Creating a Culture of Quality to Drive Innovation:
Knowing Why, Learning How, Discovering What

Neill Carson MSW, RSW
Clinical Director

Christie Hayos MSW, RSW
Manager of Outpatient and Intake

Nicole Burford CHIM
Manager of Quality and Risk

Christina Bartha MSW, RSW
Executive Director
Learning Objectives

- To understand how innovation was fostered by the growth of a culture of measurement and quality improvement within a children’s mental health centre.

- To understand the role of a Quality Improvement Plan (QIP) in focusing and sustaining innovation.

- To understand the key contributions of board, leadership, frontline managers and staff in development and use of a quality improvement plan and a structured score card.

- To understand how the impact of quality improvement on clients is monitored.
SickKids CCMH Integration Project

- **5 Sites, 20,000 contacts/clinical interactions with clients, parents & caregivers served annually**
  - Academic training site for all health disciplines

---

**SickKids Centre for Community Mental Health (CCMH)**

- Prevention and Early Intervention
- Brief, family, and intensive counselling
- Outpatient and residential day treatment
- Residential services

**The Hospital For Sick Children (SickKids)**

- Psychiatric consultations
- TeleLink
- Psychotherapy and family counselling
- Inpatient day treatment
- Urgent care and acute inpatient

---

**Integration will:**

- Co-ordinate and align full continuum of mental health services
- Improve quality, access and client/patient flow

**Accomplishments Since Feb 2017**

- Back-office Integration
- Governance/Leadership Structure
- Clinical Integration Strategy
- Accredited by COA
- Capital improvements
- Routine safety monitoring
- Routine Quality Reporting: QIP
- Data repository
Developed based on the FY 2017/18 work, stakeholder input and the review of key internal/external inputs – projects are aligned to strategic directions to ensure the Strategy's success can be measured according to project outcomes.

**QUALITY**
- To enhance care through evidence and data
  - Improve access
  - Embed measurement
  - Enhance the client experience

**INFRASTRUCTURE**
- To optimize our resources to enable high quality care
  - Implement information technology revitalization
  - Establish a sustainable capital strategy

**HEALTH SYSTEM**
- To support capacity building and partnerships
  - Ensure stakeholder engagement
  - Engage our diverse communities
  - Support capacity building

**INNOVATION**
- To advance a culture of innovation
  - Improve clinical models of care
  - Evaluate our impact
  - Establish a digital strategy

**PEOPLE**
- To develop our people and support their growth
  - Advance a healthy and safe organization
  - Recruit, develop and retain a highly skilled workforce
  - Improve teamwork and communication
  - Recognize and engage our staff

**FINANCE**
- To ensure a financially sustainable enterprise
  - Achieve operational efficiencies
  - Collaborate with our Foundation

---

**Excellence**

**Compassion**

**Integrity**

**Collaboration**

**Innovation**
Knowing Why: Five key imperatives of Health Quality Ontario

- Development of a quality agenda
  - Timely
  - Efficient
  - Effective
  - Safe
  - Client-Centred

- Improve access to services
  - Intake to 1st service (6 months)
1. Given the data, how would you formulate our problem?
2. Based on your formulation, how would you intervene?
Services Clients Receive First (2016-2017)

- Counselling & Therapy (N=276), 64.6%
- Specialized Assessment (N=59), 13.7%
- Brief Services (N=41), 9.6%
- Intensive Services (N=41), 9.6%
- Helping Us Grow (2), 0.5%
- Family Skill Building (N=8), 1.9%

Approx. 88% of clients go to family therapy or individual therapy as their first service.
Wait times for first service at Jarvis and Sheppard

**Family Therapy**

![Graph showing wait times for Family Therapy at Jarvis and Sheppard from 2010-2017.](image)

**Individual Therapy**

![Graph showing wait times for Individual Therapy at Jarvis and Sheppard from 2010-2017.](image)
Counselling & Therapy - Service Duration at Jarvis & Sheppard

<table>
<thead>
<tr>
<th>Months</th>
<th>OPS Jarvis</th>
<th>Combined</th>
<th>OPS Sheppard</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>11.0</td>
<td>13.4</td>
<td>12.0</td>
</tr>
<tr>
<td>2011-2012</td>
<td>15.2</td>
<td>11.4</td>
<td>11.4</td>
</tr>
<tr>
<td>2012-2013</td>
<td>12.6</td>
<td>10.8</td>
<td>9.8</td>
</tr>
<tr>
<td>2013-2014</td>
<td>15.2</td>
<td>9.5</td>
<td>8.5</td>
</tr>
<tr>
<td>2014-2015</td>
<td>11.6</td>
<td>10.3</td>
<td>8.4</td>
</tr>
<tr>
<td>2015-2016</td>
<td>13.4</td>
<td>10.3</td>
<td></td>
</tr>
<tr>
<td>2016-2017</td>
<td>13.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Learning How: A strategy to drive change

