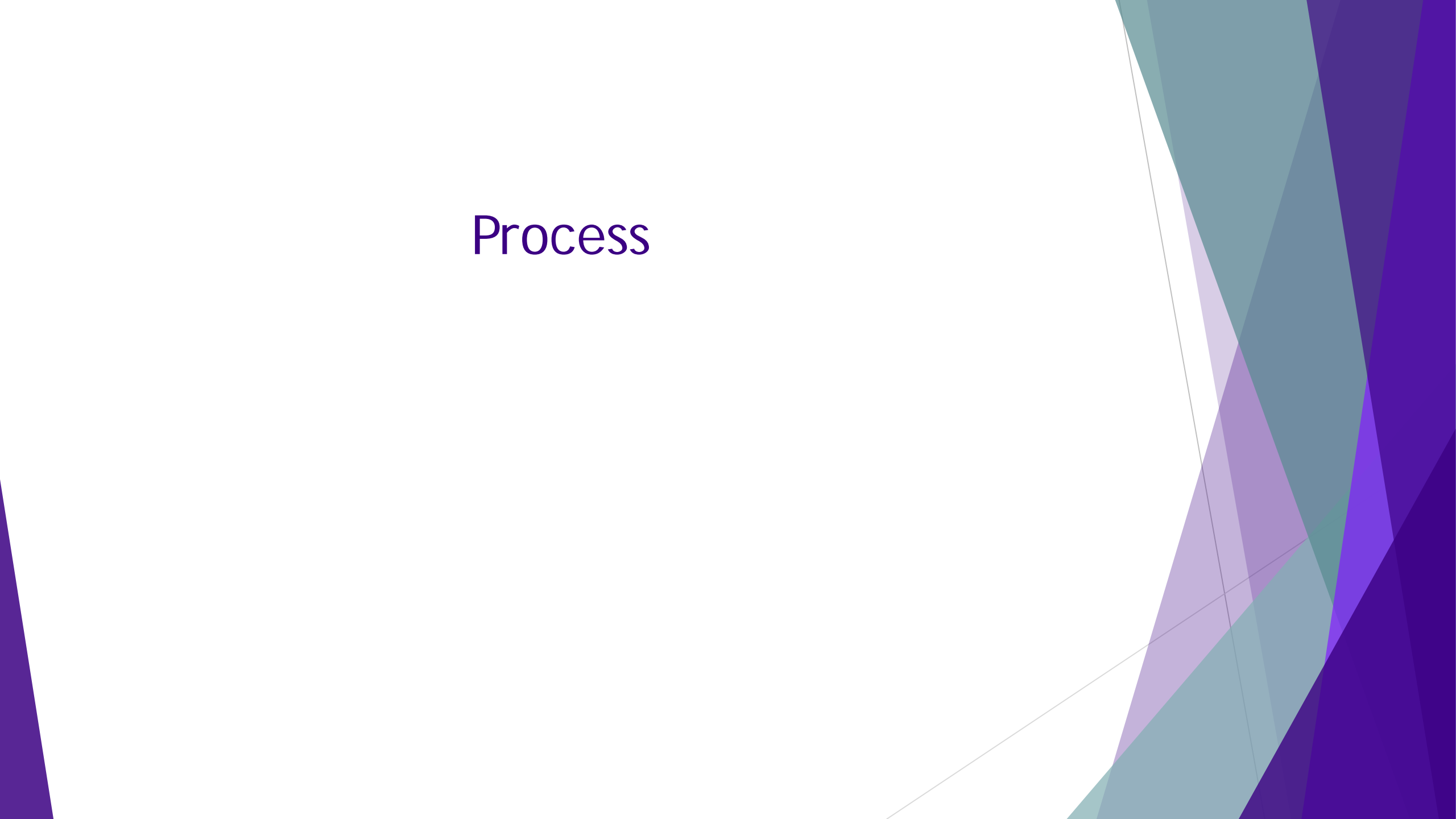
How Knowledge Is Transferred – Collective sequential transfer

