

CCIM Community Care
Information Management



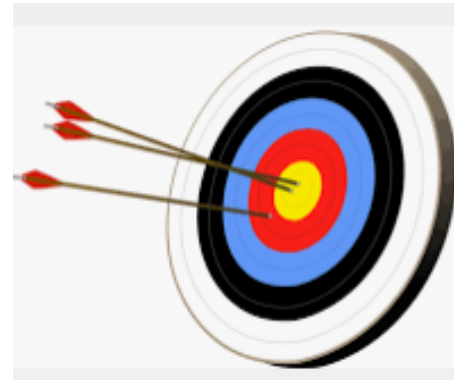
Using OCAN Data in Quality Improvement (QI) Projects

January 2021

Agenda

- **Using OCAN reports to facilitate data-driven decision making**
Jennifer Zosky, Assessment Specialist, CCIM
- **A QI project on reducing unmet needs in physical health**
- **Use of provincial OCAN data in research**
Frank Sirotich, Director of Research and Evaluation, CMHA Toronto
- **The OCAN Network's collaborative QI project supported by the Excellence through Quality Improvement (E-QIP)**
Ian Masse, Manager, CMHA Niagara

Key Objectives



To:

- Understand how information from OCAN can contribute to an organization's quality improvement efforts
- Learn about OCAN reports that health service provider (HSP) organizations can access and how they can be used
- Learn about ways that provincial level OCAN data is being used in research studies
- Take this information back to your organizations to plan and implement ways to incorporate the use of OCAN data in your quality improvement strategies

System Context: Roadmap to Wellness

**A plan to build
Ontario's mental health
and addiction system**

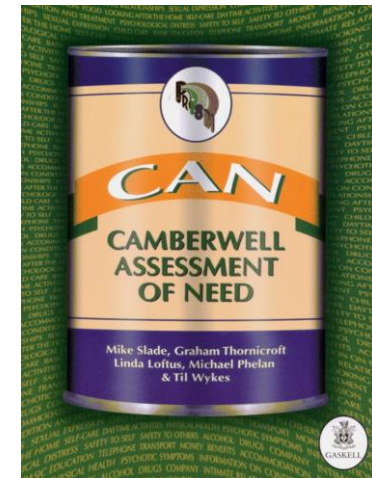


To provide better access to high-quality, evidence-based services and supports across a person's lifespan. The 4 pillars are:

1. improving quality
2. expanding existing services
3. implementing innovative solutions
4. improving access

Where does OCAN fit in?

- The Camberwell Assessment of Need (CAN) is an internationally used evidence-based tool
- There is additional sociodemographic information collected in OCAN



OCAN provides data on client population needs and characteristics to inform decisions that can enhance service quality



Questions OCAN Data Can Help Answer

- **What are the most prevalent areas of need for the client population we serve?**
- **What service activities should we focus on?**
- **Is the service we provide contributing to positive outcomes for consumers?**
- **Are we using a client-centred approach to care?**
- **What training should we provide to staff to improve quality?**
- **Are we following quality standards for anxiety, depression, schizophrenia?**

O CAN Data as 1 piece of the Puzzle



- O CAN
- O POC
- Focus Groups
- Surveys

How are you defining “OCAN Data”?

Information that is pulled from OCAN and used in service planning and delivery:

- **Individual Client Level:** E.G.
 - Prioritized Summary of Actions
 - Unmet needs and strengths (met needs and no needs)
 - Progress over time (converting unmet needs to met needs or no needs)

- **Aggregate Level:** E.G.
 - Number of OCAN self-assessments completed
 - Top areas of need for case management clients
 - Percentage of unmet needs addressed over time

O CAN Reports

Types of Reports

1. **Software generated:**

- Generated within the HSP's own software system
- CCIM developed the software specifications for 4 reports
- Some HSP organizations have developed reports and methods to do their own OCAN data analysis

2. **IAR generated:**

- 4 IAR standardized reports generated from aggregate OCAN 2.0 and 3.0 data uploaded to the Integrated Assessment Record (IAR)

Research Findings



What this means for services

Meeting **client identified** unmet needs* improves outcomes in:

Well-being

Therapeutic alliance

Satisfaction with services

**converting unmet need to met need or no need*



Service plans and activities should focus on consumer identified unmet needs

Increasing agreement between consumers and staff improves outcomes



Engage in conversations that share staff and consumer perspectives about needs

The process of regular Reviews with clients improves outcomes



Use reassessments to review changes in need over time

Software Generated Report: Needs Over Time

- Shows changes in needs over time to review with client and staff team
- Time frame and domains are selected to generate a tailored report
- Identifies progress: converting unmet need to met need or no need
- Shows domains that remain an unmet need
- Identifies new unmet needs to focus on

Select the Number of Past Assessments to be Included in Report:

- Current Assessment – 12/1/2009
- Previous Assessment – 6/1/2009
- Reassessment 1 – 12/1/2008
- Initial Assessment – 6/1/2008

Select Domains to Be Listed:

- Select All
- Accommodation
- Food
- Looking After the Home
- Self-Care

Domains	Current OCAN 12/15/2009		Change	Previous OCAN 6/15/2009		Change	Initial OCAN 12/15/2008	
	Consumer	Staff		Consumer	Staff		Consumer	Staff
Alcohol	Unmet Need	Unmet Need		Unmet Need	Unmet Need		Unmet Need	Unmet Need
Company	Unmet Need	Unmet Need	✓	Met Need	Met Need	✓	No Need	No Need
Psychological Distress	No Need	No Need	✓	Met Need	Met Need	✓	Unmet Need	Unmet Need
Safety to Self	No Need	No Need		No Need	No Need		No Need	No Need
Looking After The Home	Met Need	Unmet Need	✓	Unmet Need	Unmet Need	✓	Met Need	Unmet Need

OCAN IAR Aggregate Reports

How are reports produced and accessed?

- Transform Shared Services Organization (TSSO) is the Health Information Network Provider (HINP) that produces and manages the online reporting portal
- The portal enables you to securely access reports specific to your HSP
- Each HSP uploading OCANs to IAR can get access to the portal by completing an [“HSP IAR Reports Recipient Form”](#)
- Reports are tied to person’s account – email address
- The reports are produced monthly
- They will be available through the reporting portal towards the end of each month

4 Aggregate Reports*











1. Report 4A: **Need Analysis (Unmet + Met Needs)** -
Consumer Self-Assessments By Functional Centre
2. Report 4B: **Need Analysis (Unmet + Met Needs)**
- Staff Assessments By Functional Centre
3. Report 6A: **Change in Unmet Need –**
Consumer Self-Assessment By Functional Centre
4. Report 6B: **Change in Unmet Need -**
Staff Assessment By Functional Centre

** Contains both OCAN 2.0 and 3.0 assessments*

OCAN Need Analysis Reports

Report #4A: Need Analysis (Unmet + Met Needs) - Consumer Self-Assessments By Functional Centre
Includes most recent OCAN assessment for active clients

Organization: [REDACTED]
 Report Date Range (12 Months): September 21 2019 to September 21 2020
 # of OCANs: 166

Domain	UNMET NEED		MET NEED		UNMET NEED %	MET NEED %	Total OCANs %
	OCAN #	OCAN %	OCAN #	OCAN %			
725 09 76 - Case Management (165 Assessments)							
Psychological Distress	52	31 %	89	53 %			85
Daytime Activities	50	30 %	79	47 %			78
Physical Health	59	35 %	64	38 %			74
Company	46	27 %	70	42 %			70
Benefits	66	40 %	44	26 %			66

This report's data set includes only the most recent OCAN completed for each unique client that has been active within the past 12 months. All discharge assessments are excluded.

