

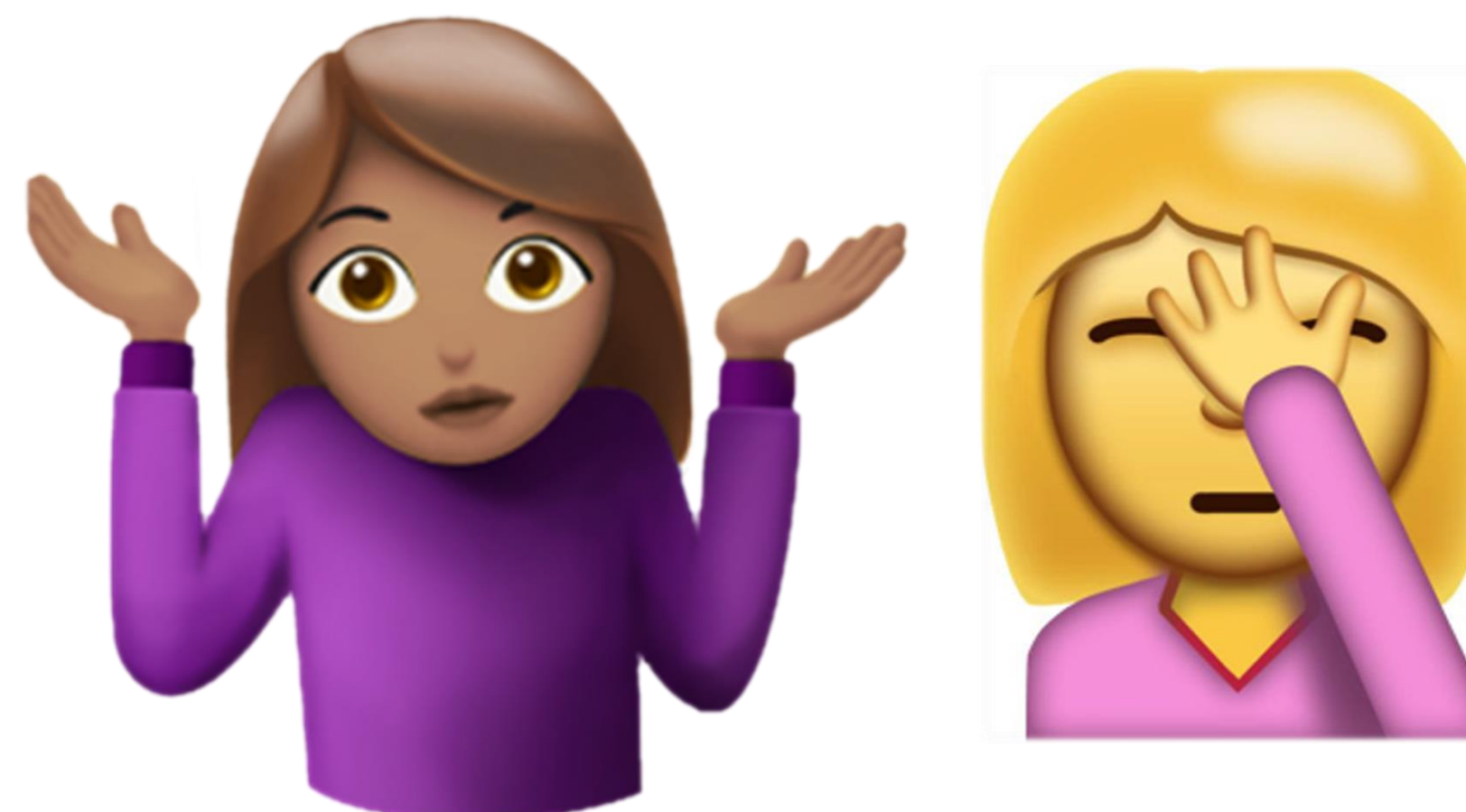
Context

We have recognized from the outset that clinical/medical models for governance, data collection, outcome measurements, work plans and project charters are not necessarily an ideal fit with the true organic nature, values base and intention of peer work. However, we need to be responsive to existing system needs.

