Guidelines for Using OCAN Content in Practice

Ontario Common Assessment of Need (OCAN)

Table of Contents   Page

Introduction

The **Guidelines for Using OCAN Content in Practice** is a manual that organizations can use to realize the benefits of using information from a standardized assessment to support client recovery.

OCAN is an evidence-based instrument used in Ontario's community mental health sector starting in 2010 to inform service planning and day-to-day practice. Embedded in OCAN is the internationally used and evidence-based assessment from the U.K. called the Camberwell Assessment of Need (CAN). The CAN is a standardized measure for assessing the needs of people experiencing severe and/or enduring mental health problems. It covers a wide range of health and social needs, and incorporates staff, client/service user and informal carer perspectives. The CAN/OCAN aligns with a recovery approach to practice with the inclusion of a self-assessment and a process that encourages client involvement in identifying needs, strengths, and actions to address needs. The goal of OCAN is to support consistent quality care for clients. This goal is achieved when organizations embed the use of OCAN information into their practice and processes.

OCAN data can be used at client, service, organizational, regional, and provincial levels for service and systems planning. Using this standardized information results in a better understanding of client populations and supports positive client outcomes. **The focus of the guidelines in this manual is the use of OCAN content at the client and service levels.**

Extensive research on the CAN instruments has demonstrated that the information can be used at the:

- **Individual client/service user level** to provide a baseline measure of level of need and track changes in the service user's needs over time. This information can help to identify the appropriate level of care to offer and develop a service plan. It can also be used as a review mechanism (reassessment), to record the service user's needs at regular intervals and verify whether needs are getting met. Empirically, the most important content is the client rated unmet needs and this should be a particular focus for support.

- **Service level** to inform service developments, by using aggregate data to identify domains that are common needs among people using the service, but which the service does not currently address. The information can help with decisions on where to allocate resources. For example, whether enough clients have unmet needs in physical health to justify hiring a nurse practitioner. The information can measure the impact on needs of providing a service for a group of service users by completing the assessment at baseline and at regular intervals.

The manual presents high level practical guidelines for using OCAN information. The recommendation is to review the guidelines, select, plan, and implement approaches that fit with organizations' quality improvement and strategic plans.

Review the next section, *Recommended Process for Using the Guidelines,* to get started.

Recommended Process for Using the Guidelines

This section describes step-by-step recommended actions to take for using the guidelines in this manual. Consider using Quality Improvement (QI) methodology along with these guidelines. For example, test out using a practice guideline as a change idea for addressing a problem or opportunity identified using QI tools. For more information click: E-QIP – Excellence through Quality Improvement Project

1. Review all the **Practice Guidelines**
• Determine stakeholders to participate in the review (e.g., direct service staff, managers, OCAN or QI committee).

2. **Identify practice guidelines staff are already doing**

• As part of your strategy, include a way to communicate to staff and stakeholders the effective practices your organization is already doing that includes the use of OCAN content .
 	
• Determine if additional steps are required to enhance and formalize this practice guideline:
 	
   ➢ Gather more detail on how OCAN content is being used.
 	
   ➢ Document and develop resources: e.g., practice guideline handout, power point slides, infographics.

3. **Identify practice guidelines to implement in your organization**
• Conduct consultations to gather feedback and additional details to include in the practice guidelines. • Document and develop resources: e.g., practice guideline handout, power point slides, infographics. You are welcome to use any information in this guideline document.

4. **Conduct a small-scale implementation and evaluate the practice guidelines**

• Test the new practice guideline with a small group of staff:
 	
   ➢ Train staff on practice guidelines using this document and any resources you developed.
 	
   ➢ Have staff implement the practice guidelines for a set period, e.g., 3 months.
 	
   ➢ Gather feedback from staff and clients through surveys, interviews and/or focus groups.
 	
   ➢ Revise the practice guidelines based on feedback.

5. **Roll out the finalized practice guidelines**
• Develop your roll out approach (e.g., which teams will implement, develop a plan including timelines). • Ensure there is support for staff as they implement the guidelines. • Continue a process of evaluation and adjust as needed. • Develop and implement a sustainability strategy. i.e., the resources & activities required to sustain the practice.