- ▶ Team meetings are usually brief, but held regularly as time permits
- ▶ Meetings held with all participants being equal
- ▶ What takes place in meetings kept within the team (unless agreed upon). Safety is assured.
- ▶ Focus on the project, not the person or personality

How Knowledge Is Transferred – Collective sequential transfer

- ▶ Set agenda
- ▶ Keep it small
- ▶ Invite the right people
- ▶ Facilitate the process
- ▶ Take breaks
- ▶ Socialize
- ▶ Show accomplishments

Process



Collaboration & Communication

- Pathstone Teams
- Managers
- Directors
- CEO
- Pathstone Agency Board
- Pathstone Foundation Board
- Community Partners



Communication Tools

- ▶ Monthly Team Meetings Agenda & Minutes
- ▶ Monthly Managers Facilitation Meetings
- ▶ Weekly Executive Leadership Meetings
- ▶ CEO Report (Board & Staff)
- ▶ 'Pathstone Connects' Quarterly report
- ▶ Employee/Employer Relations Committee
- ▶ Accreditation Committee (Quality)
- ▶ Strength Base Language in all documents
- ▶ General Staff Meetings
- ▶ CEO Periodic Email update
- ▶ Potential Partners Integration Monthly report
- ▶ All levels of management engage in walk-about



Standardization

- ▶ **Client information** via EMHware
- ▶ **Collaborative Problem Solving Model** –Clients and Agency
- ▶ **All programs** are evidence based and/or evidenced informed
- ▶ **Template for Clinics** – Format, Descriptions, Location, Duration
- ▶ **‘Program Information Handouts’** for each program (manage clients expectations)
- ▶ **Pathstone Treatment Contract**
- ▶ **Performance Development Review** (Replace Performance Appraisals)

Standardization

- ▶ **File Review** –replace Audit file
- ▶ **Formal Clinical Supervision-** Students, Staff , Managers (structured)
- ▶ **Performance Management** – Managers to apply consistently
- ▶ **Biopsychosocial Assessments** (Brief and Comprehensive)
- ▶ **Training is being implemented** (CPS, YJ Conference, Addictions, Emotional Intelligence)
- ▶ **Tracking Waitlists:**
 - Numbers admitted
 - Numbers waiting
 - Satisfaction Surveys

Transformation: Family Engagement

- ▶ **Family Consultation Report (Sarah Cannon):** recommendations to improve and enhance our family engagement practices.
- ▶ **Youth & Parent Advisory :** We have been recruiting for increase the number of youth and parents.
- ▶ **Families** are fully engaged in counseling process in all programs (Clinician must demonstrate that family is engaged in the therapeutic process)
- ▶ **Collaborative Problem Solving Model** (evidence based) All counselors utilized the CPS to engage and provide intervention to families.
- ▶ **Waitlist Reduction:** in a number of our programs, although we have two programs that need to increase capacity. Increased CPS Clinics and Parental Orientation Session
- ▶ **Initial Session;** To manage expectations, provide orientation to services, assist in outcome measures

Transformation: Family Engagement

- ▶ **Appointments:** We have extended some of our programs so that parents can attend meeting outside of regular working hours
- ▶ **Transitional Summary:** has been standardized so every family has a plan
- ▶ **Booster sessions:** clients are able to return to counseling up to and including 6 months without having to go through intake (Contact Niagara)
- ▶ **Common Language:** Message consistent on what families and individuals can expect.



