

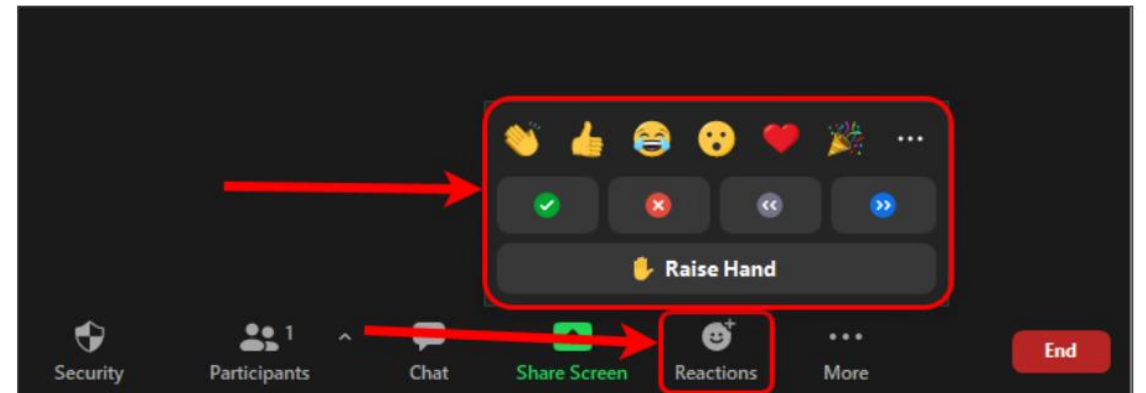
# 2024-2025 cQIP Quarterly CoP Session

*This session will be recorded*



Please stay on mute until the Q and A portion at the end

You can type your questions in the chat or use the 'raise hand' feature during the Q and A



# Advancing integrated care through innovative collaboration with partners

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*Quarterly CoP Session*

September 26, 2024



**Ontario  
Health**

# Today's Discussion

TIME	TOPIC	NAME
10:00 – 10:05	Welcome, Land Acknowledgement, Objectives	Maggie Ford
10:05 – 10:25	Collaboration theory burst	Janine Theben
	Peer Learning:	
10:25 – 10:35	<ul style="list-style-type: none"><li>Cambridge North Dumfries OHT</li></ul>	Lindsay Beuermann
10:35 – 10:45	<ul style="list-style-type: none"><li>Durham OHT</li></ul>	Shannon Bourke
10:45 – 11:00	Wrap up and next steps	



# Land Acknowledgement

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# Objectives

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- Review theory on key components required for successful engagement and collaboration
- Hear from OHT Peers on how they approached collaboration for successful implementation of their QI initiatives with time for Q and A
- Demonstrate features of the cQIP OHT shared space group

# What is collaboration?

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Collaboration is when we are working together towards shared goals and includes three parts: team, process and purpose. (or who, what/how and why?)

Collaboration generally requires longer term interaction based on shared mission, goals, shared decision making and resources

# Why Collaboration?

Why work in teams/collaborate with various partners?



Geese migrate in the form of a V  
71% greater flying range, the formation reduces drag, so they save energy  
Lead goose tires the fall back and someone else takes the lead  
Teamwork for a common goal

[Teamwork Primer](#)

POLL 1



Why collaborate?



# How to collaborate: Getting started with collaboration

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**Create a clear and compelling case for collaboration** (Motivating vision or narrative)

- What problem or opportunity are you seeking to address? (Theory of change)
- What outcomes are you trying to achieve? (Measurable Aim )
  - *(Tip – you could use a [QI charter](#) to outline these)*
- Who else is working on this problem or opportunity?
- What does the data tell us about this problem or opportunity?
- Would addressing this problem or opportunity benefit from a collaborative approach?
- **Who or which organizations would be effective collaborate partners?**  
(Who are your people? What partners have an interest in this project? Who have we or can we recruit to be member of the leadership team?)