- ***What are the domains for this functional centre where the clients we serve have identified the most need? (combined unmet and met need)***
- ***Are we focusing our services on the most common unmet needs identified by the consumers we serve?***
- ***What are the implications for programming and training?***
- ***How can we use this information to inform funders as to where we require more resources?***

Change in Unmet Need Reports

Report#6B: Change in Unmet Need - Staff Assessment By Functional Centre
Includes most recent set of OCAN assessments for active clients ¹

Organization: [Redacted]
 Report Date Range (24 Months): September 22 2018 to September 22 2020
 # of OCAN sets: 201 (A set is defined as the 2 most recent OCANs for the same client within the 24 month report period)

PREVIOUS ASSESSMENT		MOST RECENT REASSESSMENT			
Domain Name	# of UNMET NEED	# of Reassessed OCANs	Reassessment Rating Description	% of Reassessed OCANs	Graph of # Reassessed OCANs
725 09 76 - Case Management (196 Assessment sets)					
Accommodation	22	3	Met Need	14%	
		9	No Need	41%	
		10	Unmet Need	45%	

55% positive outcome
Limitation: incremental progress not measured

- *What are the domains where unmet needs are getting addressed? (Conversion from unmet need to met need and no need)*
- *What are the domains that continue to be a problem for our clients? Explore further*

Getting Started



- Check your system or with your software vendor to see if you have the software generated reports
- Investigate ways to do OCAN data analysis within your own system
- Contact CCIM to ask if your HSP has already registered for the aggregate OCAN IAR reports. [servicedesk@ccim.on.ca](mailto: servicedesk@ccim.on.ca)
- Complete the [IAR reports recipient form](#) if your HSP are not registered, if you want to change the specific people registered or if passwords need to be reset
- Review your reports and explore how they can be used for quality improvement

The Excellence through Quality Improvement Project



- E-QIP is a partnership between Addictions and Mental Health Ontario (AMHO), the Canadian Mental Health Association (CMHA), Ontario, Ontario Health (formerly Health Quality Ontario) and Centre of Addiction and Mental Health (CAMH)'s Provincial Support System Program (PSSP)
- E-QIP supports community mental health and addiction agencies through QI and data coaching, QI training and education sessions with boards and teams and a general community of practice
- This includes engaging teams through specific Community of Practices (CoPs) to use **standardized data (e.g. OPOC, OCAN and GAIN)** to inform quality improvement projects



Canadian Mental
Health Association
Toronto

Using OCAN Data for Quality Improvement & Research



Frank Sirotych
CCIM Webinar
Dec 2 & 10, 2020

Living

Working

Belonging

Objectives

- Illustrate how OCAN was used for QI project to reduce unmet physical health (PH) needs
- Describe current and future research involving provincial OCAN data



Using OCAN for QI



Context of QI Project

- CMHATO strategic plan: develop of PC services to better meet PH needs of clients
- Invested in PC capacity
- Clients continue to have ongoing unmet PH needs
- Unmet physical health needs related to:
 - ↑ Mortality
 - ↓QoL
 - ↑ Acute care use
 - ↑ Time in service



Scope of the Issue

Change in Unmet Needs: ICM Client (N=596)

Need Domain	Unmet Needs Across Assessments				% Change
	Time 1	Time 2	Time 3	Time 4	Time 1-Time 4
Physical Health	80	76	79	79	-1.3%



Problem & Aim Statement

Problem Statement:

Since 2015 CMHATO ICM clients services have not experienced a significant reduction in unmet physical health needs.



Big Dot Aim Statement: To decrease the rate of unmet needs related to physical health among ICM clients.

Project Level Aim Statement: By August 31, 2020 reduce unmet physical health needs among ICM clients by 20%.