Transformation: Family Engagement

- ▶ **Children/Youth/Family:** are placed directly with the right program first time... so they don't have to repeat their story
- ▶ **Standardization of Programs & Templates** managing clients expectations; via Treatment Contract that all parties sign that they are in agreement
- ▶ **Strength based language:** All new templates were reviewed our family advisory to ensure language level was appropriate.
- ▶ **Pathstone Website :** is being updated weekly to keep everyone advised of the upcoming events and new programs we are offering
- ▶ **EMHware (Client Information Records) :** has been implemented at Contact Niagara, NHS, and Pathstone to reduce the need for families to repeat their stories

Transformation: Internal

- ▶ **Board of Directors** : are regularly informed (quarterly informed) of waitlist numbers, number of clients being seen, cases that are closed, and completion of number of Client Satisfaction Surveys
- ▶ **Managers –File Review**: are responsible to meet monthly with each team member and provide and review of file to ensure that clinicians are performing their standardized work
- ▶ **Client Satisfaction Survey**: are being provided to client and family near the end of their treatment to provide us with feedback
- ▶ **Pre-Post Testing**: Is being conducted with each family that attends our programs (evidence based outcome measures)

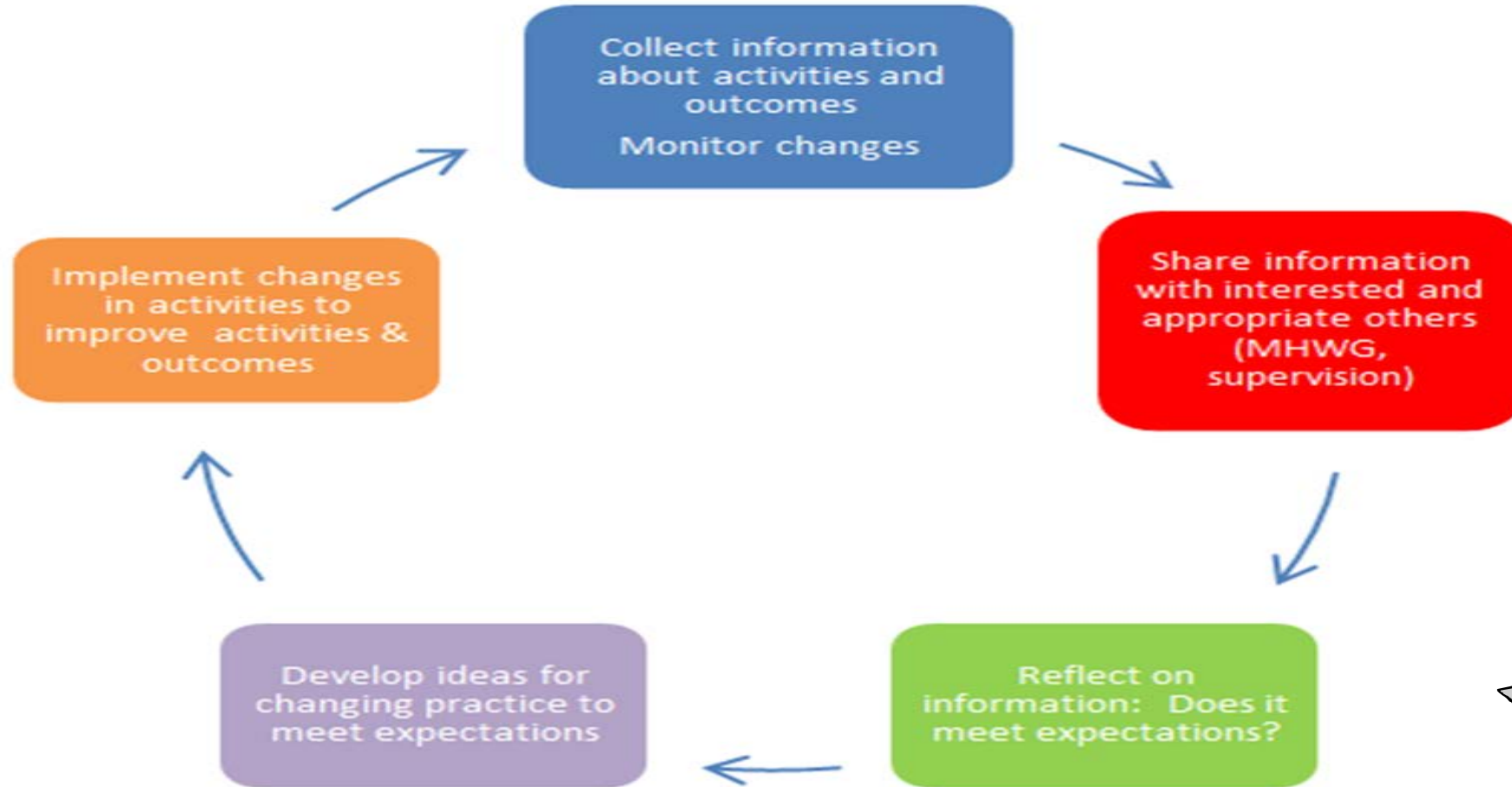
Transformation: Internal

- ▶ **Evidence Based Programs-** The Manager of each treatment team and Director of Mental Health have signed off that their program is evidence based
- ▶ **Pathstone Connects:** Communication tool to keep all staff informed of the new initiatives that families can participate to assist their family
- ▶ **Service Pathway Implementation Team (SPI) :** is overseen by frontline staff to trouble shoot and make recommendations to improve seamless care pathways
- ▶ **Client Follow Up protocol:** Each team has established a follow up protocol for clients/families whose case has been closed
- ▶ **Initial Session:** 90 minute presentation on expectations of services and the process including parental involvement. Goal to manage the messaging and expectations. Will support Caregiver and Capacity Support

Partnerships and Protocols

- ▶ Education
- ▶ Child Welfare
- ▶ Youth Justice
 - ▶ Probation
- ▶ Developmental
- ▶ Police

