

Better Data, Better Outcomes

Use of Standardized Tools in Ontario's Community Mental Health and Addiction Sector

Series 2: Ontario Common Assessment of Need (OCAN)

Land Acknowledgement





Data Literacy

Better Data, Better Outcomes

Use of Standardized Tools in Ontario's Community Mental Health and Addiction(MHA) Sector

2022 Data Literacy Webinar Series! OCAN

Learning Objectives:

- Focus on what the OCAN is & why use it
- An overview, and examples of how to analyze the data to inform service delivery and decision making at the following levels:
 - With and for clients
 - With and for staff
 - Agency level, including functional centre level
 - Regional level including OHTs
 - Provincial level



2020 Data Literacy Webinar Series

In 2020, EQIP, presented a three-part data literacy series that focused on the practical application of data concepts relevant to mental health and addiction system partners.

2020 Data Literacy Series



1. Introductory concepts and Problem Identification

- How do I know I have a problem?
- Why is this important?

2. Basics on Quality Improvement

- What do I need to know to use data for quality improvement purposes?

3. Data Visualization and Reporting

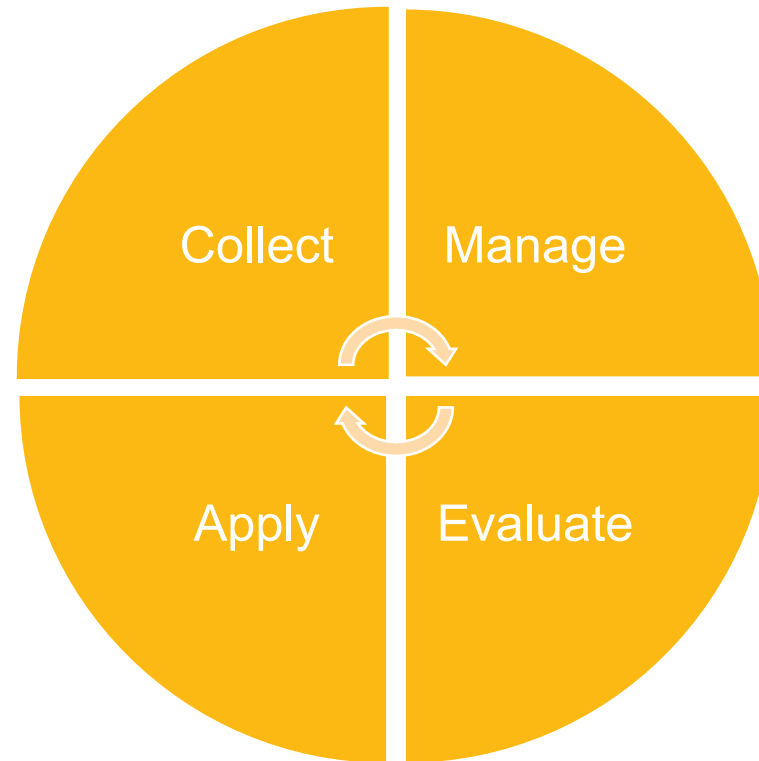
- How do I share and report data in an accessible way?
- What are my next steps to build an organizational culture of data literacy?

[2020 Data Literacy Series](#)



Data Literacy Overview & OCAN

Data literacy is “the ability to collect, manage, evaluate, and apply data in a critical manner.”



References:

- Ridsdale, C., Rothwell, J., Smit, M., Ali-Hassan, H., Bliemel, M., Irvine, D., Kelley, D., Matwin, S., & Wuetherick, B. *Strategies and best practices for data literacy education: Knowledge synthesis report*. [Internet]. Dalhousie University, Halifax, NS. (2015; cited 2022 Oct 20). Available from: <https://dalspace.library.dal.ca/handle/10222/64578>
- Statistics Canada. Data Literacy Competencies [Internet]. (2020-09-23; cited 2022 Oct 20). Retrieved from <https://www.statcan.gc.ca/en/wtc/data-literacy/competencies>
- EQIP. Data Literacy Series Webinar 1: Introductory Concepts and Problem Identification [video on the Internet]. 2020 [cited 2022 Oct 20]. Available from: <https://e-qip.ca/resources/data-literacy-webinar-series/>.



Questions and Curiosities



Introducing Jennifer and Frank



Jennifer Zosky
Clinical Assessment Specialist
Standardized Community Assessments and IAR
Ontario Health



Frank Sirotich
Director, Data Analytics, Research & Evaluation
CMHA Toronto

What and Why Use OCAN

Focus on what the OCAN is & why use it

There are a number of key questions the community mental health sector is not able to answer

Key Questions

Who is using CMH services, which services, for how long?

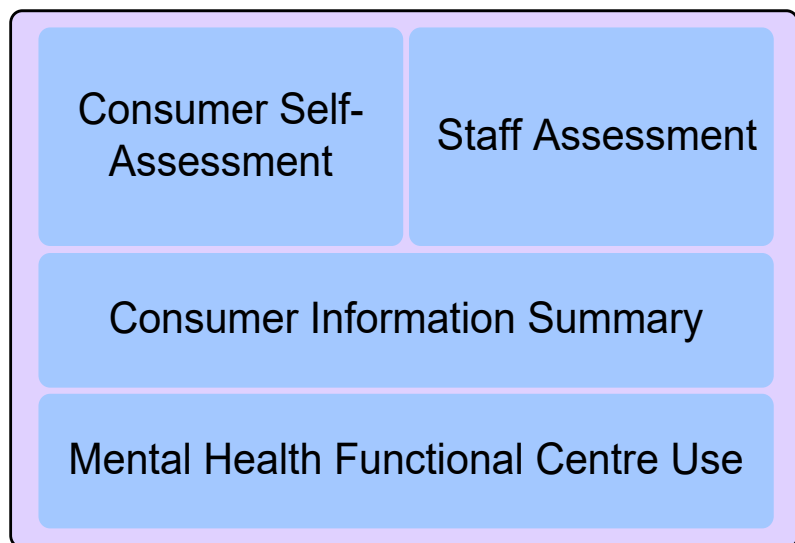
What care needs do people we serve have?

What are service user outcomes?

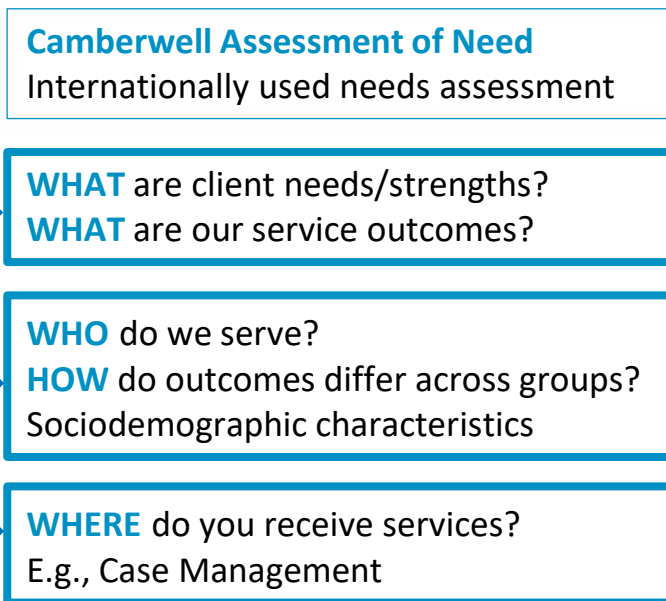
Do outcomes differ across groups?

OCAN helps us answer who uses CMH services, where they receive services, what are their needs and their service outcomes