Diagnosing Root Causes

Approaches/tools utilized

- Fishbone
- Staff focus group
- Client survey
- Pareto

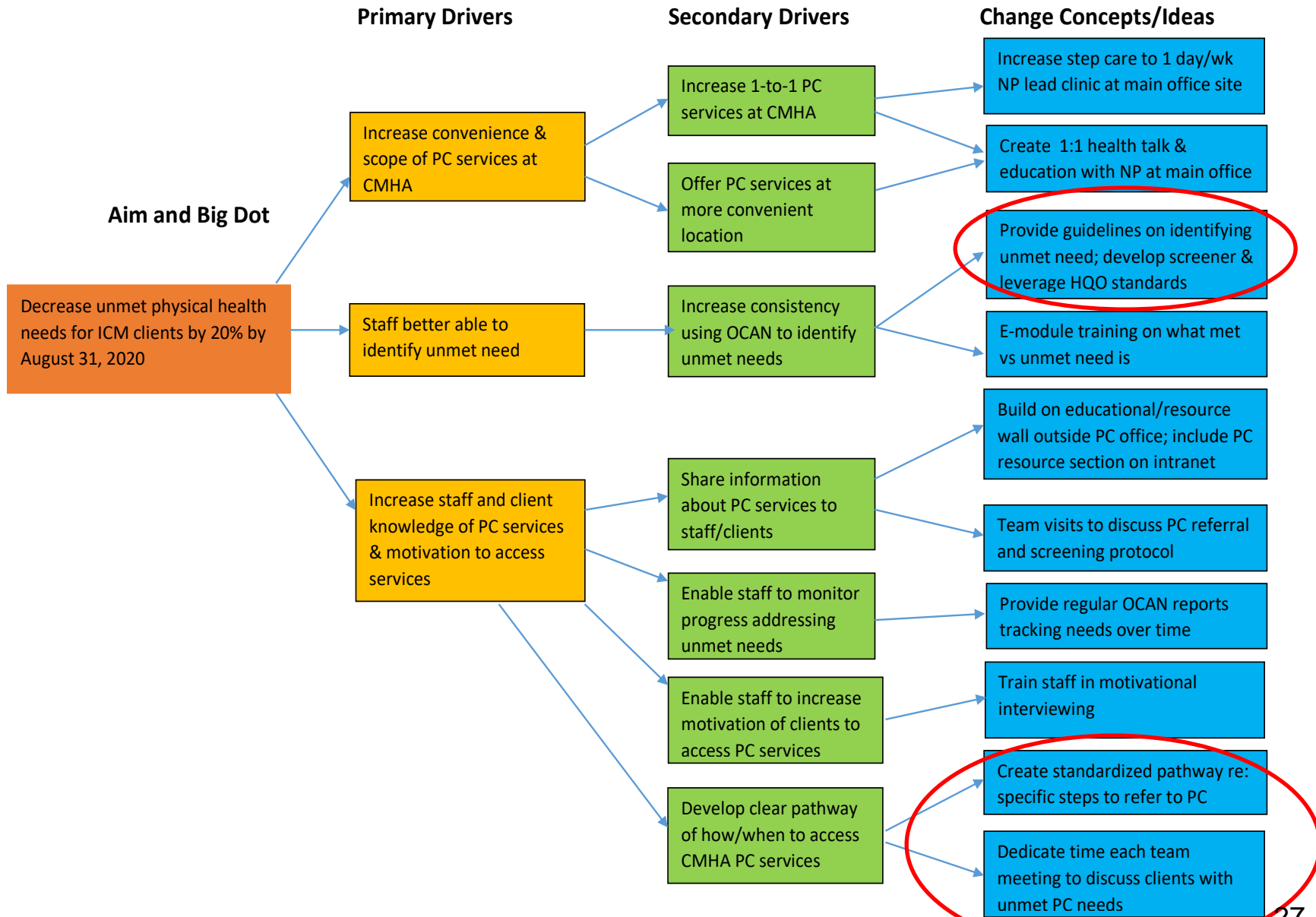


Root Causes

- Existing CMHATO PC service not entirely meet client preferences
- Lack of clarity of unmet PH need
- Community PC services not accessible
- Lack of awareness of importance of regular PC monitoring among some clients



Driver Diagram



Implementing Initial Change Ideas

- Clarified rating of PH needs in OCAN
- Developed PC screener tied to OCAN
- Identified clinical pathways based on OCAN PH need rating
- Initiated monthly meeting for ICM staff to review cases with unmet/unknown PH need
- NP available for consultation



Clarifying Definition of PH Need

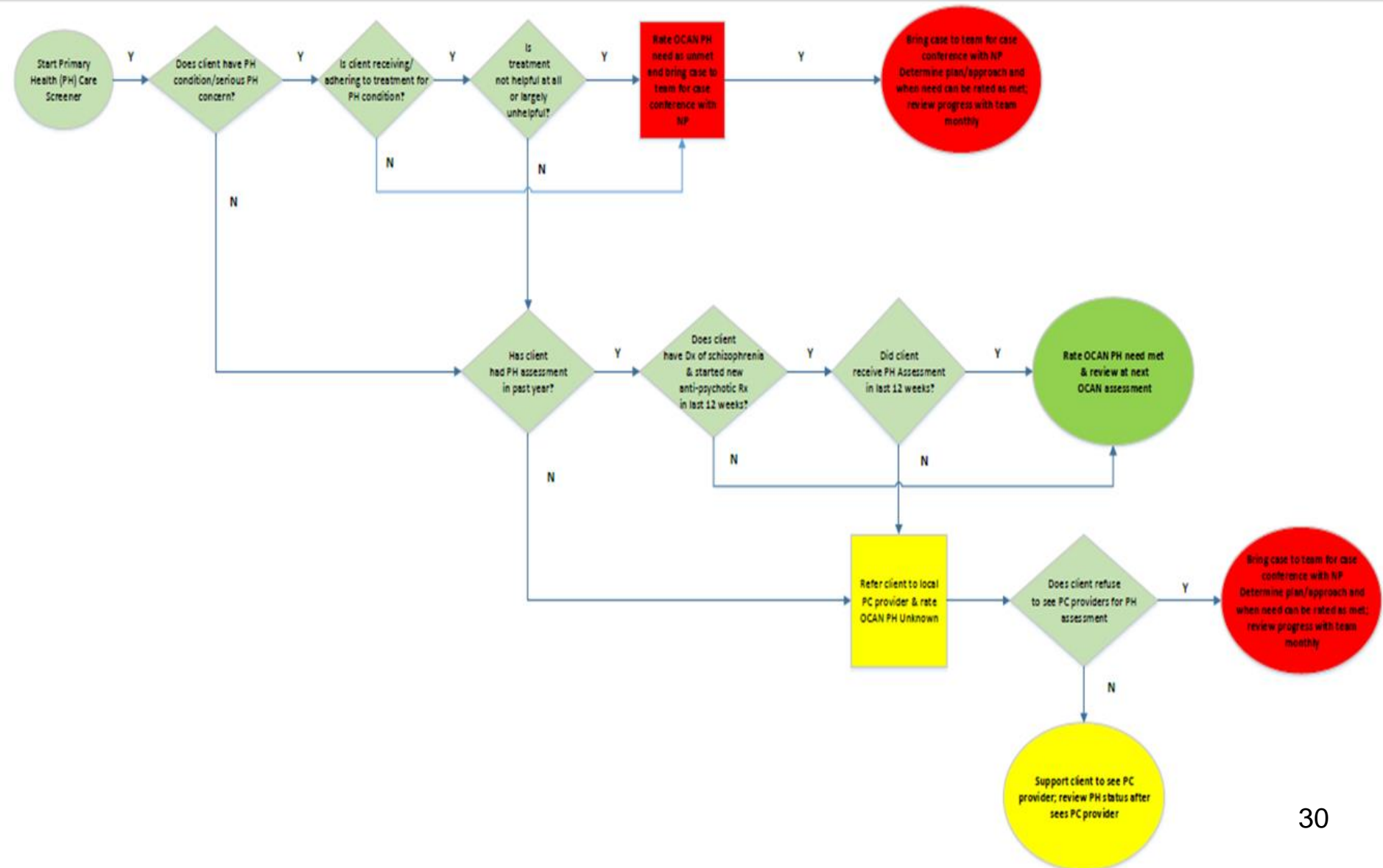
Unmet need

- Untreated PH condition
- Receiving treatment but not adhering
- Receiving treatment but client identifies treatment are largely not helping
- Possible undiagnosed condition that serious concern for client

Unknown need

- Client not had a comprehensive PH exam in past year

Incorporating OCAN in Clinical Pathway



Tracking Outcomes with Unmet Need Index

- Created an index to track change
- Adapted Met Need Index (MNI) from research literature
- Positive transition scored 0; negative transition scored 1
- Ratio of positive transitions/total possible transitions