Client Level: Using OCAN content with clients

1. Addressing differences between Staff and Client Perspectives

Research Findings

- Staff and client perspectives on needs differ and therefore are not interchangeable. *(MacPherson et al (2007) Factors associated with changing patient needs…, International Journal of Social Psychiatry, 53, 389-396).*

- Increasing agreement between staff and clients over time improves client outcomes. *(Fleury et al (2006) Agreement between staff and service users…, Canadian Journal of Psychiatry, 51, 281-286).*

Why use the following Practice Guideline?

- Acknowledging differences and negotiating care goals helps build rapport and leads to a better working alliance and makes it more likely the client will adhere to the service plan.

- Not acknowledging differences often results in a service plan which over-emphasizes the staff perspective, and for which the client is less motivated.

- Discussing the different perspectives leads to increasing agreement over time which leads to better outcomes in therapeutic alliance, quality of life and satisfaction with services.

Practice Guideline

- Once the draft OCAN is completed, decide which domains you want to highlight in a discussion with your client.

    o Focus on **Unmet Need** domains and key domains that show your client's strengths (**Met Need** and/or **No Need**).

    o Of those domains, flag the domains where staff and client need ratings are the same and where they differ. *The client perspective is best captured in the self-assessment. If the self-assessment is not completed, the client perspective is captured through the assessment conversation.*

- Facilitate a discussion with your client about domains where you agree and confirm goals/actions.

- Facilitate a discussion with your client about domains where there are differences, *keeping the following tips in mind*:

    o The aim is for the discussion to be characterized by respect and curiosity about the differences.

    o Ask your client to share their thoughts about the domain demonstrating active listening skills and making clear that their perspective has been heard and recorded.

    o Share your perspective and rationale for the need rating you selected.

    o Discuss links between domains, e.g., *Client rated **Unmet Need** and staff rated **Met Need** for **Transport** domain. Client explains that, although mom drives them, they prefer to learn public transit and connect this goal of independence to improving their social network (**Company** domain).*

    o Demonstrate curiosity about the differences. Increased understanding improves therapeutic alliance and recovery support. Possible reasons for differences may include:

        ▪ Differing values, e.g., the client places a high priority on being independent and so rejects help being offered as they perceive it to be dependency-inducing.
        ▪ Awareness of the full picture, e.g., staff not aware of support the client is getting from informal sources.
        ▪ Differences in expectations, e.g., the client may have high anticipated discrimination in relation to employment so feel there is no point trying to get a job.

- Where possible, it is important to agree on which areas to focus on and the type of help to provide.

- Always prioritize the service plan based on what's most important to the client.

- Changing need ratings: Do not make changes to the client self-assessment unless they misunderstood the need rating definitions. Staff assessment need ratings can change before the OCAN is finalized if justified based on new information.

- *Agreement on all domain ratings is not the goal. Increasing agreement over time is the goal*.

2. Goal Planning

Research Findings

- Reducing client rated unmet needs improves outcomes in quality of life. *(Killaspy et al (2008) Mental health needs of clients, Journal of Mental Health, 17, 207-218).* (*Slade et al (2005) Patient-rated mental health needs and quality of life improvement, British Journal of Psychiatry, 187, 256-261).*

- The clinical goals are converting unmet needs to met needs or no needs and maintaining met needs in areas where the person requires help. *(Drukker et al (2008) The use of the CAN…, Social Psychiatry and Psychiatric Epidemiology, 43, 410-417).*

- Hope, Identity, meaning and strengths were important in people's recovery. (*Andresen et al (2003) The experience of recovery from schizophrenia, Aust & New Zealand J Psychiatry, 37, 586-94).*

Why use the following Practice Guideline?

- Focusing goal planning on what your client identifies as their most pressing **Unmet Needs** improves outcomes.

- Focusing goal planning on areas that are meaningful to your client (e.g. spirituality and culture) is important to their recovery.

- Identifying how your client can use their strengths and skills to achieve goals supports a strengths-based approach.

Practice Guideline

- Focus goals on domains rated as an **Unmet Need** by your client. Domains rated as **Met Need** or **No Need** can also have goals.

- If the client self-assessment is not completed, focus goals on domains that your client has identified as important to address during the assessment conversation.

- The following **recovery-focused questions** are in both the client self-assessment and the staff assessment:

  o *What are your strengths and skills? What are your hopes and goals for the future? What do you need to accomplish your goals? Is spirituality/religion an important part of your life? Is culture (heritage) an important part of your life?*

  o In the OCAN conversation, ask your client to elaborate on their responses to these questions in the self-assessment. If the self-assessment was not completed, facilitate a discussion using these questions as a guide. Document additional information within the staff assessment component.