What are the components of OCAN



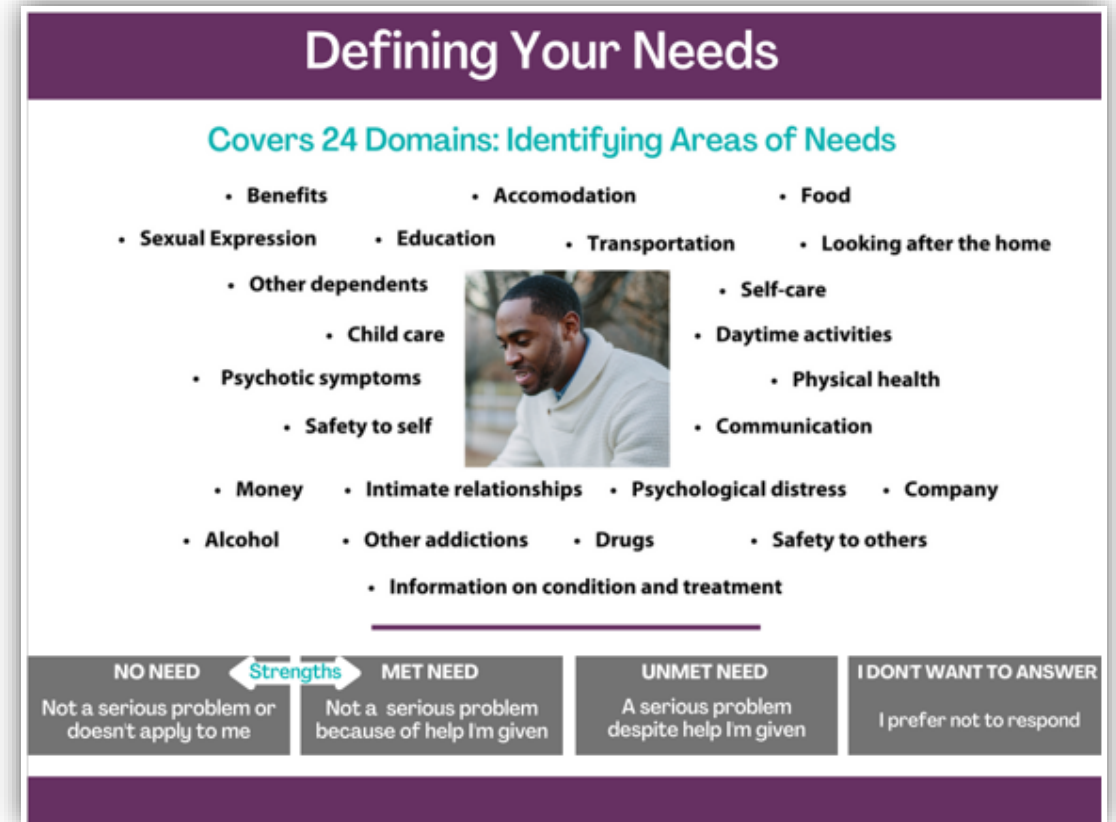
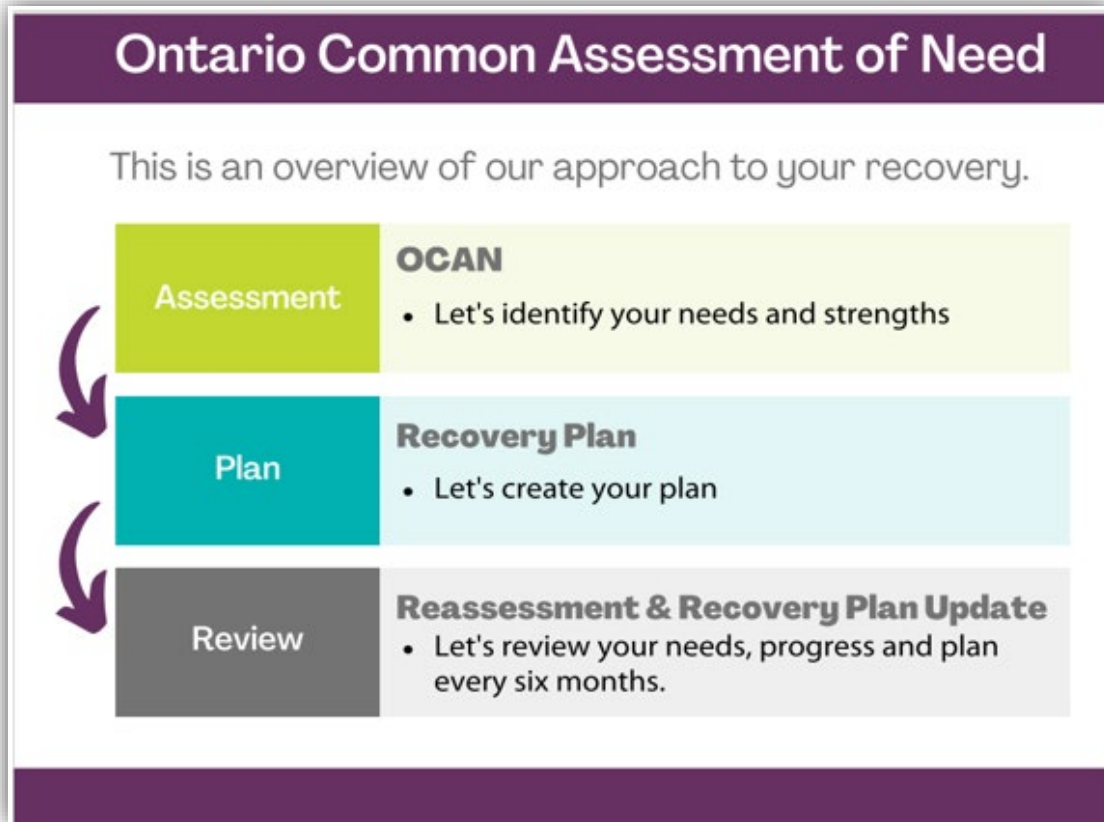
Questions answered by OCAN



Why use OCAN data?

- Identify service strengths and gaps
- Develop new or modify existing programs
- Inform evidence-based interventions
- Measure performance - client outcomes
- Identify disparities across client groups
- Match needs to appropriate service types
- Link clients with partner organizations
- Advocate for services to address needs

OCAN is used to assess needs, plan care and measure progress: it covers health, social, functional and basic needs



Ontario Health supports the collection and use of community assessment data to inform quality improvement

The Standardized Community Assessment (SCA) and Integrated Assessment Record (IAR) Team Supports:

Assessment

- Maintain assessment standards
- Provide education to health service providers
- Support the use of evidence-based assessment data at organizational, regional and system levels

Implementation

- Support the adoption of standardized assessment systems and the IAR

Integrated Assessment Record (IAR): Central Repository

- Manage the operations of IAR including developing reports and providing data extracts for stakeholders

IAR contains data from multiple sectors allowing a client's circle of care to view their information and enabling use of the data for QI

- IAR **enables assessment information, to be shared between the client's circle of care** in a timely, secure and privacy protected manner. As a client moves through the continuum of care, consented assessments are accessible by clinicians to understand their client's needs, the services they are receiving and the outcomes to better tailor their client's care plans
- IAR has a central repository that **enables use of the data** for research, service & systems planning and quality improvement.



What OCAN data is available?



There are 3 sources of OCAN data that can be leveraged for planning and performance measurement

1. OCAN data within your **organization's software system**
2. OCAN reports in the **IAR Reports Portal**
3. OCAN reports for organizations participating in the **Mental Health Quality Indicator (MHQI) study**

All health service provider (HSP) organizations have access to 2 types of Reports

1. Software generated reports:

- Generated within the HSP organization's own software system
- Ontario Health developed software specifications for software vendors to build
- Some HSP organizations have developed reports and methods to do their own OCAN data analysis

2. IAR generated:

- 4 IAR standardized aggregate reports generated from **OCANs uploaded to the Integrated Assessment Record (IAR)**
- The reports are produced monthly and can be accessed by logging onto the IAR reports portal called Infoview

OCAN Reports Available to HSP Organizations

Software generated reports	OCAN IAR Reports
<ul style="list-style-type: none">• Individual Need Rating Over Time Report• Needs Over Time Report• Summary of Actions and Comments Report• Workload Report	<ul style="list-style-type: none">• Report #4A: Need Analysis - Consumer Self-Assessments By Functional Centre• Report #4B: Need Analysis - Staff Assessments By Functional Centre• Report #6A: Change in Unmet Need – Consumer Self-Assessment By Functional Centre• Report #6B: Change in Unmet Need - Staff Assessment By Functional Centre

Some HSP also receive OCAN reports from the Mental Health Quality Indicator Study

Study Objectives



Pilot OCAN performance indicators



Support providers to improve data quality



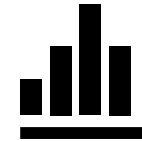
Develop recommendations to inform updates to OCAN IAR reports

For more information, read the article on the [mental health quality indicator study](#)

Study Approach



Review literature



Replicate analysis using OCAN data



Provide reports to organizations



Assess strengths/limitations

Steps to Access your OCAN Reports

Reports in your own system:

- Check your system or with your software vendor to see if you have the software generated reports built using the OH specifications
- Identify if customized OCAN reports have been built in your system

Reports in the Infoview – IAR Reports Portal:

- To access the IAR reports, HSPs must have an account(s)
- For assistance with creating or reactivating accounts email Jennifer.Zosky@ontariohealth.ca

For HSP organizations participating in the MHQI study:

- Contact fsirotich@cmhato.org

If possible, bring your reports to the next session – February 2nd

OCCAN Data With and For Clients



Links to New Resource on Using OCAN Content with Clients

[Link - Guidelines for Using OCAN Content in Practice \(pgs. 5 - 11\)](#)

- Addressing differences between Staff and Client Perspectives on needs
- Goal Planning
- Day-to-Day Practice
- OCAN Reassessments
- Discharge Planning

9. Psychological Distress			
Action(s):	Goal: To feel less anxious	By Whom	Review Date
	Actions: Use mindfulness app daily	Client	2022-12-10
	Go for a walk every morning	Client	2022-12-10
	Refer to Cognitive Behavioral Therapy (CBT)	Worker	2022-11-30

[Link – Webinar Recording](#)

Domain	Goal	Actions	Milestones	Domain Progress
Psychological Distress	To feel less anxious	<ul style="list-style-type: none"> ➤ Use mindfulness app daily ➤ Go for a walk every morning ➤ Refer to CBT 	2022-12-10 finding app helpful 2022-12-10 walking 3X week 2022-11-4 referral made. Appt scheduled for 2022-12-14	Continue



Use the Need Over Time Report with clients to help answer...

What are your client's needs and outcomes?

Research finding:

Providing feedback to clients has a significant effect on improving mental health outcomes. The effect is increased if feedback is given periodically, rather than only once*

The report and how to use it:

- A **software generated report** about a client that can be used following at least one reassessment cycle. **Check your software!**
- Client conversations focused on feedback and modifying service plan based on changing needs
- QI – consider testing out the use of this report as an opportunity to use OCAN reassessments in a meaningful way.

