



Making OCAN Useful in Your Day-to-Day Work

July 2021

Agenda

- **How Using OCAN Information can Support Your Practice**
Jennifer Zosky, Assessment Specialist, CCIM
- **Domain Oriented Recovery Record (DORR): A Process That Leverages OCAN Information to Support Client Recovery**
Deb MacDougall - Pultz, Program Manager, Quality Improvement Lead, CMHA
Cochrane Temiskaming
- **DORR in Action: Sharing a Client's Story**
Krista Green, Communications Specialist, former Mental Health and Addictions
Worker with the Case Management Program.
- **Practical Tips from Organizations**
Jennifer Zosky

WHY should I use OCAN?

Jennifer Zosky

OCCAN is a Standardized Tool

- Recovery oriented & evidence-based: Camberwell Assessment of Need
- Client information collected in the same way

Roadmap to Wellness:
A plan to build Ontario's
Mental Health System

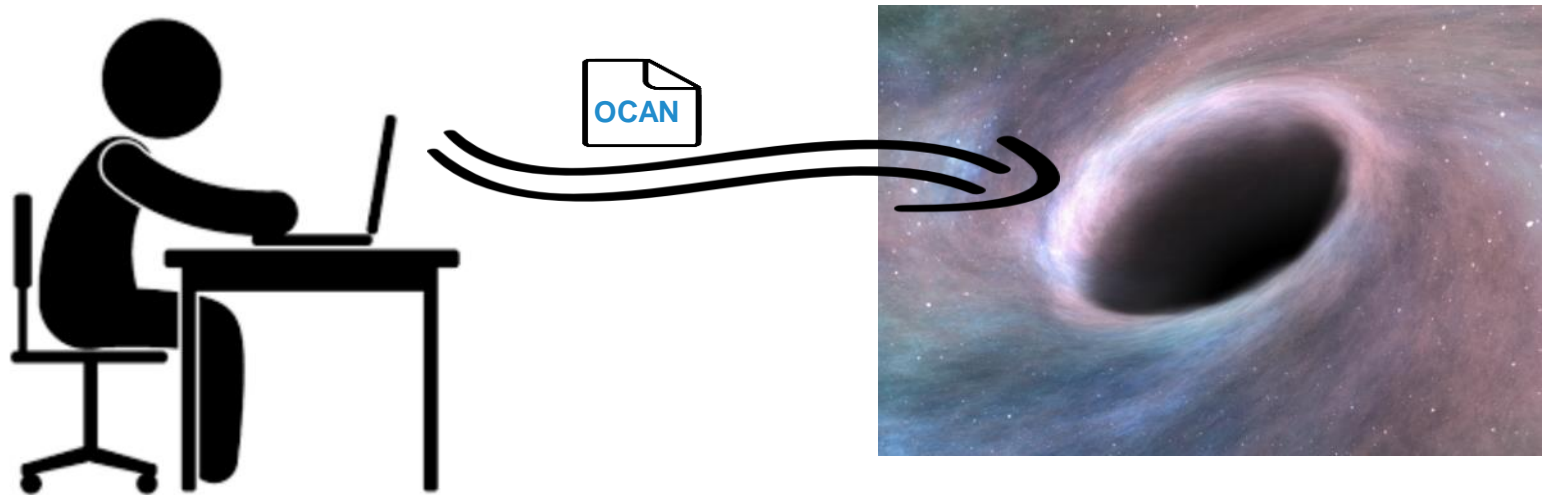


Standardization



Challenges/Myths*

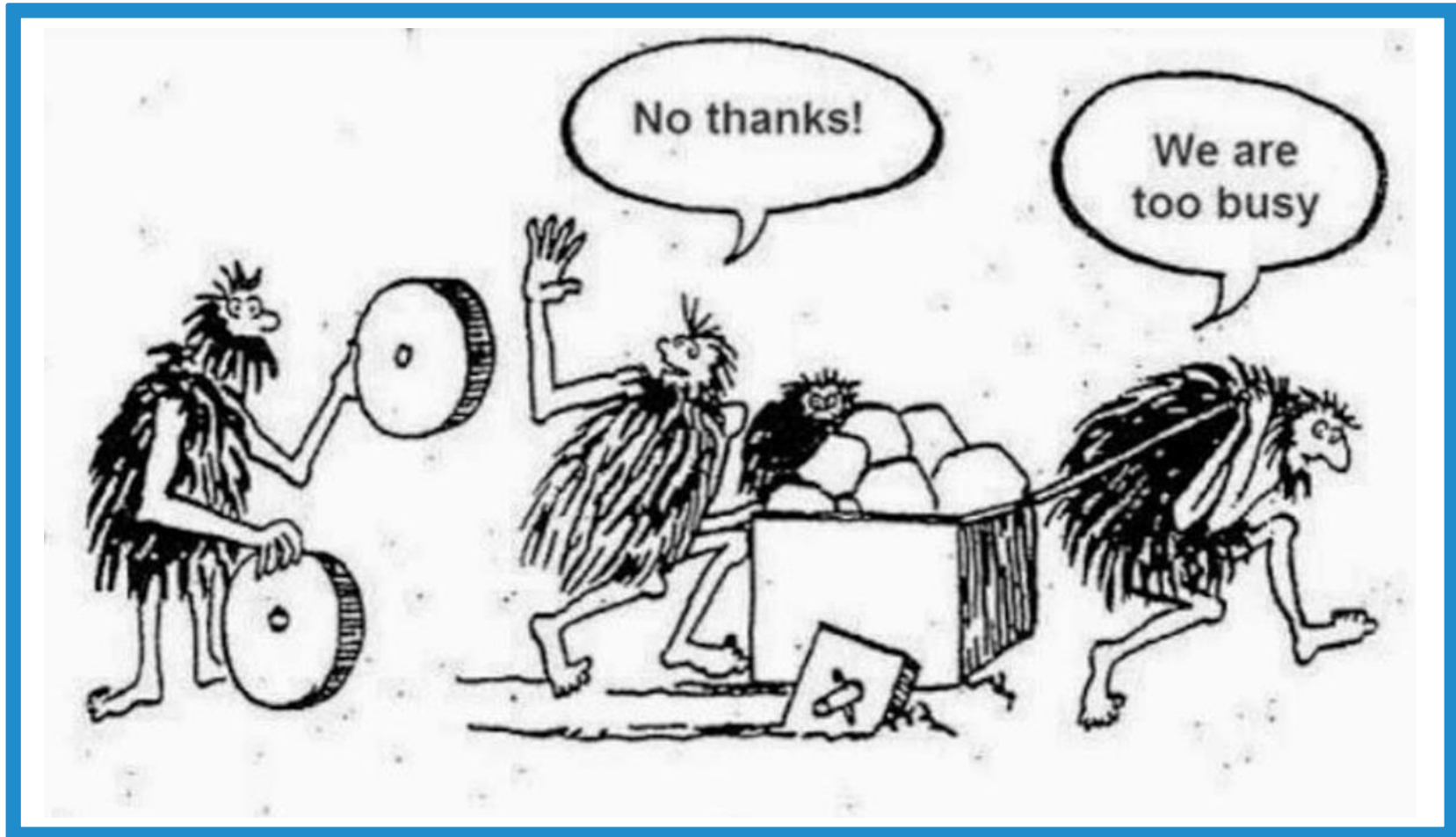
- OCAN is for data collection only and has no clinical value
- OCAN takes clinicians away from direct service
- No one ever looks at the OCAN – it goes into a black hole



If this is how you feel, something has to change

**Jennifer Berger, Canadian Institute for Health Information*

There's a better way



**Dr. Val Ulstad, Adaptive Leadership*

You have the Power to Change!



Take a step back, reflect and adjust your approach to using OCAN

Are We On The Right Track?

Is the electronic OCAN perfect?

NO



Is it a step in the right direction?

YES



Value for your Effort

- You've spent valuable time completing OCANs
- What's the point if you don't use it



HOW do I use OCAN?