# Tools

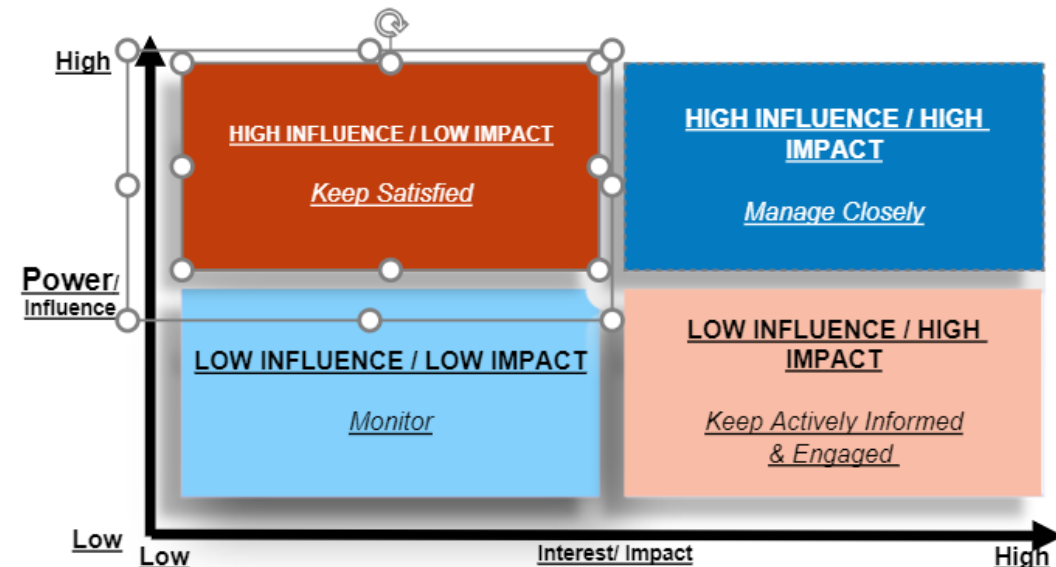
Collaborator mapping can be used to help you map out who to involve and to look at the power or influence each individual or group will provide to your team and toward the goals. You can identify resisters and champions which can help you engage strategically.

## Top tip! :

This can be extended to include asset mapping – where you can also map out what key assets each stakeholder could bring the group!

- What assets (resources, skills, talents, experiences) do our partners bring? How can we turn our collective assets into what we need to achieve our goals?

## Collaborator Mapping



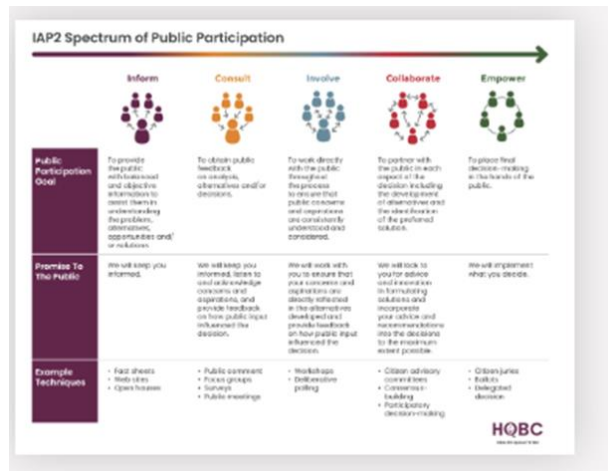
# Tools and resources continued:

[Creating Engagement Capable Resources in Ontario Health Teams: A Framework for Action](#)

[Resources from IAP2](#)

[Health Care Excellence Canada Patient Engagement Framework](#)

[Tamarack institute collaboration related tools and resources](#)



## Patient, Caregiver and Community Engagement

### Healthcare Excellence Canada's Patient Engagement Framework

Healthcare Excellence Canada (HEC) is committed to engaging patients, caregivers and communities to ensure their experience and priorities drive safety and quality in healthcare. By working together with patients, caregivers and communities, improvements can be made throughout the healthcare system that lead to better outcomes and experiences for all.

The Patient Engagement Framework outlines the ways we embed patient, caregiver and community perspectives into our programming, activities, and initiatives. It was developed through engagement with patient partners and staff at HEC, building on other known frameworks, and adapted for a 'fit for purpose' approach that supports our commitment to embedding lived experience perspectives in our work.



## Competencies, supports and enablers

There are 6 competency and 4 support and enabler domains that comprise the engagement capable OHT framework (presented here and in the following sections). Competencies are the essential knowledge, skills, attitudes and beliefs that are necessary to be successful within a certain field, in this case, for patient, family and caregiver engagement and partnering. Supports and enablers provide the infrastructure that fosters the competency development required to build and sustain engagement capable OHTs.

For each of the competencies, supports and enablers, we have included key resources. Lack of experience or knowledge in any of these competency areas should not exclude individuals from partnering with OHTs or serve as barriers to participation.