Needs Over Time Report

Needs over Time (Consumer and Staff) Summary of Needs 2								
Domain	2018-02-15 Initial Assessment - Consumer	2018-02-15 Initial Assessment - Staff	Change	2020-09-03 Previous Assessment - Consumer	2020-09-03 Previous Assessment - Staff	Change	2022-02-16 Current Assessment - Consumer	2022-02-16 Current Assessment - Staff
15. Company	Unmet Need	Unmet Need	✓	Met Need	Met Need	✓	No Need	No Need
03. Looking After Home	Met Need	No Need	✓	Met Need	Met Need	✓	Unmet Need	Unmet Need
05. Daytime	No Need	No Need	✓	No Need	No Need	✓	Unmet Need	Unmet Need
16. Intimate	Unmet Need	Unmet Need		Unmet Need	Unmet Need		Unmet Need	Unmet Need
08. ICT	No Need	No Need		Met Need	No Need		Unmet Need	No Need

Use report to guide conversations about:

➤ Areas of progress

➤ New Unmet Need: potential decline

➤ New Unmet Need: potential progress

➤ Persistent unmet need

➤ Different client and staff Perspectives





OCAN Data With and For Staff

Using OCAN Content to Structure Meetings for Clinical Conversations

[Link - Guidelines for Using OCAN Content in Practice \(pg. 12\)](#)

- Identify the clinical meeting(s) where the guidelines will be used. e.g., supervision, team meeting, treatment planning meeting.
- Facilitate a discussion to formulate clinical recommendations and service plan decisions based on OCAN Content.

OCAN Content	Notes
<i>Was the client self-assessment completed?</i>	If no, what was the reason.
<i>3 Unmet needs domains</i>	Include domains with highest risk factors (e.g., safety to self). Focus on client identified and/or prioritized domains. Describe the main issues.
<i>3 Met and/or No needs</i>	Include domains where the client has strengths. Include responses to the question in OCAN – <i>What are your strengths and skills?</i> Discuss how their strengths and skills can be used to address unmet needs.
<i>Domains where staff and client need ratings are different</i>	Discuss how to approach differences with your client and how it impacts service/care planning. (Refer to <i>Guideline on Addressing differences between Staff and Client Perspectives - p. 5</i>)
<i>Responses to recovery-focused questions</i>	<i>Hopes, goals and aspects of spirituality and culture important to the client.</i> Discuss how this information factors into service/care planning.
<i>Prioritized Summary of Actions</i>	Include a more detailed service plan if your organization uses one
<i>For OCAN Reassessments</i>	Highlight progress, decline, persistent unmet needs (Refer to <i>Guideline on Using OCAN Reassessments - pg. 9</i>). Use <i>Needs Over Time Report</i> if available in your software (refer to <i>pg. 10</i>)

Use Need Analysis Report with Staff to help answer

- What services are people using?
- What care needs do people we serve have?
- Does this report reflect your day-to-day support of clients?

OCAN IAR Report 4A: Need Analysis (Unmet + Met) - Consumer Self-Assessments By Functional Centre

Report #4A: Need Analysis (Unmet + Met Needs) - Consumer Self-Assessments By Functional Centre Includes most recent OCAN assessment for active clients							
Organization:							
Report Date Range (12 Months): September 21 2019 to September 21 2020							
# of OCANs: 166							
Domain	UNMET NEED		MET NEED		UNMET NEED %	MET NEED %	Total OCANs %
	OCAN #	OCAN %	OCAN #	OCAN %			
725 09 76 - Case Management (165 Assessments)							
Psychological Distress	52	31 %	89	53 %	31	53	85
Daytime Activities	50	30 %	79	47 %	30	47	78
Physical Health	59	35 %	64	38 %	35	38	74
Company	46	27 %	70	42 %	27	42	70
Benefits	66	40 %	44	26 %	40	26	66
Money	43	26 %	63	38 %	26	38	64
Accommodation	69	41 %	37	22 %	41	22	64
Looking After the Home	64	38 %	36	21 %	38	21	60
Condition and Treatme	65	39 %	29	17 %	39	17	56
Food	63	38 %	28	16 %	38	16	55
Transport	47	28 %	31	18 %	28	18	47
Self-Care	47	28 %	22	13 %	28	13	41

Use data in the report to discuss with staff:

- Is this reflective of your work with clients?
- Validation: ways the service is meeting client needs
- QI: Innovative ways to better support client needs focused on domains of higher unmet need
- Data to inform advocacy activities



Example from Unity Health



Use of Need Analysis Report to Guide Team Practice development

- One hour weekly meeting
- Attended by all members of the multidisciplinary team
- Focus on 1 of the 24 domains starting with domains of greatest need

Staff bring a list of all clients that have identified the domain as an unmet need

Mock Names
Sarina
Raj
Ivan
Maria
Shen
David
Naveen

Practice Development Examples

UNMET NEEDS

- *Company
- *Intimate Relationships

- Offer Cognitive Behavioral Social Skills Training Groups (CBSST)

UNMET NEEDS

- *Psychological distress
(emotional dysregulation)

- Offer individual Dialectical Behavior Therapy (DBT)

UNMET NEED

- *Daytime Activities

- Start a gardening group

UNMET NEEDS

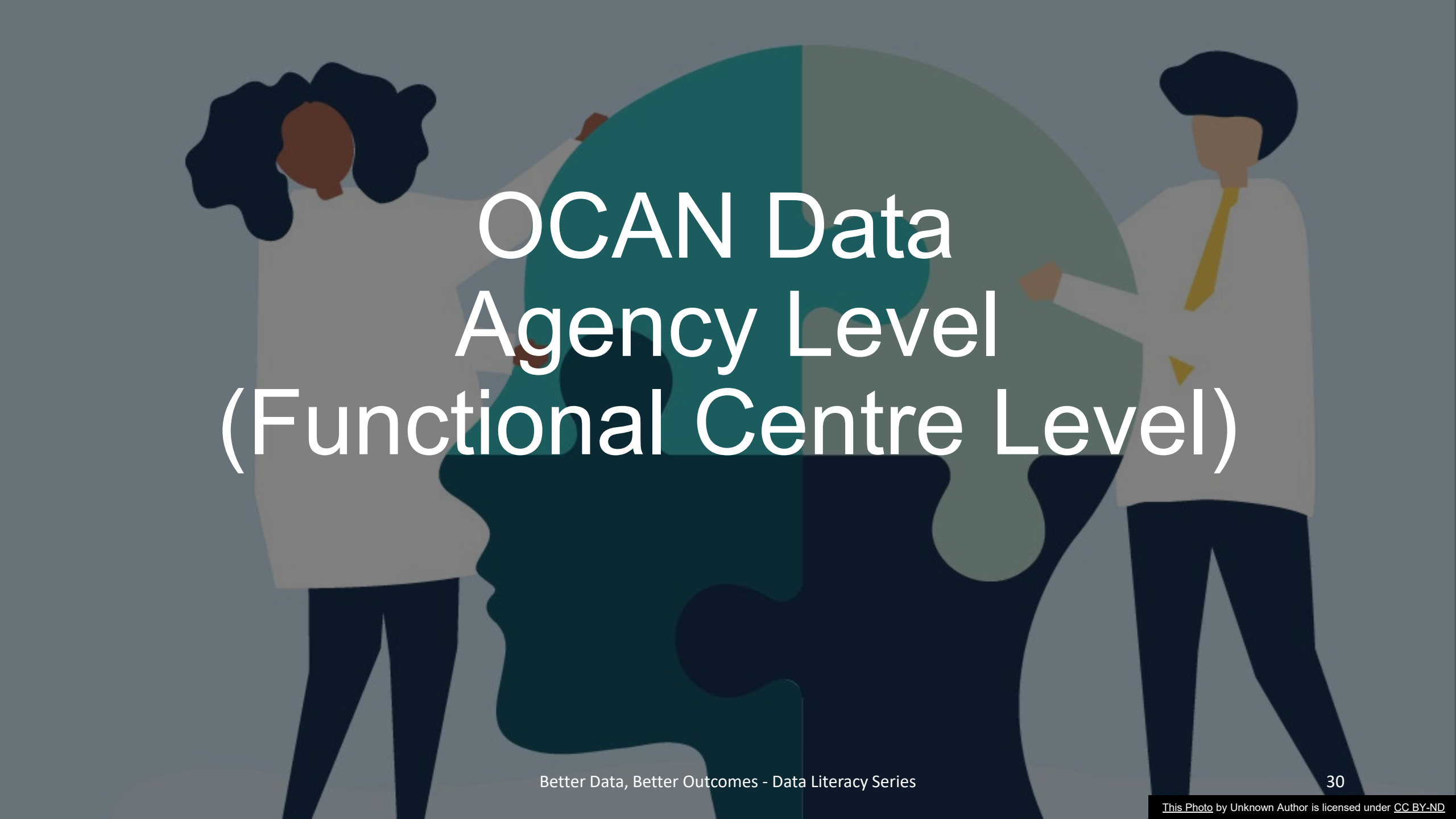
- *Physical Health

- Business case developed to support the addition of a 1.0 Nurse Practitioner role

O CAN can be used to promote integrated care pathways across services

Local services can be mapped to O CAN need domains to support identification of services targeting specific needs in care planning processes