Scope of Practice-Centre

Engaging and supporting 11 Mississauga Halton LHIN funded & accredited Health Service Providers (HSPs) with over 40 peer support workers, 24 peer supervisors across 25 different programs in community, residential & hospital settings. Active engagement and support provided to many other HSPs & organizations; plus regional, provincial, national & international collaborations.

What was the root cause of that?



How We Figured That Out

We were selected to be coached by the Excellence Through Quality Improvement Programs (E-QIP) and learned all the QI diagnostic tools to create a problem statement



Peer Support is Based on Values

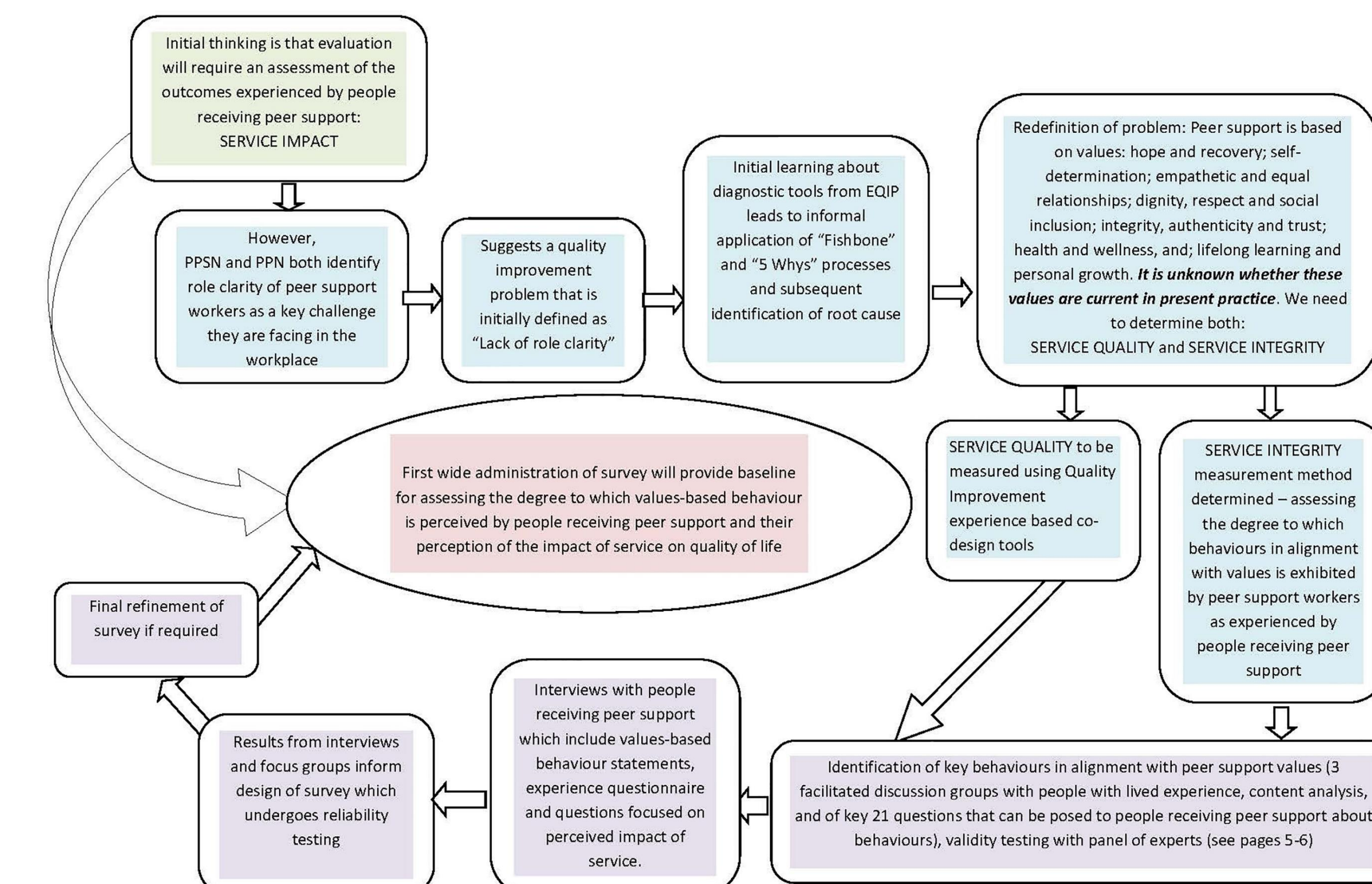
We are using the peer support values identified by the Mental Health Commission Canada



