

## Improving OCAN Data Quality Resource

### 1. Improving Data in Fields with Significant % Missing/Unknown Data

#### ***General Tips:***

- *Make sure your client is aware that they are not required to answer questions they aren't comfortable responding to.*
- *You can also decide not to ask some of the questions if you think it will impede your engagement with the client or interfere with the immediate service the client requires.*
- *For most questions, you have the option to enter "Prefer Not to Answer" or "Do Not Know". If you do not have information for an OCAN field, enter one of those options rather than leaving it blank.*
- *Consider if this may be due, in part, to staff's comfort level in having a conversation with clients about some fields. You may be missing important information to better understand and support your client.*
- *The goal is Not to have 100% response for every field*
- *The goal is to improve response rates for the fields below by implementing strategies that are helpful for clients and respect the client's decisions whether to share the information.*
- ***Refer to the reference materials as you review the information and actions in Table 1 to improve data for the fields with significant rates of missing or unknown data.***

**Table 1: Improving Data in Fields with Significant % Missing/Unknown Data**

Fields	Information and Actions
<p>The following socio-demographic information:</p> <ul style="list-style-type: none"> <li>• <b>Racial or Ethnic Group</b></li> <li>• <b>Citizenship Status</b></li> <li>• <b>Education</b></li> <li>• <b>Sexual Orientation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Socio-demographic data provides information that can help you provide better care.</li> <li>• The information describes key characteristics of your client that helps you better understand and address their specific needs.</li> <li>• This can lead to better decisions on services for your client.</li> <li>• For example: Learning that a client is a refugee will prompt you to deliver or access services that focus on addressing barriers, stress and potential trauma associated with migration and settlement.</li> <li>• This data is also being used at an aggregate level to improve equitable access to health care for diverse communities.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Use the above points to explain why you’re asking these questions to your client.</li> <li>• Whenever possible gather this information from clients or other sources.</li> <li>• If you do not have information for these fields, select “Prefer Not To Answer” or “Do Not Know”. Do not leave it blank.</li> <li>• Click on the link for more information on collecting socio-demographic information:</li> </ul> <p><a href="http://torontohealthequity.ca">Measuring Health Equity - Demographic Data Collection (torontohealthequity.ca)</a></p>
<p><b>Service Initiation Date</b></p>	<ul style="list-style-type: none"> <li>• This field is in the <i>Mental Health Functional Centre Use</i> section</li> <li>• There is a <b>substantial amount</b> of missing data in the <b>Service Initiation Date</b> field. The only scenario when this field should be left blank is if an organization completes the Initial OCAN at intake and the client is waiting for the service.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>Enter the service initiation date</b> for each functional centre/service type the client is involved in at your organization.</li> </ul>

<p><b>Do You live with anyone?</b></p>	<ul style="list-style-type: none"> <li>• This field captures who the client lives with at the time OCAN is completed.</li> <li>• For many OCANs, this field has been left blank.</li> <li>• This is likely an omission error as most staff know who clients are living with.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Complete this field selecting all options that apply. E.g., Parents &amp; Non-relatives</li> <li>• If you do not have information for these fields, do not leave it blank. Select <i>“Prefer Not to Answer”</i> or <i>“Do Not Know”</i></li> </ul>
<p><b>Family Doctor Information</b> <b>Psychiatrist Information</b></p>	<ul style="list-style-type: none"> <li>• 2 fields in OCAN. Does the client have a: 1) Family doctor; and 2) Psychiatrist.</li> <li>• Options are: <i>Yes, no, None available, Prefer not to answer</i> and <i>Do not know</i></li> <li>• For a significant number of OCANs, these fields have been left blank</li> <li>• For coordination of care, it’s important for providers to have information about client’s access to doctors</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Complete this field. If the client does not have a doctor because there is none available in their area select <i>“None available”</i></li> <li>• If you do not have information for these fields, do not leave it blank. Select <i>“Prefer Not to Answer”</i> or <i>“Do Not Know”</i></li> </ul>
<p><b>Emergency Department Visits in the last 6 months for mental health reasons</b></p>	<ul style="list-style-type: none"> <li>• A significant number of OCANs have this marked as “Unknown”</li> <li>• One way of measuring the impact of community mental health services is identifying if there is a decrease in emergency department visits over time. This field is required to measure this.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Complete this field if possible</li> <li>• Get the information from client self-report or other sources</li> <li>• Options are: <i>None, 1, 2-5 or 6+</i>. With these ranges, you have the leeway to estimate.</li> <li>• For information on how OCAN data can be used click on <a href="#"><u>Examining the need profiles of patients with multiple emergency department visits for mental health reasons</u></a></li> </ul>

