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Using the Ontario Common Assessment of Need (OCAN) in Quality Improvement (QI): The OCAN QI Network

Presenters

Fedora Romita - Administrator – Consumer/Survivor Initiative of Niagara

Laura Daly-Trottier – QI Coach, CMHA Ontario Division

The Excellence through Quality Improvement Project (E-QIP)

- **E-QIP** is led by Addictions & Mental Health Ontario (AMHO), Canadian Mental Health Association (CMHA), Ontario and is delivered in close partnership with Ontario Health(OH) and the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH) to promote and support ***quality improvement*** (QI) in the ***community mental health and addiction sector***.
- **E-QIP** is based on the sector's existing commitment to providing high quality, person-centered care to individuals and families.



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What is Quality Improvement (QI) in health care?

Quality Improvement is a systematic approach to making changes that lead to better client outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, clients and their families, researchers, planners and educators — to make better and sustained improvements.



Source:

Health Quality Ontario - [Quality Improvement page](#)

Paul Batalden and Frank Davidoff. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care.

2007 Feb; 16(1): 2–3. ([PubMed](#))

IDEAS Glossary: <http://online.ideasontario.ca/terms/quality-improvement/>

The OCAN Network

- One of the latest developments 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 OCAN 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.

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



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Haliburton, Kawartha, Pine Ridge
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GAMBLING, SUBSTANCE USE & MENTAL HEALTH SERVICES
Simcoe County



OAK CENTRE
CLUBHOUSE



Cota
Inspiring Change



GATEWAY
Residential & Community Support Services



PROGRESS
PLACE
MENTAL WELLNESS



Niagara
Region



CONSUMER
SURVIVOR
INITIATIVE OF
NIAGARA



Nipissing Mental Health
Housing & Support Services



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CCIM
Community Care
Information Management



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Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