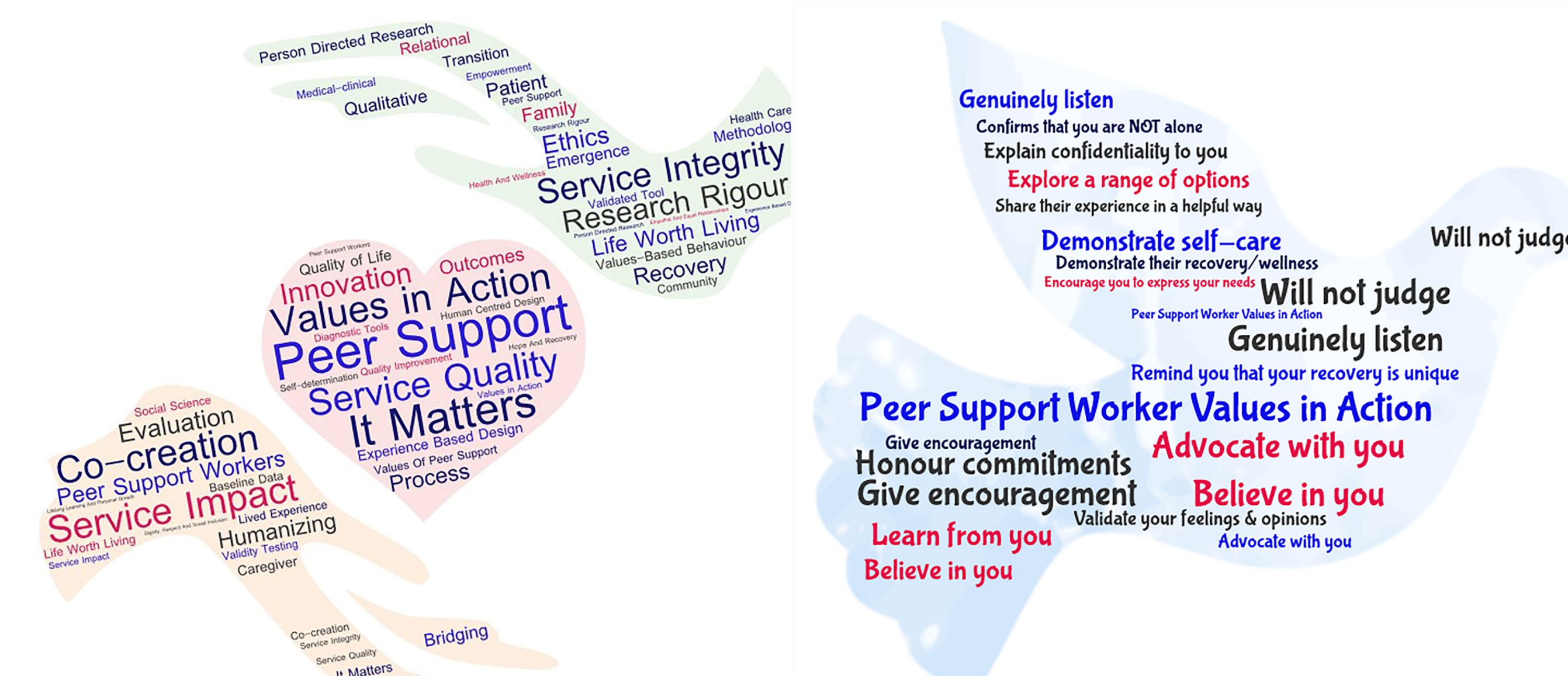
How do You Measure Values?