<p>Need and Help Ratings for the following domains:</p> <p><b>Food</b></p> <p><b>Intimate Relationships</b></p> <p><b>Sexual Expression</b></p>	<ul style="list-style-type: none"> <li>• There is a high percentage of staff entering the need rating “Unknown” for the <b>Food, Sexual Expression, and Intimate Relationships</b> domains.</li> <li>• Although, it may be reasonable to see a higher number of “Unknown” need ratings for some domains, it’s important to review the domain definitions and discuss strategies for giving clients the opportunity to talk about these areas if they require support.</li> <li>• Use your judgement and do not pressure clients to respond.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Review the resource <a href="#">Domains Definitions and Examples</a> for Food, Intimate Relationships and Sexual Expression</li> </ul>
<p>Need and Help Ratings for the following domains:</p> <p><b>Food</b></p> <p><b>Intimate Relationships</b></p> <p><b>Sexual Expression</b></p> <p><b>(Cont’d)</b></p>	<ul style="list-style-type: none"> <li>• <b>Food:</b> This is an unmet need if the client is not getting an adequate diet due to difficulties with shopping, storage and/or cooking of food or because inadequate or culturally inappropriate food is being provided.</li> <li>• <b>Intimate Relationships:</b> This includes, not only romantic/sexual relationships, but other close personal relationships as well. This is an unmet need if the client is at risk in a current intimate relationship or identifies a lack of and a desire to have a close relationship.</li> <li>• <b>Sexual Expression:</b> This is an unmet need if the client expresses a need for sexual contact. Also, this is an unmet need if there are difficulties due to medication side effects, as well as a lack of safe sex practices and inadequate contraception. If the client has no sexual contact and is happy with their current situation, then the need rating is No need.</li> <li>• Within teams or in supervision, share approaches to having conversations about these domains with your clients.</li> <li>• Ask staff that are rating need and help more frequently in these areas to share the questions they ask clients. Also share when to “back off” as clients should not feel pressured to respond.</li> <li>• <b>Review this tip and discuss in teams:</b> Some domains may feel embarrassing or be counter-therapeutic to assess. However, although domains such as sexual expression can be awkward to introduce, if discussed skilfully this does give an opportunity for people to talk about areas, they might find too embarrassing to bring up themselves. It is worth remembering that sexual dysfunction as a side effect of anti-psychotic medication is often not reported, unless specifically asked about. Similarly, risk of violence and suicide should be assessed with sensitivity, using questions such as: ‘Do you ever have problems with your temper?’ and ‘Do you ever feel you can’t cope with all your problems?’. For every domain, the service user can choose not to answer, and this should be made clear. The need rating for that domain is then recorded as Unknown.</li> </ul>

## 2. Correcting Errors in Entering OCAN Information

- **Refer to the reference materials as you review the information and actions in Table 2 to improve data for the fields with a significant rate of errors.**