Jennifer Zosky

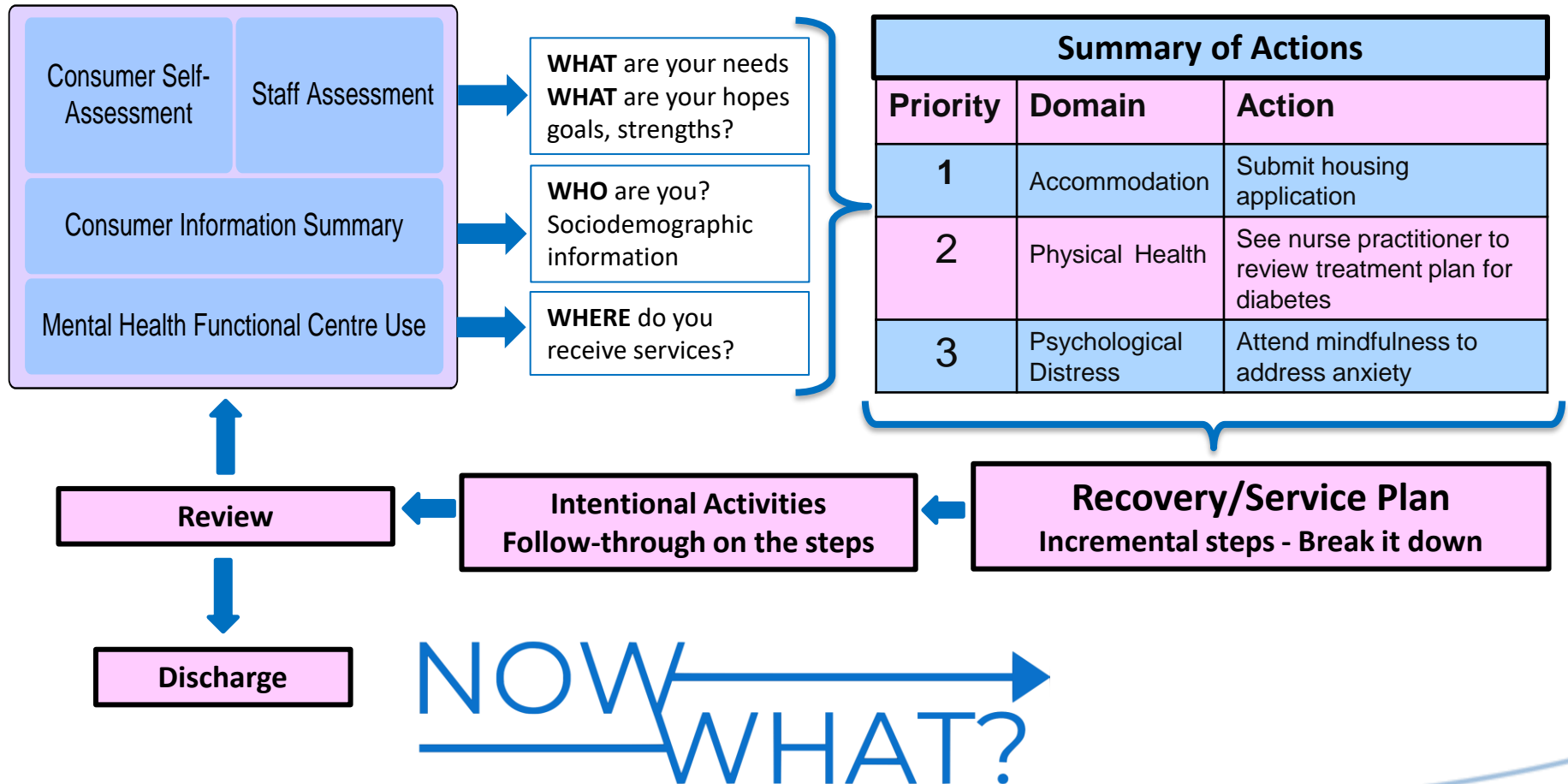
Use OCAN to Enhance Conversations



Engages the person with lived experience and the person with assessment knowledge in a conversation focused on a person's needs and strengths



OCCAN at a Glance



Assessing Needs in 24 Domains

Defining Your Needs

Covers 24 Domains: Identifying Areas of Needs

- Benefits
- Accomodation
- Food
- Sexual Expression
- Education
- Transportation
- Looking after the home
- Other dependents
- Child care
- Self-care
- Psychotic symptoms
- Physical health
- Safety to self
- Communication
- Money
- Intimate relationships
- Psychological distress
- Company
- Alcohol
- Other addictions
- Drugs
- Safety to others
- Information on condition and treatment



NO NEED

Not a serious problem or
doesn't apply to me

Strengths

MET NEED

Not a serious problem
because of help I'm given

UNMET NEED

A serious problem
despite help I'm given

I DONT WANT TO ANSWER

I prefer not to respond

Research Findings



What this means for your services

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

Well-being

Therapeutic alliance

Satisfaction with services

Converting **unmet needs to **met need** or **no need** leads to positive client outcomes*



Day-to-day work should focus on addressing unmet needs that clients have identified as priorities

Staff development should focus on knowledge & skills to address high unmet need domains

Increasing agreement between clients and staff improves outcomes



Engage in conversations that share staff and client perspectives about needs

The process of regular reviews with clients improves outcomes



Use reassessments to take a step back from day-to-day work with your client and do an overall review of changes in need: progress, challenges and next steps

CMHA Cochrane Timiskaming: Domain Oriented Recovery Record (DORR):

Debra MacDougall-Pultz

Background: Why implement DORR?

