

PATHWAYS' DATA QUALITY IMPROVEMENT INITIATIVE FOR THE CHAMPLAIN LHIN
PHASE ONE: ONTARIO HEALTHCARE REPORTING STANDARDS DATA OF COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

DATA QUALITY VALIDATION CHECK-LIST for Key Client and Financial Statistics **TEMPLATE**

Functional Centre: 725* (specific community MHA service)

Health Service Provider Name

1. OHRS Definition Functional Centre: 725 10 78 11 COM Clinics/Programs - Addictions Treatment - Substance Abuse

The functional centre pertaining to the provision of ...

Ontario Healthcare Reporting Standards V10.0, Chapter 7 (Community Mental Health & Addictions), pages 52-55. <https://hsimi.on.ca/hdbportal/>

Key Considerations	Agency Response
1.1: List the programs (names and/or sites) that are funded under this functional centre.	
1.2: Do the services provided under this functional centre match the OHRS definition? Comment on any known or potential discrepancies.	<i>This informs on the potential variety of services offered under a same functional centre, and describes any need for creating new functional centres.</i>

2. Client Statistics: 2012-13 to 2016-17 FYE Activities					
Main Statistics for the Functional Centre	2012/2013YE	2013/2014YE	2014/2015YE	2015/2016YE	2016/2017YE
Examples: Visits, Resident Days, Attendance Days, Individuals Served					
Key Considerations	Agency Response				
2.1: Do the time trends in the client activity statistics over the past 5 fiscal years, match well to the reality of your organization's deployment of programs?	<i>This informs on changes that may have occurred at the organizational level, in service delivery, and/or data entry.</i>				
2.2: Are all the client activities for this functional centre appearing in the table?	<i>This seeks any activities that are delivered by the agency, that may not be recorded in the OHRS data system.</i>				

3. Client Statistics: FYE 2016-17 Activities by Client Type Categories

Main Client Statistics for the Functional Centre	Client Type / Service Recipient Categories					
	25 Outpt Mental Health	60 Non Reg Pt SR not uniquely ide	65 Non Reg Pt MH SR not uniquely	86 Community Health Centres (CHC)	N/A = BSA	All Service Recipients
Examples: Visits, Resident Days, Attendance Days, Individuals Served						

Ratio of Main Statistic vs Indiv Served
#DIV/0!

Key Considerations	Agency Response
<p>3.1: Do the service recipient categories shown in the table columns above (e.g., code 25 for Outpt Mental Health), align to your client types? For a listing of categories and their definitions, see spreadsheet tab entitled 'Definitions'.</p>	<p><i>This seeks confirmation that the client type is correctly coded, and informs on different potential situations.</i></p>
<p>3.2: Are some activities associated to non-registered clients / not uniquely identified service recipients (i.e., category 65)? And, a) if yes, please describe the circumstances where a client would not be registered. b) if not, please confirm that there were indeed no services offered to non-registered clients.</p> <p><i>Category 65 is used for an individual who receives mental health and/or addictions service(s) from a health service organization when not currently registered as an inpatient, resident, or client; whose encounter is not recorded in the registration or information system of the organization and who has no unique identifier assigned. When services are provided to these individuals, not uniquely identified service recipient interactions with SR code 65 (S452 65 00) would be reported.</i></p>	<p><i>Since non-registered clients are not counted in the number of 'Individuals Served', it is important to ensure that clients are not registered in only appropriate circumstances.</i></p>

<p>3.3: Does your organization follow these rules concerning visits? If not, please identify challenges faced.</p> <p><i>When a service recipient is present to receive service more than once on the same calendar day in the same functional centre for the same need or condition/treatment, only one visit is reported.</i></p> <p><i>A visit is each occasion when a service recipient is provided service in a functional centre regardless of the number of service providers present and the length of service.</i></p>	<p><i>This seeks the harmonization/standardization of the definition of the main statistics for the functional centre.</i></p>
<p>3.4: Does the ratio of the main statistic (e.g., number of visits) per individual served, represent your organization's delivery of the program?</p>	<p><i>This offers a way for the agency to consider their client statistics</i></p>

4. Service Provider Statistics: FYE 2012-13 to 2016-17

Service Provider Interactions	2012/2013YE	2013/2014YE	2014/2015YE	2015/2016YE	2016/2017YE
S2652500 Service Provider Interactions - Time Intervals Not Reported					
S2652501 Service Provider Interactions - More than 5 Minutes to 30 Minutes					
S2652502 Service Provider Interactions - 31 Minutes to 1 Hour					
S2652503 Service Provider Interactions - More than 1 Hour to 2 Hours					
S2652504 Service Provider Interactions - More than 2 Hours to 5 Hours					
S2652505 Service Provider Interactions - More than 5 Hours					
Total					

Ratio_A: interactions vs total visits (f2f and non-f2f)
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Service Provider <u>Group</u> Interactions	2012/2013YE	2013/2014YE	2014/2015YE	2015/2016YE	2016/2017YE
S2660000 Service Provider Group Interactions - Time Intervals Not Reported					
S2660001 Service Provider Group Interactions - More than 5 Minutes to 30 Minutes					
S2660002 Service Provider Group Interactions - 31 Minutes to 1 Hour					
S2660003 Service Provider Group Interactions - More than 1 Hour to 2 Hours					
S2660004 Service Provider Group Interactions - More than 2 Hours to 5 Hours					
S2660005 Service Provider Group Interactions - More than 5 Hours					
Total					

Ratio_B: group interactions vs group sessions
#REF!

