

Using Standardized Tools to Improve Services

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

May 28, 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

Alexia Jaouich, Director, Implementation, Provincial System Support Program, the Centre for Addiction and Mental Health, CAMH

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

It's a
New
World

Agenda

Using the OCAN in Quality Improvement: The OCAN QI Network (adult mental health)

Fedora Romita, Administrator at Consumer Survivor Initiative of Niagara and Person with Lived Experience

Laura Daly Trottier, Quality Improvement Coach, Excellence through Quality Improvement Project

Linda Saunders, Quality Improvement Coach, Excellence through Quality Improvement Project

Q&A session

An overview of the interRAI Child and Youth suite of assessment instruments (child and youth mental health)

Cynthia Weaver, VP Programs and Services, Kinark Child and Family Services

Mamta ChailTeves, Executive Director, Wellkin Child & Youth Mental Wellness

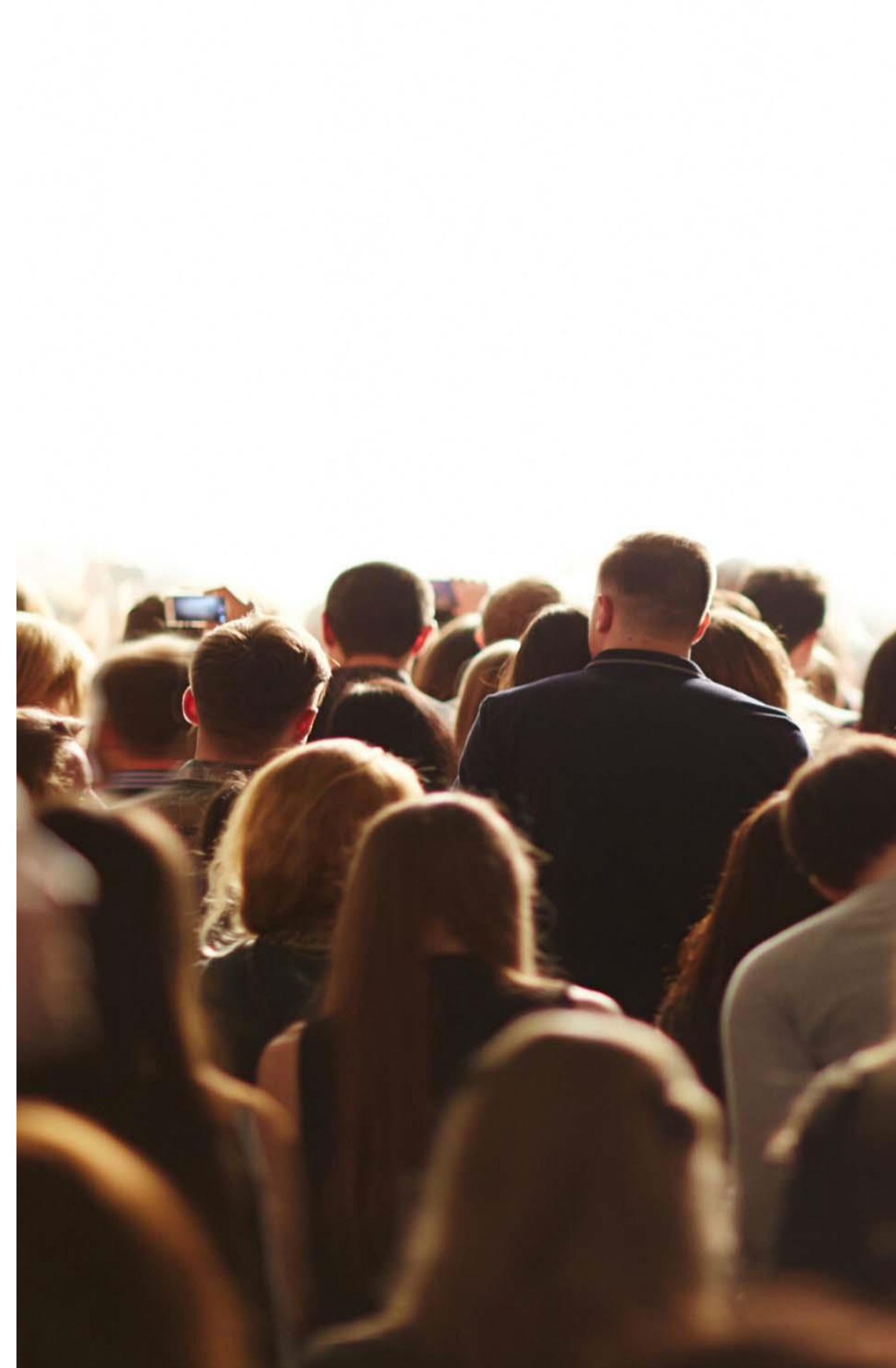
Q&A session

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.

