

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 gather client experience feedback. This document provides recommendations and guidelines for administering the OPOC-MHA virtually (e.g. using telephone, e-mail, or video-conferencing methods). The 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. The use of OPOC links, which is a URL for a specific program, minimizes privacy risks by eliminating individual keys.
- In accordance with the OPOC-MHA Memorandum of Understanding (MOU), facilitation is fundamental for OPOC-MHA administration and must be offered to the client. 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 surveys¹. 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 its entirety to survey respondents. Ask clients if they understand the information and if they have any questions before administering the survey.

¹ 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.

- 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.

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

- OPOC links allows you to create a URL for a specific program that you can send to multiple participants instead of individualized keys. As OPOC links are shareable, agencies should take note that there is a potential for surveys to be completed multiple times or shared outside of intended recipients.
- Clients can complete the OPOC-MHA survey independently on the opoc.ca web site if they have access to an OPOC-MHA program link.
- When administering the survey via e-mail, make sure to attach the client information letter, and contact information for facilitation support.
- It is strongly recommended that local mental health and/or crisis resources be included with the OPOC-MHA link.

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.

On May 22, 2021, PSSP hosted a [webinar](#) to share examples from providers on virtual administration. Below is a summary of tips and strategies for virtual administration from providers across the province.

- When possible, offer clients a choice of modalities by which to complete the survey: phone interview, video appointment, OTN, email.
- Ensure clients have a safe, accessible space to access the internet. Access to opoc.ca works on all browsers and cellphones.
- Consider the timing of the survey and the stage of support (start of service vs. end of service) when considering different modalities. New clients may require more support.
- Staff who are not directly involved in the particular clients' care, students, trained peer supporters or volunteers can support administration by contacting clients to complete the survey
- Drop off and pick up surveys in non-identifying envelopes at a client's home.
- Assess for opportunities to administer the Caregiver version of the OPOC
- While mailing surveys has a lower response rate, it can provide fulsome qualitative information
- Personalize your message to clients to reflect virtual services. See page 7 and 8 of the [Implementation Guide](#) for examples.