**The Excellence through Quality Improvement Project (E-QIP)**

**Expression of Interest in Quality Improvement & Data Coaching Support**

**Due: October 11, 2019**

**PART 1: PROFILE**

ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF FTEs: \_\_\_\_\_\_\_\_\_\_\_\_

CITY OR COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF QI CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFILIATION:

AMHO MEMBER \_\_\_ CMHA BRANCH\_\_\_ BOTH\_\_\_

ARE YOU APPLYING FOR COACHING AS A:

SINGLE AGENCY \_\_\_\_ GROUP OF PROVIDERS/ NETWORK \_\_\_\_\_

ARE YOU A MEMBER OF THE E-QIP COLLABORATIVE ONLINE COMMUNITY OF PRACTICE (QUORUM):

YES\_\_\_ NO\_\_\_ PLANNING TO JOIN\_\_\_

DO YOU AGREE TO SHARE YOUR QI PROGRESS WITH THE E-QIP COLLABORATIVE ONLINE COMMUNITY OF PRACTICE?

YES\_\_\_ NO\_\_\_ If **no**, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES, PLEASE INDICATE THE WAYS IN WHICH YOU WOULD BE WILLING TO SHARE YOUR PROGRESS:

| **METHOD** | **YES** | **NO** | **NOT SURE** |
| --- | --- | --- | --- |
| Webinar presentations |  |  |  |
| Direct mentoring to others |  |  |  |
| Share templates  |  |  |  |
| Share project report/ outcomes |  |  |  |
| Lead discussion thread  |  |  |  |
| Apply to and present at QI related (or other applicable) conferences |  |  |  |

**PART 2: RESOURCES REQUESTED**

DO YOU HAVE AN IDENTIFIED QI ACTIVITY, PROJECT OR INITIATIVE WHICH COULD BENEFIT FROM SUPPORT?

YES\_\_\_ NO \_\_\_

*If* ***no,*** *are you seeking the following:*

GENERAL QI/ DATA CAPACITY BUILDING? YES\_\_\_ NO\_\_\_\_ UNSURE \_\_\_

*If* ***yes,*** *please answer the following:*

1. WHAT IS THE PROBLEM, GAP OR OPPORTUNITY THAT YOU WOULD LIKE TO ADDRESS? AND, DO YOU HAVE A SPECIFIC AIM THAT YOU WOULD LIKE TO ACHIEVE?
2. DO YOU HAVE AN IDEA ABOUT WHAT CHANGES MAY LEAD TO AN IMPROVEMENT? HOW WILL YOU KNOW IF THE CHANGES YOU MAKE LEAD TO IMPROVEMENT? (i.e., WHAT DATA WILL YOU COLLECT?)
3. HOW WILL COACHING RESOURCES HELP YOU ADVANCE THIS ACTIVITY, PROJECT OR INITIATIVE?
4. HOW WILL THIS QI ACTIVITY, PROJECT OR INITIATIVE HELP IMPROVE THE SERVICES YOU PROVIDE?
5. WHICH “DOMAINS OF QUALITY” DOES YOUR ACTIVITY, PROJECT, OR INITIATIVE ALIGN WITH?

PLEASE CHECK ALL THAT APPLY.

SAFE\_\_\_ EFFICIENT\_\_\_ EFFECTIVE\_\_\_ ACCESSIBLE\_\_\_ EQUITABLE\_\_\_ PERSON-CENTERED\_\_\_

|  |  |  |
| --- | --- | --- |
| Dimension | Client Meaning | Provider Meaning |
| Safe | I will not be harmed by the health system. | The care my client receives does not cause them to be harmed. |
| Effective | I receive the right care, and it contributes to improving my health.  | The care I provide is based on best evidence and produces the desired outcome.  |
| Client Centered | My goals and preferences are respected. My family and I are treated with respect and dignity.  | Decisions about my client’s care reflect the goals and preferences of the clients and family or caregivers. |
| Efficient | The care I receive from all providers is well coordinated and efforts are not duplicated.  | I deliver care to my clients using available human, physical, and financial resources efficiently, with no waste to the system. |
| Timely | I know how long I have to wait to see a provider or for assessments or care I need and why. I am confident this wait time is safe and appropriate.  | My client can receive care within an acceptable time after the need is identified. |
| Equitable | No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system.  | Every individual has access to the services they need, regardless of location, age, gender, or socio- economic status |

1. WHICH OPOC INDICATOR(S) DOES YOUR PROJECT ALIGN WITH? PLEASE SELECT ALL THAT APPLY.

|  |  |
| --- | --- |
| **OPOC INDICATOR(S)**  | **Check if yes** |
| #1: The wait time for services was reasonable for me. |  |
| #12:  I was involved as much as I wanted to be in decisions about my treatment services and supports. |  |
| #27: Staff helped me develop a plan for when I finish the program/ treatment. |  |
| #30: The services I have received have helped me deal more effectively with my life's challenges. |  |

1. WHAT HAS LED TO THE FOCUS ON THIS QI ACTIVITY, PROJECT OR INITIATIVE? PLEASE TELL US YOUR STORY.

**PART 3: QI READINESS**

I HAVE COMPLETED AND INCLUDED OUR QI FACTORS ASSESSMENT:

YES\_\_\_ NO\_\_\_

BASED ON MY QI FACTORS ASSESSMENT AND THE DESCRIPTIONS BELOW, I BELIEVE THAT MY ORGANIZATION IS BEST DESCRIBED AS BEING AT THE (select below) QI READINESS:

EXPLORATION INSTILLATION IMPLEMENTATION ADOPTION



***\**** *BY SIGNING BELOW, I DECLARE MY SUPPORT AND ENDORSEMENT OF THIS APPLICATION AND FOR OUR AGENCY TO WORK WITH E-QIP OVER THE NEXT YEAR.*

**ED/ CEO SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will attend the day long Executive Sponsor training November 6, 2019.

FOR ADDITIONAL INFORMATION PLEASE CONTACT:

**Debbie Bang**

Director of Quality Improvement

Addictions & Mental Health Ontario

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