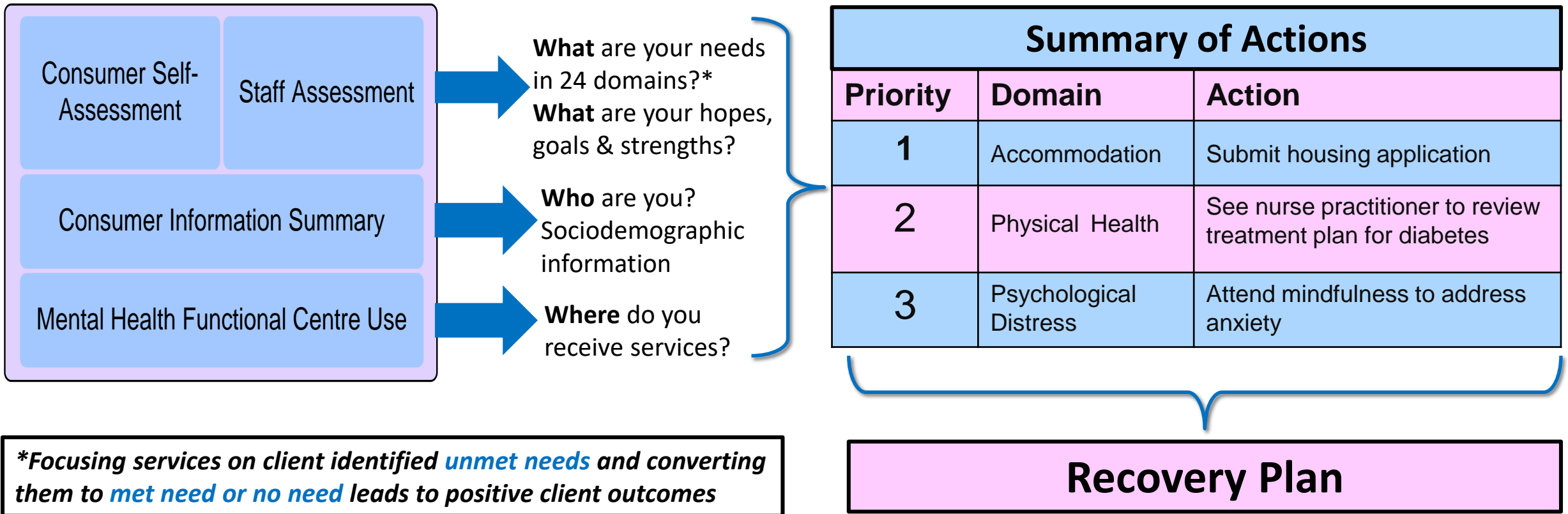


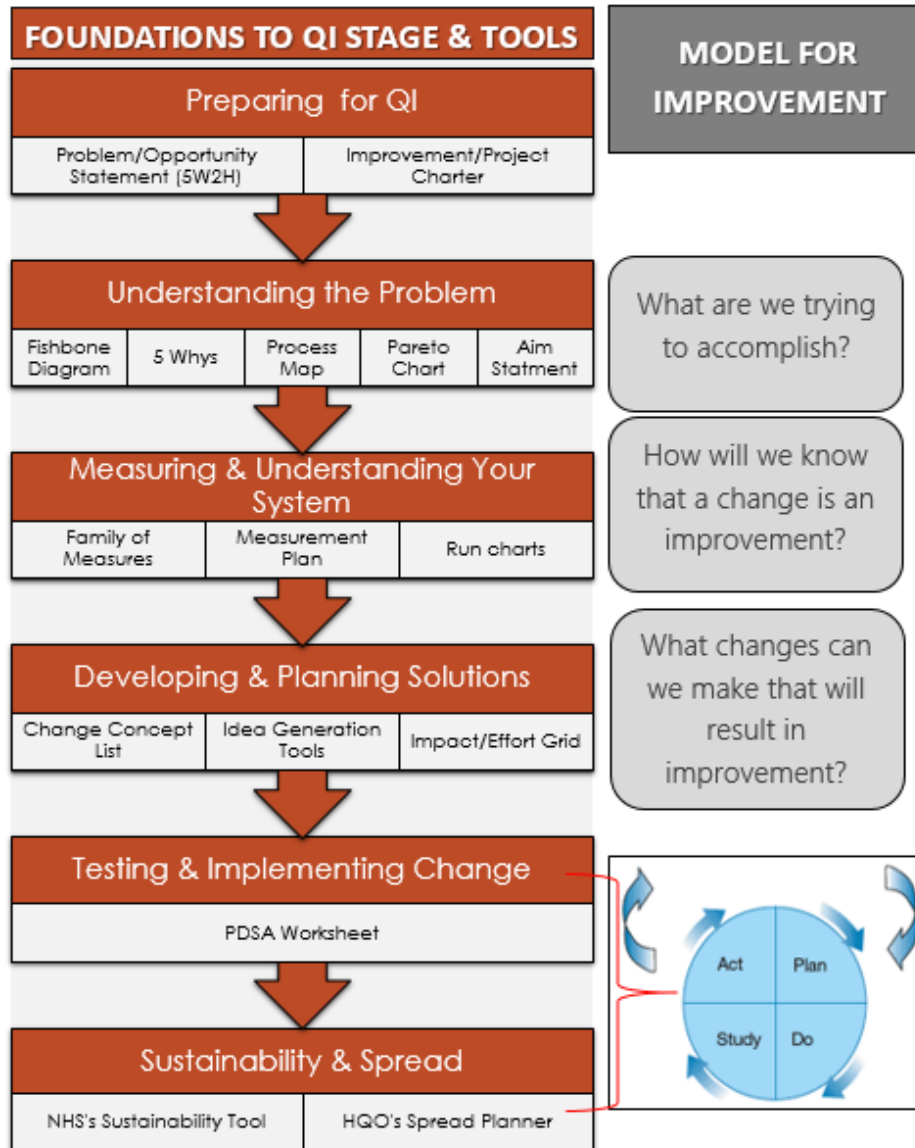
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La santé mentale pour tous

What is OCAN?

The provincial standardized assessment used in the adult community mental health sector





Foundations to Quality Improvement Stage and Tools

Experience
Based Design is
about designing
better
experiences...



Introduction to the tools

Roles and structures
Tools to help raise awareness



Capture the experience

Tools to help people tell their stories



Understand the experience

Tools for understanding patient and staff experiences



Improve the experience

Tools to turn experience into action



Measure the improvement

Tools for evaluating and measuring the improvement



*Institute for Innovation
and Improvement*

the
ebd
approach™

experience based design



Emotional Mapping Exercise

Providers seeking to understand the experience:

OCCAN Think Tank Event
2018



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Problem vs Aim: Two sides of the same coin...

Problem Statement:

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 Statement

By December 31, 2020, 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.