	CAN rating at time point 2			
OCAN rating at time point 1	No Need (0)	Met Need (1)	Unmet Need (2)	Not known (9)
No Need (0)	NA	NA	NA	NA
Met Need (1)	+	+	-	-
Unmet Need (2)	+	+	-	-
Not known (9)	+	+	NA	-



Calculating Unmet Need Index

Clients	OCAN Ratings		Rating for UNI
	Month #1	Month #2	
Client #1	2	1	0
Client #2	0	0	n/a
Client #3	9	0	0
Client #4	1	1	0
Client #5	2	2	1
Client #6	9	9	1

UNI Calculation:

- UNI scores range between 0 and 1
 - 0=all transitions had positive outcomes
 - 1=all transitions had negative outcomes

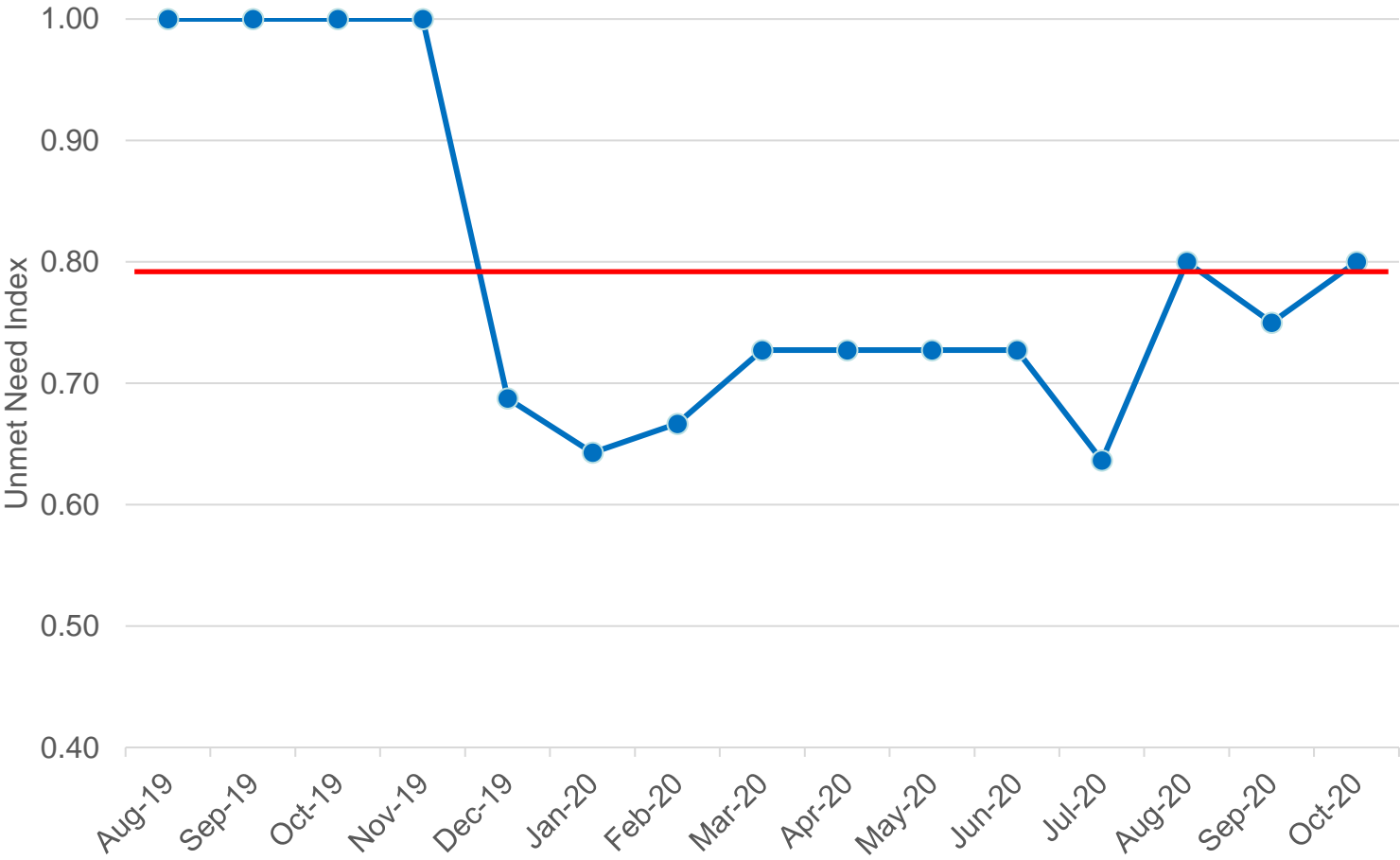
Note: Lower score=better outcome (i.e. reduction in unmet or unknown need)

Calculation of Unmet Need Index	Rating of UNI
Sum of UNI Ratings	2
Total number of Possible transitions	5
Unmet Need Index Ratio	0.4

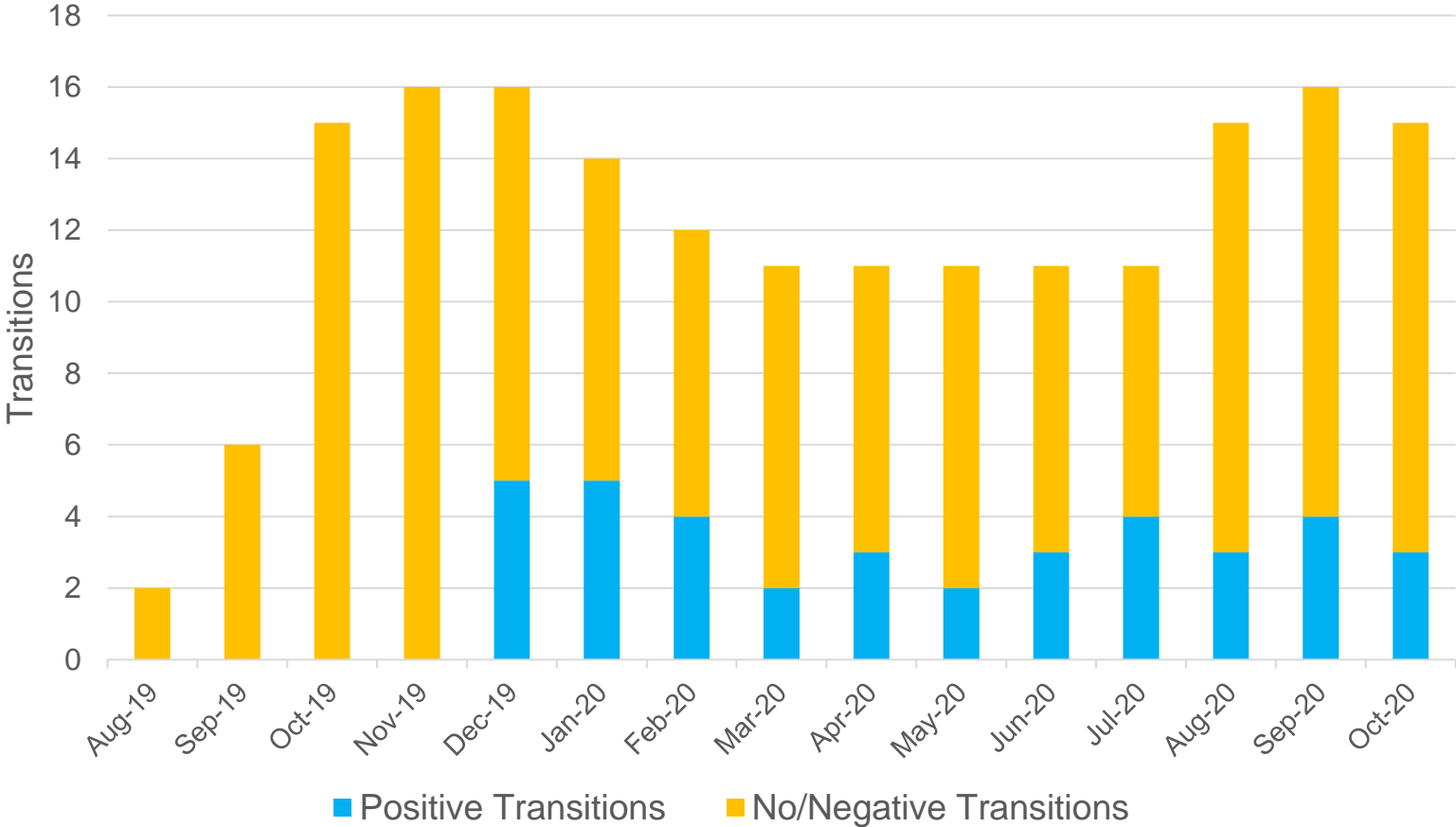
OCAN Ratings:

- 0 = No Need (No serious problem)
- 1 = Met Need (No/Moderate problem due to help given)
- 2 = Unmet Need (Serious problem)
- 9 = Not known

Run Chart: Unmet Need Index

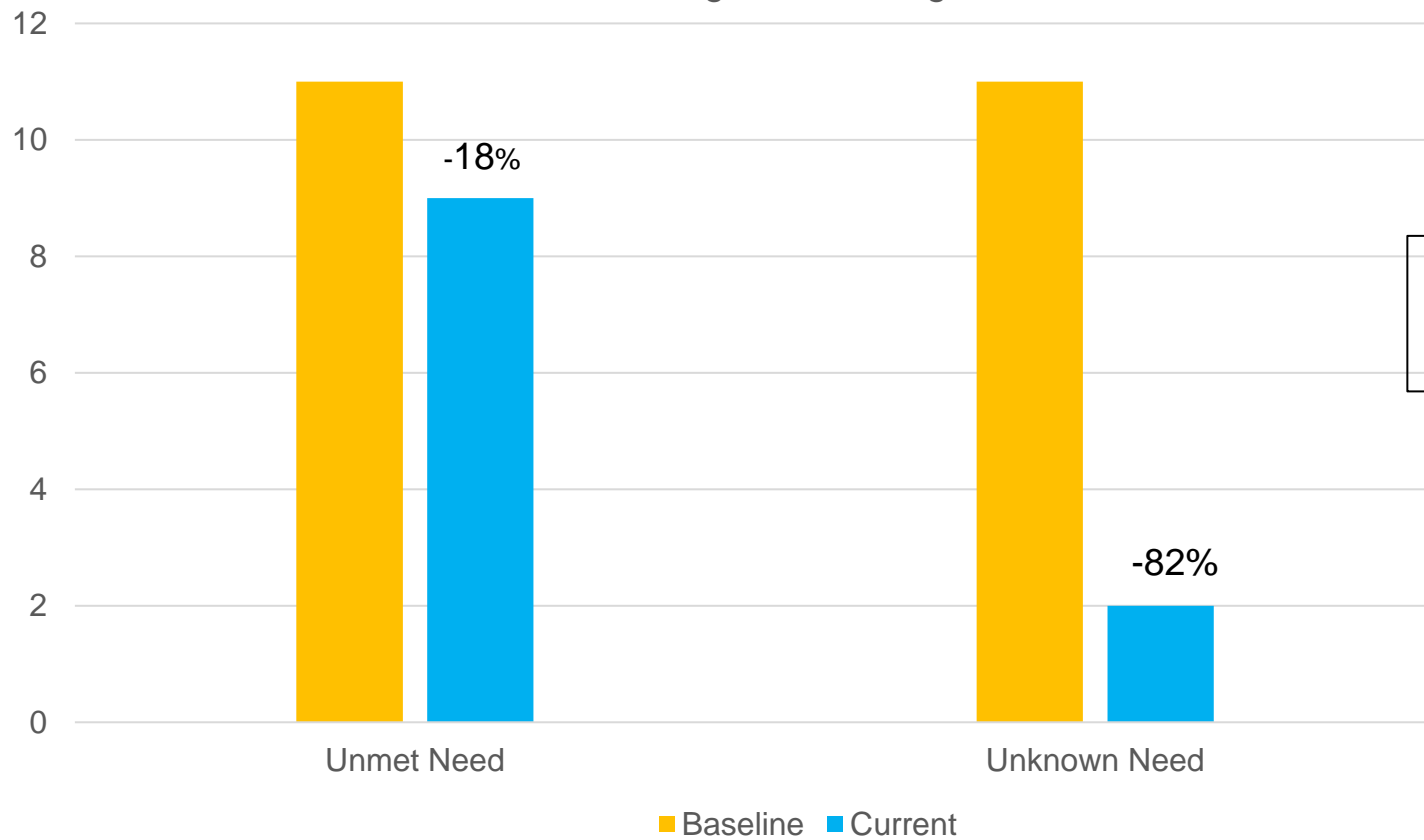


Positive Transitions: PH Needs



Outcomes

Change in PH Need Status from Baseline to End of Reference Period:
August 2019-August 2020



Total Clients: 205
Total unmet: 5.4%
Total unknown: 5.4%



Findings

- OCAN need domains can be used to inform standardized care pathways
- Individual need domains can be used to measure QI outcomes
- Need Index can be used to track change with rolling admissions



Research with OCAN

Current Research with OCAN

Examining need profiles of service populations:

