Data Quality Improvement Initiative for Champlain MH&A Services

"Data to Support High Quality Services"

Information and Engagement Session for Knowledge Exchange on Ontario Healthcare Reporting Standards (OHRS)/Trial Balance Data

Champlain Pathways to Better Care

The | Le Royal
Mental Health - Care & Research
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Agenda

- Purpose of Meeting
- Round Table
- Introducing Champlain Pathways
- Pathways Data Quality Improvement (DQI) Initiative
- Pathways Data Quality Validation Checklist
- Communications
- Next Steps

Purpose of Meeting

GOALS:

- **Relationship Building**
  - Collaborative table for increasing data quality and usage
- **Introduce the Data Quality Improvement (DQI) initiative**
  - Led by Pathways to Better Care
  - Driven by the LHIN and the 2016-19 Integrated Health Service Plan - Performance Monitoring for MH&A
- **Considerations on Ontario Healthcare Reporting Standards (OHRS) data definitions**
  - Knowledge exchange
  - Validation exercise for the main statistics concerning service capacity
- **Discuss engagement in project**

Round Table

- **Introductions**

- **OHRS data /Management Information Systems (MIS) reporting in your organization**
  - How is the data used?
  - What aspect of the system doesn't work?

- **What other data is most useful for your organization's planning?**

Champlain Pathways to Better Care

Champlain Pathways to Better Care – Brief Overview

Our Mission

Work with others to implement coordinated changes to the Champlain mental health and addictions system – leading to improvements for those with lived experience and their families. Our focus is on enabling and sustaining change through action, collaboration, knowledge, education, and expertise.

Our Projects

- **2013-16:** driven by the *Connecting the Circle of Care* Action Plan ➡ local priorities
- **2016-19:** driven by the Local Health Integration Network's (LHIN) *Integrated Health Service Plan* ➡ system-level priorities

Pathways – Who We are

David Hesidence: Director, Project Manager, Registered Psychotherapist

Mitsi Cardinal: Decision Support Specialist, Epidemiologist

Alice Hutton: Lead Facilitator, Planner

Andrew Savard: Project Manager

PLUS….. Steering Committee Members, Project Teams, Contracts

Website URL: www.champlainpathways.ca

Data Quality Improvement Initiative for Champlain MH&A Services

"Data to Support High Quality Services"

Data Quality Improvement – Description of the Initiative

- **Objective**
  - establish a valid, sustainable and reliable performance monitoring system for the Champlain MHA sector
  - **Phase One**: beginning with Ontario Healthcare Reporting Standards OHRS/MIS data for the Community Mental Health and Addiction services Functional Centers (CMHA-FCs)
    - the basic service capacity statistics: # clients, # visits, # interactions
  - **Phase Two**: other selected databases

** 2-page overview here.

Why Focus on Performance & Data?

- Ministry is making new investments:
  - Increasing funding for services
  - Increasing capacity for decision support: data and data usage for service performance monitoring
- LHINs are poising to do better planning, to create efficiencies, to fill in gaps in service distribution.
- Champlain LHIN wants to ensure equitable service distribution across its territory; based on ‘clean’ data

Alignment with…

- Champlain LHIN's 2016-19 Integrated Health Service Plan
- MHA Leadership Advisory Council:

  System Alignment & Capacity Working Group – 1 of 4 priority areas: Data and Performance Measurement
- MH&A Leadership Council 2016 Report recommendations
- Strengthening Performance Measurement for Mental Health and Addictions in Ontario. Info here.

3. BUILD FOUNDATIONS FOR SYSTEM TRANSFORMATION

That the Ministry of Health and Long-Term Care undertake three critical first steps toward large-scale transformation, leveraging the work of the Ministry of Children and Youth Services in these areas.