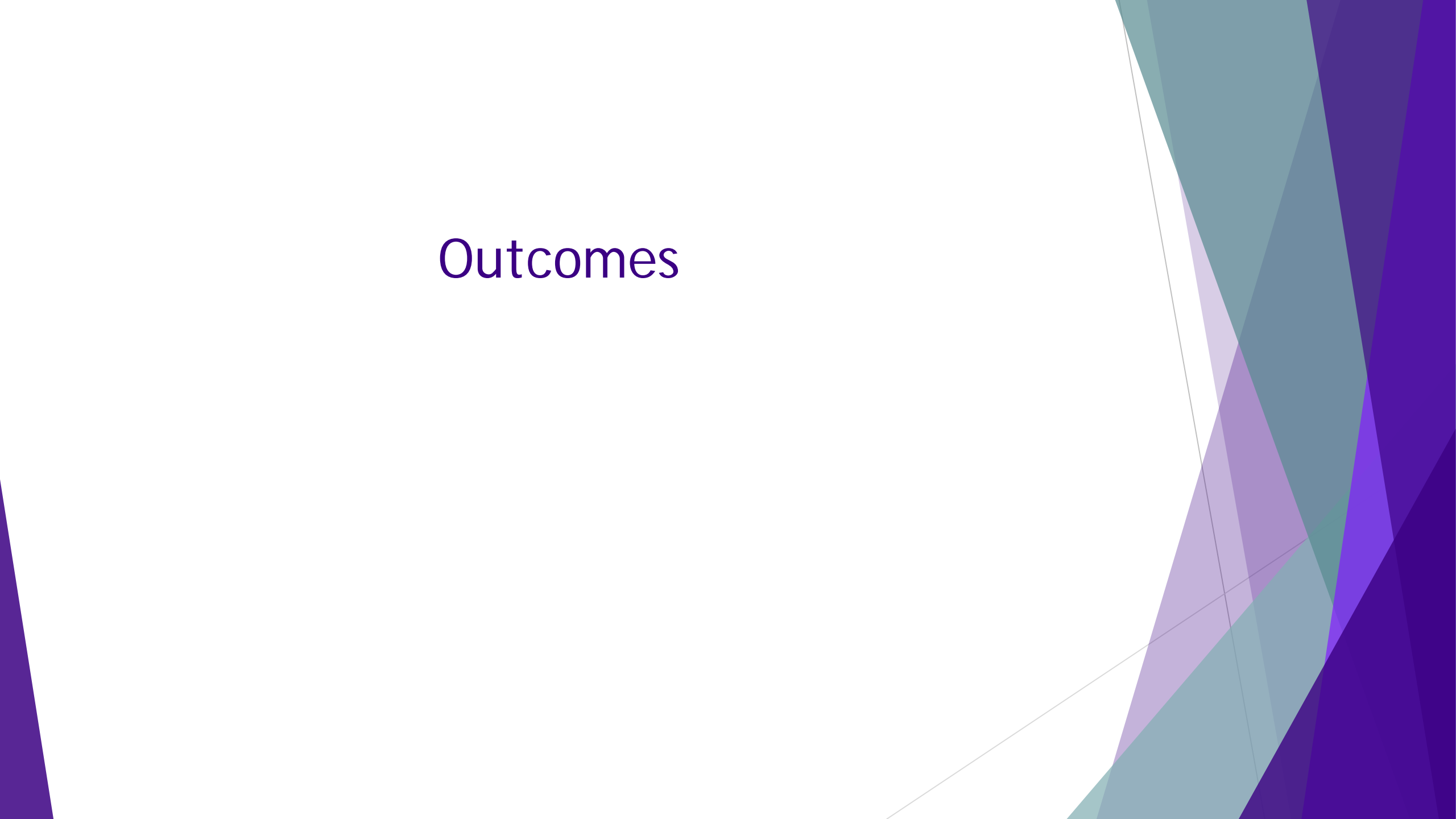
Process and Sequence



