

**Ministry of Health** 

# Use of OCAN IAR Reports in Quality Improvement

# A Look at Two Quality Improvement Activities

Narrative version for the visually impaired



Sensitivity: Unclassified

## 1. Quality Improvement: Long Waitlist

### 1.1 Problem and Aim

The organization identified that there was a long waitlist for one to one services, such as case management, with no support in place. The aim was to provide immediate support for people on the waitlist.

#### Strategy

The organization used the OCAN IAR reports to identify the greatest areas of need for their existing client population. The OCAN IAR Report revealed that the top three needs were: (1) Psychological Distress at 81% (2) Company at 74% and (3) Money at 68%. The OCAN IAR Report also revealed other common unmet needs including: Food at 67% and Physical Health at 66%. They determined that their findings can be extrapolated to people on the waitlist.

Based on the common domains of unmet needs, CMHA York and South Simcoe developed group programs that people on the waitlist can access immediately. Clients on the waitlist completed the OCAN self-assessment to help them to decide which groups to access. Examples of groups that were developed are: Stress Management to address psychological distress, Group Outings to address social needs and Budgeting for needs related to money.

#### Result

The aim was acheived as CMHA York and South Simcoe now provides group support services to clients on the waitlist for one to one support.

## 2. Quality Improvement: Limited Information on Sexual Health 2.1

## **Problem and Aim**

After analyzing the OCAN IAR reports the organization noticed that there is limited information being discussed and gathered about clients' sexual health. OCAN IAR reports show that 30% of all Self-Assessments and 50% of all Staff-

Assessments have no information on Sexual Expression. The organizations aim is to increase staff skill and comfort level with discussing issues related to clients' sexuality.

#### Strategy

The organization's strategy is to have occupational therapists deliver training called "Do Ask, Do Tell". These training sessions will increase knowledge of sexuality as it relates to health care and will provide communication tools to address sexuality with clients.

#### Result

As a result, staff reported being better equipped to discuss issues related to sexual health and sexual expression with clients.