- **Facilitate the discussion with your client about goals and actions to achieve those goals using the following information**:

  o Domains rated as **Unmet Needs** (serious problem despite any help given).

  o Domains where there is not a serious problem (**Met** and/or **No Need**) **if the client has aspirations in those areas.** *e.g., Daytime Activities – currently doing volunteer work and have a goal of part-time paid employment.*

  o Responses to recovery-focused questions. e.g., Develop actions as steps to achieving hopes and goals. Discuss how to factor in spirituality and culture if these are important aspects of a client's life. Discuss ways the client can apply their strengths and skills when developing goals and actions.

- For each domain in OCAN, there is the option to include notes in the **Action(s)** field **.** Through conversation with your client, agree on the **Goals** and connect them to **Action(s).** Enter the goal and action(s) in the **Action(s)** field.

- Decide **who is responsible** for the action(s) and review progress in a timeframe determined by you and your client.

    Example:

9. Psychological Distress		
Action(s): *Goal:* To feel less anxious	*By Whom*	*Review Date*
Actions: Use mindfulness app daily	*Client*	*2022-12-10*
Go for a walk every morning	*Client*	*2022-12-10*
Refer to Cognitive Behavioral Therapy (CBT)	*Worker*	*2022-11-30*

- Make actions concrete. If your organization uses a model to guide goal planning, integrate that into your OCAN documentation, e.g. S.M.A.R.T.

- At the end of the OCAN, all goals and actions documented will be automatically listed in the **Summary of Actions Chart**.

- In the chart there is a column labelled "**Priority**". Priority is determined by the client.

  o Review the Summary of Actions with your client.

  o Have your client determine the priority and staff enter it manually into the column.

- Include **discharge planning** in the conversation where appropriate. e.g., When needs are addressed in domains that the service focuses on, explain that your client will "graduate", and you will help them access other services and supports as needed.

- **OCAN captures goals and actions at a point in time.** In between the OCAN reassessment cycle, goals and actions progress and change. Capture this using your organization's process for documentation. In the next OCAN, document the current goals and actions. Use the **Comments** section to document milestones that have been achieved.

- **For organizations that use a separate service plan template:**

  o You can enter high-level/brief goals and actions in the OCAN and breakdown detailed actions in the service plan template.

  o Ensure that there is enough information in the OCAN itself for another clinician to review and understand the focus of the work with your client.

  o Ensure that OCAN information is used to inform the separate service plan.

  o Depending on your organization's process, the service plan can be updated in real time.

  Example: Recovery Plan Template - CMHA Cochrane Timiskaming

Domain	Goal	Actions	Milestones	Domain Progress
Psychological Distress	To feel less anxious	➢ *Use mindfulness app daily* ➢ *Go for a walk every morning* ➢ *Refer to CBT*	*2022-12-10 finding app helpful* *2022-12-10 walking 3X week* *2022-11-4 referral made. Appt scheduled for 2022-12-14*	Continue

3. Day-to-Day Practice with Clients

Research Findings:

- Reducing client rated unmet needs improves outcomes in quality of life, satisfaction with services and therapeutic alliance. *(Killaspy et al (2008) Mental health needs of clients, Journal of Mental Health, 17, 207-218).* (*Slade et al (2005) Patient-rated mental health needs and quality of life improvement, British Journal of Psychiatry, 187, 256-261).*

- The clinical goals are converting unmet needs to met needs or no needs and maintaining met needs in areas where the person requires help. *(Drukker et al (2008) The use of the CAN…, Social Psychiatry and Psychiatric Epidemiology, 43, 410-417).*

Why use the following Practice Guideline?

- OCAN is an evidenced-based tool supporting positive outcomes if the information is used in practice.

- All the effort you put into completing OCAN and developing service plans will be wasted if you're not using it to guide day-to-day practice with clients.

- OCAN information can be used to provide structure to meetings with your clients.

Practice Guidelines

- Before an appointment with your client, **refer to OCAN to determine the domains and actions** you plan to focus on.

- At the appointment, **check-in with your client** on the areas of focus and on whether there are other urgent issues to cover.

