

Promising Practice

OCAN Quality Improvement Network: Improving OCAN's use in recovery-oriented practice and planning

What you need to know

The Ontario Common Assessment of Need (OCAN) is an evidenced-based, standardized assessment for the community mental health sector.

The OCAN Quality Improvement (QI) Network consists of 11 mental health and addiction organizations that provide community mental health services across the province.

The purpose of the Network is to look at how service providers can help their clients see the value of OCAN assessments for recovery-oriented planning, establishing goals, and goal attainment.

This issue of Promising Practice offers a look at the OCAN QI Network from the perspective of three of its members.

The Ontario Common Assessment of Need (OCAN) is an evidenced-based, standardized assessment for the community mental health sector. This tool promotes a consumer/client driven approach to service delivery with the inclusion of a client self-assessment.

The OCAN Quality Improvement (QI) Network is made up of 11 mental health and addiction organizations, ranging from people in the Niagara Region, Toronto, and the North Region. Members represent organizations that provide community mental health services in urban areas as well as in rural areas of the province.

The OCAN QI Network is led by the Excellence Through Quality Improvement Project (E-QIP). E-QIP is a partnership between Canadian Mental Health Association (CMHA) Ontario Division, Addictions and Mental Health Ontario and the Centre for Addiction and Mental Health (CAMH).

E-QIP partnered with the Ministry of Health's

Community Care Information Management (CCIM) initiative. CCIM provides OCAN training and supports the implementation and continued use of OCAN across the province.

The primary purpose of the OCAN QI Network is to look at how service providers can help their clients see the value of OCAN assessments for recovery-oriented planning, establishing goals, and goal attainment.

This issue of Promising Practice offers a look at the OCAN QI Network from the perspective of three members of the Network:

- Heather Morrison, Mental Health Case Manager, Out of the Cold Niagara, Niagara Region
- Ivan Evers, Quality & Operations Manager, Nipissing Mental Health Housing & Support Services
- Linda Saunders, QI Coach, Excellence through Quality Improvement Project (E-QIP)

How and why was the OCAN QI Network developed?

Ivan Evers: The OCAN QI Network is a province-wide network made up of service providers who use this tool. There are folks from Timmins, Niagara, Nipissing, and other parts of Northern and Southern Ontario. We have an open-door policy, so anybody who has an interest in improving the way they use the OCAN tool can join the QI Network.

The Network allows us to explore the use of the OCAN so that clients see the value of using it, and the front-line workers themselves convey that value. For this reason, staff need to have a good understanding of the tool and buy into the process. If they're filling out the form just for the sake of doing it and don't convey the utility of the OCAN to clients, then clients won't really have buy-in, either.

When we use the OCAN to identify an unmet need, then we have to carry that forward. The plan of the OCAN QI Network is to identify how we can use the information gathered through the OCAN to carry it forward into co-development of goals. We use the psychosocial rehabilitation approach in order to see outcomes—and allow the clients to see outcomes—and building confidence along the way, as they work toward their recovery goals from a strength-based perspective.

Linda Saunders: The QI Network originated with the OCAN Think Tank event in 2018. After the Think Tank, a number of organizations expressed interest in coming together and doing some QI work related to the OCAN. In particular, what we try to address is the work of using the OCAN in recovery-oriented practice and planning.

Everybody within the province who is interested in the OCAN tool to improve recovery-oriented practice and planning can join the Network. There's good cross-sectional representation—members include a Clubhouse site and a consumer/survivor organization. The Network is made up of executive directors, program managers, consumers of services, and front-line workers. They are primarily program managers, but there is representation from all positions across the spectrum.

The tool really helps establish what the client's needs are and demonstrate changes in need over time. Sometimes people forget how far they've been able to get along their own recovery journey. So, the OCAN

reports, which are done at six-month intervals, can really demonstrate their progress over time.

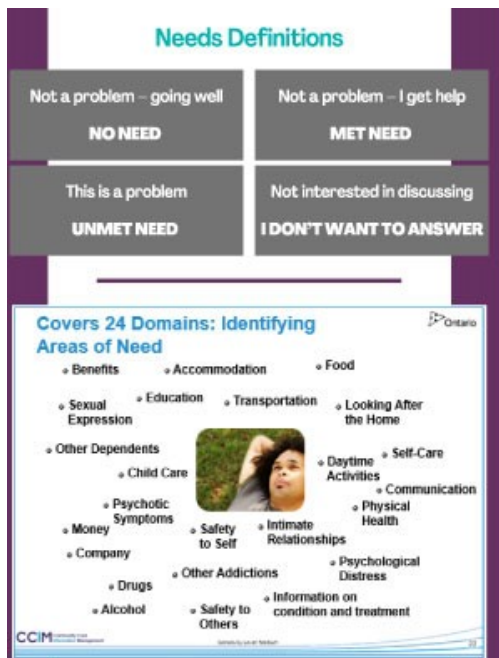
Heather Morrison: The OCAN QI Network is a collaboration between the 11 organizations that provide community mental health services throughout Ontario. Five of these organizations developed a Niagara OCAN Trainers Network to offer training to their organizations in the region. These are Niagara Region Mental Health, Oak Centre, Canadian Mental Health Association (CMHA) Niagara Branch, Gateway of Niagara, and Consumer/Survivor Initiative of Niagara. This region includes 12 municipalities, varying from rural to urban centres and covering 1,854.23 km² of land (from Fort Erie to Grimsby/West Lincoln).