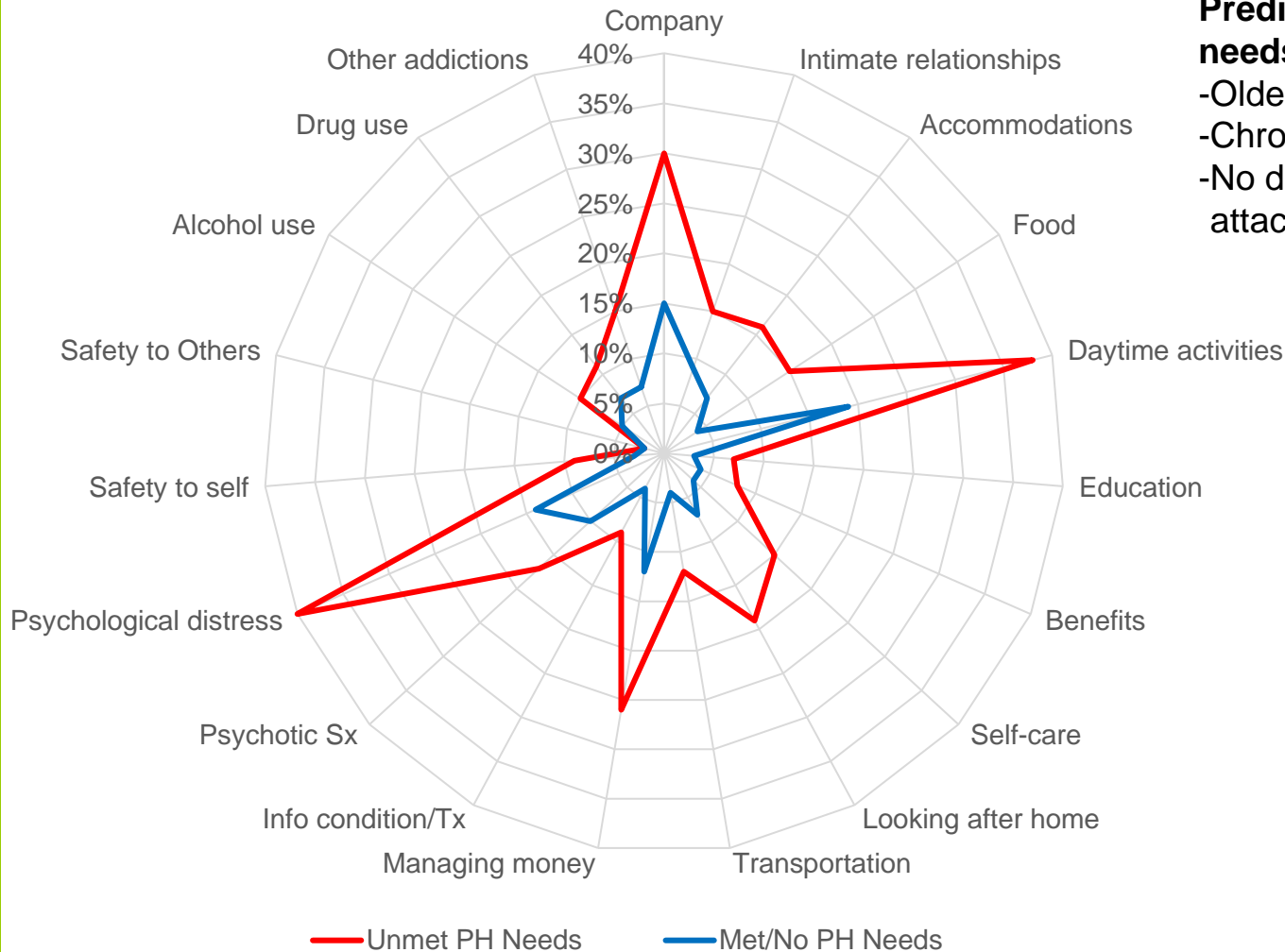
- Unmet PH needs
- CD
- Dual Diagnosis
- CJ involvement
- Repeat ED utilization
- High Inpatient Use



Need Profile: Clients with Unmet PH needs

Predictors: Unmet PH needs

- Older age (55+)
- Chronic Physical Condition
- No difference in PCP attachment



Future Research

Mental Health Quality Indicators

- Pilot MHQIs with CMH providers
- Support providers to increase quality of OCAN data
- Evaluate feasibility of using MHQIs for QI
- Identify strengths and limitations of MHQIs

Impact of COVID-19

- Examine impact of COVID and social distancing policies on needs over time
- Examine differential impact for different groups



Questions/Feedback?

For more information, please contact:

Frank Sirotich

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Leveraging OCAN for Quality Improvement

Ian Masse
CMHA Niagara

OCAN Network

- The latest development of Quality Improvement work in the CMH&A Sector is the province-wide OCAN Network through the Excellence through Quality Improvement Project (E-QIP).
- The Network was formed from the Think Tank
- The Network is made up of eleven organizations across the province using Experience-Based Co-Design (a QI tool) to actively engage service users in the QI process.
- Our goal is to share our collective learning on the use of OCANs in recovery-oriented practice including pain points (for both service users and staff) and specific changes that were implemented as part of the PDSA process in this QI project.
- Participants will share/discuss their own experiences and apply learning.

Our OCAN Network Team

▶ Participating Organizations:

- ▶ CMHA Cochrane Timiskaming
- ▶ CMHA HKPR
- ▶ CMHA Niagara
- ▶ CMHA Simcoe County
- ▶ Consumer/Survivor Initiative of Niagara
- ▶ COTA
- ▶ Gateway of Niagara
- ▶ Niagara Region Mental Health
- ▶ Nipissing Mental Health
- ▶ Oak Centre
- ▶ Progress Place

▶ Clinical and QI support provided by:

- ▶ Addiction and Mental Health Ontario
- ▶ Canadian Mental Health Association, Ontario
- ▶ Centre for Addiction and Mental Health
- ▶ Community Care Information Management



Problem and AIM Statements

Problem:

Since implementation, a number of organizations have not completed OCANs consistently and/or have not integrated the use of OCAN information in the creation of client recovery plans, including the use of self-assessments so that the client is instrumental in the creation of their recovery plan.