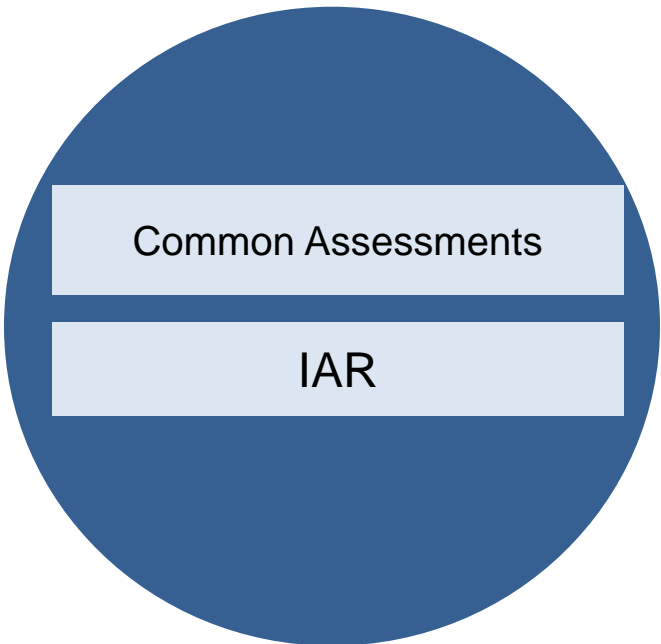


Looking to the future: Priorities for the sectors

Celine Mulhern
Manager, Strategic Policy &
System Design
Mental Health and Addictions
Division
Ontario Ministry of Health



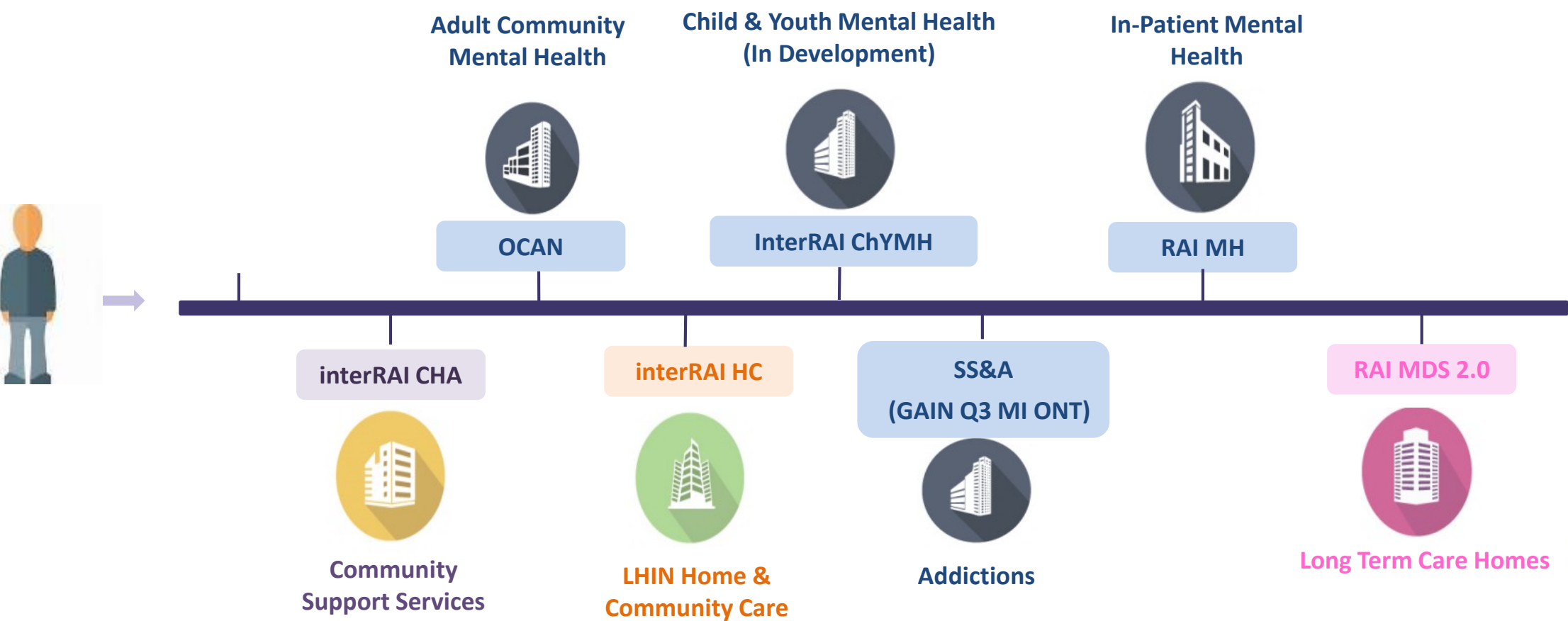
Common Assessments & IAR



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



System context

Roadmap to Wellness: a plan to build Ontario's mental health and addiction system