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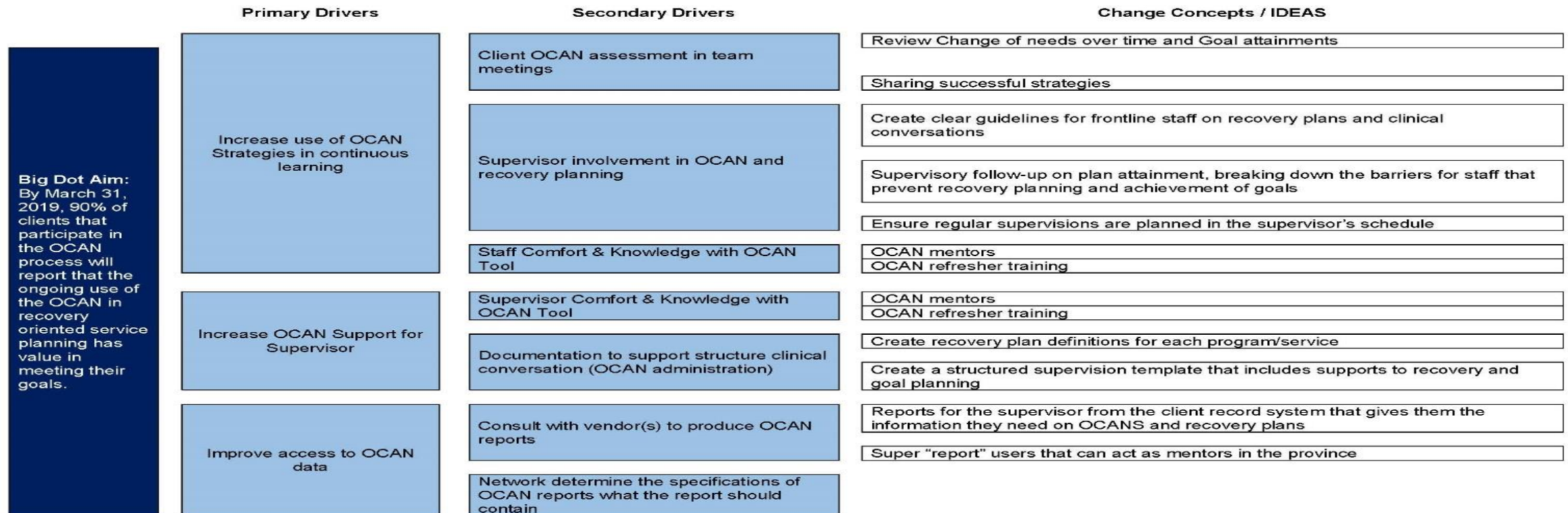


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Generation of Change Ideas: Driver Diagram

OCAN Network - Driver Diagram





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Change Ideas

Lack of use of OCAN strategies in continuous learning and ongoing supportive dialogue to enrich the value of recovery planning

✓ **Communication about OCAN and recovery planning as part of:**

- ☐ Team meetings and supervision
- ☐ Case conferences
- ☐ Daily dialogue

✓ **Conversations should include:**

- ☐ Goal attainment
- ☐ Change in need over time
- ☐ Organizational trends
- ☐ Knowledge transfer
- ☐ Peer to peer support
- ☐ Sharing successful strategies

✓ **Establish OCAN mentors**

✓ **OCAN refresher training**

✓ **Staff skill development through mentoring on how to engage clients in meaningful conversation about goal/recovery planning (clients are not used to taking action or familiar with the process of change)**

✓ **Demonstration from leadership**



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Change Ideas

Supervisors do not have a structured way to hold and document clinical conversations with frontline staff as a way to provide guidance and support to staff in helping their client reach their recovery goals

- ✓ Create a structured supervision template that includes OCAN content to support recovery and goal planning
- ✓ Ensure regular supervisions are planned in the supervisor's schedule
- ✓ Create clear guidelines for frontline staff on OCAN recovery plans and clinical conversations
- ✓ Create recovery plan definitions for each program/service
- ✓ Supervisory follow-up on plan attainment, breaking down the barriers for staff that prevent recovery planning and achievement of goals
- ✓ Reports for the supervisor from the client record system that gives them the information they need on OCANS and recovery plans



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How we're measuring change

- The percentage of staff utilizing OCAN informed recovery plans
- The percentage of clients expressing that the OCAN informed recovery plan helped them achieve their goals.
- Number of OCANs completed
- The increase or decrease (rate of change) of the completion rate over time (i.e. month by month).
- Tally of conversations where recovery planning, OCAN and its components are discussed
- Surveys: Staff and client surveys



