

Using Standardized Tools to Improve Services

A webinar series for Ontario's mental health and addictions sector

June 4, 2020 10:30 am – 12:00 pm

This webinar is being recorded and will be posted along with the slides and resources on eenet.ca



Moderators

Moderators

Deanna Huggett, Manager of Implementation, Provincial System Support Program (PSSP), CAMH

Jennifer Zosky, Common Assessment Specialist, Community Care Information Management (CCIM)

Agenda

Looking to the future: Priorities for the sectors

1. Celine Mulhern, Manager, Strategic Policy & System Design, Mental Health and Addictions Division, Ontario Ministry of Health
2. Danyal Martin, Manager, Mental Health and Addictions Centre of Excellence, Ontario Health

Foundation for recovery: Using the GAIN Q3 to support access to the right care

1. Marina Menezes, Implementation Specialist, Provincial System Support Program, CAMH
2. Julie Smith, Manager, Addiction and Mental Health, St. Leonard's Community Services

Q&A

Client voice drives system improvement: Using OPOC-MHA data to inform QI activities

1. Naomi Vodden, Director, Mental Health and Addiction Services. Grey Bruce Health Services
2. Melanie Knapp, Patient Partner, Patient Advisor, Grey Bruce Health Services

Q&A

Objectives

Share innovative practices and new evidence from across the province.

Learn new ways to use standardized tools to improve client experiences and support quality improvement.

Provide an opportunity to network and communicate with experts in the field during and after the webinar.



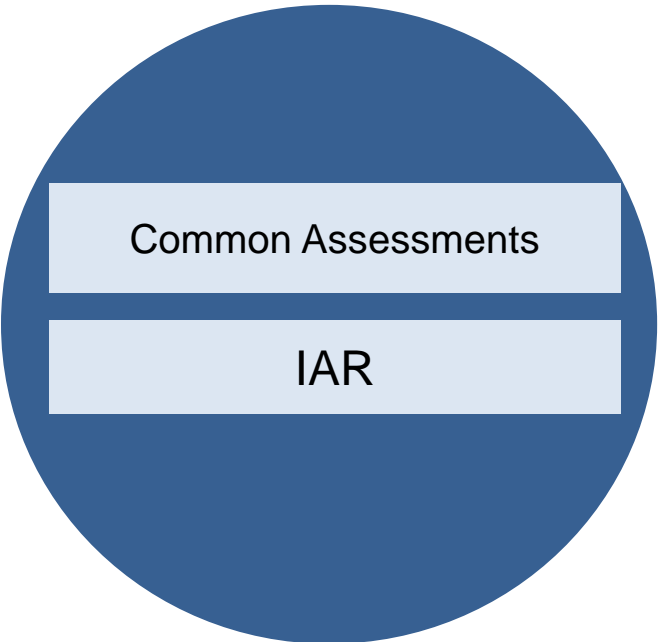
Looking to the future: Priorities for the sectors

Celine Mulhern, Manager, Strategic Policy &
System Design, Mental Health and Addictions
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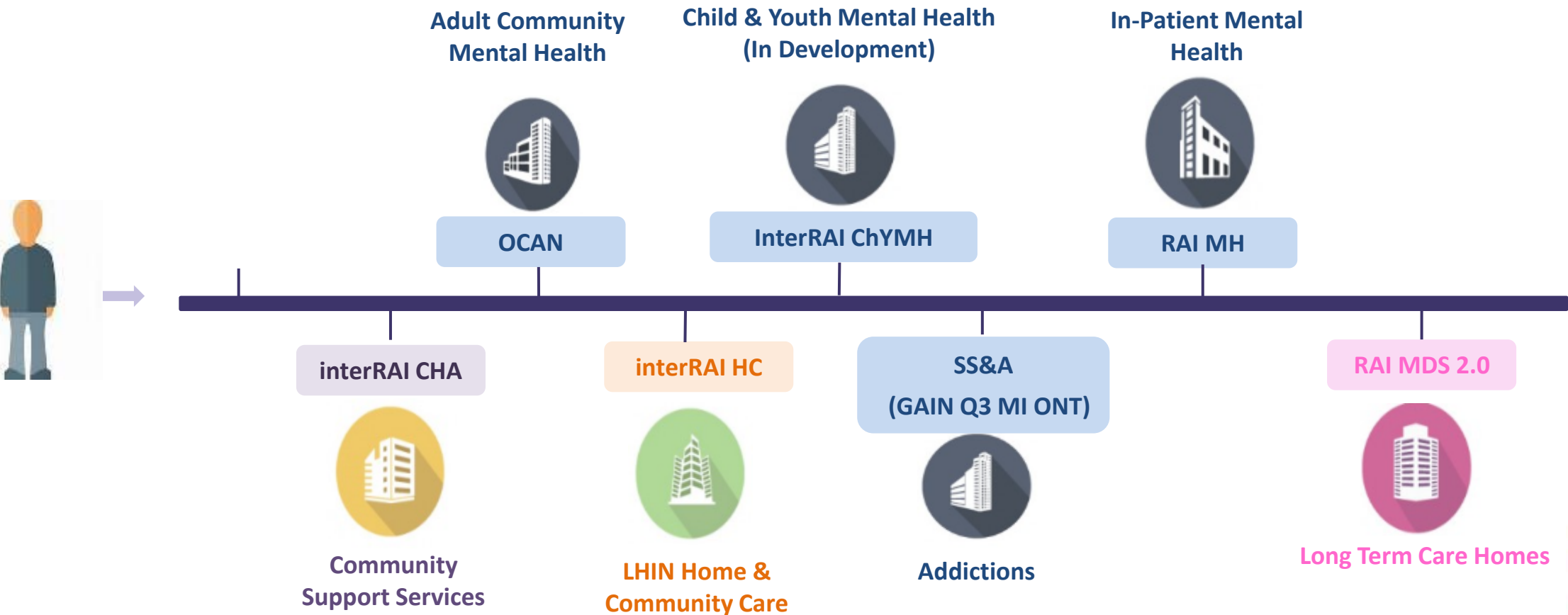
Common Assessments & IAR