Mental Health and Addiction Centre of Excellence

Ontario Health Teams

...and now the impact of COVID-19 and the need for virtual care and implementation of tools

Excellence through Quality Improvement Project (E-QIP)

Led by AMHO and CMHA, in partnership with Ontario Health and PSSP, CAMH

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



Focus of the Webinar Series

Tools that are most widely implemented across Ontario

How these tools are (or can be) used to improve services

- InterRAI ChYMH
- InterRAI MH
- OCAN
- OPOC-MHA
- SS&A
- GAIN Q3 MI ONT



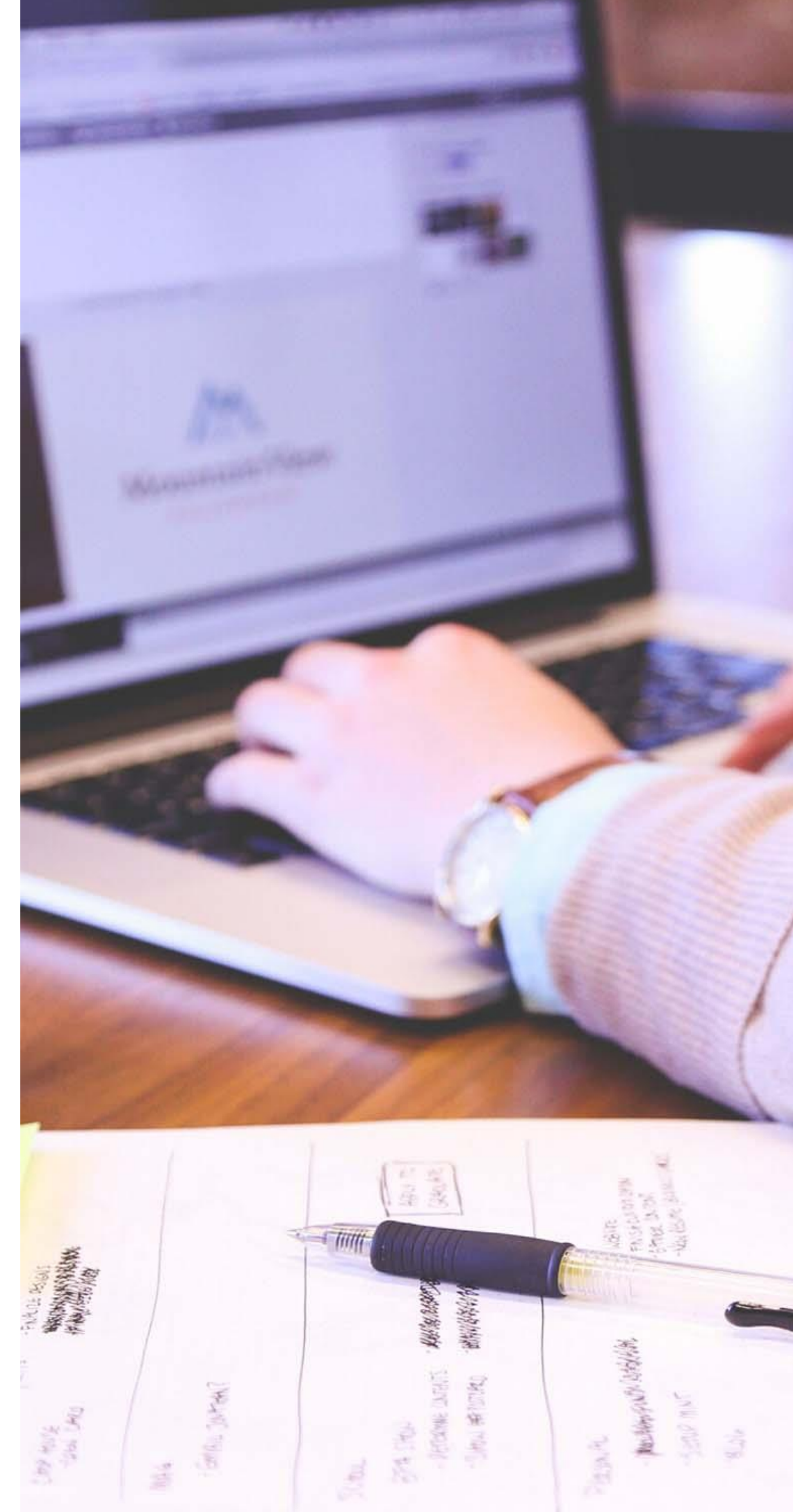
Tools Covered in Today's Session

O CAN

Used to assess client needs and strengths in different areas of their life to inform recovery plans and track outcomes over time. Used in the community mental health sector with people over the age of 16.

interRAI ChYMH

Used to screen and assess children and young people's mental health needs to support care planning and outcome measurement. Used in children and youth community mental health agencies.