- Based on your client's presentation and response, determine if any other domains and actions **take priority.**

- Use OCAN language to facilitate **intentional, action-oriented work** with your client: e.g., Agree on and **name the domain(s), problems/strengths**, and **goals/actions** the session will focus on.

- **Use your judgement** as to where your client is at. In other words, you can use OCAN language in as simple or complex a way as the situation requires based on your client's presentation.

- Engage in the service activity and discuss how the actions your taking with your client **help to address a need** using information you collected in OCAN.

- Use OCAN language in your documentation during or following client appointments. e.g., **Document the domains, goals and actions** that were covered in the appointment.

   o If you have a standard template for documentation, train staff on a common way to include OCAN language.

   o If you do not have a standard template for documentation, consider developing one that uses OCAN information in a way that's easy to complete and review. e.g., OCAN domains and actions covered in the session.

Example: Documentation Template - CMHA Cochrane Timiskaming:

Select the domains addressed at the appointment with their corresponding number:

☐ 1. Accommodation	☐ 7. Psychotic Symptoms	☐ 13. Drugs	☐ 19. Dependants
☐ 2. Food	☐ 8. Information	☐ 14. Other Addictions	☐ 20. Education
☑ 3. Home	☑ 9 . Psychological Distress	☐ 15. Company	☐ 21. Telephone
☐ 4. Self-Care	☑ 10. Safety to Self	☐ 16. Intimate relations	☐ 22. Transport
☐ 5. Activities	☐ 11. Safety to Others	☐ 17. Sexual expression	☐ 23. Money
☐ 6. Physical Health	☐ 12. Alcohol	☐ 18. Child care	☐ 24. Benefits

DARE:

Data	Client felt overwhelmed and could not sleep last night.
Actions	Completed CBT thought record exercise and mindfulness meditation.
Recovery Plan	Continue to address **Psychological Distress** by using CBT and mindfulness methods to address anxiety.
Evaluation	Positive effect. Client continues to work on using methods and demonstrates incremental progress.

4. OCAN Reassessments

Research Findings:

- Providing feedback to clients has a significant effect on improving mental health outcomes. The effect is increased if feedback is given periodically, rather than only once. *(Carina K et al (2009) Effect of feedback of treatment outcome in specialist mental healthcare: meta-analysis, British Journal of Psychiatry, 195, 15–22).*

- Increasing agreement between staff and clients over time improves client outcomes. *(Fleury et al (2006) Agreement between staff and service users…, Canadian Journal of Psychiatry, 51, 281-286).*

Why use the following Practice Guideline?

- Completing OCAN reassessments is challenging. The time and effort it takes to complete OCANs at regular intervals is worthwhile if using the information.

- These guidelines can help reframe for staff that this is an opportunity to step back from the "day-to-day" to do an overall review of client progress, any areas of decline, and next steps.

- Guidelines that help staff focus the reassessment conversation on giving clients feedback and updating service plans can support effective clinical practice.

Practice Guidelines

- Schedule a **reassessment appointment** with your client.

- Explain the **purpose** of the reassessment. "*This is an opportunity to look back over the past 6 months and talk about your successes, your current problems and to set new goals . . .*"

- Ask your client to **complete the self-assessment OCAN again**:

  - Explain the purpose. *"As part of this process, it's important to get your perspective on how things are going in various areas of your life right now. This is best done by completing the self-assessment again…"*

  - Use strategies to make it as easy as possible. "*So you're not starting from scratch, here's a copy of your last self-assessment, you can jot down what has changed…*"

  - If your client does not want to complete the self-assessment, use the reassessment conversation to understand your client's perspective and ensure that updates to the service plan focus on what's most important to your client.

- Use the completed self-assessment to **guide the reassessment conversation**.

- Avoid having the reassessment feel like a paper questionnaire by **focusing the conversation on the following**:

  - **Progress/strengths**: celebrate when actions/goals have been achieved and modify recovery plan. Talk about your client's strengths and skills that led to these achievements. Acknowledge that small, incremental steps are important. *Change from Unmet Need to Met Need or No Need is progress (a new unmet need is not necessarily negative).

  - **New Unmet Needs:** discuss new unmet needs and identify when this is progress for your client (e.g., addressing psychotic symptoms can result in a client gaining insight that they have a problem in the domain "Company"). Identify when a new unmet need is a decline.

  - **Decline or persistent Unmet Needs**: develop new strategies for improvement to add to the service plan.