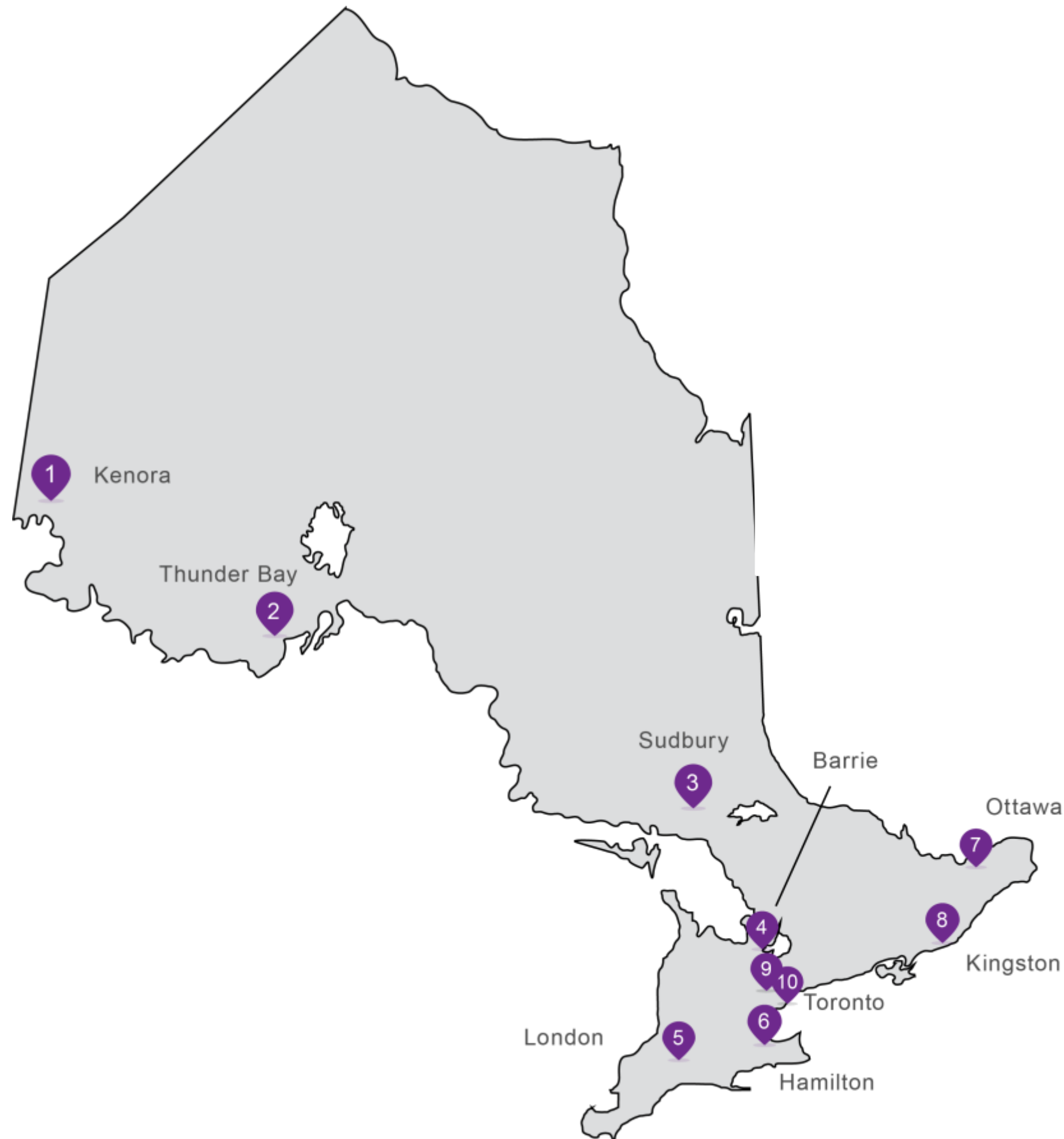


The **Integrated Assessment Record (IAR)** is an application that enables client information collected in **common assessments** (standardized tools) to be shared between the client’s circle of care across the continuum of health services in a secure and timely manner.

Data in IAR is being used for reporting at various levels to inform service planning and quality improvement strategies.

Client Journey
IAR
Over 9 million assessments
~ 2 million in the last 2 years
Data from ~ 1.9 million unique clients





The **Provincial System Support Program (PSSP)** at CAMH works with communities, service providers and other partners across Ontario to move evidence to action to create sustainable, system-level change.

PSSP provides capacity and expertise in a number of areas, including implementation, knowledge exchange, evaluation and data management

PSSP supports the implementation of OPOC and SS&A, and is a partner in EQIP

Excellence through Quality Improvement Project (E-QIP)

E-QIP is led by Addictions and Mental Health Ontario (AMHO) and Canadian Mental Health Association, (CMHA) Ontario Division

Delivered in close partnership with the Provincial System Support Program (PSSP) at CAMH and Ontario Health

Goal is to promote and support QI within the community mental health and addiction sector

Current focus is using OPOC data to inform QI work



Tools covered in today's session

SS&A

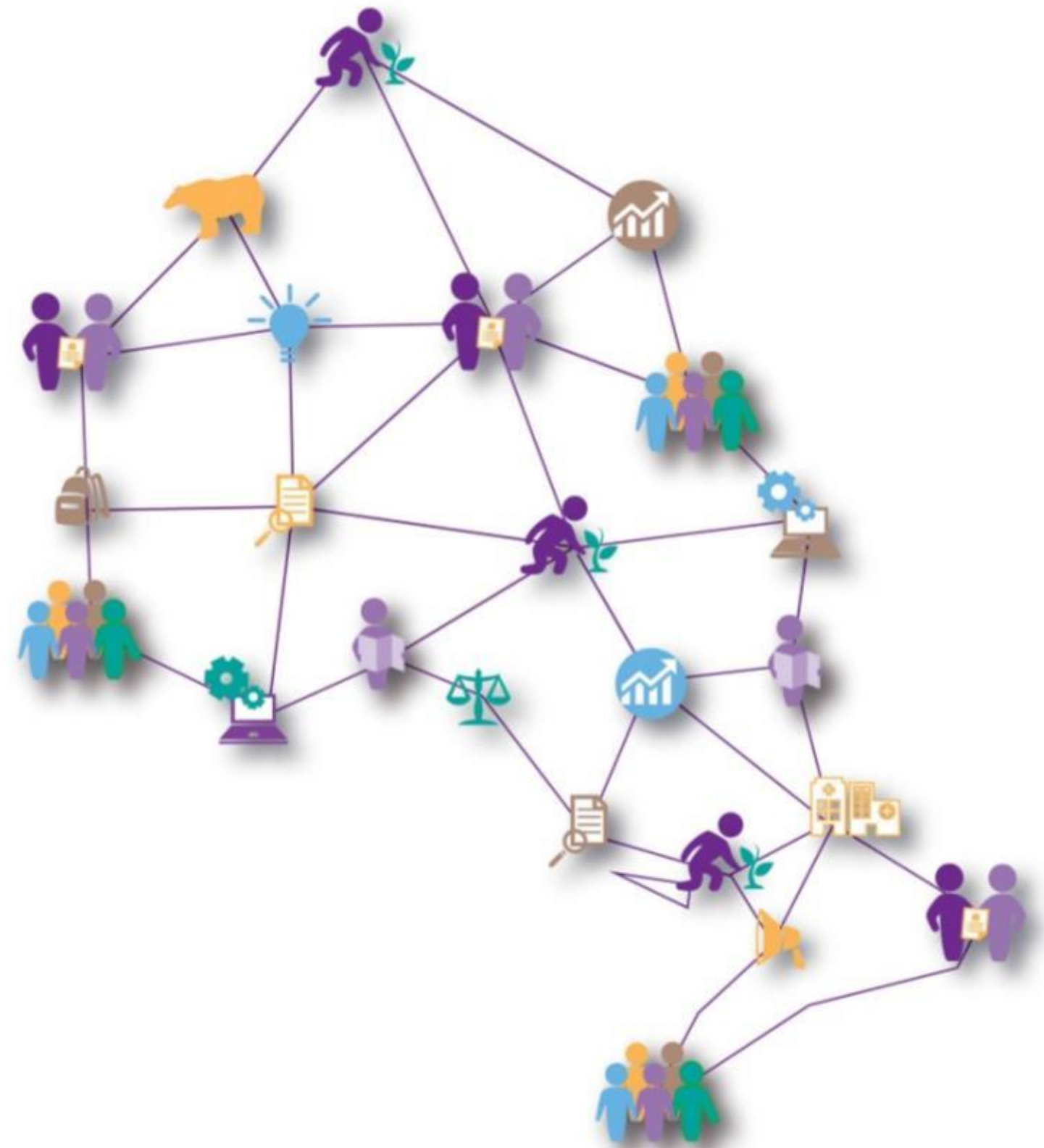
An evidence based process involving a staged approach for screening and assessment of clients in addiction services. SS&A includes a number of tools, including the GAIN SS, MMS (18+) or POSIT (1217), and the GAIN Q3 MI ONT.