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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

Linda Saunders– QI Coach, CMHA Ontario Division

Laura Daly-Trottier – QI Coach, CMHA Ontario Division

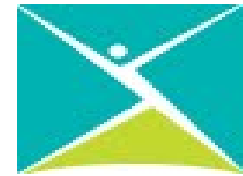
The Excellence through Quality Improvement Project (E-QIP)

- **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

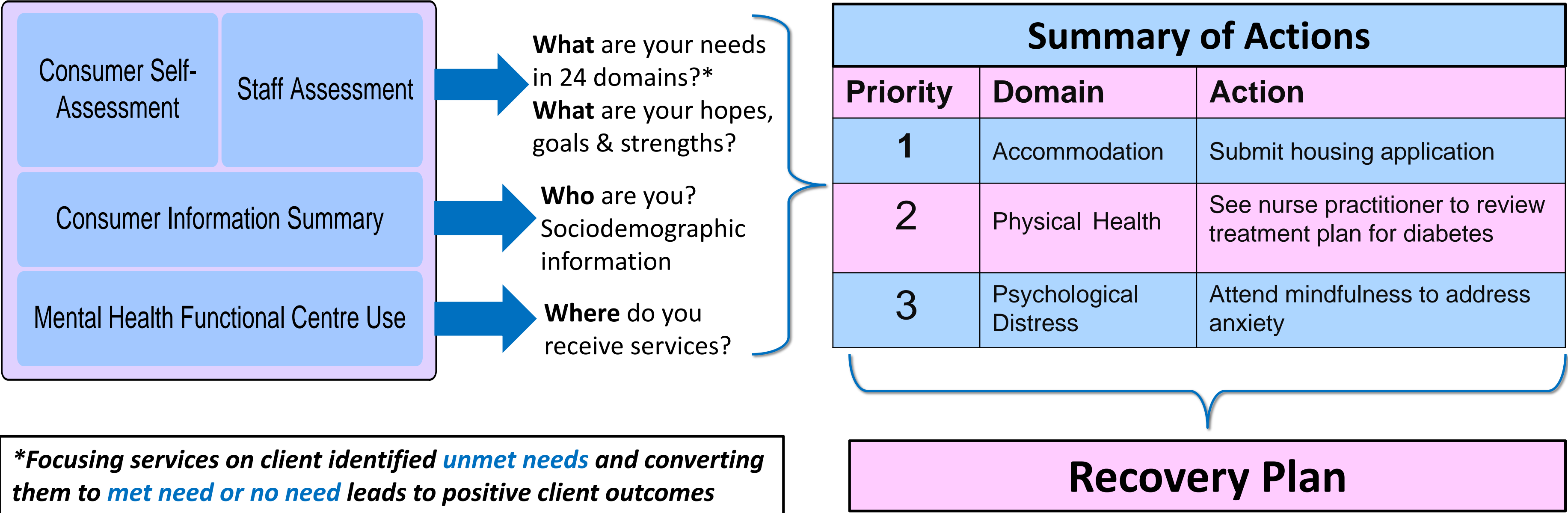


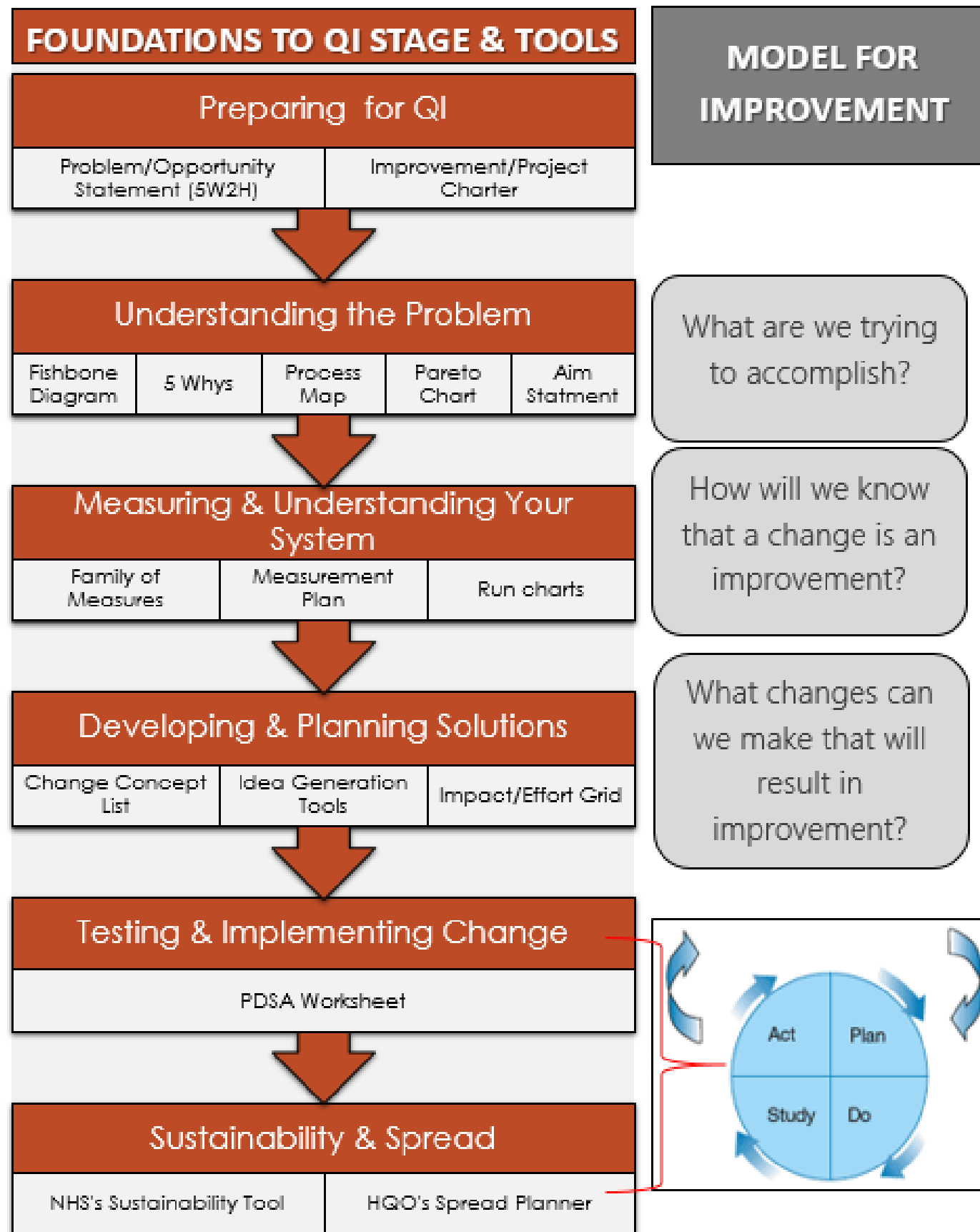
Association canadienne
pour la santé mentale
Cochrane-Timiskaming