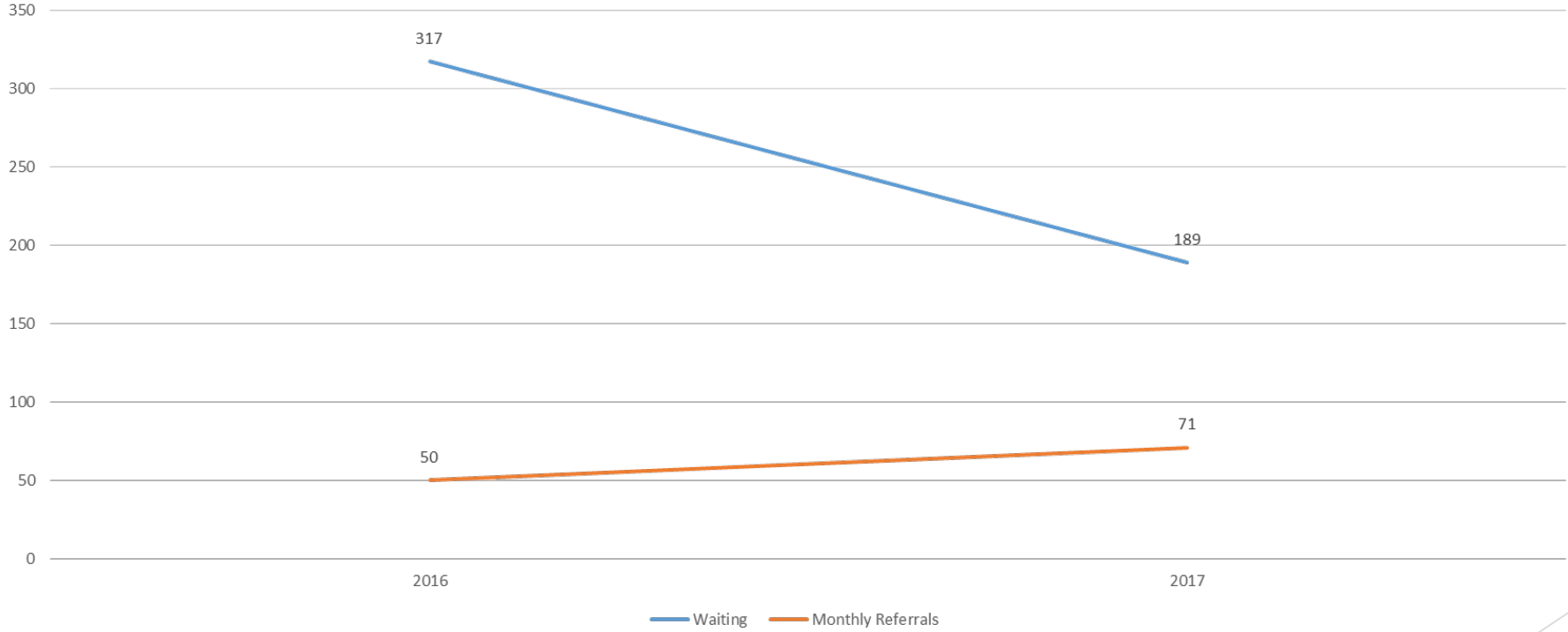
**MONITORING &
AUDITS**