GAIN Q3 MI ONT

Comprehensive assessment outlining needs in different areas of a client's life, which leads to a report that can be used for treatment planning and referral decisions.



camh





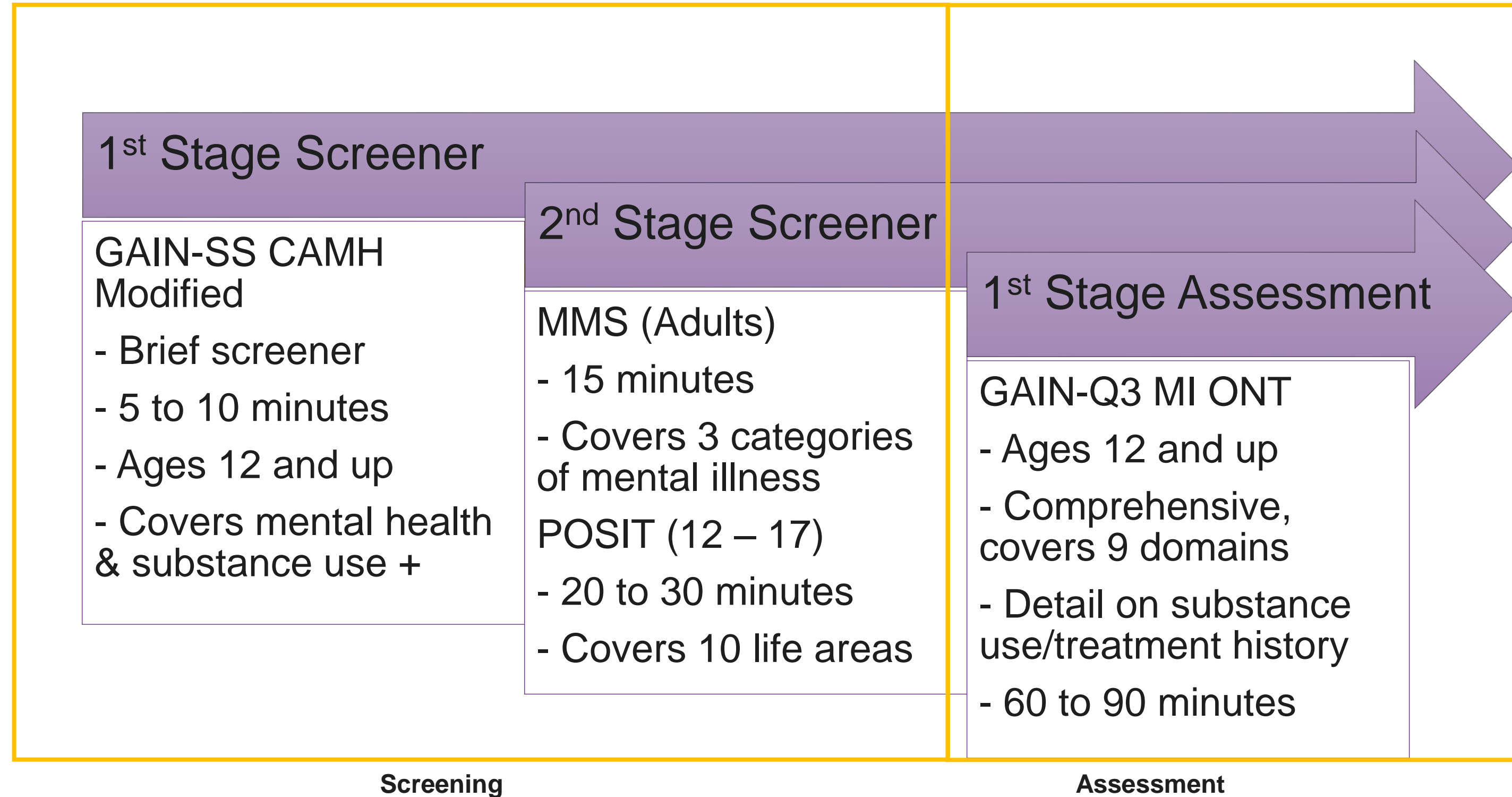
Marina Menezes
Implementation Specialist
Provincial System Support Program
CAMH



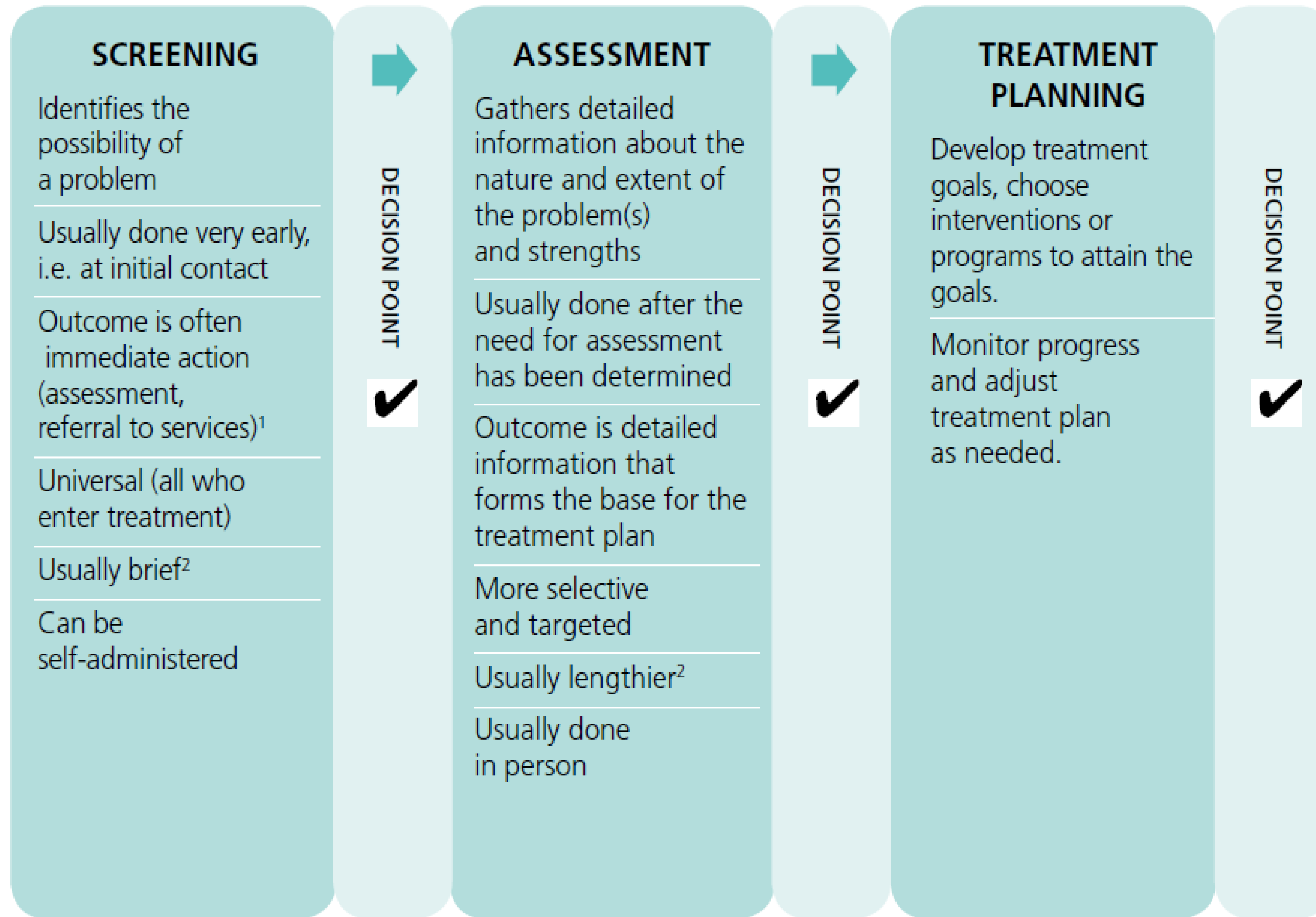
Julie Smith
Manager, Addictions & Mental Health
St. Leonard's Community Services