- Documentation seen as an administrative burden
- 75% of service provision involves the assessment
- Setting goals easy, how to achieve them - not so much
- Creation of Recover Plan
- Structure for staff and clients
- Recovery-oriented practice - maintaining client perspective
- Focus on client goals, progress, and achievement.



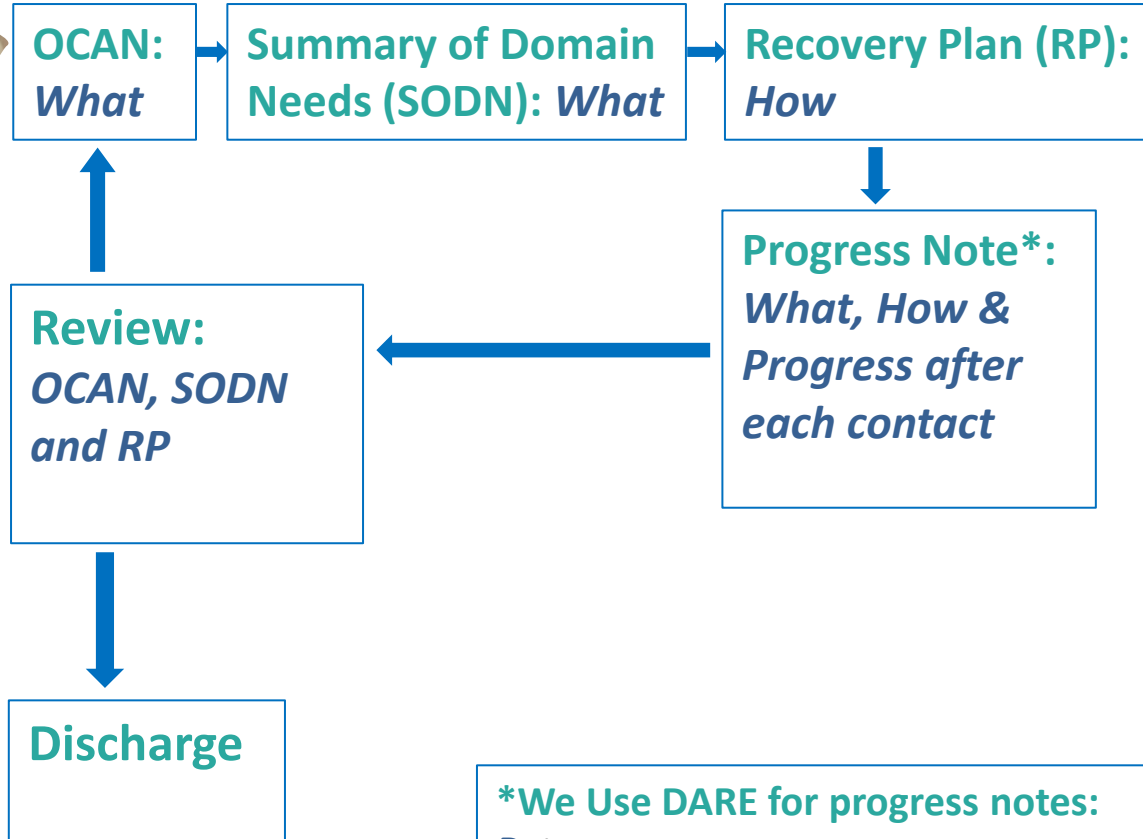
**As you go through the
DORR today, we want it
to feel like this:**



**If going through the
DORR starts to feel like
this, let me know.**



What does DORR look like?



***We Use DARE for progress notes:**
Data
Action
Recovery Plan
Evaluation

Postcard given to Clients

Welcome to CMHA Cochrane-Timiskaming
This is an overview of our approach to your recovery.

Assessment

OCAN

- Staff and Self
- Let's identify your needs.



Plan

Recovery Plan

- 1 page summary
- Let's create your plan.