In 2018, Ru Tauro, Executive Director at Oak Centre, reached out to the other four community mental health agencies in the region and suggested a meeting to discuss the OCAN tool. As a result of this discussion, they realized that staff in the five agencies were using the OCAN tool differently and that many agencies had gotten away from the philosophy of foundational OCAN training. They were using a patchwork of agency-specific training around OCAN functionality. This resulted in both inconsistent data and limited staff engagement and use of the tool.

The issues experienced in Niagara dovetailed nicely into the issues experienced by the OCAN QI Network. All the organizations in the OCAN QI Network participated in an evaluation of the usefulness of the OCAN process and information from the client's perspective. The OCAN QI Network was able to identify the root causes for the weak uptake of OCAN data and suggested change ideas to address these issues.

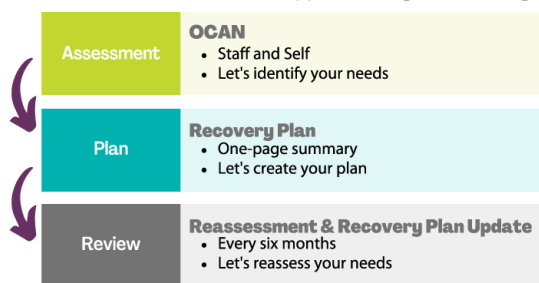
In Niagara, they then decided to collaborate in offering increased and improved training. They started collaborating and planning at a management level in November 2018.

The Niagara Trainers Network is helping to train frontline staff across multiple agencies on the use of the OCAN tool. Offering collaborative training across the five agencies is helping to increase consistency across services, enhance staff and client understanding of the OCAN, and improve staff engagement by showing the benefits of correctly using OCANs to guide the client journey.



Ontario Common Assessment of Need

This is an overview of our approach to your recovery.



QI Change Idea: Postcard for Clients

Both sides of the postcard for clients, which the OCAN QI Network is currently testing. This postcard describes how OCAN assessments inform recovery plans and regular review of progress.

How does the OCAN QI Network function?

Ivan Evers: For a network to be strong, it needs to have a good structure and that involves good centralized leadership as well as data coaches. E-QIP and CCIM are able to lead the discussion around what data is valid and what's meaningful, but also how to measure it and how to standardize the language and process, so that we're all measuring the same things in

the same way.

We also have working groups, focusing on things like data and implementation, but we're all stepping forward together and have the same focus.

We recently were involved in a plan-do-study-act (PDSA) activity to capture data on OCAN improvement. One of the aims of the PDSA is to increase the number of client self-assessments. We're looking at the percentage of OCANs completed because we want to have a minimum standard across the spectrum of health care providers. We're also aiming to standardize the measurement process.

For example, at Nipissing Mental Health Housing & Support Services, we use the Client Record Management Software (CRMS) to create monthly, customized OCAN reports for staff to quickly review their client's current OCAN status. In the past reports listed clients alphabetically, and staff were forced to scan through the list to find those needing reassessment. We worked with the CRMS to list clients according to the date of their most recent OCAN. This way, staff can quickly see the clients that are due for reassessment. It's an easy solution. We've been able to share these reports with the OCAN Network, so that other agencies using CRMS can benefit from this knowledge to improve their use of this tool.

In another example, we recently broadened the options that the OCAN provides for service users to describe their sexual orientation. The OCAN now has eight options to choose from and is standardized with the Ontario Perception of Care (OPOC).

Linda Saunders: We're currently going through the QI Model for Improvement. We've completed a fishbone exercise, including the "five whys," to get at the root causes of the problem, and we prepared a driver diagram [to identify factors that contribute to achieving the goal]. We've also identified our change ideas, and we're currently testing those change ideas through the PDSA cycles.

For example, we'll be testing a postcard to provide to clients that describes how OCAN assessments inform recovery plans and regular review of progress. A script for staff is also included to have a consistent approach to explaining the postcard

We set up regularly scheduled meetings, on the third

Wednesday of every month. We were meeting twice a month, but now that we've established those change ideas, we're giving people time to test the change ideas, so we moved to monthly meetings.