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OCAN Surveys

Staff Survey Questions:

1. I find OCAN useful in my role as a worker
2. I find OCAN useful for the client
3. I have enough time to complete OCAN 's
4. I regularly use OCAN recovery plans in my day-today work
5. OCAN content is used to structure client reviews at the appropriate meeting (e.g. supervision, team)

Client Survey Questions:

1. I know what an OCAN is
2. OCAN helps me identify and think about my needs
3. The OCAN has helped me set goals with my worker that are important to me
4. Updating the OCAN with my worker helps me see my progress (optional)
5. Using OCAN is helpful to my recovery



Emotional Mapping and the Ontario Common Assessment of Need (OCAN)

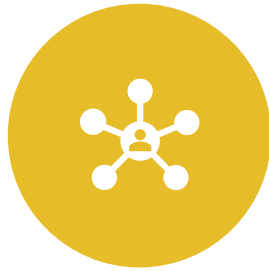
FEDORA ROMITA

CONSUMER/SURVIVOR
INITIATIVE OF NIAGARA
(CSIN)

My role...



CSIN
ADMINISTRATOR



REPRESENTATIVE ON
OCAN NETWORK

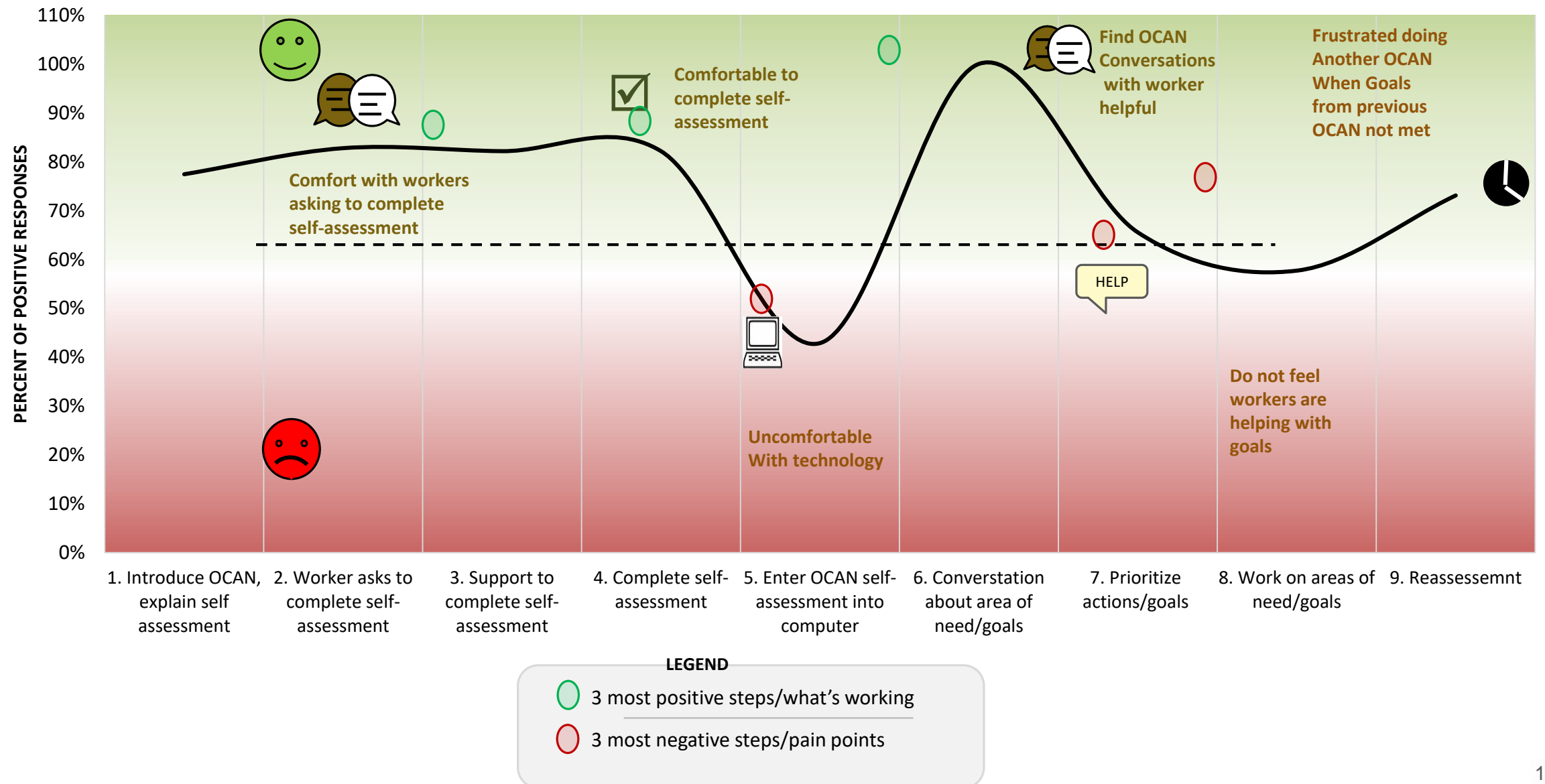


MEMBER OF OAK
CENTRE



MEMBER OF EQUIP 2
TEAM

Emotional Mapping: Service User Responses in Niagara Region





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Change Ideas



Communication about OCAN and recovery planning as part of:

- ☐ Supervision