  - **Discussions about domains where you agree** and **domains where you have a different perspective**. (*Refer to Guideline on Addressing differences between Staff and Client Perspectives - p. 5).*

- Review updated goals/actions and have your client prioritize them.

- Where appropriate, discuss **discharge planning** (*Refer to Guideline on Using OCAN content in Discharge Planning, p 11*)

- Once a reassessment OCAN is complete, consider a follow-up discussion with your client using the *Needs Over Time Report (pg.10).*

Needs Over Time Report

The Needs Over Time reports is available in most software systems. If you don't have this at you organization and you're interested, contact complete the *General Inquiry Form* and email it to IAR_Submissions@ontariohealth.ca

Description:

- A report about an individual client that can be used to guide clinical conversations following at least one reassessment cycle.

- Shows changes in needs over time to review with client, supervisor and/or team.

- Time frame and specific domains can be selected to generate a tailored report.

- Contains both staff and client need ratings over time.

- Identifies progress, new needs, persistent unmet needs, potential decline and compares staff and client perspectives.

- Can be used as a tool in your work with clients to guide discussions and support activities.

Sample Report:

Domain	2018-02-15 Initial Assessment - Consumer	2018-02-15 Initial Assessment - Staff	Change	2020-09-03 Previous Assessment - Consumer	2020-09-03 Previous Assessment - Staff	Change	2022-02-16 Current Assessment - Consumer	2022-02-16 Current Assessment - Staff
15. Company	Unmet Need	Unmet Need	✓	Met Need	Met Need	✓	No Need	No Need
03. Looking After Home	Met Need	No Need	✓	Met Need	Met Need	✓	Unmet Need	Unmet Need
05. Daytime	No Need	No Need	✓	No Need	No Need	✓	Unmet Need	Unmet Need
16. Intimate	Unmet Need	Unmet Need		Unmet Need	Unmet Need		Unmet Need	Unmet Need
08. ICT	No Need	No Need		Met Need	No Need		Unmet Need	No Need

Table title: Needs over Time (Consumer and Staff) Summary of Needs 2

➢ **Progress**
➢ **New Unmet Need Potential Decline**
➢ **New Unmet Need: Potential Progress**
➢ **Persistent Problem**
➢ **Different Perspectives**

*For information on this report, email oh-de-assessmentprogram@ontariohealth.ca

5. Discharge Planning

Research Findings:
- Reducing client rated unmet needs improves outcomes in quality of life, satisfaction with services and therapeutic alliance. *(Killaspy et al (2008) Mental health needs of clients, Journal of Mental Health, 17, 207-218).* (*Slade et al (2005) Patient-rated mental health needs and quality of life improvement, British Journal of Psychiatry, 187, 256-261).*

- Providing feedback to clients has a significant effect on improving mental health outcomes. *(Carina K et al (2009) Effect of feedback of treatment outcome in specialist mental healthcare: meta-analysis, British Journal of Psychiatry, 195, 15–22).*

Why use the following Practice Guideline?

- With greater demand for mental health services, organizations need information and strategies to ensure that services are used as efficiently as possible to allow for more people to move through services as needed.

- Using OCAN information can help to quickly identify areas of need and to focus the work on addressing those needs with your client.

- Using OCAN information can help to monitor progress with clients and support discharge planning.

Practice Guidelines

- When goal planning with clients, **include discharge planning in the conversation**. Talk about what happens once needs are addressed in domains that your service focuses on. For example, explain that your client will "graduate" from service, and you will help them access other services and supports as needed. (Refer to **Goal Planning with Clients, pg. 6**).

- When delivering **short-term services**, be explicit about the length of service from the beginning and **use OCAN information** in the conversation by describing the **areas/domains of focus while they are in service**.

- In long-term services, **use each OCAN reassessment as an opportunity to discuss discharge planning**. Use OCAN information to structure conversations with clients about the progress they've made, continued areas to work on and when they may be ready to move on from the service.

- Use information in OCAN with your client to **highlight accomplishments** and point out the strengths and skills they have developed to address needs.

- **Leading up to the next OCAN reassessment date**, determine if the domains you're working on with the client have progressed enough to **consider discharge** from the program.

