Using Client Perception of Care in a Quality Improvement Context

The Ontario Perception of Care Tool for Mental Health and Addictions

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and
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Overview

- Development and validation
- How OPOC data can be used for quality improvement
- Update on the implementation status and plans
- Information about impacts to the system, agencies, and clients
- Previous and current work funded through Health Canada’s Drug Treatment Funding Program (MOHLTC)
- Overall objective to enhance quality of care within the addictions sector

OPOC-MHA

- Implementation of Evidence-Informed Practice
- Strengthening Performance Measurement & Evaluation
- Linkage & Knowledge Exchange
WHAT IS THE ONTARIO PERCEPTION OF CARE TOOL?
• A standardized, validated tool to gather client perception of care feedback

• *Perception of care* asks about the care experience in relation to what is expected as “standard practice”

• Tool copyrighted by CAMH; endorsed by Accreditation Canada
• Literature review completed
• Environmental scan – most agencies using something, many tools developed in-house
• Decision to develop a new tool that could be used in addictions, mental health, and concurrent disorder settings and also with family members/supporters
• Extensive stakeholder consultation through Advisory Structure, Project Working Group, and Persons with Lived Experience Panel
Pilot & Validation

- Piloted in 23 mental health and addiction agencies (82 unique programs and 1,772 participants)
- Pilot sites represented a diversity of clients and services across Ontario (i.e. inpatient/community, gender-specific, youth, ethno-racial etc.)
- Overall feedback from staff, clients, and management about the OPOC-MHA was positive
- Tool demonstrated strong psychometrics with stable subscales
CLOSER LOOK AT THE TOOL
REGISTERED CLIENTS (38 items)

- Registered clients of the program
  - Clients receiving services for their own treatment/support
  - Family members/significant others/supporters who are receiving services for their own support
- 6 items specific to inpatient/residential treatment services

FAMILY/SUPPORTERS (17 items)

- Family members/significant others/supporters
  - Supporters who are not registered clients but who are also receiving services/support from the program (such as parent who has a child in the program)
OPOC-MHA asks about…

- Additional questions about age, gender, ethnicity, sexual orientation
- Stage in treatment process
- Open ended questions about least/most helpful aspects of service
OPOC-MHA Scoring

- Analysis and interpretation of OPOC-MHA data may involve individual or grouped items.
- Responses to each item may be reported as % OR averages.
- In addition to an “Overall Perception of Care” score, subscale scores may also be calculated for “Accessing Services” & “Within Services”.

<table>
<thead>
<tr>
<th>Scales</th>
<th># of Items</th>
<th>Items</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Perception of Care</td>
<td>23</td>
<td>1-8, 12-15, 17-18, 20-25, 30-32</td>
<td>Average score of the 23 items</td>
</tr>
<tr>
<td>Accessing Services</td>
<td>6</td>
<td>1-6</td>
<td>Average score of the 6 items</td>
</tr>
<tr>
<td>Within Services</td>
<td>17</td>
<td>7-8, 12-15, 17-18, 20-25, 30-32</td>
<td>Average score of the 17 items</td>
</tr>
</tbody>
</table>
Administration Essentials

- Available in both English and French
- Validated for clients 12 years of age or older
- Appropriate for a literacy level of grade-six or higher

4 Key Requirements

- Provide the entire questionnaire
- Ensure anonymity/protect client privacy
- Provide facilitation as needed
- Completion is voluntary
Using the OPOC-MHA

Timing

• At any point in the person’s treatment process
  ▪ One question asks which part of the treatment process a participant is currently engaged

Scoring

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

Administration

• Varies by program/agency
  ▪ Pen/paper or electronic
  ▪ Blitz approach or ongoing administration
Data collected and analyzed centrally

Built by DATIS but in separate data platform

No connection to PHI

Accessible to all agencies: www.opoc.ca
• Standardized reports for each program will be available from the [www.opoc.ca](http://www.opoc.ca) website
  • Cell sizes less than 5 will not be reported
• All providers will also have immediate access to their own raw data, including open-ended comments
  • Providers need to ensure open-ended comments are not analyzed or reported such that they identify respondents
• Program specific data is used for quality improvement
The Data – e.g., data dashboard

From Homewood Pilot 2014
• Data intended to be link to quality improvement efforts
• OPOC enables this by capturing information on quality improvement indicators
  – For example safety, accessibility, client centeredness, environment, etc.
• Actionable items make it possible to develop strategies to address specific issues
WHAT DOES THIS MEAN FOR HOSPITALS/ AGENCIES?
Agency Action Planning

- Each organization develops an implementation plan that...
  - Takes into account their context and client population
  - Looks at programs distinctly to support using the data for quality improvement
  - Protects client privacy
  - Honours administration essentials
  - Maximizes client/patient input
Implementation Team within the Provincial System Support Program at CAMH

Using Implementation Science: an evidence-based approach to implement new practices
- Coordinators support LHIN level implementation plan
- Implementation Coach supports agency level planning
- Research Analyst develops program ‘codes’

Each implementing agency identifies an OPOC ‘lead’ contact for implementation
OPOC Web-based orientation:

- Introduction to the tool
- Administration details
- Protecting privacy
- Data gathering and website demo
- Using the data – quality improvement implications
• Privacy Impact Assessment has been conducted by external/independent party
• Recommendations guided development of MOU and client information sheet
  • MOU articulates key roles & responsibilities
  • Information sheet (consent form) will be generated with each new OPOC key
Where is it being implemented?

- Tasked by Ontario’s Ministry of Health and Long-term Care (MOHLTC) to implement in all MOHLTC/Local Health Integration Network (LHIN) funded addiction, mental health and concurrent disorder programs
- Approximately 500 organizations in scope for supported implementation
Implementation Update

• Implementation planning underway in 6 LHINS at present, further LHIN engagement in 2016

• Agency level action plan development underway
  – Early OPOC adopters identified

• Will provide orientation/training on administration, data collection as well as implementation guide

• Database ready for beta testing

• Building reports
Implementation Update – Hospital applications

- Successful CAMH application in fall of 2015: approximately 800 patients from diverse services
- Royal Ottawa poised for implementation in next month
- Ontario Shores/Waypoint coming on stream in 2016
- Further considerations underway in OHA
Implementation Update – High interest outside LHINs/Ontario applications

- Trauma Clinic in Veterans Service – Alberta
- Canadian Addiction Treatment Centres
- Nova Scotia Mental Health and Addiction Services
Contributing to quality healthcare

• “Data is the cornerstone of quality improvement”  
  (Health Quality Ontario)

Some quotes from Service Users about OPOC:
  ▪ “An amazing step in the right direction.”
  ▪ “It’s important we know our voices are heard.”
  ▪ “This treats our experience as a form of evidence.”

Various Members; CAMH Persons with Lived Experience
Client voice informs service change to enhance quality of care
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