NEED DOMAIN	ORGANIZATION	PROGRAM	SERVICE TYPE	DESCRIPTION
Accommodation	Canadian Mental Health Association (CMHA) Toronto Branch	The Safe Bed Short-Term Residential Bed Program (Generic Beds)	Short Term Crisis Support Beds	The Safe Bed Short-Term Residential Bed Program provides temporary residential support for individuals living with serious mental illness who are experiencing a crisis. The goal of the program is to assist these individuals in addressing their immediate physical and mental health needs and to develop long-term interventions. Safe Bed provides 24/7 on-site support for up to 30 days.
Accommodation	Canadian Mental Health Association (CMHA) Toronto Branch	The Safe Bed Short-Term Residential Bed Program (Mental Health & Justice Beds)	Short Term Crisis Support Beds	The Canadian Mental Health Association (CMHA) Safe Bed Short-Term Residential Bed Program (Mental Health & Justice Beds) provides individuals living with mental illness with recent or current involvement with the criminal justice system with a 30-day stay with onsite 24-hour supports to assist in resolving the current crisis and creating strategies for long-term interventions. The 8-bed unit located in North York is part of a 34-bed network providing services across four quadrants of Toronto. The program also houses the Safe Bed Unit Registry which provides information on criteria, program locations and descriptions, bed availability and program contact numbers.
Accommodation	Canadian Mental Health Association (CMHA) Toronto Branch	The Safe Bed Short-Term Residential Bed Program (Generic Beds)	Short Term Crisis Support Beds	The Safe Bed Short-Term Residential Bed Program provides temporary residential support for individuals living with serious mental illness who are experiencing a crisis. The goal of the program is to assist these individuals in addressing their immediate physical and mental health needs and to develop long-term interventions. Safe Bed provides 24/7 on-site support for up to 30 days.
Food	Across Boundaries: An Ethnocultural Mental Health Centre	Community Kitchen	Peer/Self Help	We offer weekly food hampers and hot meals to our service users. This program continues to maintain our service users' physical and mental health and other vulnerable members in the community.
Looking After Home		Extreme Cleaning & Hoarding Support Services	Seniors Services	Dedicated staff to support seniors in the community who require support to maintain housing. 55+ or 65+. Exclusion- Post Bed Bug treatment



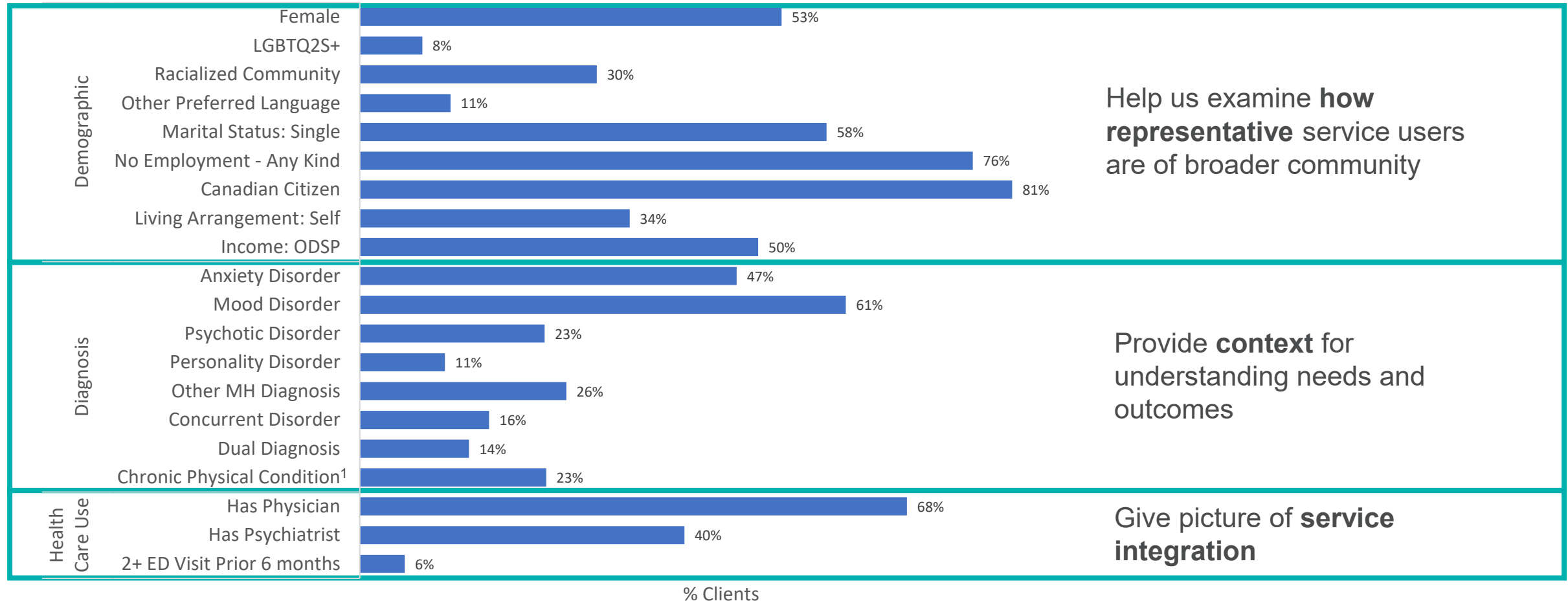
OCAN Data Agency Level (Functional Centre Level)

Organizations may develop software generated reports to help answer...

Who are the people we serve?

Most Recent Assessment Intensive Case Management FY2020 (N=9747)

Software generated reports may be developed to:

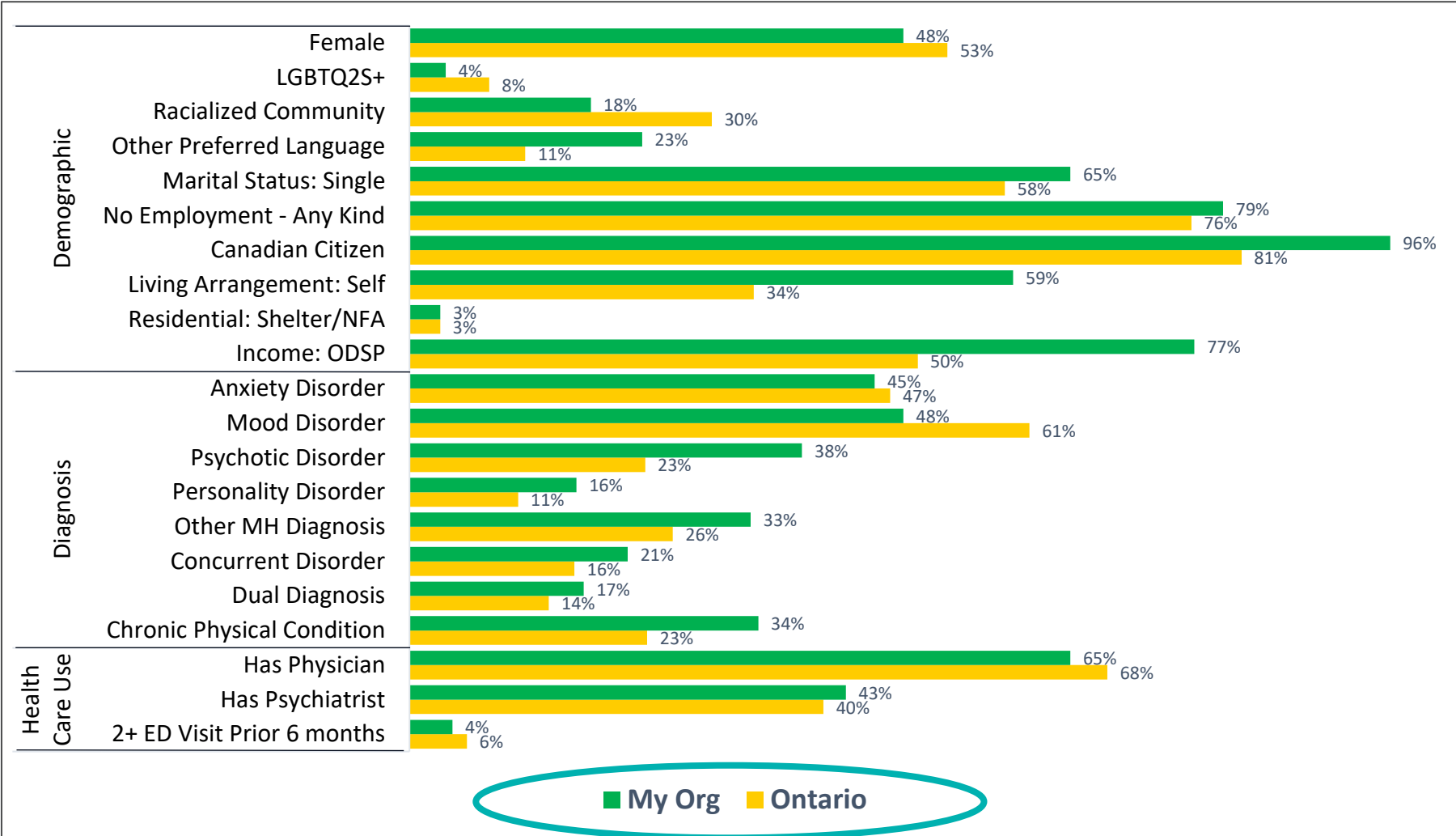


¹ Chronic physical conditions is a composite of: arthritis, breathing problem, cancer, cirrhosis, dementia, diabetes, epilepsy, hepatitis, heart condition, HIV, high blood pressure, osteoporosis, and stroke.

Organizations participating in MHQI study receive reports that help answer...

Who are the people we serve?