Focus Area	Recommendations
CORE SERVICES	❑ Adopt a set of core mental health and addictions services across Ontario that have dedicated funding support, are available to all Ontarians, and are accessible in all regions of the province.
SYSTEM-LEVEL INDICATORS AND DATA AND QUALITY STRATEGY	❑ Adopt 10 system-level indicators and implement a mental health and addiction data and quality strategy that includes: ❑ Provide Strategic Leadership for Data and Performance Measurement: ○ Centralize data governance and oversight. ○ Implement a common provincial performance measurement scorecard for services across the lifespan. ❑ Measure the Client Journey: ○ Implement a common business intelligence solution to provide access to timely data analysis across the province. ○ Implement the use of a unique client identifier. ○ Expand the collection of socio-demographic information. ❑ Establish a Cohesive and Standard Approach: ○ Implement a standardized process for data collection and reporting. ○ Reduce redundancies in data collection and reporting. ❑ Build Information Infrastructure and Capacity: ○ Implement a provincial information technology fund. ○ Support clinicians with data collection. ○ Support agencies with data-driven decision making.
FUNDING MODEL	❑ Develop an evidence and needs-based funding model for community mental health and addictions services.

Source: Mental Health and Addictions **Moving Forward** Better Mental Health Means Better Health - Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council (2016)

APPENDIX 2: Core Services

Focus Area	Brief description
PREVENTION, PROMOTION AND EARLY INTERVENTION SERVICES	Universal promotion - The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Universal prevention - A focus on reducing risk factors and enhancing protective factors associated with mental illness and addiction. Targeted prevention – A focus on changing views and behaviors, building skills and competencies and/or creating awareness and resiliency through the provision of information, education and programming to defined at-risk populations. Early intervention services – Involves responding early in life or in the course of a mental health disorder or illness or an episode of illness, to reduce the risk of escalation, have positive impact in the pattern of illness and minimize the harmful impact on individuals, their families and the wider community.
INFORMATION, ASSESSMENT AND REFERRAL SERVICES	Provide up-to-date, evidence-based information on mental illness and addictions and on core services available in Ontario.
COUNSELLING AND THERAPY SERVICES	Counselling and therapy services focus on reducing the severity of and/or remedying the emotional, social, behavioral and self-regulation problems of individuals.
PEER AND FAMILY CAPACITY BUILDING SUPPORT	Family support services consist of activities that facilitate emotional and practical support and information exchange between people with common lived experiences (either individual experience with mental illness or addiction or family members who have a loved one with a mental illness and/or addiction). Peer support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope, thrive and flourish. Formalized peer support begins when persons with lived experience, who have received specialized training, assume unique, designated roles within the mental health system to support an individual's expressed wishes. Specialized peer support training is peer developed, delivered and endorsed by Consumer/Survivor Initiatives, Peer Support Organizations and Patient Councils, and is rooted in principles of recovery, hope and individual empowerment.
SPECIALIZED CONSULTATION AND ASSESSMENTS	Specialized consultation and assessments are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of an individual with an identified mental health or addiction need.
CRISIS SUPPORT SERVICES	Crisis support services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the client or others at serious risk of harm.
INTENSIVE TREATMENT AND SERVICES	Intensive treatment services are targeted to clients who have severe and/or complex mental illness and/or addiction that is limiting their functioning in areas such as employment, parenting, household management, schooling, and/or housing.
HOUSING AND SOCIAL SUPPORTS	Housing and social supports consist of a range of non-therapeutic and non-medical services aimed at facilitating the recovery, well-being, and functioning of the patient at home, at school, at work, and in the broader community.

Source: Mental Health and Addictions **Moving Forward** Better Mental Health Means Better Health - Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council (2016)

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APPENDIX 3: Performance Indicators for the Mental Health and Addictions System in Ontario

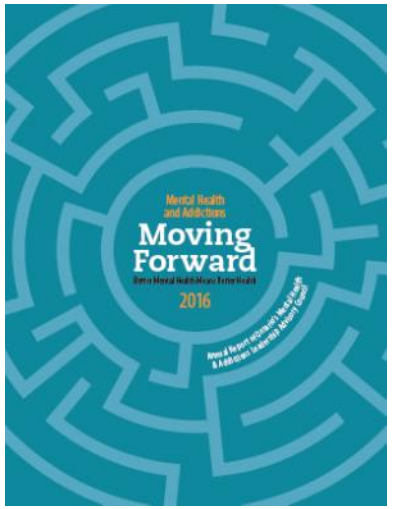
Approved by the Mental Health and Addictions Leadership Advisory Council on May 16, 2016

