Guidelines to Support Virtual OPOC-MHA Administration

Face-to-face administration of the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) is encouraged but is not always a practical approach to gathering information from clients about their care experiences. This document provides recommendations and guidelines for administering the OPOC-MHA virtually (e.g. using telephone, e-mail, or video-conferencing methods). This intention of this document is to complement organizational policies. It does not replace existing protocols related to communicating with clients through virtual technology.

Fundamental Considerations

- The fundamental consideration when completing OPOC-MHA surveys is respondent anonymity and the protection of client privacy. No identifying information should link a particular client with the data entered in the provincial database. This includes OPOC-MHA survey keys.
- In accordance with the OPOC-MHA Memorandum of Understanding (MOU), facilitation as required by the client is fundamental for OPOC-MHA administration. It is recommended that a name and contact number be provided for clients who wish to ask questions about the survey. This does not have to be the same person administering the survey virtually and, whenever possible, as with in-person administration, a client's primary clinician should not be the survey facilitator.
- Survey literature consistently shows a higher response rate for in-person surveys.[1] If your organization is accustomed to administering surveys in-person, it is possible you may experience a lower response rate by switching to virtual administration.

Key Considerations when Administering OPOC-MHA by Telephone or Videoconference

- To satisfy informed consent requirements, read the contents of the Client Information Letter in it's entirety to survey respondents. Ask clients if they understand the information and if they have any questions before administering the survey.
- Do not track or record the OPOC-MHA survey key with any particular client's responses. You may track which clients you invited to complete the survey, but there should be no traceable reference to database contents, including OPOC-MHA keys, campaigns, or programs.
- It is strongly recommended that telephone surveyors are trained in crisis intervention, when possible, to help with any concerns that arise.

[1] Sullivan, M., & Bornstein, S. (2016). *Rapid evidence reports: The effectiveness of digital surveys for collecting patient feedback.* St. John's, NL: Newfoundland and Labrador Centre for Applied Health Research.

Key Considerations when Inviting OPOC-MHA Completion by E-mail

- Clients can complete the OPOC-MHA survey independently on the www.opoc.ca web site if they have access to an OPOC-MHA survey key.
- When administering the survey via e-mail, send the PDF file including both the client information letter and their unique survey code (the OPOC-MHA key) to the clients.
- Ensure staff promptly delete emails sent to clients with OPOC-MHA keys, and purge their deleted items folder. These e-mails create an unauthorized record linking identifiable client information with a particular survey key, and potentially place service providers in non-compliance with the terms of the MOU.
- It is strongly recommended that local mental health and/or crisis resources be included with the OPOC-MHA key or survey.

Example OPOC-MHA Virtual Implementation Approach (Telephone)

A multi-service agency has been implementing the OPOC-MHA with its clients for several years. In order to continue administering the survey in the midst of the COVID-19 pandemic response, they decided to offer clients the opportunity to share their perception of care feedback using telephone-based administration. For each program, they selected 30 phone numbers of clients who had been active within the last 3 months and an administrative staff member called each number.

The agency set a goal of 15 completed surveys for each program. Administrative staff tried calling each number twice and, if they did not answer, they then pulled another random 30 numbers to call until there were 15 per program.

The agency developed a phone script for survey administrators to read to each client to standardize the process across all programs. The script reminded clients to which services the questions were referring, what they were asking clients to do, and that survey completion was optional. They also read the client information letter and verified that the client wished to proceed with the survey.

The person conducting the phone surveys was trained in crisis identification and response, and could intervene appropriately if a client found the survey experience distressing.

When clients did answer the phone but declined to participate, the number of declines was tracked so the agency had an understanding of the survey refusal rate. They were careful not to link an individual's name with their decision not to complete the survey.

If you have any questions about these guidelines or would like additional support to discuss virtual OPOC-MHA implementation, please contact the OPOC-MHA Implementation Specialist assigned to your region.