Staged Screening & Assessment (SS&A) Overview

Staged Screening & Assessment



Clinical Decision-Making Process

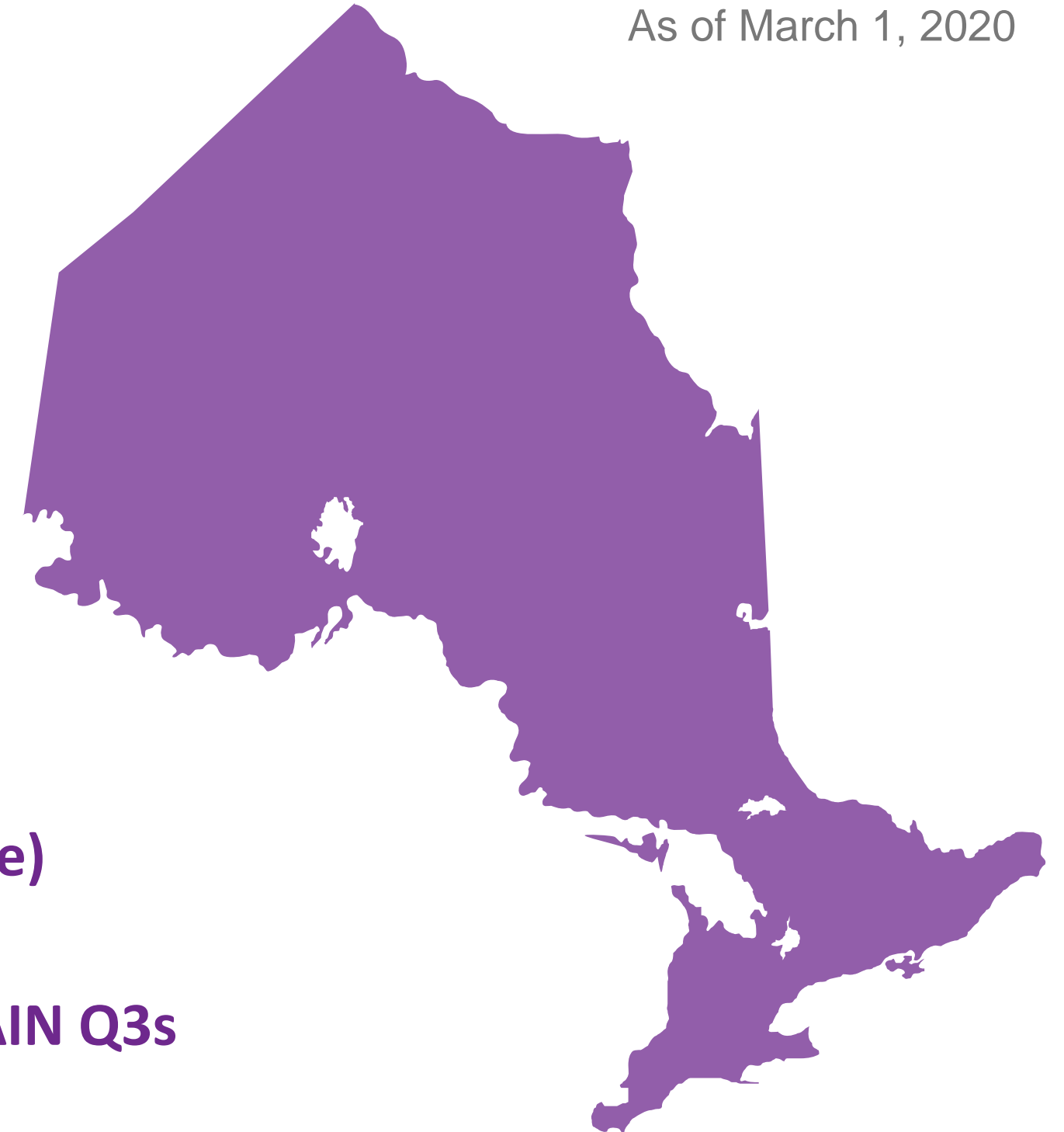


GAIN Q3 MI ONT Implications...

GAIN-Q3 MI ONT Provincial Implementation Status...

As of March 1, 2020

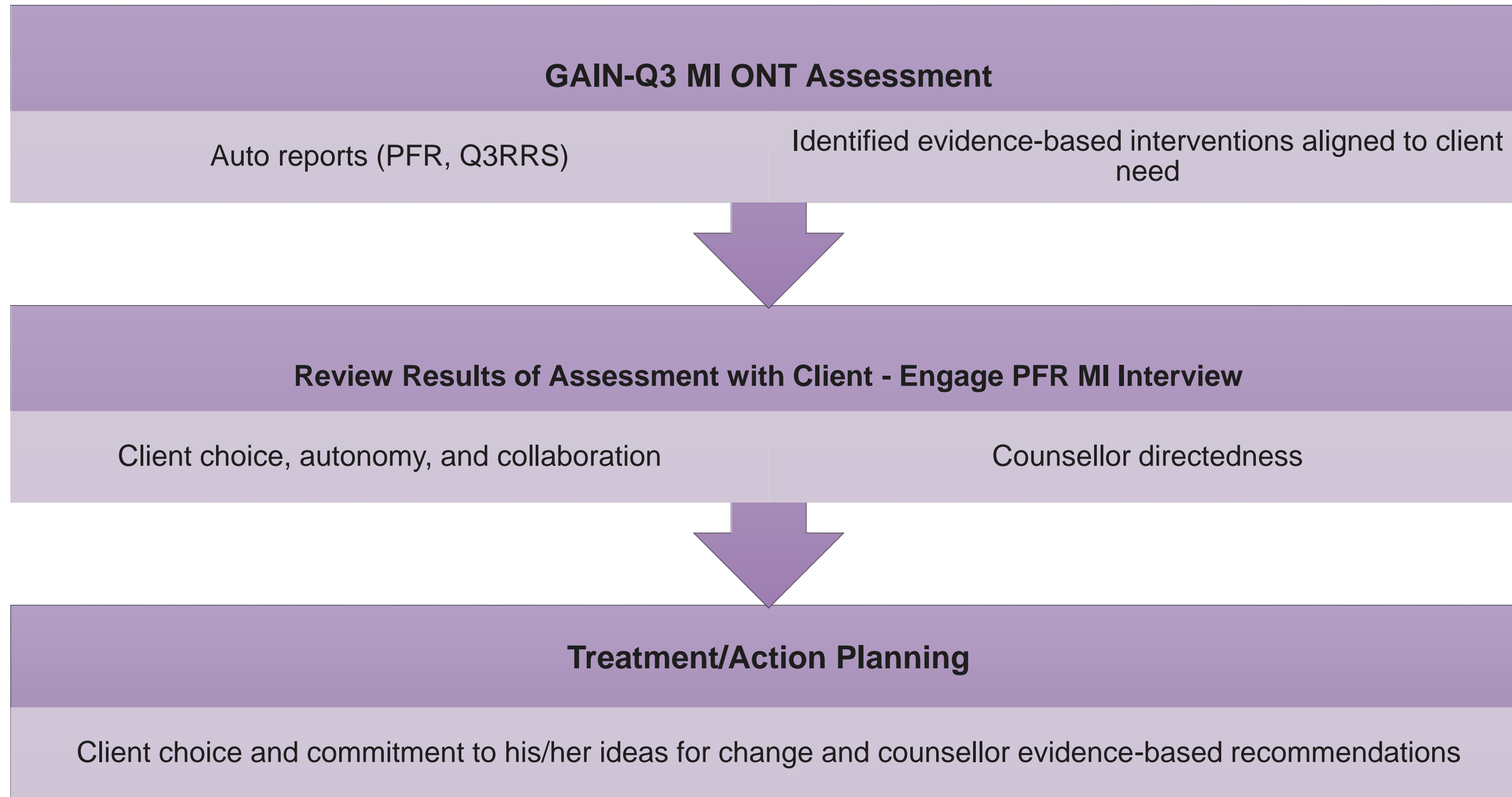
- Agencies implementing: **168**
- Clinicians trained: **1990**
- Certified site interviewers: **1427**
- Active quality assurance trainers: **90**
- # of GAIN Q3s: **9,743 (complete); 2,829 (incomplete)**
- Agencies on boarded to IAR: **81, with over 5700 GAIN Q3s**



INTERVENTION PLACEMENT & PLANNING RECOMMENDATIONS (Q3RRS)

	<u>Problem Severity x</u> <u>Service Intervention History</u>	<u>= Placement</u> <u>Recommendation</u>
1.	No problem	N/A
2.	Past problem. No current service involvement.	Consider monitoring and relapse prevention.
3.	Moderate problems. No current service involvement.	Consider low-invasive treatment.
4.	Severe problems. No current service participation.	Consider more intensive treatment or intervention strategies.
5.	No current problems. Current service intervention.	Review step-down or discharge.
6.	Moderate problems. Current service intervention.	Review need to continue or step up.
7.	Severe problem. Current service intervention.	Review need for more intensive or assertive treatment.