Heather Morrison: Several organizations in Niagara are part of the OCAN QI Network. The Niagara OCAN Trainers Network shares their approach to training with the other QI Network organizations. A training schedule is developed each year. At first, sessions were done on a monthly schedule, but these were decreased to every two months as most staff across agencies were trained or recertified in 2019. Four of the five organizations provide trainers with the exception of Consumer/Survivor Initiative of Niagara, which takes training with the other organizations but has no trainers.

Each agency is encouraged to send staff to each training, up to a maximum number of seats. Each training has two trainers from different organizations, and they can be either frontline staff or management.

The mix of organizations and program staff gives a broader context to the learning. This format has several benefits, including consistency of training, using a philosophical perspective, sharing resources (less cost to everyone training in different venues, etc.), greater accountability, and quality improvement.

What lessons have you learned?

Ivan Evers: While we've expanded, we've also always had an open-door policy and we always invite other people in because we want to not only sustain the knowledge base but also expand it and share our knowledge. Events such as the OCAN Think Tank, brought people together from across the province to talk about just one thing: the OCAN. We also do online OCAN-"Jams" and have a dedicated Community of Practice where innovation and ideas can be shared virtually in an ongoing manner, particularly in our current climate of social distancing. So, we're bringing people into the tent and getting their experience and also allowing them to learn from us.

People come and go. People gain knowledge and experience and then they leave and somebody new takes their place. So, it's important to have strong leadership, such as people like Linda Saunders, Abel

Gebreyesus, Ru Tauro, and Jennifer Zosky, who are carrying that mantle.

Linda Saunders: I think it's important to have a common goal. It took the Network members a long time to agree on the aim statement, but they now have one common aim, which centres on helping clients see the value of the OCAN. They may have different reasons for joining the Network, but they came to a common aim for the work.

We found that individual members sometimes get pulled away due to organizational pressures due to COVID-19, so they can't always attend a meeting. So we've also seen that it's important to meet at regular intervals, with regularly scheduled meetings. You can use video meetings, especially if you want provincial representation and if you can't meet in person due to cost concerns and, especially right now, because of physical restrictions due to COVID-19. So, I would certainly recommend now, and going forward post-COVID, that we continue to meet via Zoom since we seem to be more effective when our members are able to see each other rather than meeting via teleconference call. And, if you can, try to get together face-to-face, occasionally.

Heather Morrison: The Niagara OCAN Trainers Network started with three-day in-class sessions and narrowed it down to two full days based on feedback from both trainers and trainees. After exposure to e-learning, we updated our training program again and now offer a hybrid, one-day e-learning course followed by a three-hour, face-to-face debrief and follow-up.

We also continue to experiment with training best practices. For example, during the COVID-19 pandemic, we're trying to figure out how to best implement the three-hour face-to-face sessions using virtual methods

For this sort of training network to be effective, it's important to make sure that all members have similar goals and are able to commit similar amounts of time and resources.

In addition, scheduling for network meetings remains one of our biggest struggles—getting very busy people across multiple agencies into the same room at the same time can prove quite difficult at certain times of year.

What makes this network effective?

Ivan Evers: Having data coaches and data analysts and having a structure is really helpful as we work to find meaningful uses for the OCAN tool. It's also important to have consistent leadership, for example, the knowledge and the expertise of members like Ru Tauro at Oak Centre in Niagara and Jennifer Zosky at CCIM. It provides a group to bounce ideas off, to see if someone else may have found an answer to a problem we're having, and to share our own insights as we all move toward developing best practice.

Linda Saunders: I think that it's the people in the OCAN QI Network—their dedication to quality improvement in this area and for making a difference in client lives and their recovery journey—that makes [the Network] work. It's because of the passion that we all share.

We can see that we learn from one another because people are at different stages of OCAN implementation, they're at various stages of QI development within their organizations, they have different QI cultures, and so they all bring that to the Network. I think that what makes it really effective is that they all appreciate hearing from one another—about the challenges that may be validated—and getting new ideas from one another.

So what's effective is that networking component, feeling you're not alone in this journey, you're not alone in your frustrations, you're not alone in making QI improvements for better client outcomes.

Heather Morrison: Similar networks in Niagara primarily focus on systemic change at a leadership level. The Niagara OCAN Trainers Network focuses on a tool that frontline workers use and incorporates a mix of management and specially-trained frontline staff as trainers.

In addition, other training initiatives are agency-specific and do not incorporate the collaborative approach that this network is using. This collaboration allows for different perspectives and specific concerns or ideas to be brought forward and considered in a way that can

have immediate benefits for all agencies.

Another positive aspect of the network is that we're open and honest at the table, all wanting to pitch in and help use OCAN data for the benefit of our clients. There's mutual respect, genuine desire to continue to improve services, and a better understanding of the similarities and differences to the services being offered. This has strengthened relationships across agencies.