Key Considerations	Agency Response
<p>4.1: Ratio_A provided above, shows the number of service provider interactions vs the number of delivered services (e.g., visits, resident days): For non-residential services: is this ratio larger than 1? i.e., does your organization enter at least one interaction per delivered service?</p> <p>Identify the challenges faced to gather/record the information and the feasibility to record it in the OHRS data system.</p>	<p><i>There is interest in better defining the time spent with clients. These questions seek agency perspective on data quality, and feasibility to record the provider interactions in the OHRS data system.</i></p>
<p>4.2: Does your organization capture all the service provider <u>group</u> interactions for each group session? Is this rule followed?: <i>If a multi disciplinary team provides service in a group session in the same functional centre report a service provider group interaction for each member of the team who provided the service.</i> The Ratio_B should be at least equal or larger than 1 .</p>	
<p>4.3: What is the level of validity of the specified time intervals for the service provider interactions, and group interactions? Please inform on any challenges faced to gather/record the time interval information and the feasibility to record it in the OHRS data system.</p>	

5. Wait Times: FYE 2012-13 to 2016-17					
Statistic	2012/2013YE	2013/2014YE	2014/2015YE	2015/2016YE	2016/2017YE
S406 ** 10 Individuals Currently Waiting for Initial Assessment					
S406 ** 20 Individuals Currently Waiting for Service Initiation					
S407 ** 10 Days Waited for Initial Assessment					
S407 ** 20 Days Waited for Service Initiation					
S506 ** *0 Individuals Received First Service					
Average Wait Time to Initial Assessment =Days Waited for Initial Assessment divided by the number of Individuals Currently Waiting for Initial Assessment (i.e., S407**10 divided by S406**10)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Average Wait Time to Service Initiation =Days Waited for Service Initiation divided by the number of Individuals Received First Service (i.e., S407**20 divided by S506***0)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Agency Response					
5.1: If the wait time data is missing in the above table, please advise in which data source this information is captured for your program/for this functional centre, and the feasibility to record it in the OHRS data system as well.	<i>These questions seek the feasibility and quality of information for usage of the wait time data recorded in the OHRS data system.</i>				
5.2: Please inform on the operational definitions used by your organization for the wait time to initial assessment, and the wait time to service initiation (see the Definitions tab of this spreadsheet to compare to the OHRS definitions).					
6. Financial Statistics: FYE 2016-17					
Actual costs (for functional centre - as entered via OHRS Trial Balance)					
Key Considerations	Agency Response				
6.1: Are there any issues to flag on these financial statistics?	<i>These financial statistics are considered for information purposes.</i>				
7. Other Items Note Concerning the Statistics					
Key Considerations	Agency Response				
7.1: Please comment on any data issues encountered by your organization using the OHRS data system, concerning the statistics considered in this check-list or other.	<i>Any feedback is appreciated, and frequent/common issues can be brought back to the LHIN and MOHLTC.</i>				
END OF DATA QUALITY VALIDATION					

ADDITIONAL RELATED CONSIDERATIONS						
8. Costing Indicator Comparisons Across Organizations: FYE 2016-17						
<p>Selected Cost-based Performance Indicators from the HIT (Healthcare Indicator Tool, MOHLTC) by Organizations Delivering Services in the Functional Centre</p> <p><i>Note that this table is for information and discussion purposes within the Data Quality Improvement project. Other indicators than those shown, will be considered for a more contextual depiction of performance; i.e., only a more comprehensive performance measurement report (currently in development) will serve for planning purposes.</i></p> <p><small>*F.O.I.: Freedom of Information. Data is not shown for those organizations with less than 5 FTEs.</small></p> <p><small>Reference: Functional Centre Healthcare Indicators Manual - Definitions and Calculations, October 2013. Accessed from the Health Data Branch Web Portal.</small></p>	Average Expense per Multiple Mode(s) of Delivered Services (#14)	Average Expense per Individual Served by F/C (#16)	Average # of Visits per Individual Served (#59) OR Average # of Resident Days per Individual Served	Total Visits per FTE (where FTE is available) OR Average Length of Stay in FY (#65)	Average # of Service Providers Interactions per Individual Served (#61)	FTE (where available; >5) (#24)
Hawkesbury & District General Hospital						
Ottawa Rideauwood Addictions & Family						
Average						
Ottawa Sandy Hill Health Centre						
Key Considerations	Agency Response					
<p>8.1: The table shows costing indicators as defined by the MOHLTC; data is accessible to all organizations and LHINs through the Health Data Branch Portal (ie., the HIT). Are the indicator results shown for the functional centre, what may be expected for your organization?</p> <p>Please inform on your thoughts as to the reasons for the large variability across organizations.</p>	<p><i>Seeking your organization's input on the development of performance measurement system for Champlain LHIN MH&A services.</i></p>					
<p>8.2: What indicators (from OHRS and any other data systems) would you recommend to use in order to properly reflect quality and performance of services delivered in this functional centre; allowing services to showcase their strengths and accomplishments, and to advocate for what they need to deliver quality services?</p>						

9. Catchment Area	
Key Considerations	Agency Response
<p>9.1: Please inform on your organization's catchment area for this functional centre.</p> <p>In order to very precisely define the geography of your organization's catchment area for this functional centre, please inform on the possibility (or relevant issues) of providing a list of your clients' postal codes.</p>	<p><i>Catchment areas are of interest to properly define services offered within the newly defined LHIN sub-regions.</i></p>