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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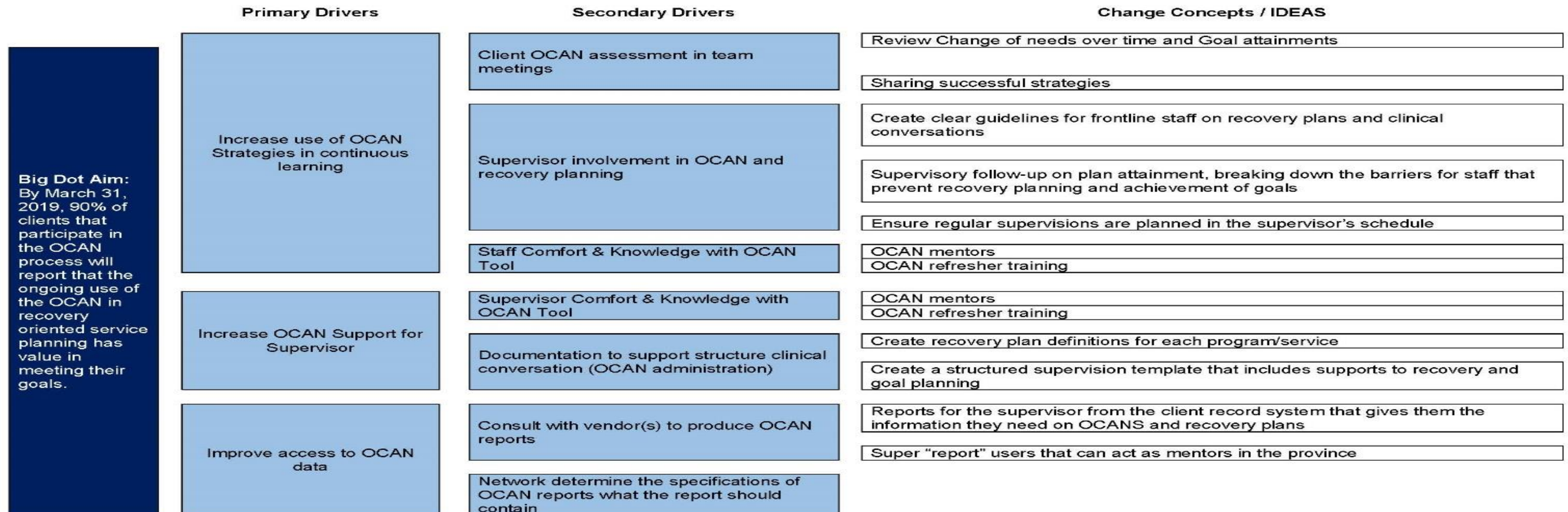


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Generation of Change Ideas: Driver Diagram