EQUITY	CLIENT-CENTERED	SAFE	EFFECTIVE	TIMELY	EFFICIENT
Indicators calculated from ICES administrative data, and other indicators where possible, will be assessed through five equity dimensions: (1) Geography (2) Income by neighbourhood (3) Immigration status (4) Age (5) Sex	1. Overall rating of services received by client (Internal Database, MHA)	2. Use of physical restraints (OMHRS, MH)	3. Years of life lost due to MHA (ICES: DAD, NACRS, OHP, OMHRS, ORGD, MHA) 4. Rate of death by suicide (ICES: ORGD, MHA)	5. Wait times from referral to service initiation (OCAN DATIS, MHA) 6. First contact in the emergency department (ED) for MHA (NACRS, DAD, OHP, OMHRS, MHA)	7. Repeat unscheduled ED visit within 30 days (NACRS, MHA) 8. Doctor visit within 7days of leaving hospital after treatment for MHA (DAD, OMHRS, OHP, MHA) 9. Rate of inpatient readmission within 30 days of discharge (DAD, OMHRS, MHA) 10. Alternate level of care (ALC) (ATC, MH)
Critical gaps in socio-demographic dimensions include: - Francophone communities - Indigenous communities - Racialized communities	A. Stigma/Discrimination indicator (TBD, MHA) B. Decrease in a client's unmet needs indicator (OCAN, MHA) C. Family/Caregiver support indicator (TBD, MHA)	D. Medication reconciliation (TBD, MHA)	E. Global assessment of functioning (GAF) scores ≥ 10 points (OMHRS, MHA)	F. Common definition of "wait times" (TBD, MHA)	G. System transitions indicator (TBD, MHA)

LEGEND

- POPULATION
- SYSTEM
- COMMUNITY-BASED & HOSPITAL SERVICES
- COMMUNITY-BASED SERVICES
- HOSPITAL SERVICES
- INDICATORS RECOMMENDED FOR DEVELOPMENT

- MHA: MENTAL HEALTH & ADDICTIONS
- MH: MENTAL HEALTH
- A: ADDICTIONS
- DATA SOURCE



Source: Mental Health and Addictions **Moving Forward** Better Mental Health Means Better Health - Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council (2016)

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About Performance

Not everything that can be counted counts.
Not everything that counts can be counted.

Cameron's 1963 text "Informal Sociology: A Casual Introduction to Sociological Thinking"

It would be nice if all of the data which sociologists require could be enumerated because then we could run them through IBM machines and draw charts as the economists do. However, ***not everything that can be counted counts, and not everything that counts can be counted.***

Multi-Sectoral Service Accountability Agreements (MSAAs)

- Data gathering /entry for funding obligations - *Schedule C: Reports* include:
  - OHRS/MIS Trial Balance Submission (Ontario Healthcare Financial and Statistical System(OHFS))
  - Quarterly Reports (Self Reporting Initiative (SRI))
  - Annual Reconciliation Reports (SRI)
  - Common Data Set (CDS) and/or Drug & Alcohol Treatment Information System (DATIS)
  - Connex Ontario for wait times
  - French Language Services

MSAA: Core Indicators

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	14.4%	<=17.2%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.7%	<13.97%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience
Budget Spent on Administration- AS General Administration 72 1 10
Budget Spent on Administration- AS Information Systems Support 72 1 25
Budget Spent on Administration- AS Volunteer Services 72 1 40
Budget Spent on Administration- AS Plant Operation 72 1 55

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget
** No negative variance is accepted for Total Margin

Source: Multi-Sectoral Service Accountability Agreements (MSAA)

MSAA: Community MHA – Sector Specific Indicators

Performance Indicators	2016-2017 Target	Performance Standard
No Performance Indicators	-	-

Explanatory Indicators
Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions
Average Number of Days Waited from Referral/Application to Initial Assessment Complete
Average number of days waited from Initial Assessment Complete to Service Initiation

Source: Multi-Sectoral Service Accountability Agreements (MSAA)

MSAA: Community MHA – Local Indicators

- Ontario Perception of Care (OPOC)
- Staged Screening and Assessment Tools
- Workforce Development and Capacity Building: Champlain Mental Health and Addictions Competency model and related tools
- Ontario Common Assessment of Need (OCAN) (for MH)

DQI Phase 1: OHRS
Why Are We Doing This?