Client Level: Using OCAN content in Client Review Meetings

OCAN Use in Supervision, Team and/or Treatment Planning Meetings

Research Findings:

- Reducing client rated unmet needs improves outcomes in quality of life, satisfaction with services and therapeutic alliance. *(Killaspy et al (2008) Mental health needs of clients, Journal of Mental Health, 17, 207-218).* (*Slade et al (2005) Patient-rated mental health needs and quality of life improvement, British Journal of Psychiatry, 187, 256-261).*

- Hope, identity, meaning, and strengths were important in people's recovery. (*Andresen et al (2003) The experience of recovery from schizophrenia: towards an empirically validated stage model, Aust & New Zealand J Psychiatry, 37, 586-94).*

Why use the following Practice Guideline?

- OCAN is an evidenced-based tool supporting positive outcomes if the information is used in practice.

- Use of OCAN information provides a consistent structure for client review meetings.

Practice Guideline

Identify the clinical meeting(s) where the guidelines will be used. e.g., supervision, team meeting, treatment planning meeting. Meetings can be with staff only, include the client and/or others in the client's circle of care.

- Present information about your client using OCAN content**.**

- The amount of information you present depends on the allotted time and the purpose of the meeting.

- Select all or some of the following OCAN content to include in the meeting:

OCAN Content	Notes
Was the client self-assessment completed?	If no, what was the reason.
3 Unmet needs domains	Include domains with highest risk factors (e.g., safety to self). Focus on client identified and/or prioritized domains. Describe the main issues.
3 Met and/or No needs	Include domains where the client has strengths. Include responses to the question in OCAN – *What are your strengths and skills?* Discuss how their strengths and skills can be used to address unmet needs.
Domains where staff and client need ratings are different	Discuss how to approach differences with your client and how it impacts service/care planning. *(Refer to Guideline on **Addressing differences between Staff and Client Perspectives - p. 5**)*
Responses to recovery-focused questions	*Hopes, goals and aspects of spirituality and culture important to the client*. Discuss how this information factors into service/care planning.
Prioritized Summary of Actions	Include a more detailed service plan if your organization uses one
For OCAN Reassessments	Highlight progress, decline, persistent unmet needs *(**Refer to Guideline on Using OCAN Reassessments - pg. 9**)*. Use **Needs Over Time Report** if available in your software (*refer to pg. 10*)

- **Using this OCAN content, facilitate a discussion to formulate clinical recommendations and service plan decisions based on this information. Where possible consider evidence-based interventions to address specific needs.**

*Recommendation: schedule meeting based on OCAN reassessment cycle
- Schedule a detailed client review meeting to coincide with the OCAN Reassessment due date.
- Present the information when the OCAN is in draft form and finalize the OCAN by incorporating service recommendations made at the meeting.

Service Level: Using OCAN Content to Improve Services

Use of OCAN data for Quality Improvement at the Service Level

Research Findings:

- Reducing client rated unmet needs improves outcomes in quality of life, satisfaction with services and therapeutic alliance. *(Killaspy et al (2008) Mental health needs of clients, Journal of Mental Health, 17, 207-218).* (*Slade et al (2005) Patient-rated mental health needs and quality of life improvement, British Journal of Psychiatry, 187, 256-261.)*

- The clinical goals are converting unmet needs to met needs or no needs and maintaining met needs in areas where the person requires help. *(Drukker et al (2008) The use of the CAN…, Social Psychiatry and Psychiatric Epidemiology, 43, 410-417).*

Why use the following Practice Guideline?

- OCAN data can be used to identify domains that are common needs among people using your services. This can inform decisions that contribute to quality improvement (QI). Decisions such as developing a new program or training staff on an evidence-based intervention to address greatest areas of need.

- OCAN data can be used to help measure the impact of services on the needs of your client population. This can inform decisions that contribute to quality improvement. Decisions such as allocating resources or developing partnerships to address areas of persistent Unmet Need for client groups in your services. The data can also highlight areas where services are performing well.

- Services should focus on the most common areas of need for client populations and track progress over time.

What OCAN data can be used?

- Use of **aggregate OCAN data** is helpful to inform **organization's quality improvement efforts**.

- Currently the **following options** are available for access to data and reporting:

1. Organization may have the capacity to do **their own analytics** and the clinical assessment specialist at Ontario Health can provide consultation.