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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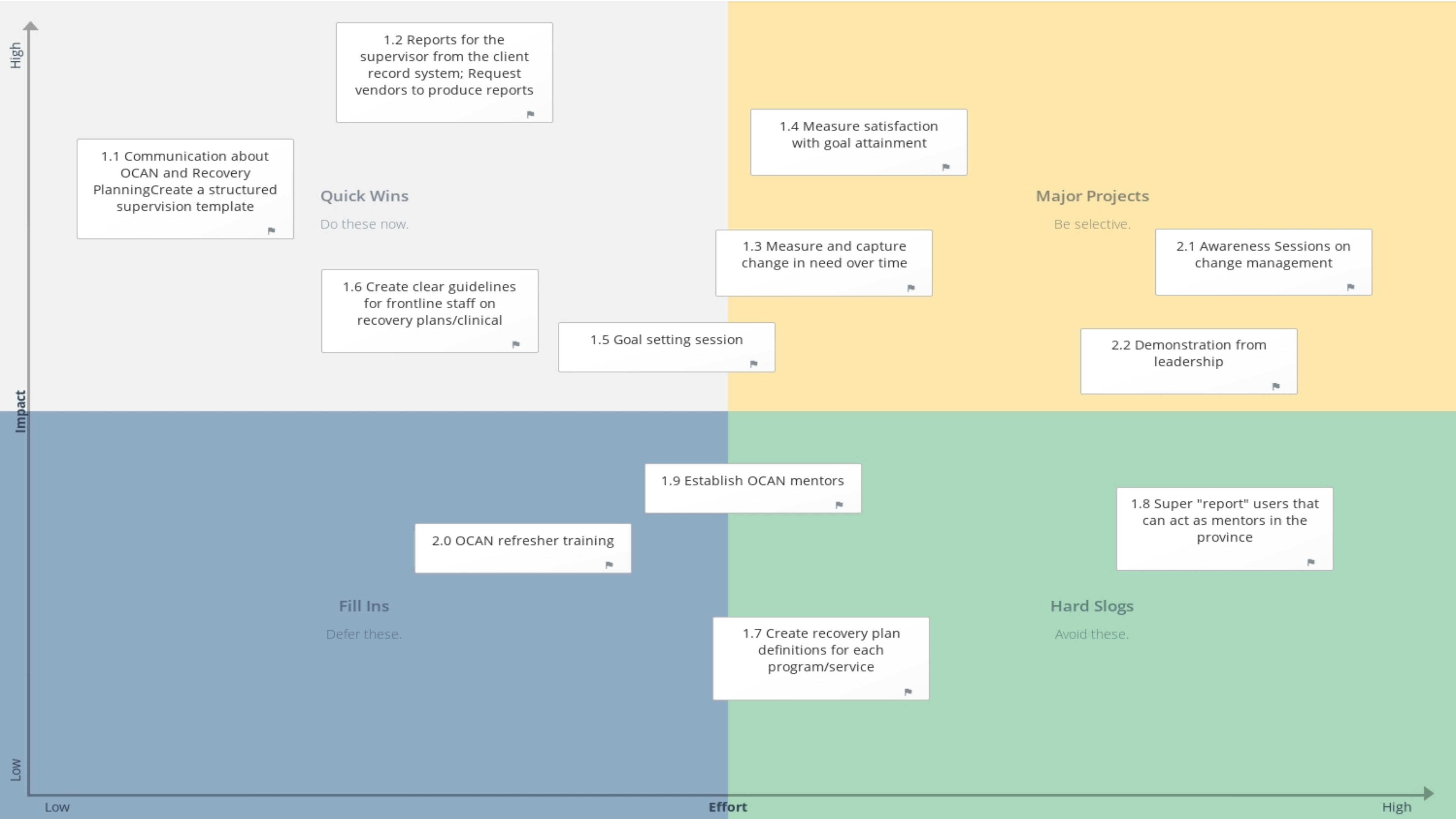


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Change Ideas

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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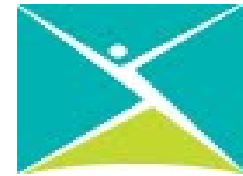
How we're measuring change