# Challenges

Issue	Description	Challenge	Mitigation ?
Not enough resources	Too few resource are available to support the exploration of new ideas	Ideas are not compelling Member disagree on what options to pursue Energy spread to thin across many directions	<ul style="list-style-type: none"> <li>• Create motivating vision</li> <li>• Engagement with PFC</li> <li>• Asset mapping</li> <li>• Use of data to support new ideas</li> <li>• Find champions who will do some of the leading work with you and are passionate about specific initiatives</li> <li>• Prioritize ideas</li> <li>• Have good change management process</li> <li>• Collaborate with OHT members/partners to develop ideas</li> <li>• Connect with allied agencies</li> </ul>
Sustainability	Unable to sustain growth of the work with the original founder, host or primary funder.	Over reliance on key members of the group. Dependence on start up pool of resources, approach only works well at with a certain scale or unique context.	<ul style="list-style-type: none"> <li>• Sustainability planning from outset</li> <li>• Mentorship and succession planning</li> <li>• Uses of shared assets/resources</li> <li>• Distributed leadership instead of centralized</li> <li>• Scale and spread in phases</li> <li>• Collect relevant data to prove ROI/value</li> <li>• Have leadership transition plans</li> <li>• Re-evaluate the project to ensure it aligns to the vision (could be mismatch if there is growth)</li> <li>• Move at the speed of our partners and meeting them where they are at</li> </ul>
Change management	Group is 'spinning' unable to get traction on their compelling new vision, or intent for moving forward	Inability to let go of the past (we have always done it this way), weak trust amongst members, difficulty in agreeing on a shared vision and values	<ul style="list-style-type: none"> <li>• Building trust</li> <li>• Joint goal setting (vision values discussions) in collaborative planning tables</li> <li>• Develop key principles for working together</li> <li>• Develop a core set of values and principles to govern your collaborative process</li> <li>• Utilize data to help facilitate decision making</li> <li>• Review terms of reference/purpose to get re-aligned</li> </ul>



# Poll #2



# Final thoughts

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“Collaboration is all about trust and collaborative success is achieved when partners work well together, trust one another and feel valued and connected. “

# OHT Examples

# Cambridge North Dumfries OHT

## cQIP QI Initiative Description

<b>Area of focus</b>	Mental Health and Addictions (MHA)
<b>Objective of the change ideas tested</b>	To create a low barrier pathway for quick access to mental health and addictions care
<b>Change Idea</b>	Create an interdisciplinary clinic, based around primary care to support people with low acuity mental health and addictions concerns
<b>Target population</b>	People with mental health and addictions concerns, particularly unattached patients
<b>Partners Involved</b>	Primary care (Langs CHC, Two Rivers FHT, Grandview FHT) Porchlight Counselling Services CMHA Here 24/7 House of Friendship – Addiction Services Cambridge North Dumfries OHT



# Community Mental Health and Addictions Clinic (C-MAC) Pilot

## March & April 2023 8-Week Pilot Project

- 451 patient encounters
- 123 unique patients
- 11 patients connected to a new primary care provider
- 23 emergency department diversions (19% of total unique patients)



# Collaboration

What tactics did you use to engage with partner organizations/stakeholders?

- Shared goals around mental health and addictions care
- Shared evaluation and shared data to drive engagement and decision-making
- Leveraging one-time resources
- Communication and success sharing throughout pilot
- Focus on patients and their experiences



How did you identify collaborative expectations/clarity of purpose with your partners?

- Regular and standing engagement with work stream partners and leadership groups to stay connected, ask questions – allowed us to be nimble and responsive! provide opportunity
- Regular written updates and data as the pilot progressed

What resources or knowledge had to be shared to facilitate implementation of your change idea?

- Collective front-line experience
- Evaluation – iterative process, implementation can be messy and that's ok!

# Collaboration



## Advice for other teams interested in implementing a similar idea

- Bring together system partners and leverage resources
- Leverage what works in your area – local solutions to local problems!
- Strong communication
- Embed evaluation



## What challenges did you have?

- Operational growing pains – EMR, unionized environments, emergency codes
- Finding a permanent home for this clinic beyond the pilot
- Sustainability funding

# Contact information

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<b>Website</b>	<a href="http://www.cndoht.com">www.cndoht.com</a>

**CAMBRIDGE**  
**NORTH DUMFRIES**

**OHT**



# Q&A Discussion

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**Please use the chat to enter your questions or raise your hand and we can ask you to unmute**



# CE RCP & OHT Collaborative to Enhance Cancer Screening

**September 26, 2024**

Shannon Bourke



# The Central East Region and OHT Partners

## Ontario Health Team (OHT):

groups of providers and organizations that, at maturity, will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population.