- ☐ Daily dialogue



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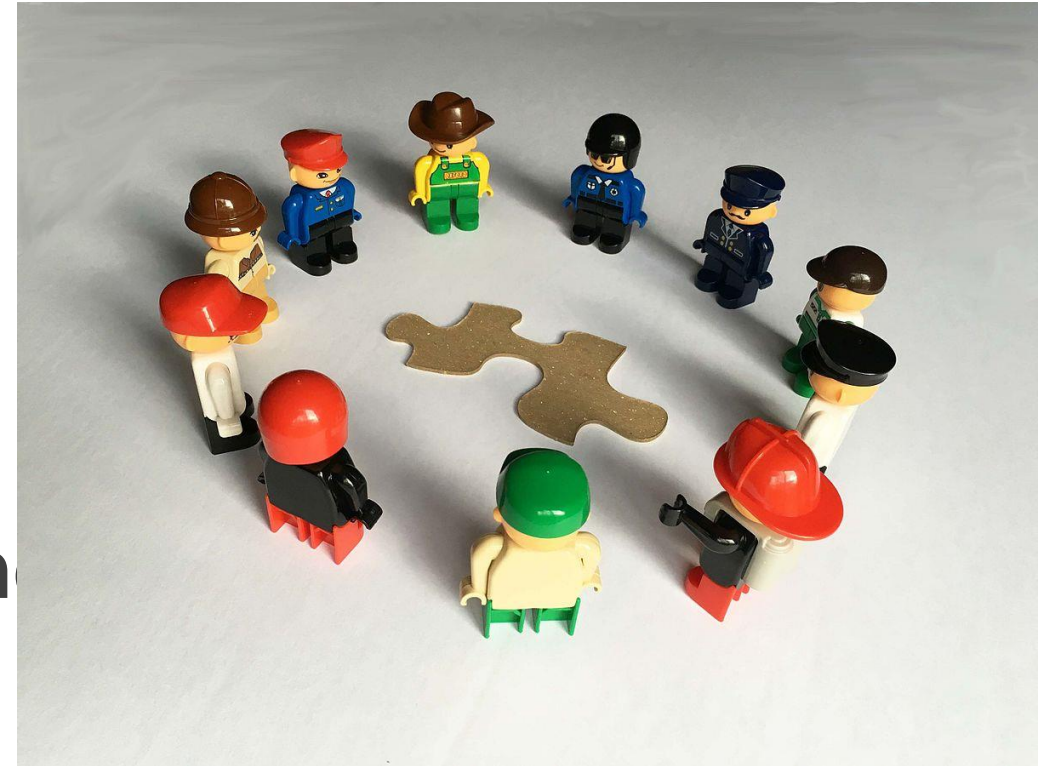


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Two Methods Used

1. Member conversations about OCAN/Recovery Plans
2. One on One Supervision sessions about OCANs and Recovery Plans



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Use of OCAN to structure supervision: A group member's story

Service Use:

- Entered organization in March 2017

Mental health history and current status:

- Experiences depression, anxiety and psychosis
- Several hospitalization, but currently doing well - experiencing no psychosis

Strengths:

- Works part time and attended college

Hopes and goals:

- To be well enough to finish her college program
- To stay healthy and for her to remain close with her family
- To live on her own

Current unmet needs:

- Financial and benefits. She is interested in applying for ODSP

Actions

- Referral to CMHA Niagara for case management services
- Referral to Oak Centre.



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Learnings

QI and EBCD

Clarity on Use of OCAN Data

My experiences of worker vs. user

THANK
YOU

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