- 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

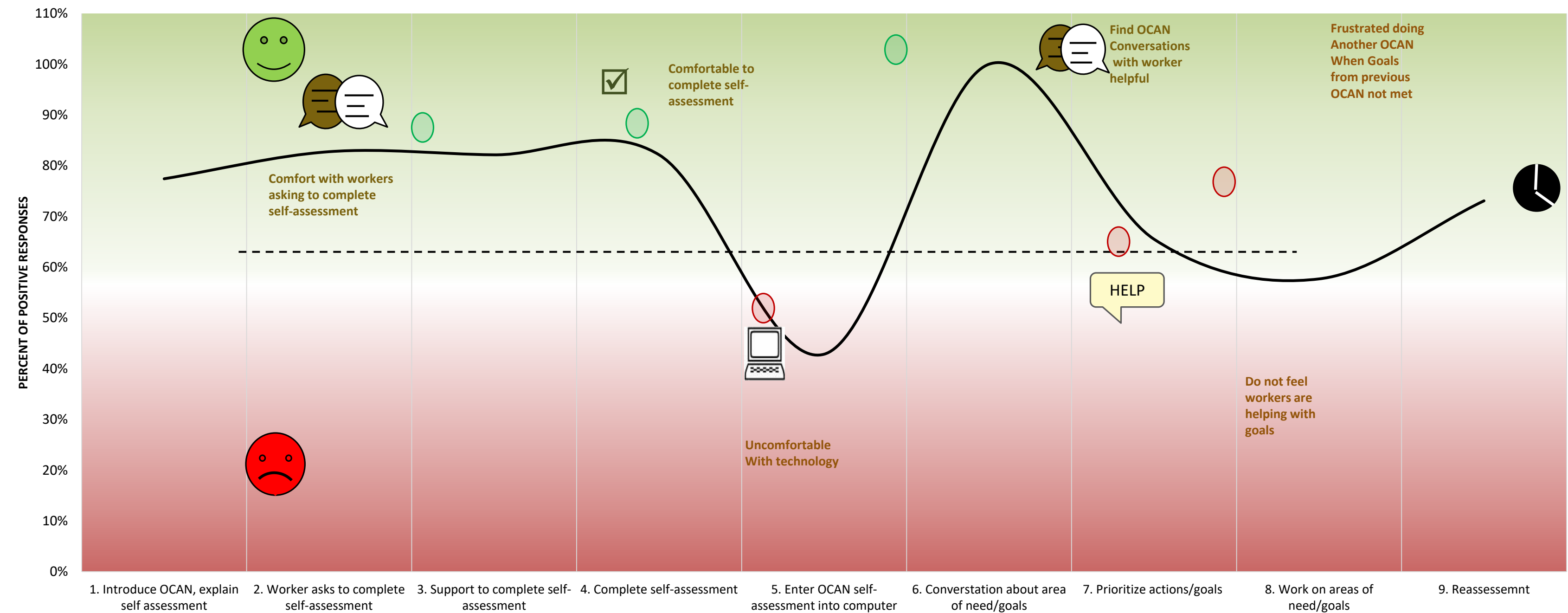


MEMBER OF OAK
CENTRE



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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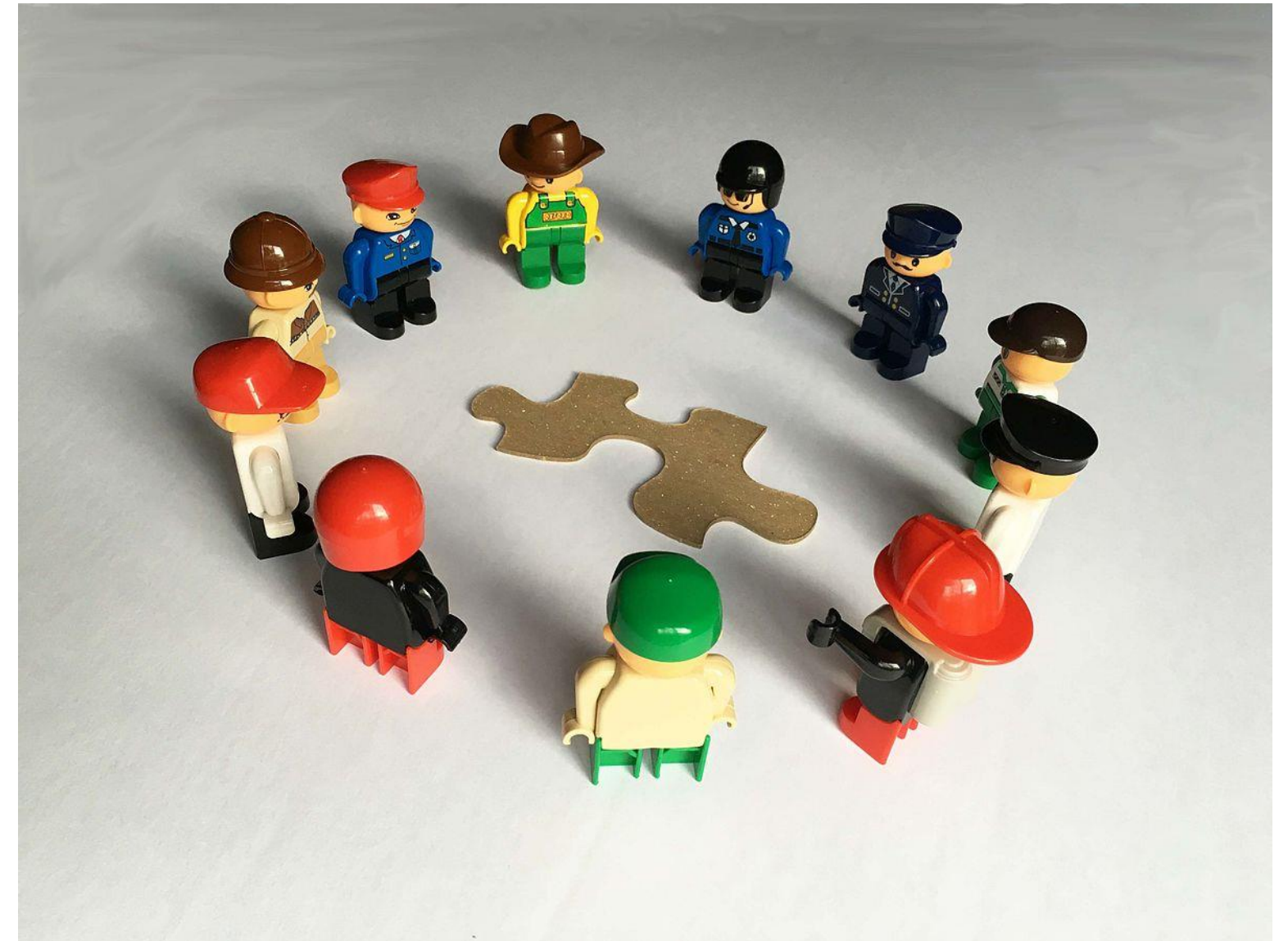