FROM GAIN-Q3 MI ONT INTERVIEW TO TREATMENT INTERVENTIONS





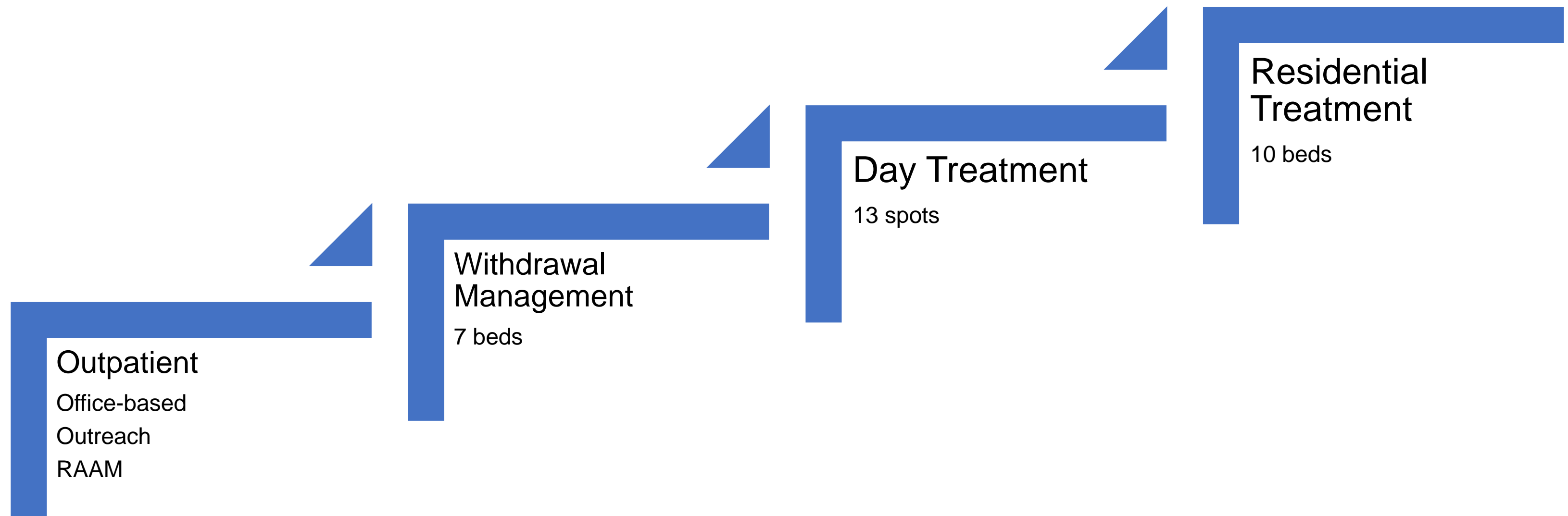
Clinical Assessment: Foundation for Client Recovery

Julie Smith, Manager

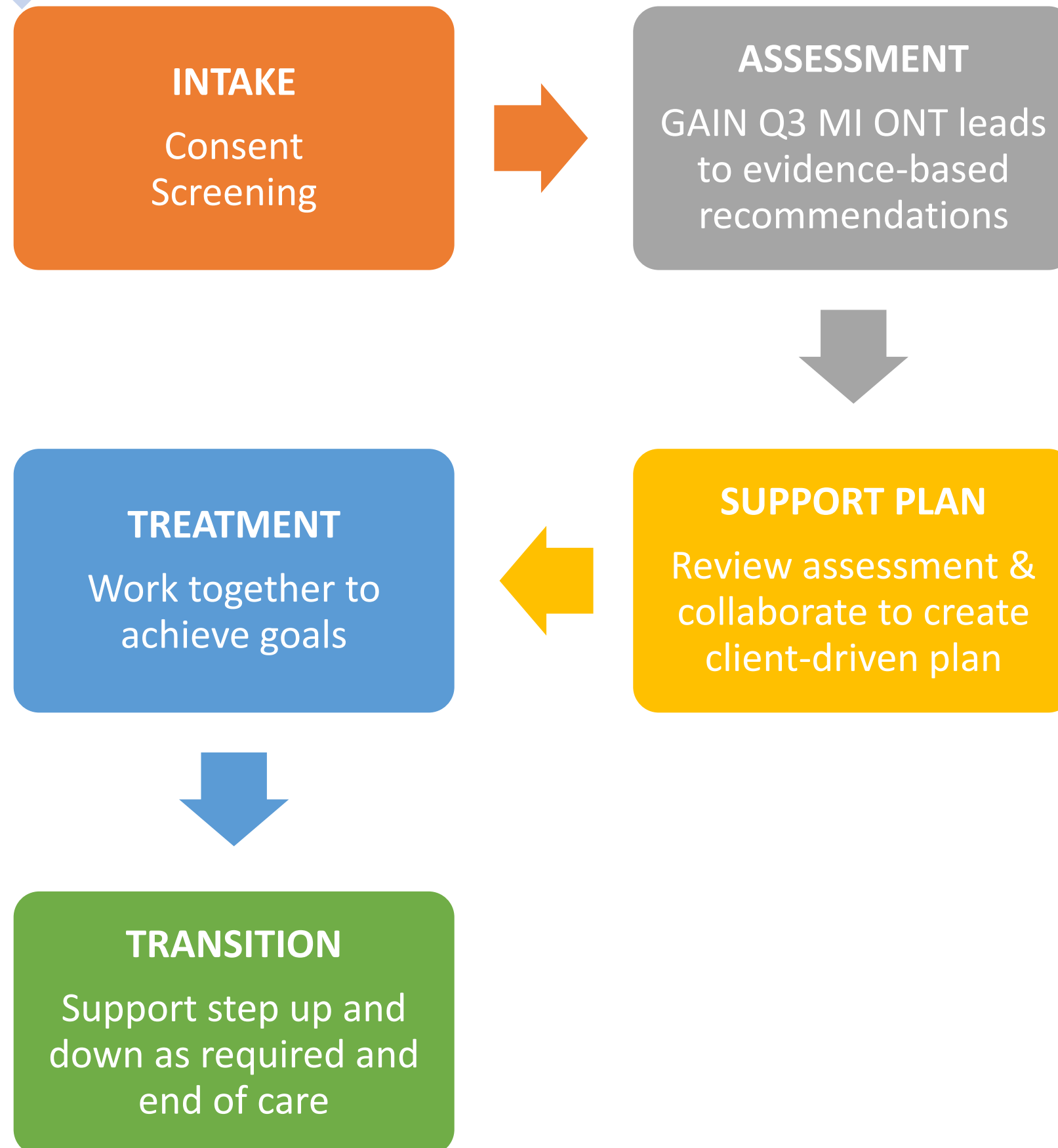
About Our Organization

- St. Leonard's Community Services has been serving Brantford and Brant County for over 50 years
- Agency delivers housing, employment, justice and addiction and mental health programs
- The Addiction and Mental Health department encompasses crisis services, as well as addiction and concurrent disorder services
- Over 5,000 people experiencing substance use and/or mental health challenges served last fiscal
- Early adopter of SS&A
- Full implementation for approx. 2 years
- 462 GAIN Q3 assessments completed so far this fiscal (and counting!)