1. It is unknown whether these values are current in present practice.
2. We need to determine the degree to which these values are present as perceived by people receiving peer services.
3. We need to translate values in terms of concrete simple actions and behaviours!

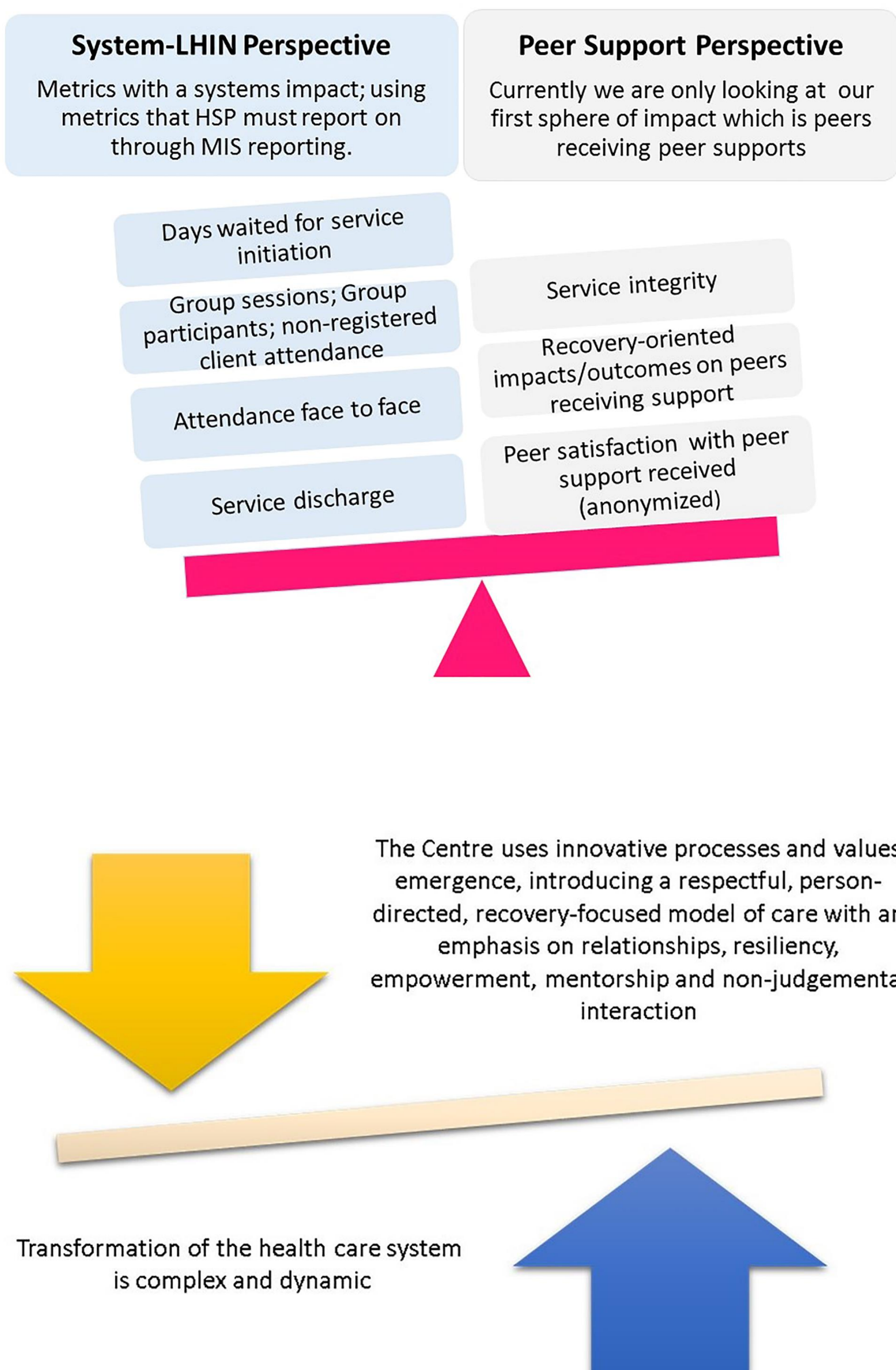
Process Flow Design Methodology



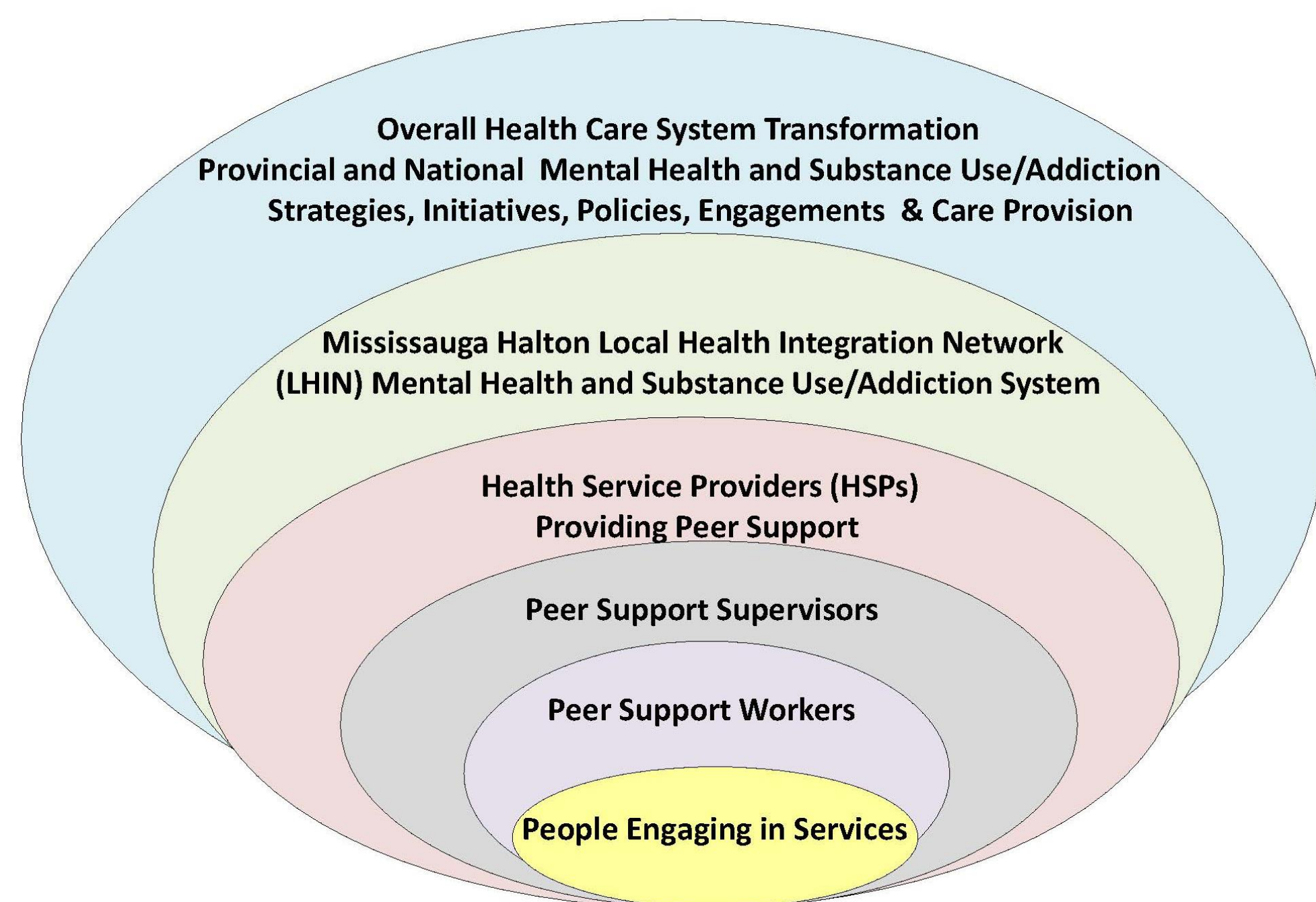
Conclusion: Valuable Baseline Peer Data



Dynamic Balance Between Systems Data and Peer Support Data Needs



6 Spheres of Influence/Impact



Priority Setting