- Ontario Healthcare Reporting Standards (OHRS) data is one source of service capacity information:
  - Large range of values for cost per client, or cost per delivered services.
  - Need to first rule-out non-standardized data / differences in data entry /interpretation
  - Compare apples with apples.

DQI Initiative in the Community Support Services (CSS) Sector

Champlain Community Support Network | Réseau de soutien communautaire de Champlain

Ontario
Champlain Local Health Integration Network
Réseau local d'intégration des services de santé de Champlain

Paving the way for Data-Driven Decision Making

CHAMPLAIN PATHWAYS TO BETTER CARE

SEPTEMBER 26, 2016

Meals Delivery

Functional Centre – 72 5 82 10 – Meals Delivery

OHRS DEFINITION	Pertaining to activities that arrange meals delivery to service recipients at their residence to meet their nutritional requirements. The meals are delivered by volunteers who may provide a regular social contact and check the health and safety of the service recipients. Includes · Coordination costs - direct staff compensation · Meal costs · Client fees to assist in covering the food costs · Transportation costs (e.g. mileage, public transit costs, gas) – which will be reported using F. 6 23 00Travel Expense – Staff Delivery of Service Recipient Service Excludes · Volunteer compensation · The number of meals delivered can be reported at combined or detailed level but not both.		
NUMBER OF HSPS	20	LEAD HSP(S)	OWCS for AIP Carefor for GH
CLIENTS SERVED	6,830	UNITS OF SERVICE	294,574 meals
LHIN FUNDING	$1,515,708	PROPORTION OF TOTAL LHIN FUNDING	2.5%

Notable Exceptions:
- Some data are not available for Rural Ottawa South Support Services.

Program Cost

COST OF CLIENT CO-PAYMENT			
MINIMUM	MEAN	MEDIAN	MAXIMUM
$ 0.00	$ 5.00	$ 5.00	$ 10.00
COST PER SERVICE			
MINIMUM	MEAN	MEDIAN	MAXIMUM
$ 2.31	$ 8.74	$ 6.84	$ 23.75

Notes:
- The cost of the client co-payment represents the fees for hot and frozen meals does not account for gourmet meals as offered by one Health Service Provider or for frozen meal packages as offered by three Health Service Providers.
- The cost per service was estimated using the annual program expense divided by the total annual meals served per agency.
- The above-mentioned excludes Rural Ottawa South Support Services as their data were not available.

Program Description

Overview

The Meals on Wheels program delivers nutritious meals to people in order to assist them to maintain their health and independence at home. The meal is delivered by trained volunteers who provide personal contact and a safety and security check. A range of meal delivery options are available across the region of Champlain. Typically, people have access to a Hot Meal Program and/or a Frozen Meal Program.[12] The Hot Meal Program offers a variety of meals consisting of soup, a main dish, fresh fruit or salad, and dessert while the Frozen Meal Program offers an array of main dishes, soups, and desserts.

Background

In Champlain, the Meals on Wheels programs have been available for over 40 years. The Champlain LHIN currently funds 20 different Health Service Providers for meals delivery.