OHT
Durham OHT
Kawartha Lakes OHT
Northumberland OHT
Peterborough OHT
Scarborough OHT



# Launching an OHT Collaborative Quality Improvement Plan (cQIP)

- In 2021, OHTs were directed by MOH to facilitate a cQIP to increase overall access to preventative care
- This goal directly aligns with the work of the RCP!

- Increasing overall access to preventative care:
  3. *Indicator:* Percentage of screening eligible patients up-to-date with Papanicolaou (Pap) tests
  4. *Indicator:* Percentage of screen-eligible patients up-to-date with mammogram
  5. *Indicator:* Percentage of screen-eligible patients up-to-date with colorectal screening

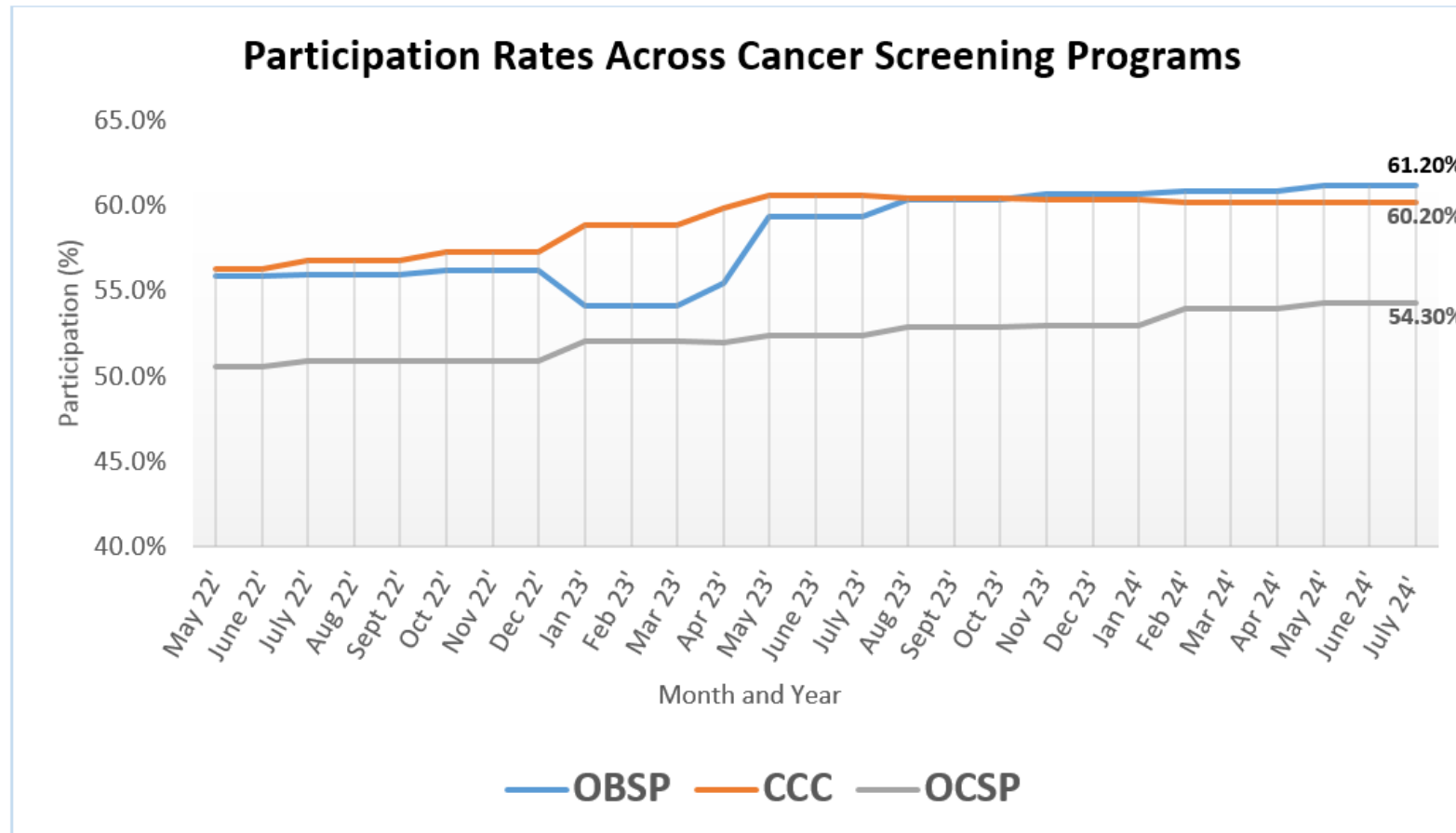
# CE RCP and OHT Collaborative

## **Purpose:**

- Collaborate to increase cancer screening rates across the CE
- Share ideas/resources to develop cohesive and sustainable solutions
- CE RCP will advocate for policy changes and/or resources on behalf of the group at the provincial table (OH-CCO)

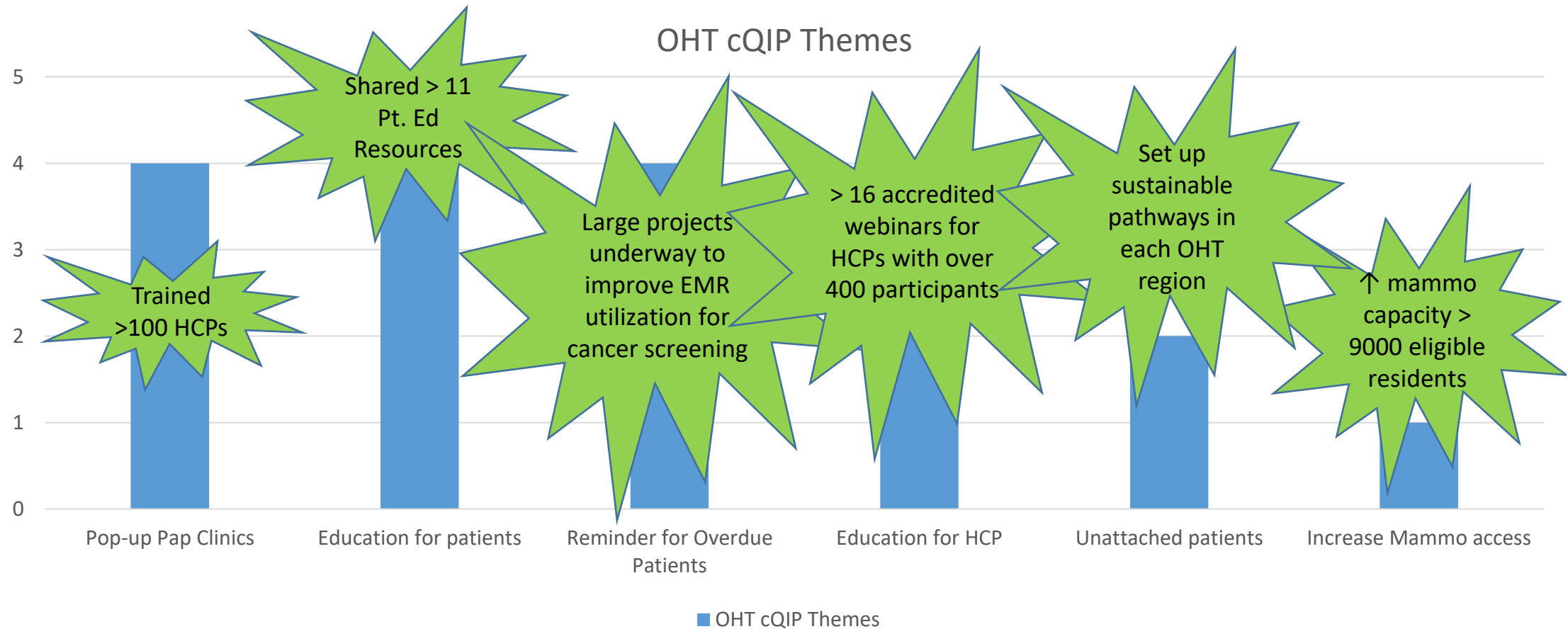
# Cancer Screening Rates in CE RCP

- Since beginning our RCP and OHT Collaborative in May 2022, we have seen a steady increase in cancer screening participation rates.