Review

OCAN reassessment and Recovery Plan update

- Every 6 months
- Let's reassess your needs.

Postcard given to Clients continued...

Homework (tips) to assist you in reaching YOUR goals:

1. _____
2. _____
3. _____

Next Steps:

____ Appointment: _____

____ Drop by Access Office: _____

____ Wait List. Staff will check in with you: _____

If you have further questions, please contact me at: _____

If you are experiencing a crisis between 8:30am and 4:30pm, you can drop by the Access Office or after hours or weekends call _____.



DORR: Documentation Guided by OCAN & used in Recovery Oriented Practice

Problem:

Baseline Data (2016) showed that **100%** of clients with a Recovery Plan find it helpful, but **45%** of clients don't have a Recovery Plan

Aim

- Increase % of clients with an OCAN and Recovery Plan
- Reassess with OCAN every **6** months
- Update Recovery Plan every **6** months

Strategy:

Developed a documentation process using OCAN domains:

- **Domain Oriented Recovery Record (DORR)**
Assessment → Planning → Progress Notes
- Use documentation in practice to support client care
- Involve clients and staff in the QI process

DORR incorporates Quality Dimensions:



Support

- Excellence through Quality Improvement Project (E-QIP) resources and coaching
- Community Care Information Management (CCIM) resources to identify guidelines for OCAN use

Effective Change Idea Products:

Bookmarks for Staff

#	Domain
1	Accommodation
2	Food
3	Home
4	Self-Care
5	Activities
6	Physical health
7	Psychotic symptoms
8	Information
9	Psych distress
10	Safety to self
11	Safety to others
12	Alcohol
13	Drugs
14	Other addictions
15	Company
16	Intimate Relations
17	Sexual expression
18	Child care
19	Dependents
20	Education
21	Telephone
22	Transport
23	Money
24	Benefits

Charting Specifics	
Client/staff perspectives	Relevant new information
Interventions during session	Identify new domains/appraisal of domains → what is next?
Evaluation of actions	Next meeting

Explanation	
Client: Subjective	Staff: Objective
Approach taken at appointment	What occurred/was implemented
What are the actions/plans for next visit? Relate to RP	How did it go? Client response.

DARE	Explanation
Data	Client: Subjective
Action	Staff: Objective
Recovery PLAN	Approach taken at appointment
Evaluation	What occurred/was implemented

Postcard for Clients and Staff



Results (2018)

😊 **90%** of clients have a Recovery Plan and report that it's helpful in meeting their recovery goals

DORR In Action

Krista Green

Jane's Story



- Jane is 32 years of age
- Married for 6 years to her partner, Sam.
- Jane has a university degree and has had several high-paying jobs in the past. She is currently struggling with her mental health and is on a leave-of-absence from work.
- Referred by family MD for assistance with the development of coping mechanisms, assessment of triggers, and ongoing counselling services.
- Recently diagnosed with Obsessive Compulsive Disorder and Generalized Anxiety Disorder via family MD.

Jane's OCAN Self-Assessment

3. Looking After the Home

Has keeping your home tidy been a problem (an area of need)? This could include cleaning and laundry. Are you getting the help you need?

No Need ☐

Met Need ☐

Unmet Need ☒

I Don't want to Answer ☐

Comments: *Although my home is very neat and tidy, this is a problem as I struggle to cope when my home is even slightly out of order, and in turn cannot function effectively.*

9. Psychological Distress

Have symptoms of depression or anxiety been a problem (an area of need)? These could include feelings of sadness or worry that interfere with your daily life. Are you getting the help you need?

No Need ☐

Met Need ☐

Unmet Need ☒

I Don't want to Answer ☐

Comments: *I'm anxious, especially over the need to control my environment. My mother struggled with alcohol addiction during my childhood and this still affects me.*

8. Information on Condition and Treatment

Has understanding your mental health condition and recommended services/treatments been a problem (an area of need)? Are you getting the information you need?

No Need ☐

Met Need ☐

Unmet Need ☒

I Don't want to Answer ☐

Comments: *I have never undergone a full psychiatric assessment, and often wonder how my brain functions and why I feel the way I do.*

24. Benefits

Has accessing the benefits/money you're entitled to been a problem (an area of need)? This could include Ontario Works, Disability Support Program and Drug Benefit. Are you getting the help you need?