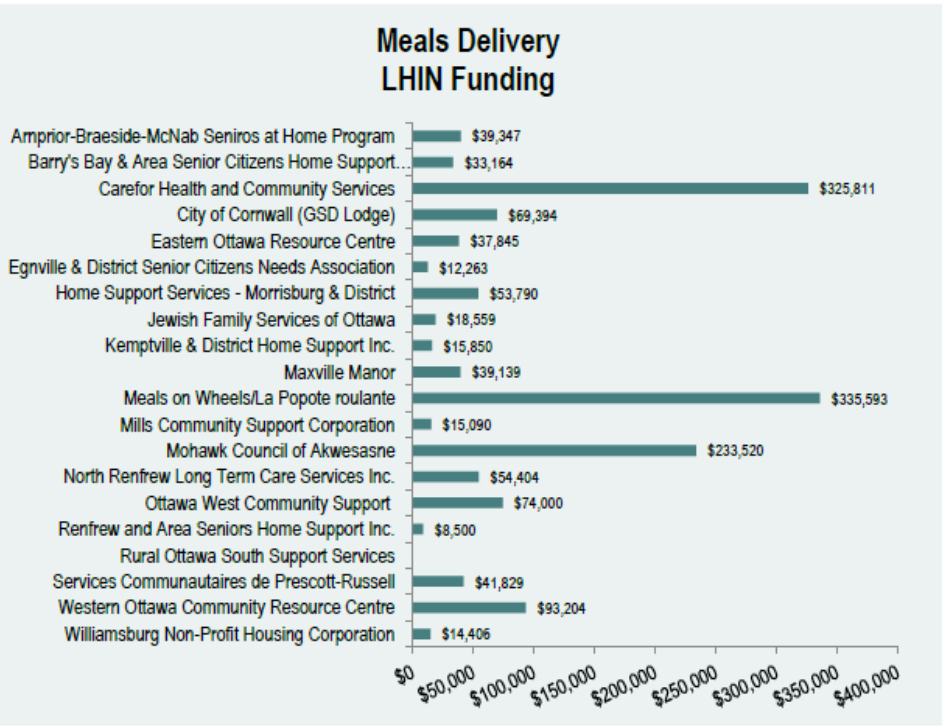
Current State

The table on the next page lists the 20 Healt Service Providers, their meal offerings, th number of kitchens each operates, and they ke challenges they faced in 2013-14.

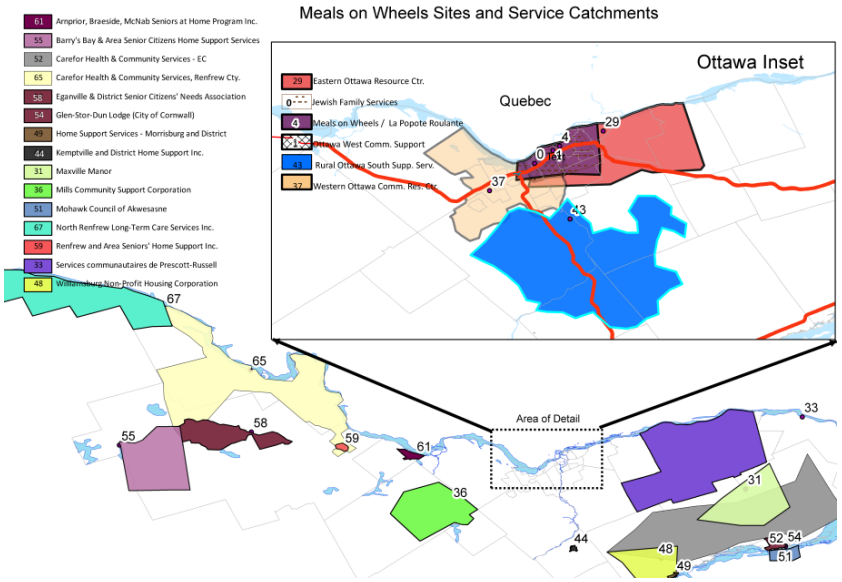
Although they are not funded by the Champlai LHIN for meal delivery, the Renfrew Victori Hospital does provide hot meals for deliver within the town limits of Renfrew. The same true for the Miramichi Lodge which deliver meals within the limits of the City of Pembrok and the Town of Petawawa.