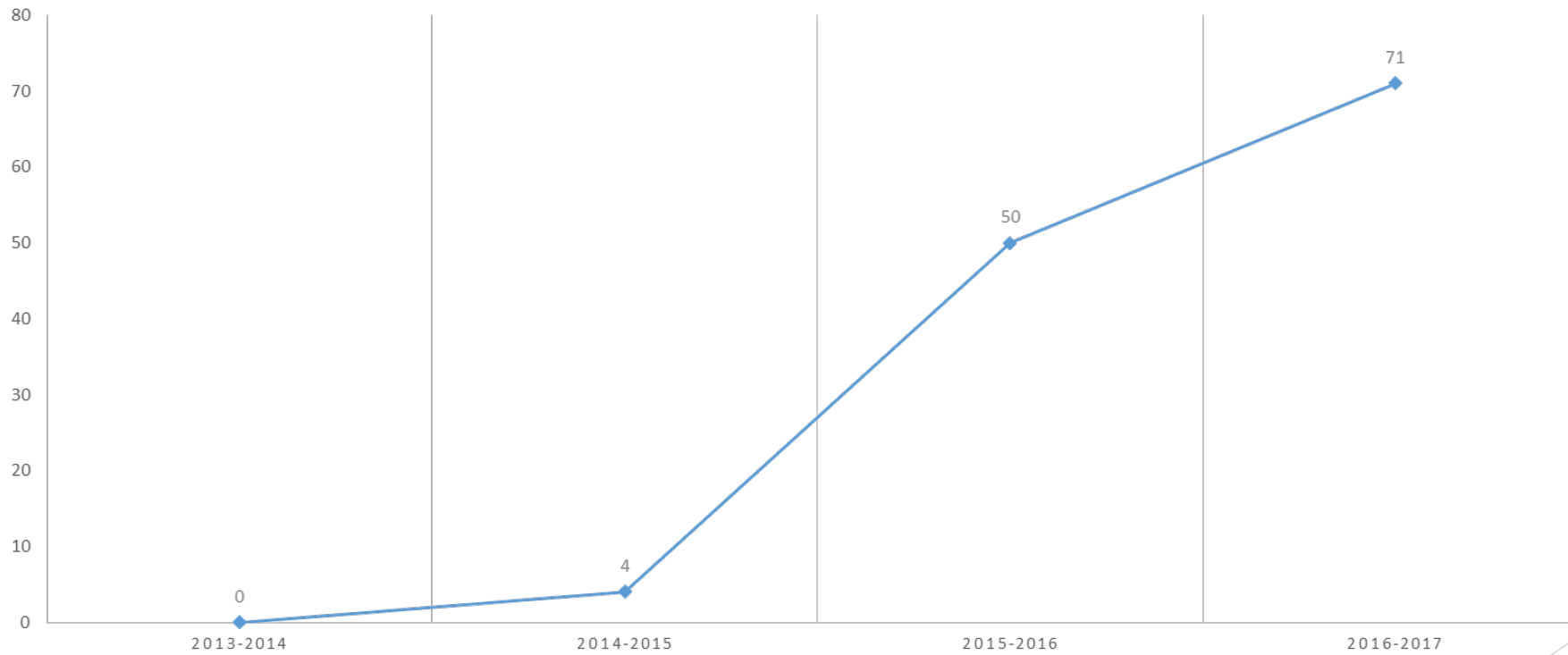
Outcomes



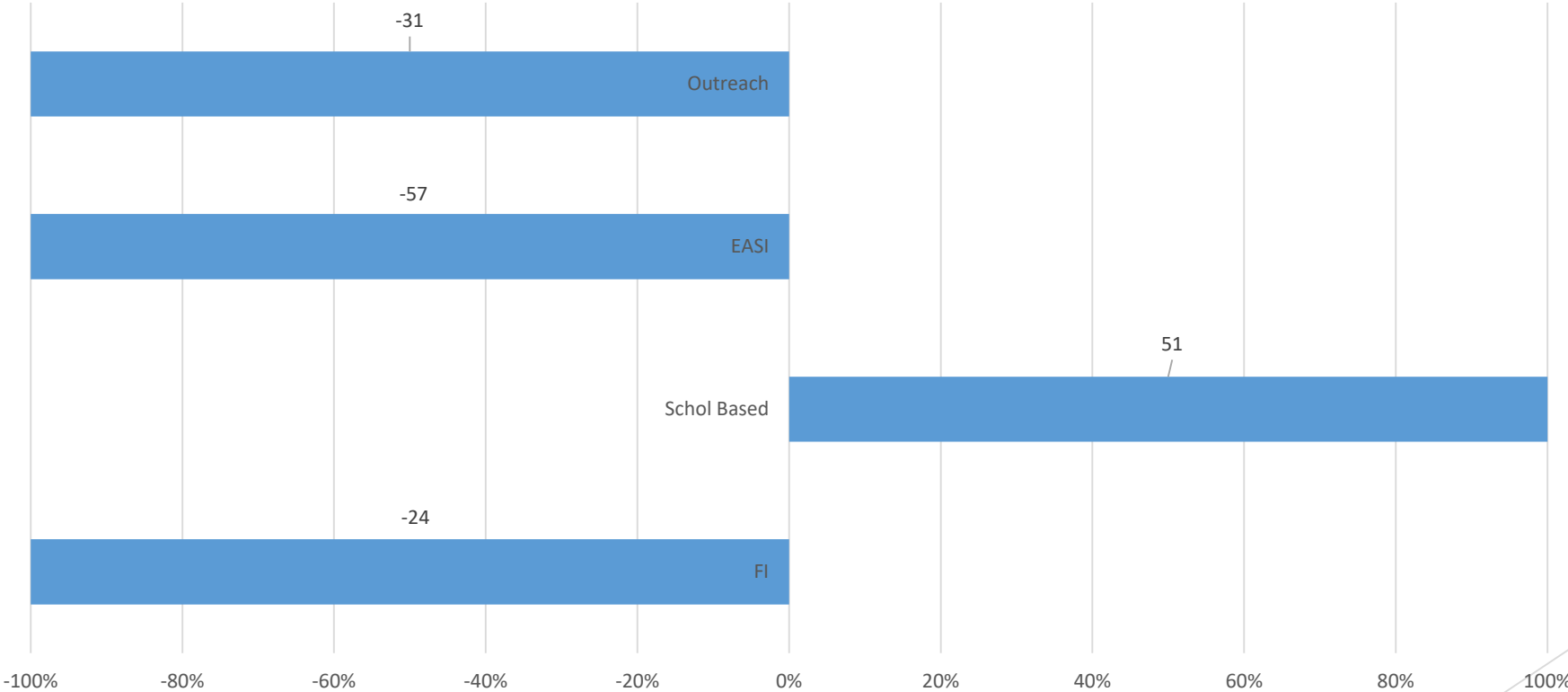
Decline in Numbers Waiting as Referrals Increase 2016 to 2017