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Two Methods Used

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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Laura Daly-Trottier

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CYMH Service Sector

Common Assessment Recommendation

Where have we come from?

- ▶ “Moving on Mental Health’ Draft Service Framework introduced in September 2013
- ▶ 33 Lead Agencies appointed for implementation of the quality improvement strategy for CYMH Core Services
- ▶ Over 200 organizations receiving CYMH funding across the province at the time MOMH was introduced
- ▶ CYMH Service Sector known as a ‘**Data Free Zone**’ with few Key Performance Indicators (KPIs) identified/defined with any consistency of reporting
- ▶ Lead Agency Consortium has delivered annual Provincial Priorities Report(PPR) beginning in 2017 - identifying system wide quality improvement recommendations for action
- ▶ June 23rd, 2016 Lead Agency Consortium wrote the ADM of MCYS requesting that the funder mandate a common assessment tool

Why Common Evidence-Based Assessment

For the Client/Family

- ▶ Will direct and support client goals, treatment, experience and support positive outcomes
- ▶ Will decrease duplication and burden to families
- ▶ Will streamline care pathways to promote the right service at the right time

For the Service Provider

- ▶ Will increase evidence based/informed practice to clients and families
- ▶ Will provide clarity to client population within an organization, across a service area and give a provincial picture
- ▶ will assist in identifying priorities for future allocation and priorities for service within the organization, service area and province

For the CYMH System

- ▶ Will increase evidence based/informed practice to clients and families
- ▶ Will increase the client/family experience by increasing good practice and decreasing duplication and burden
- ▶ Will provide clarity to client population within an organization, across a service area and give a provincial picture
- ▶ will assist in identifying priorities for future allocation and priorities for service within the organization, service area and province

How we got to the InterRAI

- ▶ PPR #3 Steering committee identified the need to determine a common assessment tool in 2018/19
- ▶ Working group established of Lead Agency representatives from across sector/service areas to look at identification of common assessment tool (front door and back door)
- ▶ Working Group Scope Included:
 - Literature Review
 - Cross Sectoral Scan - Health, Education, Child Welfare
 - CYMH Current State Mapping - What is currently in use and where
 - Tool Evaluation - CANS MH, GAIN Suite, Inter RAI Suite
(Availability, Quality, Affordability, Efficiency)

- ▶ Recommendation:

**The Lead Agency Consortium recommends to the Ministry of Health and Long Term Care that all Children's Mental Health Providers utilize the InterRAI suite of tools for common assessment of mental health issues.
(Process/Protocols/Practice to be defined in implementation strategy)**

Inter RAI Suite

- ▶ **Developed by CPRI** - CPRI continuing to consult on this recommendation
- ▶ **Digital Health** - online data entry, scoring and report generation, Current partnership with CIHI (currently working to set standards with vendors)
- ▶ **Workforce** - administered by a paraprofessional when trained (degree/diploma)
- ▶ **Recommended Ages** - full age range (0-18)
- ▶ **Full Functionality** - Screener, CHYME Assessment (semi-structured interview), Risk Algorithm (service urgency), Outcome measurement
- ▶ **Marginalized Populations** - Built on Social Determinants of Health
- ▶ **Available Languages** - available in French, English and currently being translated to an additional 22 languages

Next Steps

Communications Strategy:

- ▶ Need to build champions across the CYMH sector

Pilot/Demonstration Project:

- ▶ Initial survey to all CYMH users to understand how tool is currently being utilized
- ▶ Working with current CYMH InterRAI users and InterRAI COP's to define demonstration for initiation March/April 2020
- ▶ Summarize lessons learned

CYMH Sector Implementation Plan:

- ▶ Design phased implementation plan with MOH support

thanks!