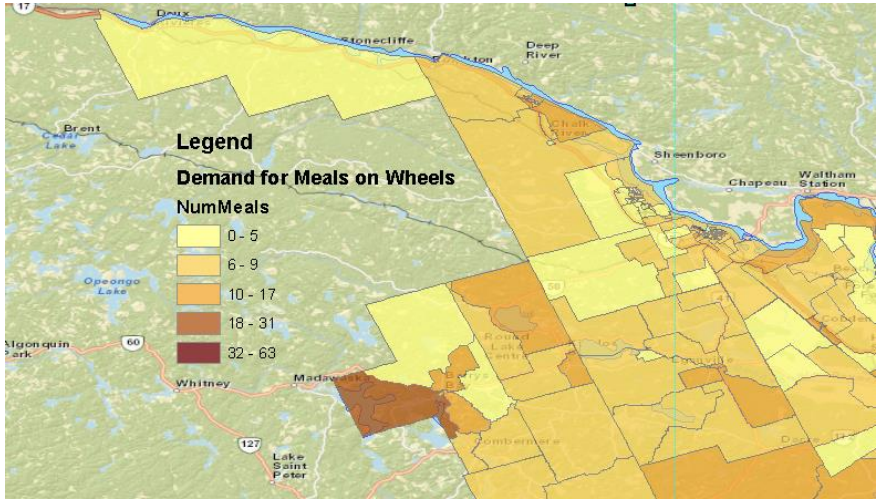
Current and Planned Initiatives

A regional work group representing Healt Service Providers funded for Meals Delivery is t be established to focus primarily on th harmonization of fees and the standardization c practices for meals delivery.