Increase of Referrals by Month Over Four Year Period



Waiting for Service by Program in Percentages between May and September 2017



Pathstone Score Card



Process

▶ Managers collect information via:

- ▶ EMHware
- ▶ SPSS
- ▶ Monthly individual supervisions
- ▶ Monthly group supervisions
- ▶ Program Audits
- ▶ Analysis of pre and post measures

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Reporting Timelines and Numbers

- ▶ Information for each objective is collected through out each quarter
- ▶ Most quadrants and objectives can be reported on quarterly
- ▶ However some can be reported on only semi-annually
- ▶ Confidence levels are between 85% and 95%
 - ▶ If we duplicated the scoring 20 times we would have similar results 17-19 times out of the 20

Customer Service and Quality

- ▶ Meet Treatment and Intervention Goals
- ▶ Satisfaction with Service Experience
- ▶ Satisfaction: Group and Workshop
- ▶ Outcomes: Quantitative
- ▶ Achieved expected percentage of closed files
- ▶ Positive Results Reported
- ▶ Standard Deviation at or below 3.5
- ▶ Representation of Sample Size achieved
- ▶ Complete Analysis of Results
- ▶ Positive Results

Operational Effectiveness

- ▶ Provided EBP or EIP
- ▶ Meet Intake Standards
- ▶ Meet Transitioning Standards
- ▶ Risk and Client Well Being
- ▶ Program and Intervention Fidelity
- ▶ EBP in place
- ▶ Analysis of appropriateness of EIP
- ▶ Met agreed upon direct service hours for program
- ▶ Number waiting compared to provincial average
- ▶ Number waiting above internal threshold
- ▶ Representation of Sample Size achieved
- ▶ Complete Analysis of Results
- ▶ 15% decrease in issues compared to previous year
- ▶ Plan developed and implemented in 4 day period

Workplace Health and Excellence

- ▶ Employee and Employer Issues
 - ▶ Staff Retention and Attendance
 - ▶ Work wellness
- ▶ 10 % less grievances at same time previous year
 - ▶ 8 issues less per year through EERC
 - ▶ 3% less turn over compared to last year
 - ▶ Below provincial average for staff turnover
 - ▶ Below provincial average for sick time
 - ▶ 5% reduction of sick time utilized over last year.
 - ▶ Identify 3 key indicators and achieve 80% agreed improvement
 - ▶ Overall Satisfaction on Guardian Survey above 75
 - ▶ 2 key areas agreed upon and improved upon by 5%

Fiscal Responsibility

- ▶ Financial Effectiveness

- ▶ Prepare Budget
- ▶ Submit budgets and reports in accordance with Ministry and Funder Reporting timelines
- ▶ Complete and circulate monthly financial statements by the 3rd day of the month
- ▶ All processes and practices comply with GAAP(Generally Accepted Accounting Principals)
- ▶ The Auditors provide a 'Qualified Opinion' that indicates all financial practices comply with accounting standards for not-for-profit agencies.

Customer Service and Quality Factors and Weighting

Client Satisfaction

Indicator	Indicator Score	Indicator Target	% of Target	Formula	Quarters
Treatment and Intervention Goals		25		70% closed files returned (20 pts) + Positive Results (60 pts) + SD <3.5 (20) 90% Confidence Level	1 2 3 4
Service Experience		25		70% closed files returned (20 pts) + Positive Results (60 pts) + SD <3.5 (20) 90% Confidence Level	2 4
Quantitative Outcomes		25		Representation of Sample Size Achieved (25 pts) + Statistical Analysis of Content (20 pts) +90% Confidence Level Positive Outcomes (55 pts)	4
Groups and workshops		25		70% closed files returned (20 pts) + Positive Results (60 pts) + SD <3.5 (20) 90% Confidence Level	2 4

Total Domain Score:

Score Card Variance Report: 2nd Quarter 2017

- ▶ Although target is 90% compliance. Variance reporting and planning is initiated at 95% or below.
- ▶ Second Quarter Report

Questions and Discussion