2. Organizations uploading to the **Integrated Assessment Record (IAR)** have access to **aggregate reports**. Reports are generated using OCANs that have been uploaded to IAR. To access the IAR reports portal, organizations must create an account by filling out a form. If you're unsure whether you have an account, the IAR team can check for you. Complete the *General Inquiry Form* ask how to access your organization's OCAN reports and email it to IAR_Submissions@ontariohealth.ca

3. There is a group of organizations involved in a **mental health quality indicators research study** led by CMHA Toronto and CMHA Ontario. The researcher team has developed reports for the organizations. Representatives from the organizations are part of a Research Advisory Committee providing feedback on the usefulness of the reports. For more information about this initiative email **oh-de-assessmentprogram@ontariohealth.ca**

Report Descriptions and Guidelines for Use

This section focuses on reports that all organizations submitting OCANs to IAR can access. This manual provides a basic summary or the reports and guidelines for use. For more detailed information email <u>oh-de-assessmentprogram@ontariohealth.ca</u>

<u>Caution</u>: Reports are evolving and should not be the only information used to make decisions. The recommendation is to use the data as one piece of information to explore further.

***The Mental Health Quality Indicators study** work will inform future reports development for the sector.*

Report Description: Need Analysis (Unmet and Met Needs)

- 2 Need Analysis Reports: 1) data from self-assessment need ratings and 2) data from staff need ratings.

- The reports use one year of OCAN data to show the most recent picture of your client population's areas of **Unmet** and **Met Need** broken down by functional centre. The report includes the most recent OCAN for each client who has been active in the service during the one year period. The reports are generated monthly.

- The report helps to answer the questions:
  - *What are the most common areas of need for the client population in a specific functional centre?*
  - *Where should the service focus its efforts?*
  - *Where are we meeting needs for our clients?*

- The report provides Domains ordered from highest to lowest, the combined **Unmet Need** and **Met Need** percentages:
  - **Unmet Need** = clients have serious problems in a domain.
  - **Met Need** = clients do not have a serious problem because of the help they are given. If the support were taken away it would likely become a serious problem.

- Services should focus on addressing serious problem areas (Unmet Needs) as well as maintaining services in areas where clients require continued support (Met Needs).

- **Report Limitation: The report doesn't take into account client's length of time in service.**

Need Analysis Example (*self-assessment ratings. There is an identical report for staff assessment ratings*)

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

Organization: 379 - York Support Services Network
Report Date Range (12 Months): September 21 2019 to September 21 2020
# of OCANs: 166

Domain	UNMET NEED OCAN #	UNMET NEED OCAN %	MET NEED OCAN #	MET NEED OCAN %	UNMET NEED %	MET NEED %	Total OCANs %
725 09 76 - Case Management (165 Assessments)							
Psychological Distress	52	31 %	89	53 %	31	53	85
Daytime Activities	50	30 %	79	47 %	30	47	78
Physical Health	59	35 %	64	38 %	35	38	74
Company	46	27 %	70	42 %	27	42	70
Benefits	66	40 %	44	26 %	40	26	66
Money	43	26 %	63	38 %	26	38	64
Accommodation	69	41 %	37	22 %	41	22	64
Looking After the Hom	64	38 %	36	21 %	38	21	60
Condition and Treatme	65	39 %	29	17 %	39	17	56
Food	63	38 %	28	16 %	38	16	55
Transport	47	28 %	31	18 %	28	18	47
Self-Care	47	28 %	22	13 %	29	13	41

Psychological Distress (85%), **Daytime Activities(78%)** and **Physical Health (74%)** are the top 3 areas where clients require support.

Psychological Distress has highest % of Met Need – 53% (effective help)

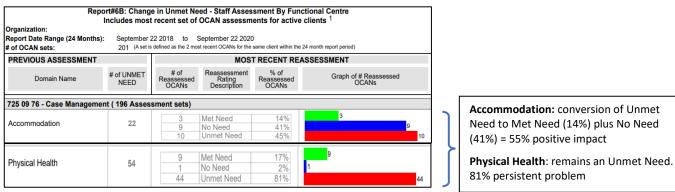**Benefits and Accommodation** have highest % of Unmet Need– 40% and 41% (serious problem)

Guidelines for Using Need Analysis Report for QI

- Decide on the domains you would like to explore. Keep it small, e.g., the top 2.