No Need ☐

Met Need ☐

Unmet Need ☒

I Don't want to Answer ☐

Comments: *I find navigating my benefit coverage and short-term disability to be both confusing and overwhelming at present.*

Summary of Domain Needs

- Because Jane was provided with a structured and safe environment to discuss her experiences based on her own perspective, we were able to effectively obtain a clear picture of Jane's day-to-day life based on Jane, and in turn achieved a clear picture of what support services might be required to assist Jane in her recovery.
- Once an OCAN Self-Assessment is completed, the client's results are auto-populated into the SODN. When a staff feels they have a clear picture of the client and rapport has begun, the staff completes the initial OCAN: Staff Assessment Part. The results of this part of the assessment are also captured within the SODN.

Screen 3 of 4 ▾

Association canadienne pour la santé mentale
 La santé mentale pour tous
 Cochrane
 Timiskaming

Client & Staff: ✓; otherwise C (client), S (staff)
 On RP: ✓, no or - (not applicable)

#	Domain	No Comment	No Need	Met Need	Unmet Need	On RP	Met/Unmet Need not RP b/c:
1	Accommodation						
2	Food						
3	Home				✓		
4	Self-Care						
5	Activities						
6	Health						
7	Psychotic Sympt.						
8	Information				✓		
9	Psych distress				✓		
10	Safety to Self						
11	Safety to Others						
12	Alcohol						
13	Drugs						
14	Other Addictions						
15	Company						
16	Relationships						
17	Sex expression						
18	Child care						