Continuum of Addiction and Concurrent Disorder Programs (SLCS)



Assessment as Foundational to Care



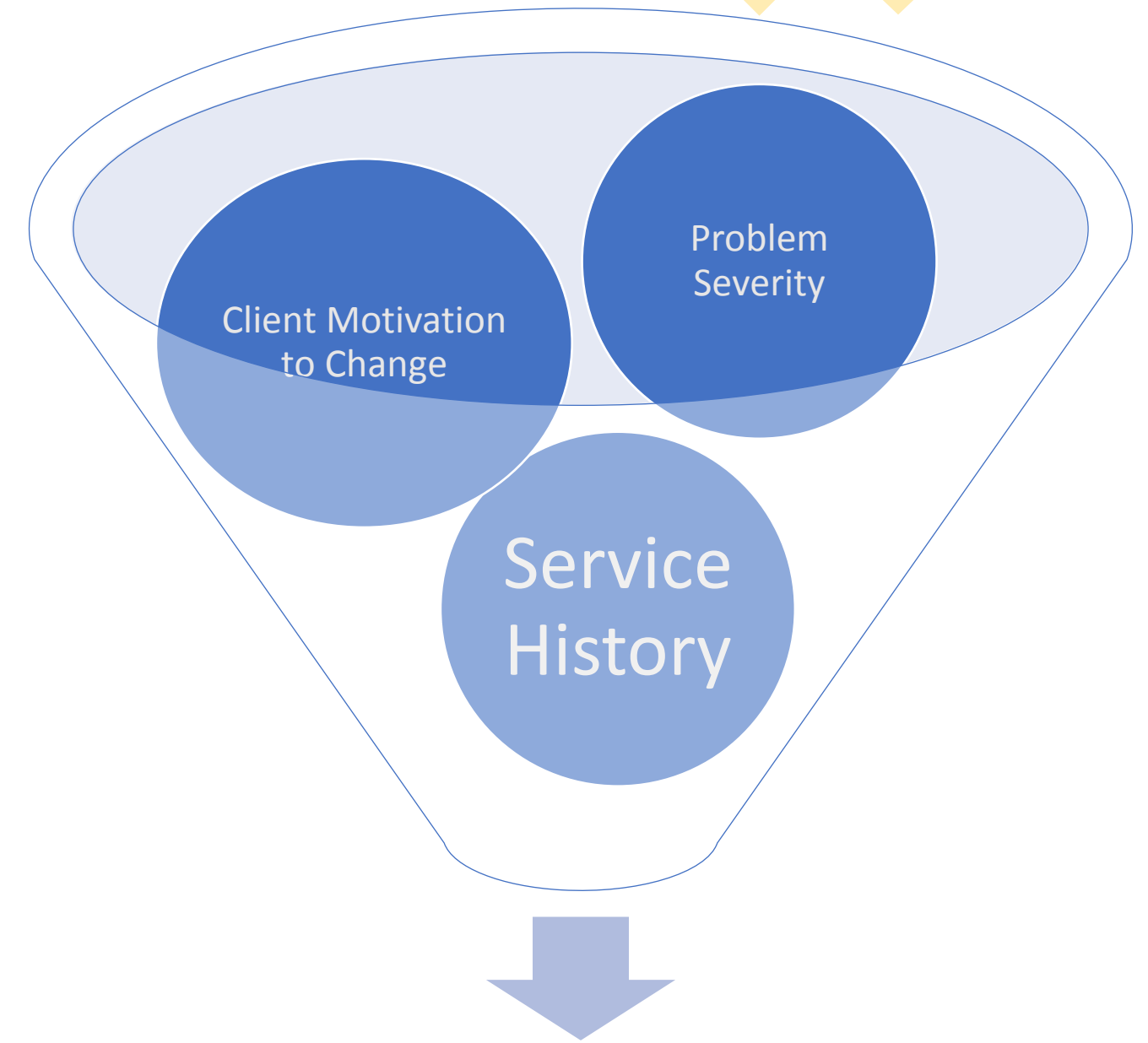
Principles

- Clients as experts in their care
- Assessment as a mechanism to learn from the client to facilitate the right next steps
- Time spent assessing has high ROI (starting client on right recovery journey)
- Treatment planning as collaborative

Placement Matching

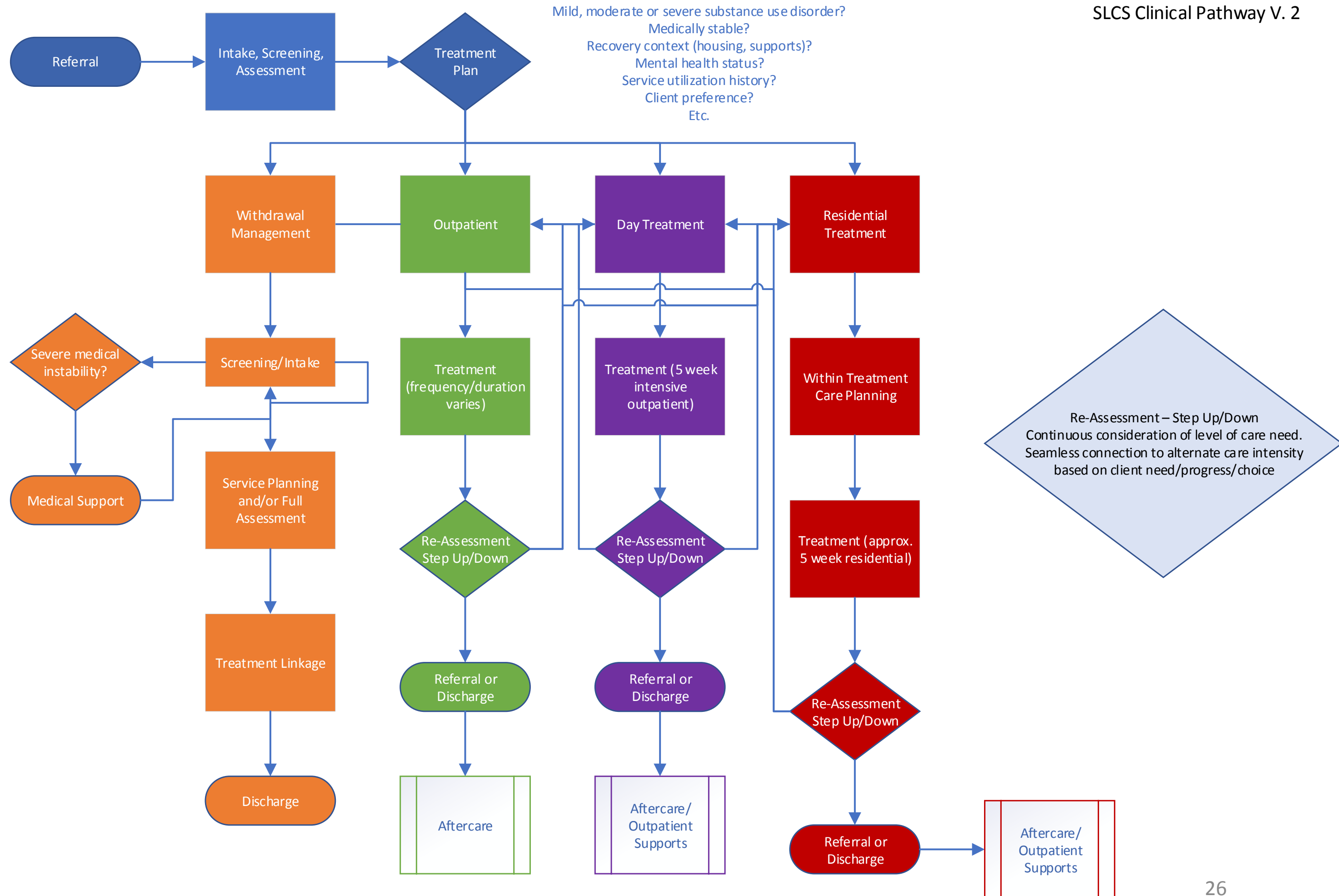
GAIN Q3 MI ONT tells us:

- Whether the SU issue mild, moderate or severe (DSM V criteria)
- Client level of motivation – related to likelihood of commitment to more intrusive service
- What services have been accessed in the past – and whether the client had any success with those interventions
- Mental health – need for CD capable supports and/or referral to MH specific program for further assessment
- Recovery context – safe and stable living environment
- Social circumstances – supportive of recovery goals or potential triggers?



