OPOC Self-Assessment Tool for Organizations

Your Name: _____

E-mail address: ______

If you would like to be contacted by an OPOC Implementation Specialist, please check this box and email your completed self-assessment to <u>opoc.mha@camh.ca</u>. Otherwise, this is an internal self-assessment document for your organization.

Which of the following OPOC implementation roles or tasks have you performed? Please check all that apply:

| Designated OPOC Lead |
|------------------------------|
| Survey facilitator |
| Generating reports |
| Presenting results |
| Reviewing data |
| Staff training |
| Leadership support |
| Data entry |
| Quality improvement planning |
| Other: |

Scoring the tool

Each of the questions in the table below represents a core component of OPOC implementation, including survey administration, data review, and application of results for quality improvement purposes.

Each item contains a 4-point rating scale (not yet even close = 1, some way to go = 2, nearly there = 3, we're there = 4) as well as an unscored "not sure" rating.

You are asked to rate each item to the best of your ability, taking into account the various elements in the descriptor. Your rating should be based on how many of those elements are present in your organization, and how well you think they are occurring. If you are completing this at an organization with multiple programs or multiple OPOC implementation plans, you may wish to complete a separate form for each program or implementation approach.

| Question | Item | Rating |
|---|--|---|
| 1. Leadership support for OPOC | Leaders at various levels of the organization are engaged and supportive of OPOC implementation as part of standard practice and use of OPOC data for quality and equity improvement purposes. | Not sure Not even close Some way to go Nearly there We're there |
| Comments: | | |
| 2. Designated OPOC Lead | An OPOC Lead is identified. The lead takes primary responsibility for overseeing OPOC implementation. Where capacity exists, a team approach is used, ensuring coverage for staff absences. | Not sure Not even close Some way to go Nearly there We're there |
| Comments: | | |
| 3. Dedicated resources for OPOC implementation | The organization dedicates resources to OPOC implementation, such as allocating time for staff to work on OPOC administration, run reports, and support OPOC-related improvement processes; supplies and equipment are accessible if required. | Not sure Not even close Some way to go Nearly there We're there |
| Comments: | | |
| 4. Staff competency with OPOC implementation | All staff involved in the administration of OPOC have been trained and feel comfortable with their role in OPOC administration (e.g., have reviewed the recorded OPOC orientation webinar and other relevant resources). | Not sure Not even close Some way to go Nearly there We're there |
| Comments: | | |
| 5. Sustainability of OPOC implementation | A process exists for identifying when staff transitions that will affect OPOC implementation are pending, and how onboarding/training for staff new to OPOC will occur. | Not sure Not even close Some way to go Nearly there We're there |
| Comments: | | |

| Question | Item | Rating |
|---------------------|---|----------------|
| | An OPOC implementation plan exists and is followed. | Not sure |
| 6. OPOC | The plan consists of a regular schedule of | Not even close |
| implementation | administration (minimum annually and more | Some way to go |
| plan | frequently if warranted by the types of programs, | Nearly there |
| | population served, and any reporting requirements). | We're there |
| Comments: | | |
| | A process has been defined to regularly review the | Not sure |
| | OPOC implementation plan and update it as required | Not even close |
| 7. Improving OPOC | (minimum annually). Opportunities exist to review | Some way to go |
| implementation | what is working well as well as challenges regarding | Nearly there |
| | OPOC implementation. | We're there |
| Comments: | | |
| | OPOC is administered in all programs to a minimum | Not sure |
| 8. Depth and | OPOC is administered in all programs, to a minimum of 10% of clients served across the organization and 10% of clients served within a program (unless there is a compelling reason not to). | Not even close |
| breadth of OPOC | | Some way to go |
| implementation | | Nearly there |
| | | We're there |
| Comments: | | |
| | Individuals within the organization are proficient to | Not sure |
| 9. Proficiency with | run OPOC reports, use different filters, look at the | Not even close |
| the OPOC | data in different ways including through an equity | Some way to go |
| reporting portal | lens, and compare it to provincial OPOC and other | Nearly there |
| | sources of data. This also includes a qualitative review of the client comments. | We're there |
| Comments: | Teview of the chefit comments. | <u> </u> |
| | A defined schedule and process exists and is followed | Not sure |
| 10. Reviewing / | | Not even close |
| sharing OPOC | for reporting and disseminating OPOC data at multiple levels (e.g. teams, leadership, Board of | Some way to go |
| data | Directors, clients). | Nearly there |
| | | We're there |
| Comments: | Directors, clients). | - |

| Question | Item | Rating | | | |
|---|---|----------------|--|--|--|
| 11. Planning for quality improvement using OPOC data | Defined opportunities exist to discuss OPOC data and define program and organization quality and equity | Not sure | | | |
| | | Not even close | | | |
| | improvement opportunities (e.g. through team | Some way to go | | | |
| | meetings, quality improvement councils, client and | Nearly there | | | |
| using OF OC data | family advisory councils, etc.). | We're there | | | |
| Comments: | | | | | |
| | | | | | |
| | OPOC data is used regularly to inform quality improvement projects and address equity gaps. | Not sure | | | |
| 12. Using OPOC data | | Not even close | | | |
| to inform quality improvement activities | | Some way to go | | | |
| | | Nearly there | | | |
| | | We're there | | | |
| Comments: | | | | | |
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