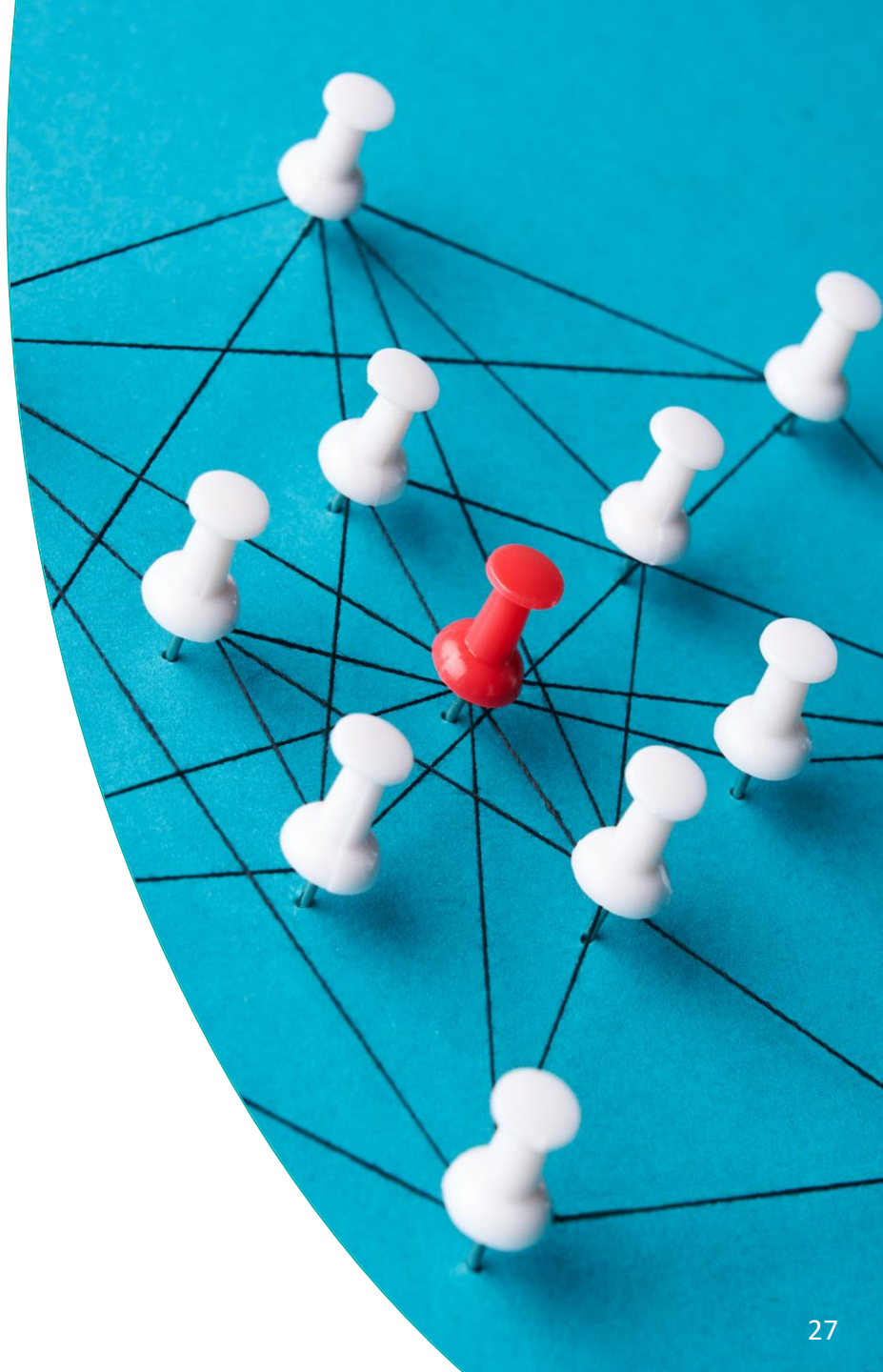
Jane's Recovery Plan

Domain		Goal	Actions	Milestones	Domain Progress
8	Information on Condition and Treatment	To access a psychiatry referral in order to obtain diagnosis and insight to client behaviour, stressors, feelings, and concerns. This will also allow for client and writer to correctly approach triggers and implement appropriate therapeutic approach.	-Referral to CMHA-CT psychiatry program. -Accessing employee benefits could also potentially decrease client wait-time for services.	07-17-2021 Referral submitted to CMHA Psychiatry program.	Continue
9	Psychological Distress	Develop, implement, and maintain positive coping mechanisms and strategies to assist with anxiousness and obsessive behaviours.	-Identify triggers -Identify positive and negative responses -Implement appropriate coping mechanisms based on client strengths and client's intrinsic personality and concerns. -Consider referral to CMHA support programs (Bounce Back, Breaking Free, etc).		Defer
10	Safety to Self	Ensure client safety and support system.	Develop a safety plan including client's support system, support services, and access to crisis line(s) and other after-hours support.	Writer and client developed client safety plan.	Continue
24	Benefits	Assisting client in navigating benefit coverage and completing appropriate program referrals.	Access employee benefits for psychology services. Assist client in determining employee coverage as well as next steps regarding LOA.	07-22-2021 Writer and client successfully navigated client benefit package, and client is now received LOA benefits.	Complete

26

Benefits of the Summary of Domain Needs and Recovery Plan

- The SODN provides structure with progress notes, as well as a map for the creation of an effective Recovery Plan.
- The SODN encompasses data via staff and client OCAN assessments and is an integral piece of supporting a client with their needs based on the client, their perspective, and their intrinsic experiences.
- The Recovery Plan provides an opportunity for staff to attain and maintain client-centered care, as well as complete an effective and appropriate plan for recovery based on goals and strengths identified by the client.
- Provides structure to appointments, Recovery Plans or Service Plans, and allows for measurable data to be collected with regards to both progress and client/staff concerns.



Charting Progress: DARE

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

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

Data (Client and Staff)

DC: Jane states feeling overwhelmed, however she's looking forward to intake appointment with CMHA Psychiatry program.

DS: Ct has fluid speech and appropriate affect. Ct reported not experiencing suicidal ideations and demonstrated appropriate insight.

Action

Writer and client completed CMHA Psychiatry program intake assessment.

Writer and client completed CBT Thought Record exercise, with positive effect.

Writer and client discussed current feelings, coping skills, and reviewed client safety plan.

Recovery Plan

Ct to continue utilizing CBT methods covered throughout today's appointment and continue implementing safety plan.

Ct to await contact via CMHA psychiatry this week to schedule first appointment.

Evaluation

Appointment completed with positive effect. Ct continues to work on coping skills and demonstrates consistent and incremental positive change. Ct continues to be committed to CM program and recovery plan.



Challenges

- Time
- Timely reassessments
- Staff buy-in
- Accessibility and availability
- Information and navigation
- Client situation
- Covid-19 pandemic restrictions

Benefits and Key Takeaways

Making use of OCAN information can help with:

- Building rapport
- Capturing the client's perspective = Client-centred care
- Focusing day-to-day work on priority areas
- Developing a Recovery Plan enables staff and clients to discuss details of HOW goals will be achieved
- Tracking changes and progress
- Working toward a discharge plan



Thank You CMHA Cochrane-Timiskaming!