Aim:

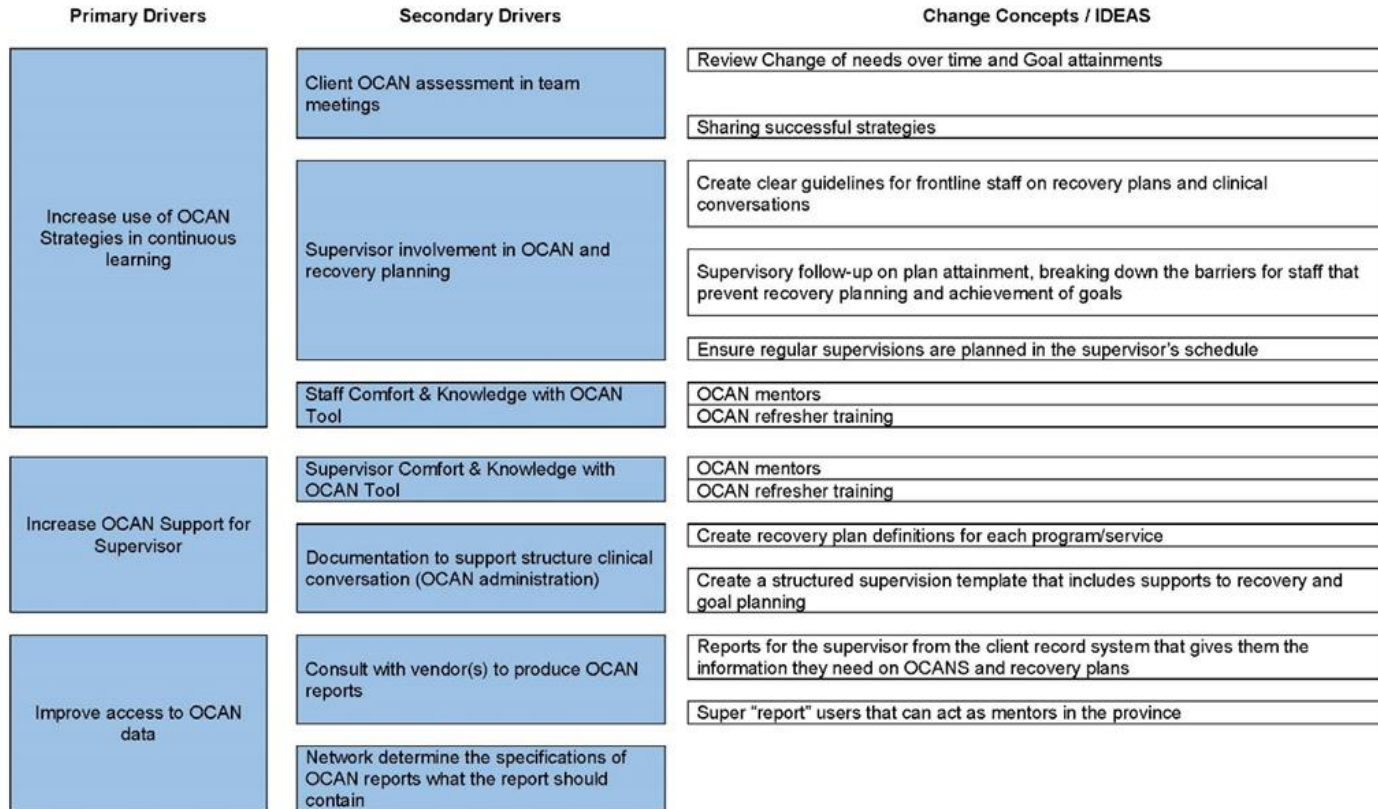
By March 31, 2021, 90% of clients that participate in the OCAN process will report that the ongoing use of the OCAN in recovery-oriented service planning has value in meeting their goals.



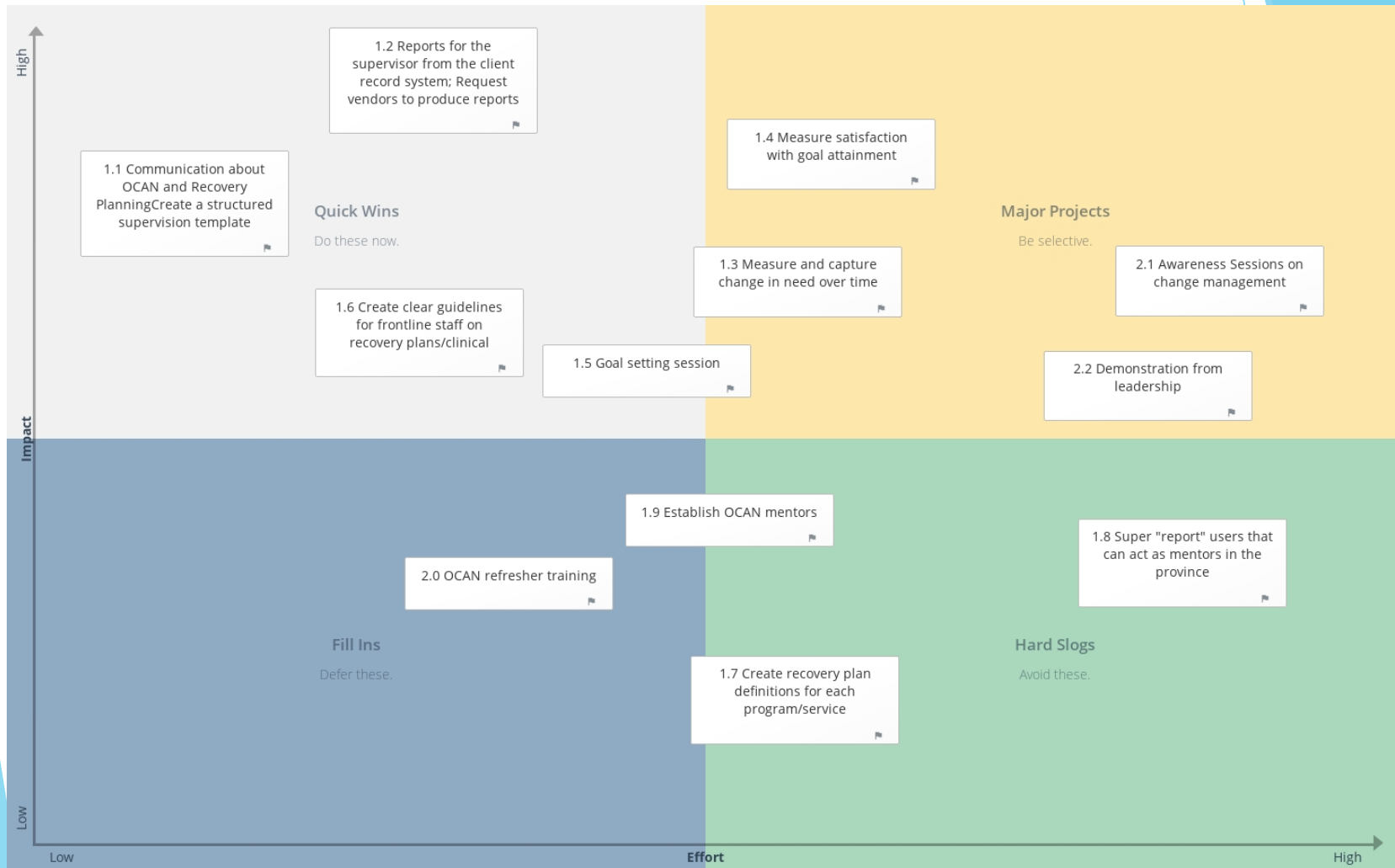
Generation of Change Ideas

OCAN Network - Driver Diagram

Big Dot Aim:
By March 31, 2019, 90% of clients that participate in the OCAN process will report that the ongoing use of the OCAN in recovery oriented service planning has value in meeting their goals.