Right Care – Right Place

GAIN Q3 as Foundation for Treatment Plan and Clinical Pathways










Working with the RRS

Objective is fully edited RRS with...

- Collateral information
- SU details integrated from grids section and diagnostic impressions
- Realistic target dates for evidence-based recommendations
- Summary of recommendations contextualized to our community and available resources

Feeds directly into a client-friendly support plan

My Support Plan							
My Strengths:							
My Goals							
							
What <u>Goal</u> Do I Want To Achieve?	What Steps Do I Need To Take?	How Will I Know If I Am Successful?	When Will I Achieve It?	Who/What Can Help Me Achieve My Goal?	What Might Get In The Way?	How Will I Overcome Them?	Goal Progress

Access Efficiency - Leveraging GAIN Q3

- Same day intake and assessment launched January 6/20
- Using self-administration option of the GAIN Q3 to expedite access to treatment
- Decreases time from intake to support plan development by approx. 75%

Book appointment: Call for appointment slot later the same day



Attend: Client consent, demographics and screening completed. Staff support client to self-administer GAIN Q3 to identify need areas and make recommendations



Review and Plan: Assessment reviewed and finalized with client. Support plan developed. Connections made to other programs as appropriate (outpatient, day, residential, WM)

2 appointments
3 hours
1 week

Preliminary Evaluation

- Client attendance rate for same day intake and assessment is high
- Initial client feedback is positive
 - Felt comfortable
 - Found instructions easy to follow
 - Knew how to find clinician for support as needed
 - Understood the next steps
 - Agreed they would get the treatment they need sooner
- Feedback from community partners is positive
- Staff PDSA indicates things going well overall, and some improvements are possible
- Next Steps: Continue to engage in PDSA for next 6 months (client and staff feedback)

Same day assessments is a huge help to those accessing service for the first time - major barrier has been removed with this implementation.

Service Quality Monitoring

- Clear expectation for staff regarding assessment and treatment planning
- Certification process supports skill development (particularly important for newer staff)
- Auto-generated evidence-based treatment recommendations point staff in the right direction
- All Q3 RRS reports are reviewed by a Supervisor and Manager (staff feedback and coaching opportunity)
- All clients get same, comprehensive assessment as foundation for their care

Top Takeaways



Our use of the GAIN Q3 MI ONT....

- Provides us comprehensive picture of client strengths and needs
- Triangulates key information and suggests evidence-based actions
- Facilitates clinical decision-making
- Ensures we match clients to the right services (both within our agency and across the addiction system)
- Ensures all our clients get same quality treatment planning process
- Facilitates faster access to treatment
- Helps us use our continuum of care effectively and efficiently (more intense resources for most complex client presentations)
- Supports our team's development
- Helps us assure quality

Upcoming Webinar:

GAIN Q3 MI ONT in a Virtual Environment

June 18, 2020 | 12:00 – 1:00pm (EST)

<https://www.eenet.ca/article/webinar-gain-q3-mi-ont-assessment-in-virtual-environment>

***Thank
You!***

Marina Menezes
marina.menezes@camh.ca

Julie Smith
jsmith@st-leonards.com

A black and white photograph featuring a thin, dark string stretched diagonally across the frame. A small, black clothespin is clipped to the string, holding a white rectangular card. The card is positioned in the lower center of the image and has the word "Questions?" printed on it in a bold, black, sans-serif font. The background is a solid, light gray surface.

Questions?

CLIENT VOICE DRIVES SYSEM IMPROVEMENT

NAOMI VODDEN & MELANIE KNAPP, GREY BRUCE HEALTH SERVICES (GBHS)

Using data from the
Ontario Perception of Care
Tool for Mental Health and
Addictions (OPOC-MHA) to
inform quality improvement
activities

- OPOC-MHA overview
- OPOC-MHA at GBHS
- South West Continuous Quality Improvement Collaborative (CQIC)
- RAI at GBHS

Ontario Perception of Care tool for Mental Health and Addictions (OPOC–MHA)

What?

- Standardized, validated tool
- Asks about care experience in relation to what is expected as standard, quality care
- Endorsed by Accreditation Canada and Canadian Centre of Accreditation

Why?

- Empowers service users
- Captures info on quality improvement indicators
- Contributes to program and system level quality improvement
- Use of data to support decision-making

Versions: Registered, Non-Registered, Caregiver, Housing, Crisis

OPOC-MHA Domains

- Additional questions about age, gender, ethnicity, sexual orientation
- Open ended questions about least/most helpful aspects of service



OPOC-MHA Reports

Accessible to all addiction, mental health and concurrent disorder providers funded by Ontario Health

- Data collected and analyzed in a central database
- No connection to personal health information
- Standardized reports available for each organization and program
- Providers also have access to provincial-level reports
- Funders have access to organizational, regional and provincial data

Standardized data enables quality improvement at regional and provincial levels

OPOC-MHA Across the Province

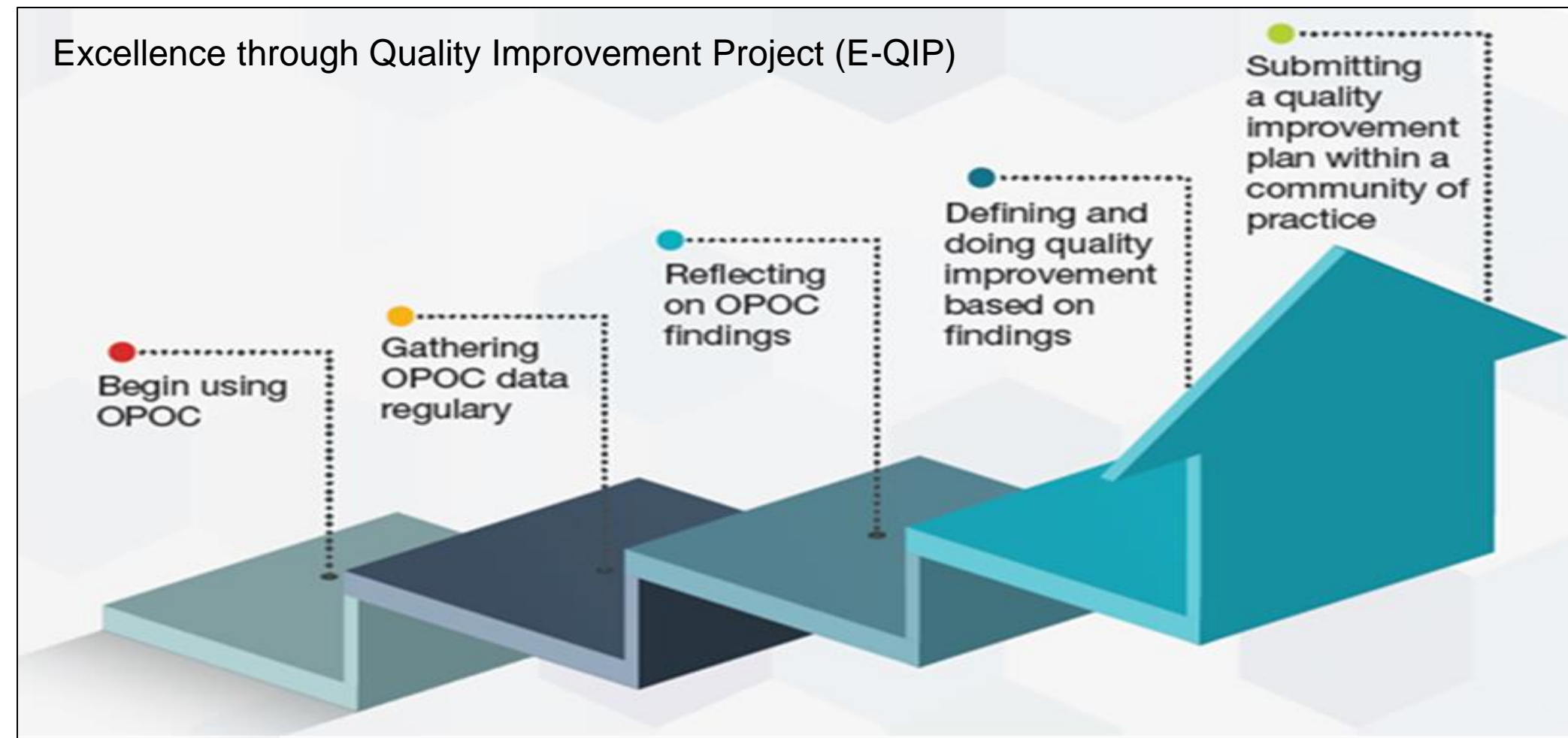
All regions involved in implementation process

