

From Discovery Research to Implementation to Application:
Closing the Loop on Service Quality to Realize Data-Based Decision-Making

Continuous Quality Improvement and Data-Based Decision-Making in Children's Mental Health: A System of Care Perspective

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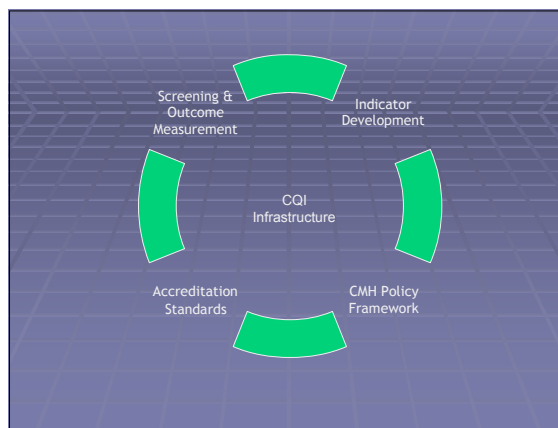
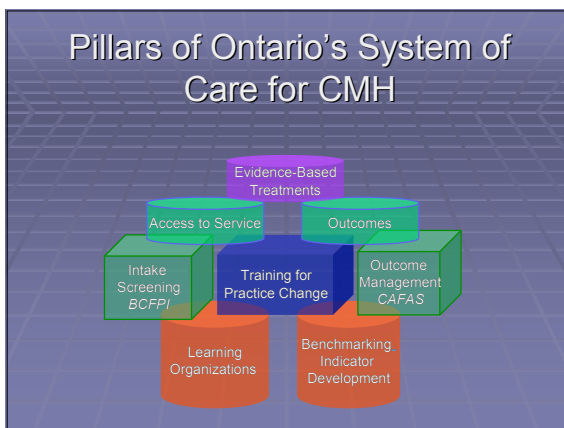
Community Health Systems Resource Group
The Hospital for Sick Children

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Overview

- Training & implementation of screening and outcome measurement tools mandated in 2000 across 107 organizations has laid the groundwork for describing the mental health problems of children and youth who seek service, evidence-based triaging of wait listed clients, and determining treatment response.
- In order to ensure quality, children's mental health service, providers must move beyond outcome measurement and close the data loop - they must engage in continuous quality improvement and engage in data-based decision-making.
- The next step for Ontario is to demonstrate the utility of a process based CQI tool that serves to ensure that service data is used to improve service quality.



Seeding a Plan

- Emergent collaboration with Esteam and considerable community involvement.
- Esteam presents their TOTAL:Quality approach at a children's mental health conference held for over 120 participants in Toronto in December 2004 - significant interest is generated from CMH and government leaders.
- Web cast demonstration of the TOTAL: Quality is broadcast in early February 2005 to an audience of 11 service provider organizations.

Next Steps

Objectives:

- pilot implementation of the TOTAL: Quality tool
- evaluate the extent to which decision-making for service delivery is *empirically* supported by the TOTAL:Quality CQI process;
- examine whether TOTAL:Quality facilitates compliance with accreditation standards ;
- survey the CQI practices of children's mental health organizations across Ontario

Activities / Outputs	Short Term Outcomes	Measurement Indicators
1) Situational Analysis: Pre-assessment of service provider CQJ activities; management structure, indicators, & process for informing decision making & service delivery.	1) Description of baseline pre-implementation assessment of CQJ activities	*CQJ Climate Survey *Interviews with senior management team *Any existing, baseline CQJ documentation, reports for the organizations *Notes taken through situational analysis meetings
1) Scan of CQJ practices in 107 children's mental health service providers across Ontario. We anticipate 3 months	1) Description of CQJ practices for 107 CMH organizations.	*CQJ Climate Survey
1) Implementation of TOTAL: Quality in 2 organizations. a) System set up b) Training	1) System goes online 2) First workgroup trained Dec /05 3) Consecutive workgroups trained Jan/06 to mid Feb/06	*IT installation of software; completion of training phase & # trained *observations & interviews with CQJ leads & consultants.
1) Live deployment (use) of TOTAL: Quality in 2 organizations. Organizations will use the tool from early Mar /06 through Sep/06 (6 months).		
1) Post-implementation assessment of CQJ activities	1) Evidence of decision-making for service delivery that is based on CQJ indicators. 3) Satisfaction with the TOTAL: Quality tool and process 4) Ease of Accreditation process (CMHO standards)	*CQJ Climate Survey (post) *Interviews with CQJ leads, senior & program managers *Analysis of tool usage: historical tracking of CQJ thread (frequencies of observations, remedies, close outs) captured on the tool.

Challenges

- Funding: province-wide vs. one-off
- Integration with existing accreditation standards
- Development of provincial CMH standards
- Development of national standards for pediatric health
- Government's perceived return on investment
- Development of CMH Policy Framework

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