Impact/Effort Grid on Change Ideas



PDSA Test - OCAN content in Clinical Conversations (Change idea 1)

Testing of this change idea is "in progress"

Guidelines for using OCAN and Recovery Plan content in meetings*

**Meetings can vary across Network members depending on each organization's processes. For example, supervision, team meetings, case conferences*

- ▶ Client Review using the following structure:
 - ▶ 3 Strengths, 3 Unmet needs
- ▶ Share the change in "Need Over Time" report
- ▶ Is progress being made to address unmet needs. Even if domain remains unmet -what has been accomplished leading up to getting need addressed
- ▶ Crisis related issues
- ▶ Summary of client's responses to open ended questions
- ▶ Review summary of actions/Recovery Plan. **What steps have been done (e.g. 60% of the way there)**
- ▶ Discuss strategies for supporting clients in achieving goals

We are testing this process measure through a staff survey and tally sheets

OCAN Staff Survey Questions

I find the OCAN useful in my role as a worker.

I find OCAN useful for the client.

I have enough time to complete OCAN's.

I regularly uses OCAN recovery plans in my day-to-day work.

PDSA Test - Need Over Time Report within the clinical session (Change Idea 2)

Need Over Time Report

Client: Jane Doe

Domains	Current OCAN 12/15/2009		Change	Previous OCAN 6/15/2009	
	Consumer	Staff		Consumer	Staff
Alcohol	Unmet Need	Unmet Need		Unmet Need	Unmet Need
Company	Unmet Need	Unmet Need	✓	Met Need	Met Need
Psychological Distress	No Need	No Need	✓	Met Need	Met Need
Safety to Self	No Need	No Need		No Need	No Need

INSTRUCTIONS

How Do I use the Report:

This report can be used reviewed with your client, team and/or supervisor to:

- ▶ Highlight client strengths and progress: Change from Unmet need to Met Need or No Need = progress/improved outcomes (always)
- ▶ Highlight new or existing areas of unmet need to focus on
- ▶ Change from Met or No Need to Unmet Need = progress (sometimes) or decline (sometimes)
- ▶ Highlight areas of agreement between staff and client*
- ▶ Highlight areas where clients and staff have different perspectives on needs and use it as opportunities for transparent conversations*

PDSA Test - Need Over Time Report within the clinical session (Change Idea 2)

Testing the **Need Over Time report** with a client by using the report immediately after the completion of an OCAN reassessment to see if it improves the client's perceived value of using information from OCAN to understand where they are at with their needs, goals and progress

- ▶ Plan to work with vendor to improve report

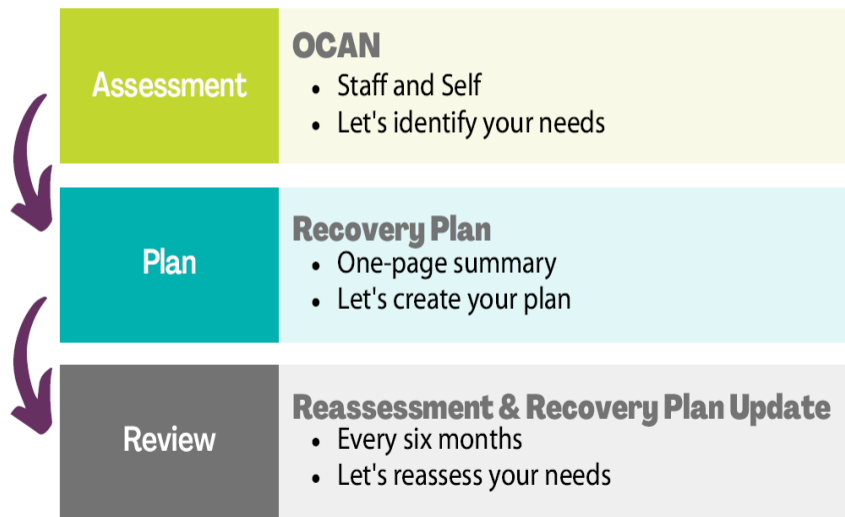
Process for testing the change idea

- ▶ Worker surveys client about OCAN at beginning of change idea
- ▶ Introduce and discuss the report in session(s) with a small group of clients
- ▶ Survey the client post sharing of the report

PDSA Test -Postcard and Script(Change idea 3)

Ontario Common Assessment of Need

This is an overview of our approach to your recovery.




Needs Definitions



Covers 24 Domains: Identifying Areas of Need Ontario

- Benefits
- Accommodation
- Food
- Sexual Expression
- Education
- Transportation
- Looking After the Home
- Other Dependents
- Child Care
- Daytime Activities
- Self-Care
- Psychotic Symptoms
- Safety to Self
- Intimate Relationships
- Physical Health
- Money
- Company
- Other Addictions
- Psychological Distress
- Drugs
- Alcohol
- Safety to Others
- Information on condition and treatment



CCIM Community Case Information Management Sensitivity Level: Medium 22

SCRIPT: “We use OCAN and Recovery/Service Plans. Here’s how it works””

PDSA Test -Postcard and Script(Change idea 3)

Test the Script and Postcard with 15 - 20 clients per organization and survey clients on whether the script and postcard helped them to understand the OCAN assessment

Process to test the change ideas: script and postcard

- ▶ Worker uses the script and postcard with new clients during their first OCAN assessment and existing clients during their reassessment OCAN
- ▶ Survey the client pre- and post-sharing of the script and postcard

O CAN Client Survey Questions

I find the O CAN useful.

O CAN helps me identify my needs with my worker.

My worker spends enough time with me to complete the O CAN.

My worker(s) regularly uses O CAN when they work with me.

Next Steps



Developing an OCAN Network Collaborative Quality Improvement Plan (QIP)



Working with software vendor on producing reports - e.g. OCAN completion rate, developing reports that measure incremental steps toward meeting a “need” and prevalence of repeated unmet needs across domains (to be reported at an aggregate level)



Collecting data/measures and conducting analysis to determine impact of the change ideas



Sharing findings with the sector in a report and in a future webinar

Questions and Curiosities



For more information contact the OCAN Network QI Coach:
Linda Saunders
lsaunders@ontario.cmha.ca

OCAN Stakeholder Connections and Training

- **OCAN Community of Interest**
 - <https://www.eenetconnect.ca/>
- **OCAN Quality Improvement Network**
 - <https://ontario.cmha.ca/provincial-programs/e-qip-excellence-through-quality-improvement-project/>
- **OCAN Training: OCAN eLearning Course**
 - [Common Assessments and IAR | Home \(thinkingcap.com\)](https://thinkingcap.com)