# OHT cQIP Projects and Early Impact/Results



# What's Next?



# Contact information

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<b>Email</b>	sbourke@lh.ca

# Q&A Discussion

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**Please use the chat to enter your questions or raise your hand and we can ask you to unmute**



**Ontario  
Health**

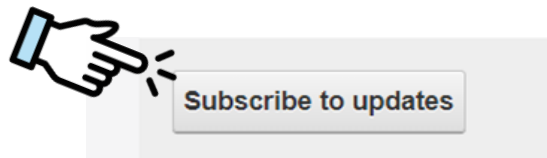
# cQIP Community of Practice for OHTs: DEMO

## Joining is as easy as 1, 2, 3!

1. Visit the [OHT Shared Space](#) and click "SIGN UP" to create your account.
2. Visit the [cQIP Community of Practice](#) (CoP) and click the "JOIN GROUP" button. You will receive an email notification when you've been accepted into the group.

Note: You are automatically accepted into the ["General Discussion"](#) Group.

- ★ 3. Don't forget to click on the "Subscribe to Updates" button once you've been accepted into the CoP!



## Why participate?

- ✓ Get your questions answered in a space dedicated to quality improvement in OHTs
- ✓ Access specific resources and supports to assist in your cQIP development, submission and progress reporting
- ✓ Get notified of any upcoming relevant cQIP events, webinars, or educational opportunities
- ✓ Share local best or leading practices, and adapt resources to advance your quality plan
- ✓ Identify emerging opportunities and address common barriers with cross-OHT collaboration
- ✓ Learn more about some of the indicators featured in this year's cQIPs

cQIP 2024/2025

# Wrap Up, Next Steps & Exit Poll



# Poll #3





Thank you!

cQIP 2024/2025

# Additional supports

# The Collaboration Spectrum

Compete	Co-exist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Competition for clients, resources, partners or public attention	No systematic connection between agencies	Inter-agency information sharing (e.g. networking)	As needed often informal interaction on discrete activities or projects	Organizations systematically adjust and align work with each other for greater outcomes	Longer term interaction based on share mission, goals, shared decision making and resources	Fully integrated programs, planning and funding

# Accessing the OHT Data Dashboard

Access at

<https://ereport.ontariohealth.ca/>

Contact

[ohanalytics@ontariohealth.ca](mailto:ohanalytics@ontariohealth.ca) to obtain access

In addition to the same data as has been prepopulated into the Navigator, there are additional tabs giving the same or similar indicators by demographics, geography, and (ALC) discharge information.

The screenshot displays the Ontario Health eReport Portal interface. The browser address bar shows the URL: <https://ereport.ontariohealth.ca/oht/pages/ohtreports.aspx?report=cQIP>. The page header includes the Ontario Health logo and the text "eReport Portal". Below the header, there are navigation tabs for "Home", "OHT", and "Integrated Clinical Pathway Reports". The "OHT" tab is selected.

The main content area features a "Report" dropdown menu set to "cQIP". A dropdown menu is open, listing various report categories: Indicator Inventory, Population Overview, cQIP (highlighted), Health Conditions by CIHI Grouper, Hospital Utilization, PROMs, Community-Based Care, Flow and Access, Primary Care, OHT Priority Populations, Cost of Care, and OHT - Recovery Dashboard.

Below the dropdown menu, there is a section titled "OHT Reports" with a sub-header "OH-Navigator Data for Priority cQIP Indicators (2023/24 cQIP submissions)". There are language selection buttons for "EN" and "FR".

A table titled "Values for cQIP indicators" is displayed. The table has columns for "Colorectal cancer", "Up-to-date with Pap Tests", "Up-to-date with mammogram", "%ALC days", and "ED first contact for MHA". The data rows are as follows:

Colorectal cancer	Up-to-date with Pap Tests	Up-to-date with mammogram	%ALC days	ED first contact for MHA
62.1	48.8	56.7	16.7	20.7
64.8	54.5	59.0	20.1	22.8
66.7	56.3	61.1	25.9	24.8
64.3	53.2	59.3	21.6	22.9
71.6	60.6	68.9	48.9	34.6
56.1	42.5	54.4	7.6	14.5

Below the table, there is a section for "OHT Name" with a dropdown menu set to "Barrie and Area OHT".

At the bottom, there are two rows of data cards. The first row shows "OHT DATA" for various indicators: "Up-to-date with colorectal screening" (66.9), "Up-to-date with Pap tests" (55.5), "Up-to-date with mammogram" (68.9), "% ALC Days" (35.4), and "ED first contact for MHA" (21.9). The second row shows "QUARTILE" for each indicator: "Quartile 4", "Quartile 3", "Quartile 4", "Quartile 4", and "Quartile 2".