MHQI Report #1 – Client Characteristics within Case Management Functional Centre

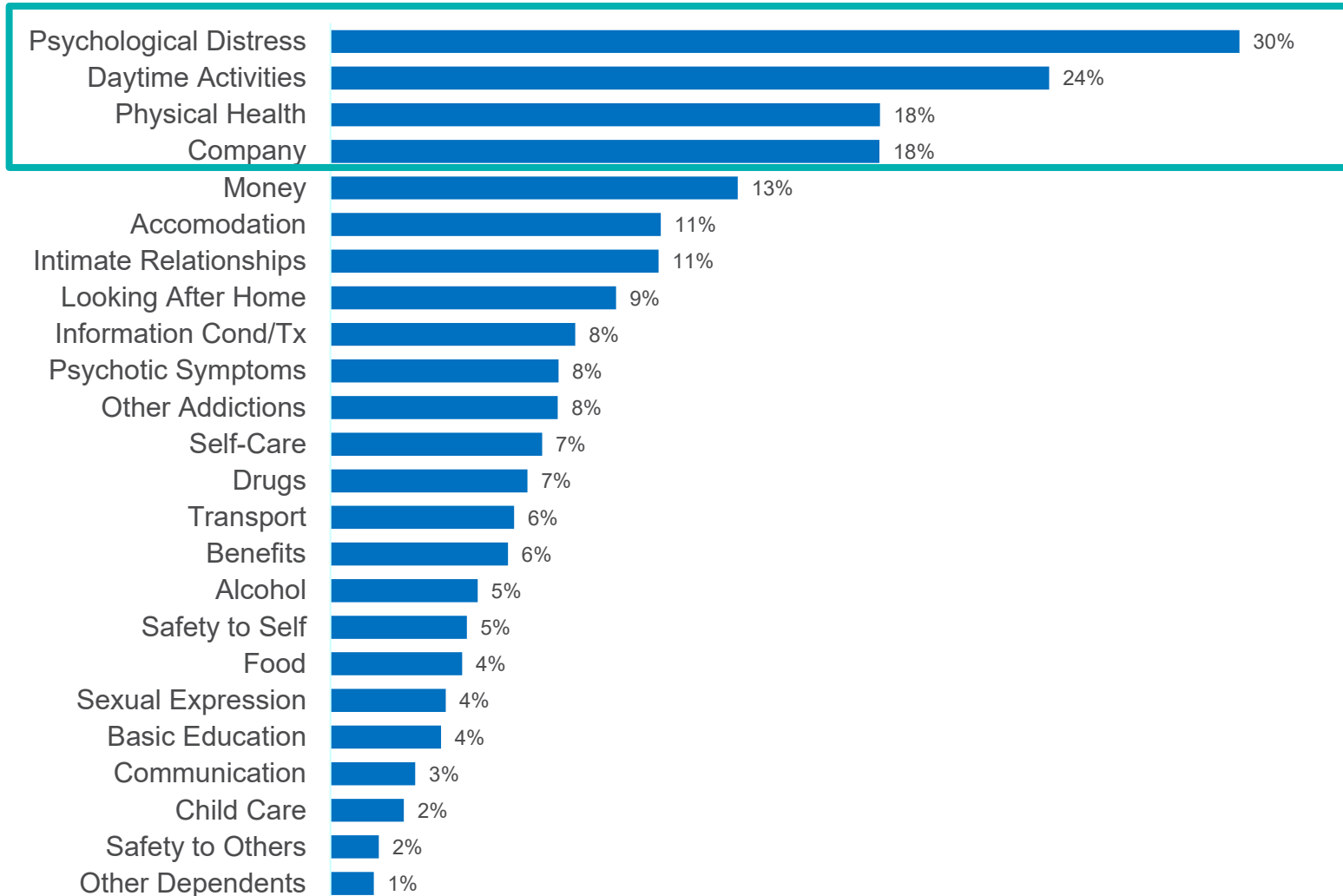


- MHQI study organizations receive reports by functional centre that provide client characteristics
- Reports include provincial comparators

Organizations may develop software generated reports to help answer...

What care needs do people we serve have?

% Unmet Need in Case Management FY2020 (N=9747)



Software generated reports may be developed to identify common unmet needs

Could be used for:

- **Program planning**
 - Consider current service configuration for addressing unmet needs
 - Consider services available in your region or OHT
- Making **case for investment** for core services that may be limited in your area
- Identifying opportunities for **quality improvement**

Reports are also available through MHQI study and IAR to answer...

What care needs do people we serve have?

MHQI Study Report #3

OCAN IAR Report #4A

Report 3A: Comparison of Need Status between My Organization and Province
Staff Assessment by Functional Centre (includes most recent OCAN assessment for all active clients)
 Report Date Range: Most recent assessment completed between April 1 2020 and March 31, 2021.
 Organization: XX Functional Centre: Case Management Number of clients: My Org 598 Province 9,747

Need Domain	Source	Count of Need Status				Percentage Need Status			
		Unmet	Met	No Need	Unknown	Unmet	Met	No Need	Unknown
Accommodation	My Org	54	161	374	9	9%	27%	63%	2%
	Province	1066	3475	4993	213	11%	36%	51%	2%
Food	My Org	24	65	77	432	11%	13%	72%	2%
	Province	425	1162	3459	4701	12%	35%	48%	2%
Looking After Home	My Org	21	103	463	11	17%	77%	2%	2%
	Province	922	2188	6103	534	8%	22%	63%	5%
Self Care	My Org	20	78	487	13	13%	81%	2%	2%
	Province	683	1664	7004	396	8%	17%	72%	4%

Report #4A: Need Analysis (Unmet + Met Needs) - Consumer Self-Assessments By Functional Centre
 Includes most recent OCAN assessment for active clients

Organization: Report Date Range (12 Months): September 21 2019 to September 21 2020
 # of OCANs: 166

Domain	UNMET NEED		MET NEED		UNMET NEED %	MET NEED %	Total OCANs %
	OCAN #	OCAN %	OCAN #	OCAN %			
725 09 76 - Case Management (165 Assessments)							
Psychological Distress	52	31 %	89	53 %	31	53	85
Daytime Activities	50	30 %	79	47 %	30	47	78
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Food	63	38 %	28	16 %	38	16	55
Transport	47	28 %	31	18 %	28	18	47
Self-Care	47	28 %	22	13 %	28	13	41



- Compare the needs of clients in your services to the needs of clients in the same FC across the province
- Cross reference with MHQI Report #1 - is there larger prevalence of clients with diagnoses that might be associated with higher/lower needs in specific need domains
- Rates of unmet need are comparable between the organization and the province



- Psychological Distress (85%), Daytime Activities (78%), Physical Health (74%), Company (70%) are the top 4 areas where clients require support (unmet + met need)
- Psychological Distress has the highest % of Met Need – 53%
- Benefits and Accommodation have the highest % of Unmet Need – 40% and 41%

Reports are available through MHQI study and IAR to answer...

What are service user outcomes?

MHQI Study Report #5

Report 5.2A: Change in Unmet Needs Since Previous Assessment - Staff Assessment by Functional Centre									
(tracks change in unmet needs from previous OCAN assessment to most recent OCAN assessment in most recent episode of care)									
Report Date Range: Most recent assessment completed between April 1 2020 and March 31, 2021.					Number of clients: 600				
Organization: XX					Functional Centre: Case Management				
Median Time between Previous and Last Ax: 6 mths									
Need Domain	Total # of Unmet Needs from Previous Assessment	Change in Unmet Needs since Previous Assessment to Most Recent Assessment (counts)				Change in Need Status of Unmet Needs from Previous Assessment to Most Recent Assessment (percentage)			
		# Unmet	# Met	# No Need	# Unknown	Unmet Need	Met Need	No Need	Unknown Need
Accommodation	73	44	11	18	0	60%	15%	25%	0%
Food	18	2	10	6	0	11%	56%	33%	0%
Looking After Home	56	41	8	6	1	73%	14%	11%	2%



Accommodation: conversion of Unmet Need to Met Need (15%) plus No Need (25%) = 40% positive impact

Looking After Home: remains an Unmet Need for 73% of clients since previous assessment

OCAN IAR Report #6B

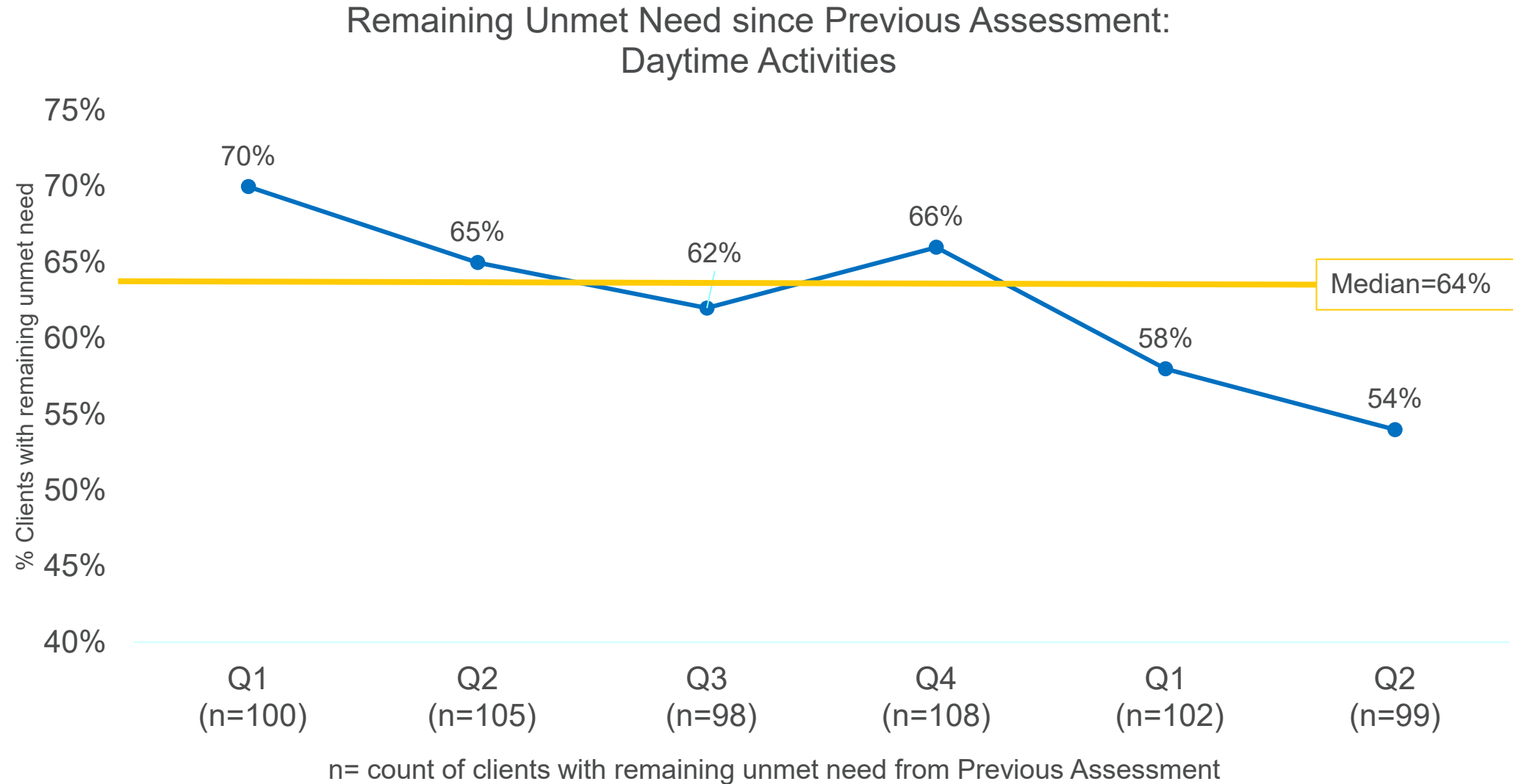
Report#6B: Change in Unmet Need - Staff Assessment By Functional Centre					
Includes most recent set of OCAN assessments for active clients ¹					
Organization:					
Report Date Range (24 Months): September 22 2018 to September 22 2020					
# of OCAN sets: 201 (A set is defined as the 2 most recent OCANs for the same client within the 24 month report period)					
PREVIOUS ASSESSMENT		MOST RECENT REASSESSMENT			
Domain Name	# of UNMET NEED	# of Reassessed OCANs	Reassessment Rating Description	% of Reassessed OCANs	Graph of # Reassessed OCANs
725 09 76 - Case Management (196 Assessment sets)					
Accommodation	22	3	Met Need	14%	3
		9	No Need	41%	9
		10	Unmet Need	45%	10
Physical Health	54	9	Met Need	17%	9
		1	No Need	2%	1
		44	Unmet Need	81%	44