- No brief therapy services at this time

**Discovery Phase**
- Collaboration between Clinical Director; Clinical Manager; Program Evaluation & IT
- Reviewed data over 7 years
- Formulated the problems

**Visioning Phase**
- External stakeholders meetings
- Literature review
- Staff think tank meetings x2
- Manager/supervisors: Review, consolidate, propose

**Development Phase**
- Developed workplan for implementation of model
- 3 days of training focused on SSC
- Staff engagement in development

**Implementation Phase**
- Implemented SSC clinics
- Centralized calendar for SSC and Brief
- Increase admin support for central booking

- May 2017
- Nov 2017
- May 2018
- Sept 2018

Centre for Community Mental Health
Discovering What: Process and Balancing Measures

Outcome of SSC

- **Sep**
  - No Show or Late Cancellation, 17%
  - Ongoing Therapy, 21%
  - Other, 8%
  - Closed, 29%
  - Brief, 25%

- **Oct**
  - No Show or Late Cancellation, 20%
  - Ongoing Therapy, 15%
  - Other, 5%
  - Closed, 30%
  - Brief, 30%
Discovering What: Communication Pathway

- Board of Trustees
- Senior Management
- Management
- Supervisors
- Staff
Qualitative Data: Client Feedback
## Satisfaction with the service (n=57)

<table>
<thead>
<tr>
<th></th>
<th>Agree or Strongly Agree</th>
<th>Disagree or Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was satisfied with the single session consultation</td>
<td>87.7%</td>
<td>3.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>2. Today's session helped me get a better understanding of the problem</td>
<td>77.2%</td>
<td>3.6%</td>
<td>19.3%</td>
</tr>
<tr>
<td>3. Today's session helped me develop a plan to address the problem</td>
<td>78.9%</td>
<td>3.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>4. After today's session, I am confident that I will be able to solve the problem</td>
<td>49.1%</td>
<td>12.3%</td>
<td>38.6%</td>
</tr>
<tr>
<td>5. If needed, I will use this service again</td>
<td>87.7%</td>
<td>1.8%</td>
<td>10.5%</td>
</tr>
<tr>
<td>6. I would recommend the service to someone else</td>
<td>84.2%</td>
<td>1.8%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>
7. When you first contacted us, were you seeking:

- Single session consultation: 10.7%
- Ongoing therapy: 46.4%
- Either would have been OK with me: 42.9%

n=56

8. After attending the single session consultation:

- You are glad that you chose the single session consultation: 56.9%
- You wish that you had received ongoing therapy instead: 43.1%

n=51
### Satisfaction with the service (n=57)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Did the counsellors give you enough time to explain the problem?</td>
<td>93.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>10. Did you have time to explain what solutions you had already tried?</td>
<td>96.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>11. Did you have the opportunity to express concerns over the counsellors' suggested solutions?</td>
<td>91.2%</td>
<td>8.8%</td>
</tr>
<tr>
<td>12. Was the service disappointing in any way?</td>
<td>21.8%</td>
<td>78.2%</td>
</tr>
</tbody>
</table>
Written feedback from families

- Staff and or/services were great, wonderful, understanding, patient, supporting, helpful (12).
- I was worried that we might not have enough time to talk and address the problem/s. Although we didn't talk too much about our second issue, we are comfortable with the information sheet we were given and that we can make another appointment if we feel that we might need additional help in the future. We are hopeful that the tools and information we were given will help us to solve this problem.
- A follow-up plan where someone checks in would be beneficial/appreciated.
- We are open to the referrals that will be made on our behalf. We are satisfied with this as a start. Hoping there is opportunity for continued support in some way/form.
- The conversation was very positive and focused on all the good things we are doing. It would have been more helpful to talk about what isn't positive and get new tools.
- Not enough time to address other issues.
- I was hoping to gain access to some type of one on one sessions for my child to talk to about fears/issues.
- But we were hoping to be referred to a multi-session program, just single session (n=2).
- No confirmed diagnoses or label (anxiety).
Staff feedback: Highlighting themes

What excites you?
- Decreasing waitlist
- Enhanced sense of team
- Focus on family’s strengths
- Building new clinical skills
- Diversity of caseload

What makes you nervous?
- Lack of confidence
- Question validity of SSC’s meeting all needs
- Time pressure with 3 hour clinic model
- Case management responsibilities
- Continuity of care
- Single focus of SSC when complexity in presenting issues

What questions do you have?
- What do the client evaluation forms tell us?
- What other training opportunities are there for brief therapy?
- How can we have support regarding case management?
- Can we shorten the SSC clinic time and introduce evening hrs?
- How to collaborate with referral sources
QIP: What are our next steps?

**Timely**
- Process Improvement
- Developmental Evaluation of Intake

**Efficient**
- Course adjustment based on feedback
- Increase timely access to Specialized Assessment
- Process improvement related to length of stay

**Safe**
- Implement Caring Safely
- Review interprofessional processes in Day Treatment
Questions