Table 2: Correcting Errors in Entering OCAN Information	
Fields	Information and Actions
<p><b>Have you been hospitalized due to your mental health? If Yes,</b></p> <p><b>Number of admissions</b></p> <p><b>Number of days</b></p>	<ul style="list-style-type: none"> <li>• The timeframe for this field is important to understand. It has an added complexity because it varies depending on the <i>Reason for OCAN</i>.</li> <li>• If it's the <b>Initial OCAN</b>, the timeframe is hospitalizations for <b>the past 2 years</b>.</li> <li>• If it's a <b>Reassessment OCAN</b>, the timeframe is hospitalizations <b>since the last OCAN. The recommended standard for reassessments is every 6 months.</b></li> <li>• One way of measuring the impact of community mental health services is identifying a decrease in hospitalizations over time. This field is required to measure this.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Complete this field if possible.</li> <li>• Get the information from client self-report or other sources.</li> <li>• Ensure you follow the instructions for timeframe.</li> </ul>
<p><b>Service Initiation Date</b></p> <p><b>Exit Date</b></p> <p><b>Exit Disposition</b></p>	<ul style="list-style-type: none"> <li>• These fields are in the <i>Mental Health Functional Centre Use</i> section</li> <li>• The functional centre information should be completed for each service type the client is involved in within your organization.</li> <li>• When a client is discharged from a functional centre, the <b>Exit Date</b> and <b>Exit Disposition</b> should be entered on the OCAN. The information should then be removed on subsequent OCANs.</li> <li>• Functional centres with the same <b>Service Initiation Date, Exit Date and Exit Disposition</b> are incorrectly being left on multiple OCANs for a client.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Complete functional centre information for each service type the client is involved in within your organization.</li> <li>• The <b>Exit Date</b> and <b>Exit Disposition</b> identifies that the client is discharged from a functional centre/service type and this should be <b>entered on the next OCAN:</b></li> </ul>

**Table 2: Correcting Errors in Entering OCAN Information**

Fields	Information and Actions
<p><b>Exit Date</b></p> <p><b>Exit Disposition (Cont'd)</b></p>	<ul style="list-style-type: none"> <li>➤ If the client is getting discharged from the organization because they were involved in that functional centre only, complete a <b>Discharge OCAN</b> (i.e., Reason for OCAN = Discharge) with the exit date and exit disposition entered.</li> <li>➤ If the client is receiving other services at your organization, <b>enter the exit date and exit disposition</b> on the next <b>Reassessment OCAN</b> (i.e., Reason for OCAN = Reassessment). <b>*On the subsequent OCANs, remove the functional centre information where the client is no longer receiving service.</b></li> </ul> <ul style="list-style-type: none"> <li>• A <b>Discharge OCAN</b> is only completed when the client is leaving the organization, i.e., discharged from all functional centres.</li> </ul> <div style="display: flex; align-items: flex-start; margin-top: 20px;"> <div data-bbox="506 871 828 1234" style="border: 1px solid black; padding: 5px; width: 45%;"> <p style="font-size: small; margin: 0;">4. Mental Health Functional Centre Use (for the last 6 months)</p> <p style="font-size: x-small; margin: 0;">Mental Health Functional Centre 1</p> <p>OCAN Lead:* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Staff Worker Name:* <span style="margin-left: 100px;">Ext:</span></p> <p>Staff Worker Phone Number:* <span style="margin-left: 100px;">Ext:</span></p> <p>Organization LHM:*</p> <p>Organization Name:*</p> <p>Organization Number:*</p> <p>Program Name:*</p> <p>Program Number:*</p> <p>Functional Centre Name:*</p> <p>Functional Centre Number:*</p> <p>Service Delivery LHM:*</p> <p>Referral Source:*</p> <p>Request for Service Date (YYYY-MM-DD):</p> <p>Service Decision Date (YYYY-MM-DD):</p> <p>Accepted:</p> <p>Service Initiation Date (YYYY-MM-DD):</p> <p>Exit Date (YYYY-MM-DD):</p> <p>Exit Disposition:</p> </div> <div data-bbox="893 871 1425 1243" style="border: 1px solid black; padding: 10px; width: 50%; margin-left: 10px;"> <p><b>*Dates</b> reflect for:</p> <p><b>Initial OCAN:</b> the status at the point the assessment is taking place</p> <p><b>Reassessment OCAN:</b> the client's involvement in services since the last OCAN assessment</p> <p><b>*Enter Exit date and exit disposition</b> when a client is discharged from a service. If you continue to complete OCANs because the client is still active in your organization, remove that functional centre information on the subsequent OCANs</p> <p><b>*A Discharge OCAN</b> is completed when the client has been discharged from all functional centres in your organization</p> </div> </div>