- Conduct consultations to understand the main problems clients are experiencing in these domains:
  e.g., Staff and client focus groups and surveys

- Summarize and document the information

- Present information to stakeholder groups - facilitate brainstorm activities:

  - *What program ideas would better support clients to meet their needs in this domain?*
    - *Consider evidence-based interventions e.g. Cognitive Behavioral Therapy to address psychological distress*
    - *Consider innovative program ideas e.g. start a gardening group to address daytime activities*
  - *What additional training do staff require? E.g. dialectical behaviour therapy to address psychological distress*
  - *Where should we allocate resources? E.g., hire nurse practitioner to address physical health needs*
  - *What partnerships should we develop? E.g., with community centre to address needs in daytime activities and company*

- Decide on ideas to implement. Where possible, test ideas with small group. Refine and scale-up based on results of evaluation.

- ***Highlight the areas where your organization is meeting needs for clients and share this with staff, clients, funders, board etc.***

Report Description: Change in Unmet Need

- 2 Change in Unmet Need Reports: 1) data from self-assessment need ratings and 2) data from staff need ratings, both broken down by functional centre.

- The report uses 2 years of OCAN data to show, by domain, the percentage of change from Unmet Need to No Need and Met Need (progress). The report also shows the percentage remaining at Unmet Need (continued problem).

- The report includes OCAN sets (defined as the two most recent OCANs for the same client).

- The reports are generated monthly.

- The report presents the number of OCANs where the domain was rated as an unmet need at Time 1 and the change shows the breakdown of need ratings at Time 2.

- The report helps to answer the questions:

  - ***What are the most common areas that remain unmet for the client population?***
  - ***What actions should we focus on to help address persistent unmet needs for our clients?***
  - ***Where are services having a positive impact?***

Change in Unmet Need Report Example (*self-assessment ratings. There is an identical report for staff assessment ratings*)

Accommodation: conversion of Unmet Need to Met Need (14%) plus No Need (41%) = 55% positive impact

Physical Health: remains an Unmet Need. 81% persistent problem

Guidelines for Using Change in Unmet Need Report for QI

- Decide on the domains you would like to explore that have a high percentage of persistent unmet need? e.g., the top 2.
- Conduct consultations to understand the main problems clients are experiencing in these domains:
  e.g., Staff and client focus groups and surveys

- Summarize and document the information

- Present information to stakeholder groups - facilitate brainstorm activities:

  - *What program ideas would better support clients to meet their needs in this domain?*
    - *Consider evidence-based interventions e.g. Cognitive Behavioral Therapy to address psychological distress*
    - *Consider innovative program ideas e.g. start a gardening group to address daytime activities*
  - *What additional training do staff require? E.g. dialectical behaviour therapy to address psychological distress*
  - *Where should we allocate resources? E.g., hire nurse practitioner to address physical health needs*
  - *What partnerships should we develop? E.g., with community centre to address needs in daytime activities and company*

- Decide on ideas to implement. Where possible, test ideas with small group of staff and clients. Refine and scale-up based on results of evaluation.

- ***Highlight the Areas where your organization is having a positive impact and share this with staff, clients, funders, board…***

- **Report Limitation**: **The report does not provide a full picture of the positive impact services are having on addressing client population needs**. The report does not capture the effective work services are doing at continuing to meet client needs (i.e. maintaining Met Need rating over time). **The Mental Health Quality Indicators study** has made advances in developing reports that better reflect performance. E.g., ***Met Need Index*** report.

Organization Example: Using OCAN Content to Improve Services

Unity Health (St Michael's Hospital) – 2017

- Organization used OCAN content to inform *Practice Development:*
    - o Encouraging teams to improve practice through innovation and change to improve quality of care.

What was their process?

- Staff team **reviewed OCAN report** to understand the **greatest areas (domains) of Unmet Need** for their client population.

- They met once a week and each week they **focused on a different OCAN domain**, starting with the one that had the highest percentage of unmet need ratings (e.g., *you can focus on the top 3-5 domains)*.

- Each staff brought a **list of their clients** with an unmet need in the domain of focus for that week.

- They discussed their clients' circumstances related to the domain to **understand the common challenges**.

- The team then **brainstormed ideas** based on the following question:

    - o *What are all the ways we could try as a program to better support clients to meet the need?*

- The ideas were researched to **"shortlist" the ideas** grounded in evidence-based practice *(you can also gather feedback from clients on practical innovative ideas to meet their needs).*

- **Services offered outside** of the team that could help meet client needs were explored.

- **Action:** New practices were tested/implemented and connections with existing services within and outside the organization were made.