Accommodation: conversion of Unmet Need to Met Need (14%) plus No Need (41%) = 55% positive impact

Physical Health: remains an Unmet Need for 81% of clients since previous assessment

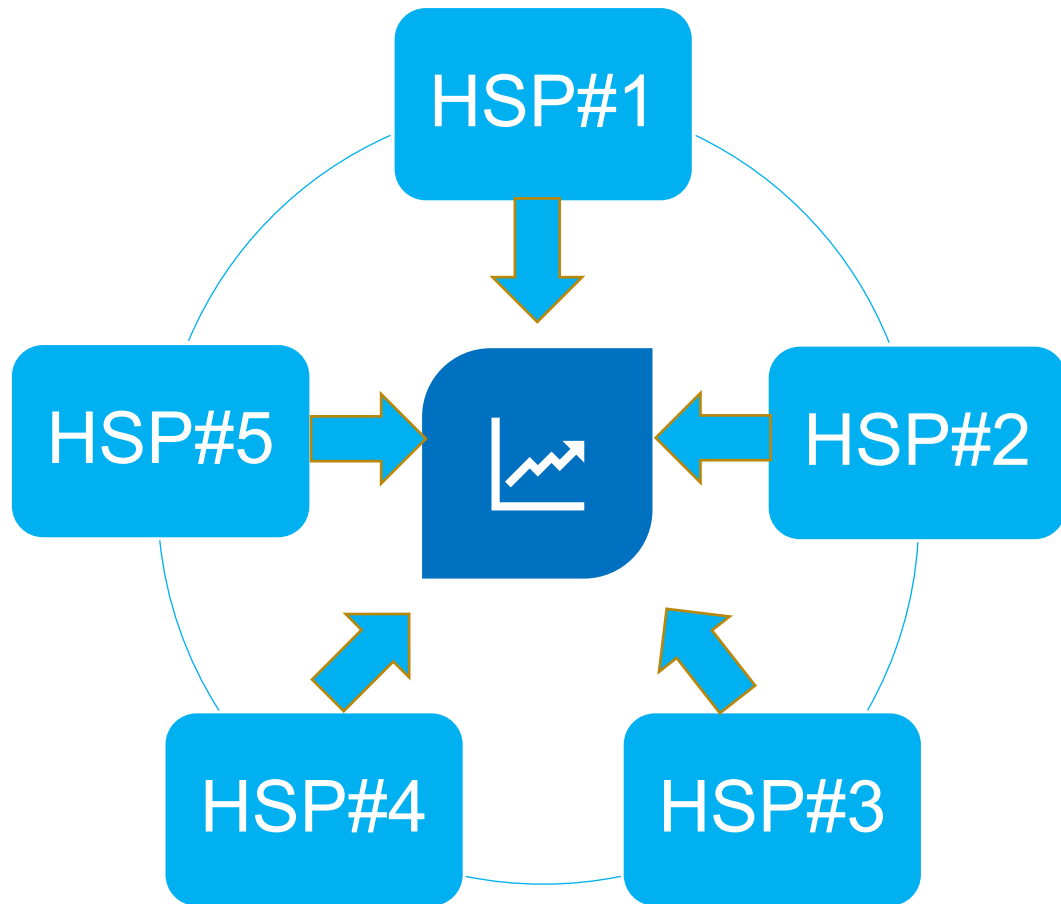
Reports from MHQI study and IAR can be used to create run charts for quality improvement work





OCCAN Data Regional Level (Including OHT)

OHT work can be supported by consolidating OCAN reports across multiple health service providers (HSPs)



OCAN reports from individual organizations within an OHT could be shared and pooled to identify:

- Similarities and differences in **client characteristics**
- Areas of common **client needs**
- Possible **gaps in services**
- Opportunities for **collaborative quality improvement**
- **Impact of change ideas** implemented within or across providers
- **Promising practices** that could be scaled across providers

Organizations may develop software generated reports to answer...

- **What needs continue to be unmet while in service?**
- **What are service user outcomes?**

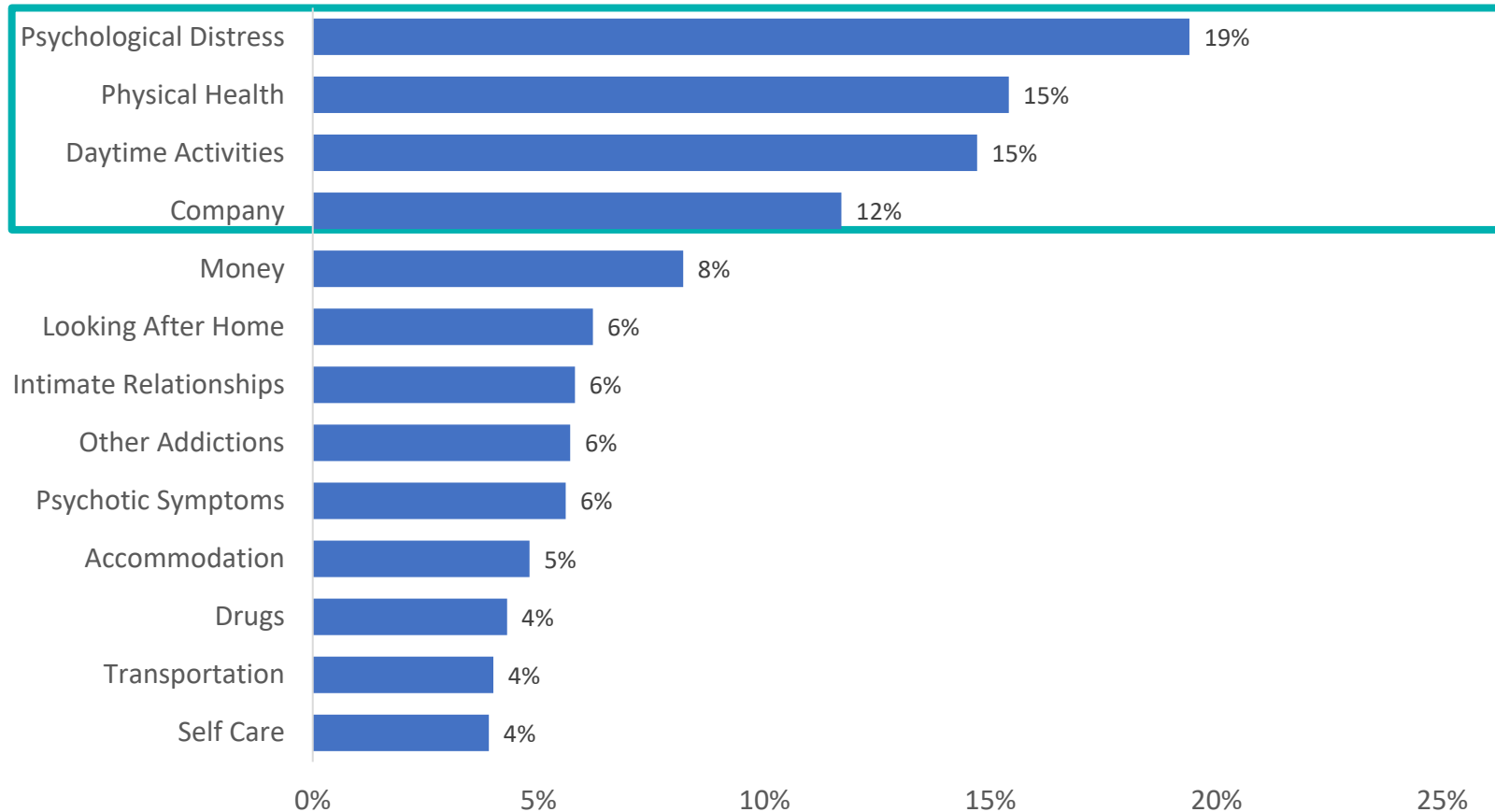
Software generated reports may be developed to identify areas of persistent unmet need

