

## Guidelines for using select OPOC-MHA questions

The Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) was designed for widespread use and adoption across the entire Ministry of Health-funded mental health and addiction sector. It provides a comprehensive, standardized method for gathering service user feedback. While implementation approaches vary by agency and program, organizations are encouraged to administer the full OPOC-MHA at least once annually, following the administration recommendations and essentials set out in the Memorandum of Understanding and Implementation Guide.

There are occasions when agencies may wish to use some of the OPOC-MHA questions for alternate purposes. For example, an agency may initiate a quality improvement project and want to use only a few OPOC-MHA questions to gather feedback during rapid improvement cycles. Alternatively, a detailed program evaluation may be undertaken, in which it might be helpful to use certain OPOC-MHA questions for the specific program.

### **Administering a select number of items from the OPOC-MHA for specific quality improvement or program evaluation purposes is permitted with the following conditions:**

- Administration of these items is **complementary** to standard OPOC-MHA implementation and does not replace regular administration of the standardized tool.
- The exact wording for selected items must remain the same.
- A process to identify and select appropriate OPOC-MHA items for the specific purpose was discussed at the agency.
- A footnote must be added to abridged versions: Select items from the “Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)” used with permission from the Centre for Addiction and Mental Health (CAMH). Copyright © 2015 by CAMH.
- Data analysis for these items are the responsibility of the agency. The OPOC website and reporting portal cannot be used for the administration of select questions.
- Additional questions may be added as appropriate.

### **Key Considerations**

- Administering only select OPOC-MHA questions can provide a rapid, feasible, and sustainable survey data management system that can engage clinicians and clients in the quality improvement process.
- Each item included in the OPOC-MHA tool reflects a specific standard of care that clients should receive in mental health and addiction programs. Individual items should not be interpreted beyond the item itself; in other words, individual question responses are not representative or predictive of responses across a particular domain or the tool as a whole.

- Administering only select questions is not a method that has been tested, and key aspects of the client experience, captured in the omitted OPOC-MHA questions, will not be recorded.
- If treatment and sociodemographic questions are not asked, the client's experience cannot be viewed through a health equity lens. Reports are not automatically generated that would help identify service inequities or disparate experiences receiving care.
- Manual data analysis is required, and results do not become part of the aggregate agency or provincial database.
- Organizations are encouraged to inform the appropriate PSSP implementation specialist/coach about their use of the selected items and to seek support as required.

### **Frequently asked questions about using specific OPOC-MHA questions for “QI-on-the-fly”**

Below are several 'Frequently Asked Questions' about using a selection of OPOC-MHA questions for a rapid quality improvement project.

#### **How do I reach clients virtually?**

- Even if you are not seeing clients face-to-face, there are many other ways to connect. Consider phone, video, or email as ways to reach out and connect with clients.

#### **Which question(s) should I choose?**

- Each agency should develop a process to identify and select appropriate OPOC-MHA questions for the specific purpose that was discussed at the agency.
- Consider questions that touch on access, services, participation, discharge, and overall experience as they relate to the initiative you are working to improve.

#### **Do I still need to generate OPOC-MHA keys or use OPOC Links?**

- Agencies cannot access the OPOC website ([www.OPOC.ca](http://www.OPOC.ca)), generate keys, nor use OPOC links when using selected OPOC-MHA questions for quality improvement purposes. Agencies must develop a separate process for administration and data collection when using only select OPOC-MHA questions.

#### **Will this be like a mini-campaign?**

- Administration of selected OPOC-MHA questions is complementary to standard OPOC-MHA implementation and does not replace regular administration of the standardized tool.
- Do not consider this as a 'small campaign' but rather a complementary process to gather quick feedback on a few specific areas of interest.

### **Do I need a full OPOC-MHA team to do this?**

- While a full team can help spread out the work in a full OPOC-MHA administration, asking clients to respond to 1-3 questions requires minimal staff.

### **What about anonymity and confidentiality?**

- Every effort should be made to ensure that client responses to the selected questions remain anonymous (i.e. no one knows how a client responded).
- In situations where anonymity cannot be ensured (e.g., phone, video, email administration), steps should be taken to protect client identity and responses from being known to others.

### **I thought the MOU said we had to use all the OPOC-MHA questions?**

- The OPOC-MHA tool was designed for widespread use and adoption across the entire Ministry of Health funded mental health and addiction sector. While implementation approaches vary by agency and program, organizations are encouraged to administer the OPOC-MHA at least once annually. In addition, organizations are required to provide the tool in its entirety to the service user.
- There are occasions when agencies may wish to use some of the OPOC-MHA questions for alternate purposes. For example, an agency may initiate a quality improvement project and want to use only a few OPOC-MHA questions to gather feedback during rapid improvement cycles.

### **Can I ask OPOC-MHA questions by email, text, video, or phone?**

- Yes, these would be good ways to connect with clients. Please contact your PSSP OPOC-MHA implementation specialist for support.

### **Is this about looking to make big changes or small changes?**

- Administering only select OPOC-MHA questions can provide a rapid, feasible, and sustainable survey data management system that can engage clinicians and clients in a quick quality improvement process.

### **How do I tabulate the results?**

- Data analysis for these items is the responsibility of the agency.
- Manual data analysis is required and results do not become part of the aggregate agency or provincial database.
- There is a scoring tool available to help agencies tabulate results. Please contact your PSSP OPOC-MHA implementation specialist for more information. Alternatively, agencies can use tools such as Survey Monkey.

### **Do I need special software or a special website to generate results or reports?**

- Neither special software nor access to websites is required.
- There is a scoring tool available to help agencies tabulate results. Please contact your PSSP OPOC-MHA implementation specialist for more information.

### **Do I need to use a client information letter?**

- Though not required, an agency-customized Client Information Letter (based on the official OPOC-MHA client information letter) might help to clarify for the client any issues related to importance, involvement, participation, and confidentiality.

### **If meeting with clients in-person, can I use paper, a tablet, or a laptop?**

- Designing a paper form with the question(s) on it would be a quick and effective way to collect feedback from clients when meeting face-to-face.
- To use a tablet or laptop, the agency would have to create a spreadsheet or survey monkey. Agencies could also use the scoring tool developed by the PSSP team and enter the results in real time.

### **What would a QI-on-the-fly process look like at my agency?**

- There are a number of conditions and considerations to take into account when using some of the OPOC-MHA questions for a quick quality improvement project. Please review the 'Guidelines for Using Select OPOC-MHA questions'.
- Reach out to your PSSP OPOC-MHA implementation specialist for support.

### **Are the questions still valid if pulled out of the OPOC-MHA tool?**

- Yes, but an individual item should not be interpreted beyond the item itself; in other words, individual question responses are not representative or predictive of responses across a particular domain or the tool as a whole. Each item included in the OPOC-MHA tool reflects a specific standard of care that clients should receive in mental health and addiction programs.
- Administering only select questions is not a method that has been tested, and key aspects of the client experience, captured in the omitted OPOC-MHA questions, will not be recorded.
- The exact wording for selected items must remain the same.
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