Questions?

Deb: dpultz@cmhact.ca

Krista: kgreen@cmhact.ca



Practical Ideas from other Organizations

Jennifer Zosky

What are other organizations doing?



- **Spend time with client discussing open ended questions:**
What are your strengths, hopes etc.....
- **Encourage clients to complete the self-assessment regularly**
Provide clients with past completed self-assessment and ask them to mark what's changed
- **Refer to OCAN information when meeting with clients to support intentional, action- oriented work**
- **Use OCAN content to structure client review meetings (supervisions, team meetings):**

E.G. share: 3 unmet needs, 3 met and/or no needs, strengths, priorities identified by client, actions ...

E.G. Bring draft OCAN reassessment to case conferences or supervision, discuss and finalize

Sharing Client and Clinician Perspectives using OCAN

➤ **Compare self and staff assessments**

- A guide for the person with lived experience and the clinician to share their perspectives on needs
- Use variances as an opportunity to discuss recovery goals and identify interconnections

➤ **Client highlights their priority recovery goal**

- e.g. To live independently

➤ **Clinician links this with other goals that the client may not have identified**

- e.g. To develop skills in order to successfully live independently: cooking, cleaning, budgeting



OCAN Quality Improvement (QI) Network: Collaborative E-QIP Project

■ Participating Organizations:

- CMHA Cochrane Timiskaming
- CMHA HKPR
- CMHA Niagara
- CMHA Peel Dufferin
- CMHA Simcoe County
- Consumer/Survivor Initiative of Niagara
- COTA
- Gateway of Niagara
- Niagara Region Mental Health
- Nipissing Mental Health
- Oak Centre
- Progress Place
- Regeneration Community Services



■ 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



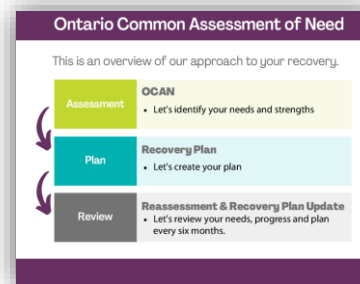
What is the QI Network Doing?

- Improving the completion and use of OCAN
- Primary measure of success = Increase in client perceived value of OCAN
- Focusing on testing 3 change ideas

1. Increase in communication about OCAN assessments and recovery planning in meetings.



2. Using a postcard and script for introducing the OCAN assessment and demonstrating the process used to support client in their recovery.



3. Using the Needs Over Time Report as part of recovery-oriented planning with clients

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

St. Michael's Hospital - 2017

Use OCAN Assessment for team practice development

WHAT IS PRACTICE DEVELOPMENT?

- Practice development is about encouraging teams to improve practice through innovation and change
- It has a central focus improving the quality of care



How is OCAN used?



- One hour weekly meetings
- Attended by all members of the interprofessional team
- Focus varies each week -one of the 24 OCAN domains

Staff bring a list of all clients that have identified the domain as an unmet need

First Name
Liam
Fiona
Ivor
Gary
Fiona
Mike
Louise
Steven
Harry
Charlie
Louise



PRACTICE DEVELOPMENT USING OCAN

- A team brainstorming session is facilitated by the Clinical Leader/Manager
- Team is asked “What are all of the ways we could try as a program to better support consumers to meet the need? “



Practice Development Examples

UNMET NEEDS

- *Company
- *Intimate Relationships

- Offer Cognitive Behavioral Social Skills Training Groups (CBSST)

UNMET NEEDS

- *Psychological distress
(emotional dysregulation)

- Offer individual Dialectical Behavior Therapy (DBT)

UNMET NEED

- *Daytime Activities

- Start a gardening group

UNMET NEEDS

- *Physical Health

- Business case developed to support the addition of a 1.0 Nurse Practitioner role

OCAN Stakeholder Connections and OCAN eLearning Course

- **OCAN Community of Interest: CAMH - PSSP Evidence Exchange Network (EENet)**
 - Click [HERE](#)
- **Quality Improvement: E-QIP**
 - Click [HERE](#)
- **OCAN Training: OCAN eLearning Course**
 - Click [HERE](#)



THANK YOU TO OUR PRESENTERS!

THANK YOU FOR ATTENDING!
Please complete a quick evaluation!

Additional feedback and questions can be sent to
the CCIM service desk at servicedesk@ccim.on.ca