Persistent unmet needs are needs that remain consistently unmet over 3 assessment cycles

Could be used within an organization or across organizations in OHTs to:

- **Identify possible gaps** in core services
- Support **creation of service pathways** and inform service coordination across HSPs
- Inform **quality improvement** opportunities
- **Monitor performance**

% Unmet Need Across 3 Consecutive Assessments (N=3051)

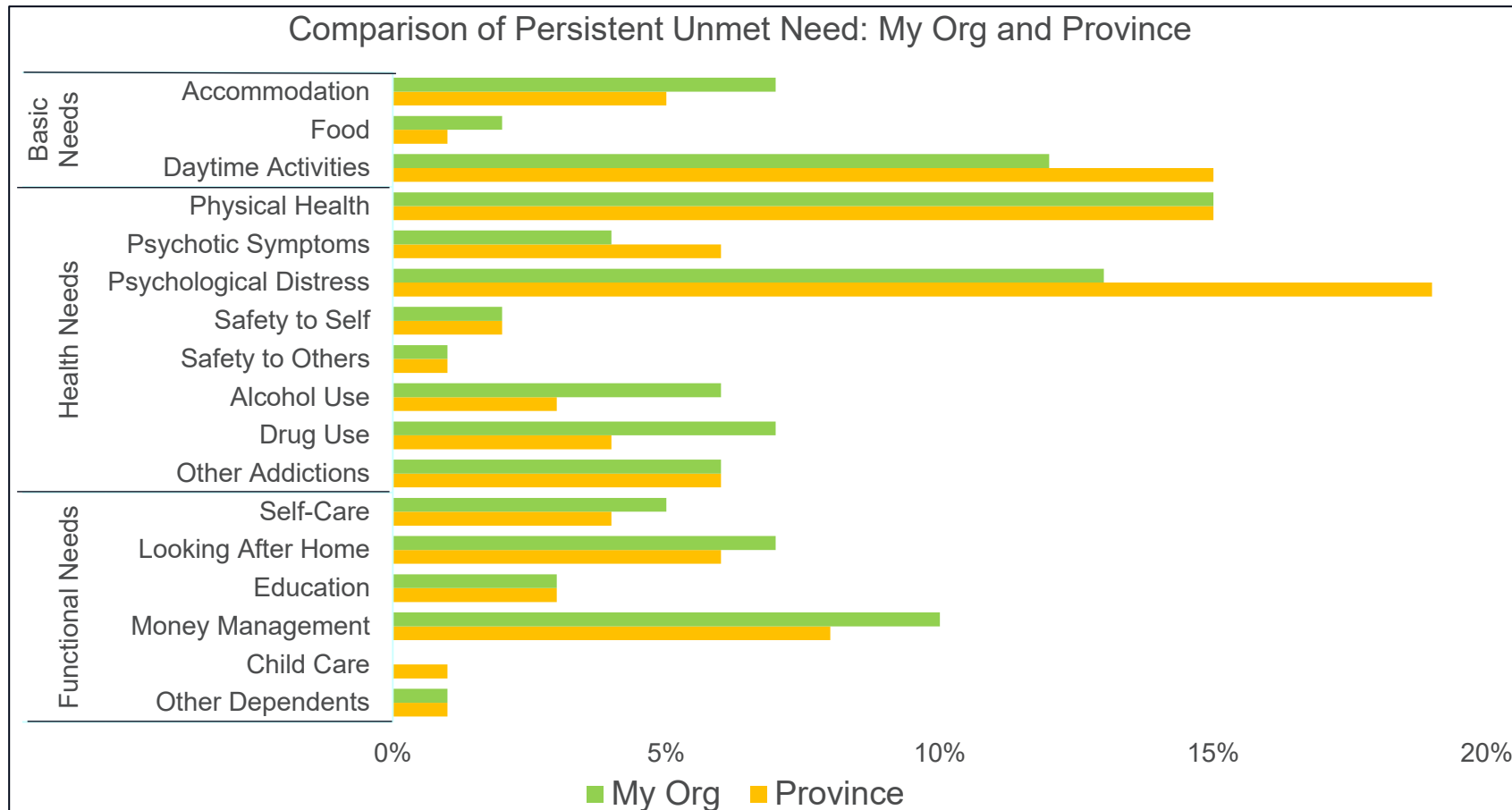


Organizations participating in MHQI study receive reports that help answer...

- **What needs continue to be unmet while in service?**
- **What are service user outcomes?**

MHQI Study Report #6

Comparison of Persistent Unmet Need: My Org and Province



MHQI Study report #6 be used to:

- Identify similarities and differences in persistent unmet needs across providers within an OHT
- Compare OHT outcomes to provincial benchmarks

A map of Canada with the province of Ontario highlighted in red. The rest of the country is shown in light yellow, and the oceans are in light blue. The text 'OCAN Data Provincial Level' is overlaid on the map.

OCAN Data Provincial Level

OCAN data can be used to calculate the Meet Need Index (MNI) to measure performance

Met Need Index (MNI)

- Drawn from research literature¹
- Ratio of positive outcomes / total positive and negative outcomes
- Scoring is conditional on need status in previous assessment
- MNI ratio ranges between 0 and 1
- Higher ratio = better outcomes

Advantages of MNI

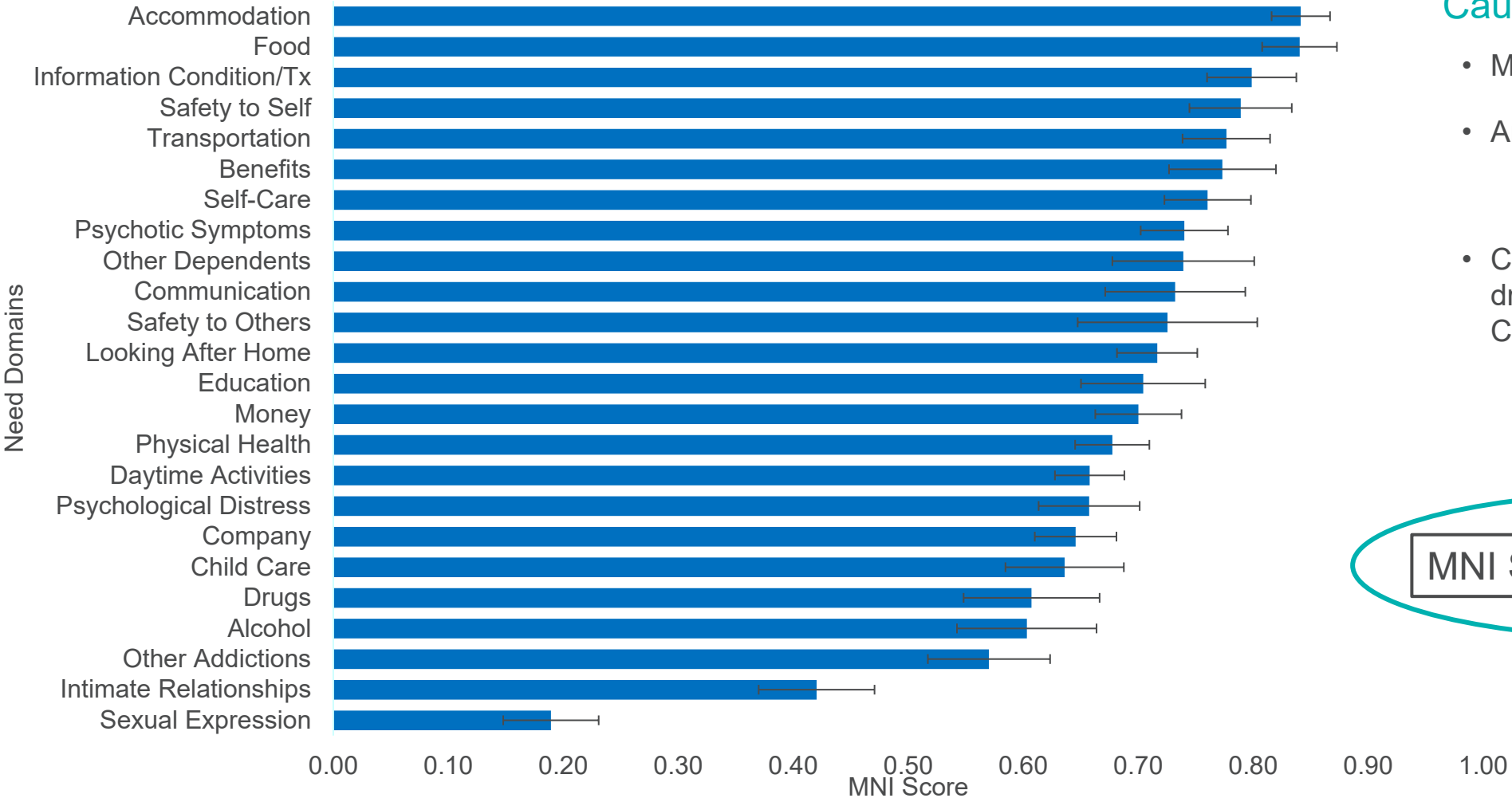
- Can be used for individual needs, clusters of needs, or composite of all need domains
- Can be calculated for multiple assessments
 - One MNI ratio applies to multiple assessment cycles
- Can be easily converted into a % of positive transitions by multiplying by 100
 - E.g. MNI score of 0.60 means that 60% of possible transitions had positive outcomes
- Includes changes for met to no need

¹ Wennström, E., Berglund, L., & Lindbäck J. (2010). The Met Needs Index: A new metric for outcome assessment in mental health services. *Social Psychiatry & Psychiatric Epidemiology* 45(3), 425-32.