- 354 organizations in-scope for implementation*
- 229 organizations have data in the database*
- 71,391 OPOC-MHAs completed across province*

*Information provided by CAMH, numbers current as of Feb 3, 2020

OPOC-MHA data use

- Data sharing and discussions
- Balanced scorecards, quality improvement, Quality Improvement Plans
- Excellence through Quality Improvement Project (E-QIP)
- Continuous Quality Improvement Collaboratives (CQICs)



OPOC-MHA Use at GBHS

- Inpatient units (3 units)
- Crisis Support Program
- Outpatient Programs
- Addiction Services
- BSO

OPOC-MHA Use in Five areas at GBHS

- Board Quality Improvement Plan
- Mental Health and Addiction Scorecard
- Mental Health & Addictions Quality Council
 - Overall #30 OPOC Score
- Patient and Family Advisory Committee
 - Overall #30 OPOC score

➤ Each unit/Program reviews their OPOC data

Inpatient OPOC target

- #35 The layout of the facility was suitable for visits with my family and friends (e.g., privacy, comfort level).



All Units OPOC Target

- #16: If I had a serious concern, I would know how to make a formal complaint to this organization.



What is the Continuous Quality Improvement Collaborative?

Questionnaire for all Registered Clients

Please indicate the extent to which you agree or disagree with each of the following statements about your treatment/support experience.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. The wait time for services was reasonable for me.	1	2	3	4	N/A
2. When I first started looking for help, services were available at times that were good for me.	1	2	3	4	N/A
3. The location of services was convenient for me.	1	2	3	4	N/A
4. I was seen on time when I had appointments.	1	2	3	4	N/A
5. I felt welcome from the start.	1	2	3	4	N/A
6. I received enough information about the programs and services available to me.	1	2	3	4	N/A
Do you have any comments about access/entry to services?					
Services Provided					
7. I had a good understanding of my treatment services and support plan.	1	2	3	4	N/A
8. Staff and I agreed on my treatment services and support plan.	1	2	3	4	N/A
9. Responses to my crises or urgent needs were provided when needed.	1	2	3	4	N/A
10. I received clear information about my medication (i.e., side effects, purpose, etc.)	1	2	3	4	N/A
11. I was referred or had access to other services when needed, including alternative approaches (e.g., exercise, meditation, culturally appropriate approaches).	1	2	3	4	N/A
Do you have any comments about the services provided?					

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- Partnership of mental health and addiction stakeholders
- Use client feedback from the OPOC to guide service improvements
- Currently in two regions: Champlain, South West
- South West CQIC includes 13 mental health and addiction agencies and 4

community members with lived experience


SW CQIC – Improving Service Transitions


PODS





_____'s Care Guide


I came to hospital on ____/____/____ and left on ____/____/____

I came in because I have _____


 my own notes

 **Medications I need to take**

Name	What it is for	morning	noon	afternoon	night
					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 **How I might feel and what to do**

I might feel	What to do	Go to Emergency if:


 **Changes to my routine**

Activity (i.e. dietary, physical)	Instruction

 **Appointments I have to go to**

Go see _____ for _____ on ____/____/____ at ____:____ am/pm

Location: _____ ☎ _____ ☐ booked

 **Where to go for more information**

For medication instructions call/go to pharmacist ☎ _____

For _____ call/go to _____ ☎ _____

- OPOC data identified **service transitions** as an area for action
- Decided to **implement a person-oriented transition bundle** (including the Person/Patient Oriented Discharge Summary – PODS)
- PODS is a simple tool that arms clients with 5 key pieces of information they need to know to effectively manage their health

after discharge

Involvement of Client Partners



"Being part of this CQIC group helps me to feel hopeful about mental health recovery because the group has such caring intentions." Client partner

"The CQIC has given me the opportunity to be heard, to be of service." Client partner

"From the beginning, we've had our community members, people with lived experience, at the table helping guide us, helping ground us, and helping us to know that we're doing the right thing." Agency partner

"It's been a wonderful experience and created a wonderful change in me." Client partner

Inter Rai- Brief Mental Health Screener

- Police Hospital Transition Tool



Inter RAI- Mental Health for In-Patient Psychiatry

- This is a comprehensive standardized instrument for evaluating the needs, strengths and preferences of adults with mental illness in in-patient psychiatric settings.
- This instrument allows for assessment of key domains of function, mental and physical health, social support and service use; with particular items identifying those who could benefit from further evaluation of specific problems to help prevent risk of further decline and improve

RAI Data

- Develop Care Plans
- Make System Changes
 - Substance Use Strategy
 - Crisis Support Program
- Monitor Quality and Flow



Mental Health Quality & Safety Scorecard 2018-2019

GBHS Corporate Scorecard/QIP

RAI Data

GBHS Corporate Priorities

GBHS Multi-Sector Service
Accountability Agreement
(M-SAA) Explanatory Indicators

Strategic Direction	Objective We Will enhance:	Indicator	La
Achieve Best Outcomes	Patient Care	30 Day IP MH Readmission Rate	:
		% TOA Complete 4-6	:
		Admission Medication Reconciliation All MH Units	4
		Discharge Medication Reconciliation All MH Units	:
		% of Substance Abuse GBIN 3 ED Visits referred to WMS	:
Create Positive Experiences	Patient Experience	No restraint or acute control medication used	:
		Inpatient Groups on 4-5	:
		# of New patients seen in RAAM Clinic	:
Secure Our Future	Operating Capacity	Overall OPOC Experience Score	:
		Inpatient MH Median LOS for Schizophrenia	:
		Inpatient MH Median LOS for Neurocognitive Disorders	:
		Inpatient MH Median LOS for Personality Disorders	:
		Inpatient MH Median LOS for Depressive Disorders	:
		ED Time to Bed MH Admitted 90% (hrs)	4
		30 day Repeat ED Visits for Mental Health Condition	:
Inspire Our People	Workplace Health & Safety	30 day Repeat ED Visits for Substance Abuse Condition	:
		MH ALC Rate	:
		# of kudos sent in to newsletter	:
		Overtime Hours	:
		Paid Sick Hours per Employee (Annualized)	:
		# of Critical Incident Stress Debriefings to GBIN 3 Corporations	:
		Number of Code Whites	:
		% of Code White Debriefs (WMS, 4-5,4-5,4-6)	:
		Number of workplace violence incidents in MH Area	:

QUESTIONS/COMMENTS

A black and white photograph featuring a white rectangular card hanging from a thin, dark string. The string is stretched diagonally across the frame, and a small black clothespin is attached to it, holding the top edge of the card. The card has the word "Questions?" written on it in a bold, black, sans-serif font. The background is a solid, light gray surface.

Questions?

Closing remarks

What stood out for you today?





Next steps

Evaluation

Please complete today

Sending out slides and handouts

Within the next week

Summary document

Within the next month

thanks!