Province-wide MNI Scores can help us answer...

What are the outcomes of the community mental health sector

MNI scores for Case Management FY2020 (N=4398)



Caution

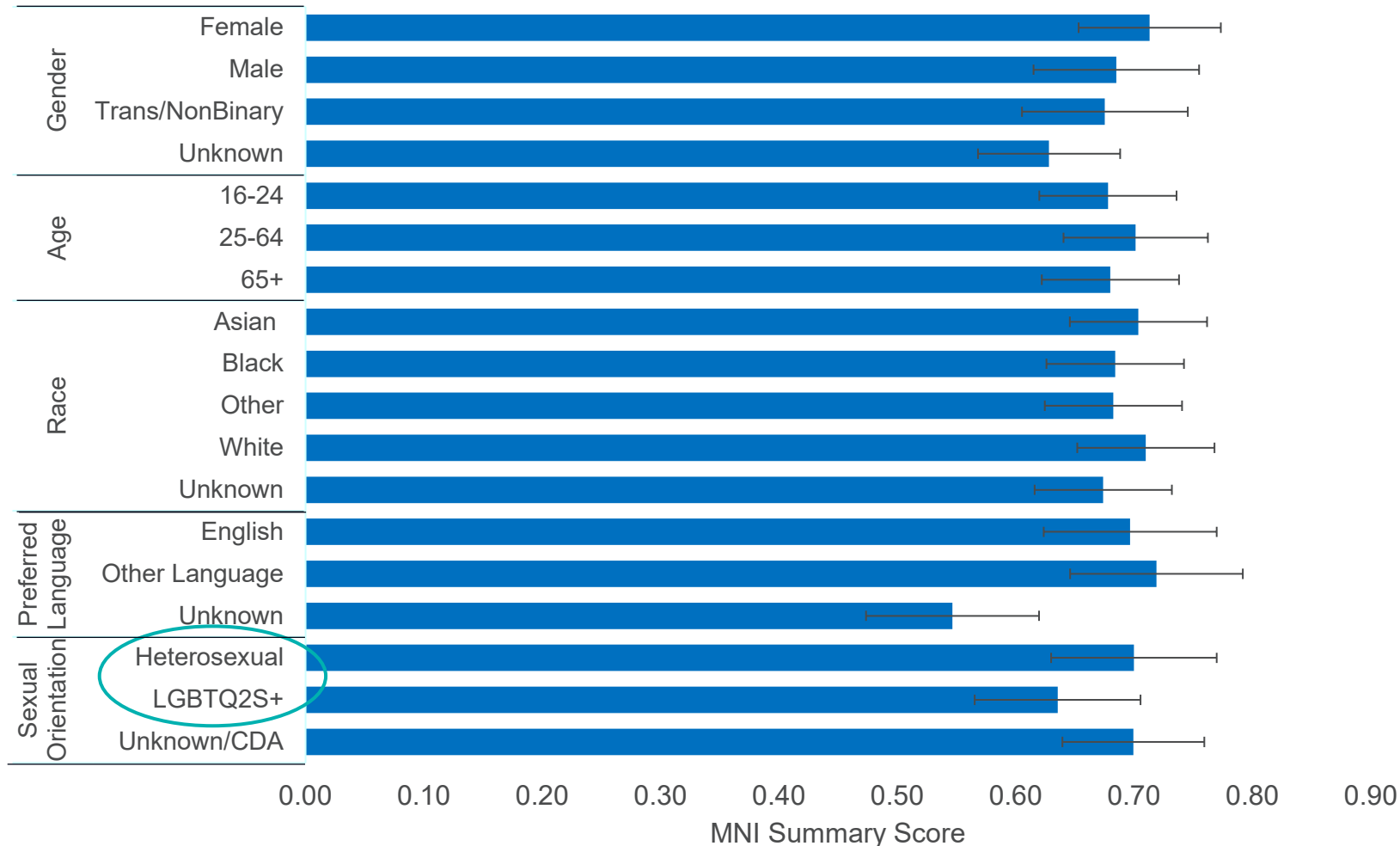
- Measure is developmental
- Analyses limited by:
 - Convenience sample
 - Missing data
- Conclusions should not be drawn about performance of CMH sector at this time

MNI Summary Score: 0.68

MNI summary scores can be used for equity analyses to help us answer...

Do outcomes differ across groups?

Province-wide Comparison of MNI Summary Scores Across Sociodemographic Characteristics



MNI can be used in equity analyses to:

- Compare MNI summary scores across equity deserving groups and identify potential disparities in outcomes
- Compare MNI scores across groups for specific need domains

Organizations participating in the MHQI study receive their MNI scores with provincial comparators to answer...

What are service user outcomes?

MHQI Study Report #8

		Met Need Index		% Positive Outcomes: My Org	# of Clients: My Org
Need Cluster	Need Domain	Province	My Org		
Basic Needs	Accommodation	0.84	0.86	86%	228
	Food	0.84	0.80	80%	70
	Daytime Activities	0.66	0.62	62%	264
Health Needs	Physical Health	0.68	0.66	66%	302
	Psychotic Symptoms	0.74	0.82	82%	154
	Psychological Distress	0.66	0.69	69%	312
	Safety to Self	0.79	0.91	91%	77
	Safety to Others	0.73	1.00	100%	32
	Alcohol Use	0.60	0.89	89%	72
	Drug Use	0.61	0.88	88%	81
	Other Addictions	0.57	0.66	66%	60
Functional Needs	Self-care	0.76	0.72	72%	138
	Looking After Home	0.72	0.84	84%	175
	Education	0.70	0.84	84%	51
	Money	0.70	0.74	74%	173
	Child Care	0.64	0.56	56%	15
	Other Dependents	0.74	0.91	91%	8
Social Needs	Company	0.65	0.63	63%	165
	Intimate Relationships	0.42	0.46	46%	88
	Sexual Expression	0.19	0.22	22%	30
Service Needs	Info Condition/Tx	0.80	0.82	82%	92
	Communication	0.73	0.70	70%	34
	Transportation	0.78	0.87	87%	98
	Benefits	0.77	0.74	74%	56
Summary MNI (all needs)		0.68	0.74	74%	

Relative Performance by Percentile:
Below 40th PRCTL
Between 40th & 75th PRCTL
Above 75th PRCTL

Applications of MNI:

- Provincial benchmarks can help **identify areas for potential focus** as well as areas of success
- MNI could be used to **identify potential service gaps** and QI opportunities
- MNI scores can be tracked over time in a run chart to **measure impact of change ideas**

O CAN helps us answer key questions to inform planning measure performance, and promote equity

Key question answered by O CAN:



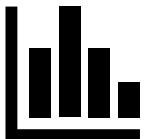
Who is using CMH services and which services?



What care needs do people we serve have?



What are our service outcomes?



Do outcomes differ across groups?

Why these key questions are important:

- Provide context for understanding needs and outcomes
- Identify potential inequities in access

- Match needs to appropriate service types
- Develop new or modify existing programs
- Link clients with partner organizations

- Measure performance
- Inform quality improvement & service innovation

- Identify potential disparities across groups
- Address service inequities





Please provide your feedback!

Questions and Curiosities



What's Next?

Part 2: Virtual Workshop

Thursday February 2nd, 2023 from 1:00pm to 3:00pm

Participants will have an opportunity to ask specific questions and discuss/share their own, de-identified OCAN data to receive subject matter expert support on how to interpret reports and use the data from the tool for QI (Quality Improvement) purposes, building off learning from webinar portion of the series.

If possible, bring your reports to the workshop:

- Your organization's software generated reports * **Do not share specifics if report has PI or PHI**
- OCAN IAR Reports contact Jennifer Zosky: jennifer.zosky@ontariohealth.ca

Part of the MHQI Study – bring reports to the workshop:

- If you need support, please reach out to Frank Sirotich: fsirotich@cmhato.org



Better Data, Better Outcomes

Use of Standardized Tools in Ontario's Community Mental Health and Addiction(MHA) Sector

Next in the Series

Registration Links coming soon!

Level of Care Utilization System (LOCUS)

Webinar: February 9th, 2023

Workshop: February 23rd, 2023

quality@e-qip.ca

Governance and Leadership Training

Our governance and leadership training on quality improvement (QI) and measurement is delivered to senior leaders and/or the board of directors of an organization. We provide a general overview of QI, data-driven decision making and how these areas can support organizational and strategic priorities. We focus on the role of senior leaders in championing, guiding and building a quality culture. The training is customized to your organization's needs based on your objectives and where you are in QI culture and in performance management



To schedule a training session or If you would like more information about Governance and Leadership training options, please contact

The E-QIP team quality@e-qip.ca



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- ✓ Quality Improvement Planning
- ✓ Uptake and Use of standardized tools
- ✓ Leveraging your data for QI activities
- ✓ Target Setting/Performance Measurement

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- ✓ Self-Directed
- ✓ 6-10 hours to complete
- ✓ Based on Model for Improvement
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E-QIP is delivered in partnership by

- ▶ Addictions and Mental Health Ontario
- ▶ Canadian Mental Health Association, Ontario Division
- ▶ Provincial System Support Program at CAMH
- ▶ E-QIP's work is funded by the MHA Centre of Excellence and will support the priorities as laid out in the Roadmap to Wellness