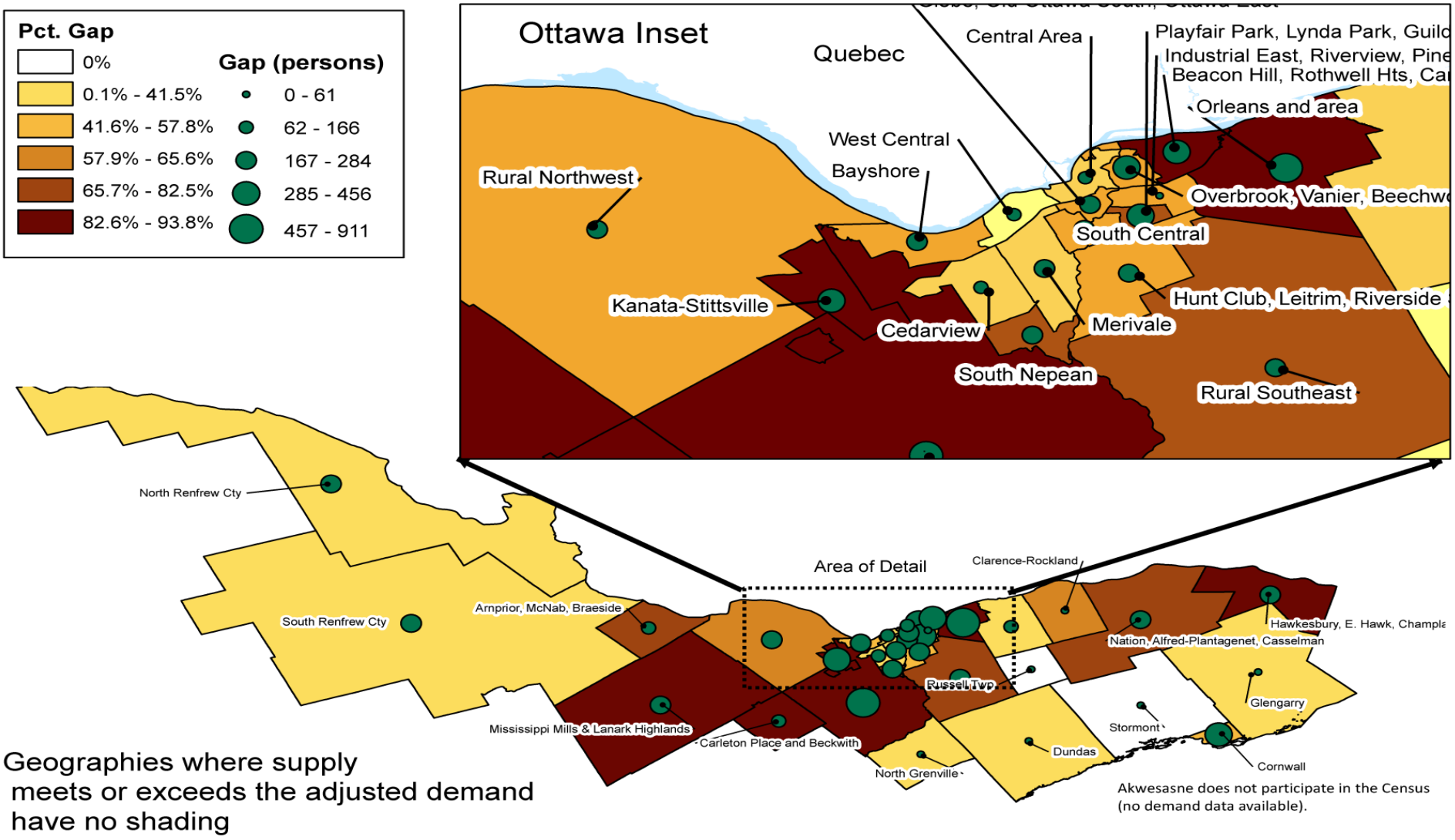
Math: Supply - Demand





Results

Meals on Wheels: Supply/Demand Analysis



Supply of meals on wheels allocated to 33 areas based on provider catchment areas. Demand based on research-established proportions of the population aged 75+ (2011 census), adjusted based on average socioeconomic status in the area ('material deprivation index' per Ontario Marginalization Index) and rurality. Gap=supply – adjusted demand. Percent gap= gap/adjusted demand.

Implications from a LHIN Perspective

Much clearer understanding of Community Support Services (CSS) sector

Can determine which areas are most underserved based on geographic and socio-economic factors

Can create algorithm(s) to assign new dollars to minimize inequality in service

Identify areas with overlapping services: possible opportunities to maximize service dollars

Implications within CSS

Culture shift → evidence based planning

- CCSN Data Quality Work Group; CCSN Evaluation Work Group

Beyond OHRS and volumes…

- client profiles; service area info sheets

Now addressing…
gaps in service provision, service standards, client fee harmonization, rural vs. urban challenges

Able to better prioritize..
recommendations around funding and restructuring; strengthened partnerships

DQI Phase 1 OHRS : Implementation

"Data to Support High Quality Services"

DQI Pilot Work & Regional Implementation

- 3 Pilots: CMHA-Champlain East, The Royal, Pinecrest-Queensway CHC & Carlington CHC.
- Pilot Work – Findings and Evaluation Report here.
- Implementation plan here.
- Group meetings:
  - Selection of Health service Providers (HSPs): common services, regional
  - Considerations for Type 1 vs Type 2 funding

Regional Implementation Schedule

Meeting Date	Group Name	# Agencies Attended / Total in Group	Pilot Agencies
June 6, 2017	Housing Support	3 / 3	
June 19, 2017	Renfrew County	5 / 6	
July 5, 2017	Community Health Centre (CHC)	4 / 4	Pinecrest-Queensway & Carlington
Sept 6, 2017	Community Mental Health (CMH)	5 / 7	CMHA-Champlain East
Sept 12, 2017	Eastern Counties	3 / 3	CMHA-Champlain East
Sept 14, 2017	Wabano Centre for Aboriginal Health	1 / 1	
Sept 15, 2017	Addictions 1 (Res. Add FCs)	4 / 6	
Sept 18, 2017	Hospital	6 / 6	The Royal
Sept 26, 2017	Addictions 2 (Res. Add + MH FCs)	5 / 5	
Oct 17, 2017	Peer Support, Sexual Abuse, and Other functional centres	3 / 5	
Winter 2018	Remaining Agencies / Total # Agencies	8 / 47	

AGENCIES OFFERING COMMUNITY MHA SERVICES

2016-17 Functional Centre Activities

- Listing of Champlain LHIN Agencies and their mental health and addiction services (i.e., functional centres):

List of Agencies with FCs

- Listing of functional centres and which agency offers them:

Listing of FCs with Agencies

OHRS Data Quality: Provincial Resources & Tools

Provincial Initiative

- Drug Treatment Funding Program: Development and standardization of cost-based performance indicators (The Costing Project)
  - Began in 2015, ending January 2017
  - Objectives
    - training program to improve the consistency and accuracy of agency reports
    - pilot use of agency data to evaluate the comparative validity and utility of cost-based measures
    - Working group to develop, standardize, cost-based indicators for comparing costs.
- Your feedback on the training provided by this initiative?

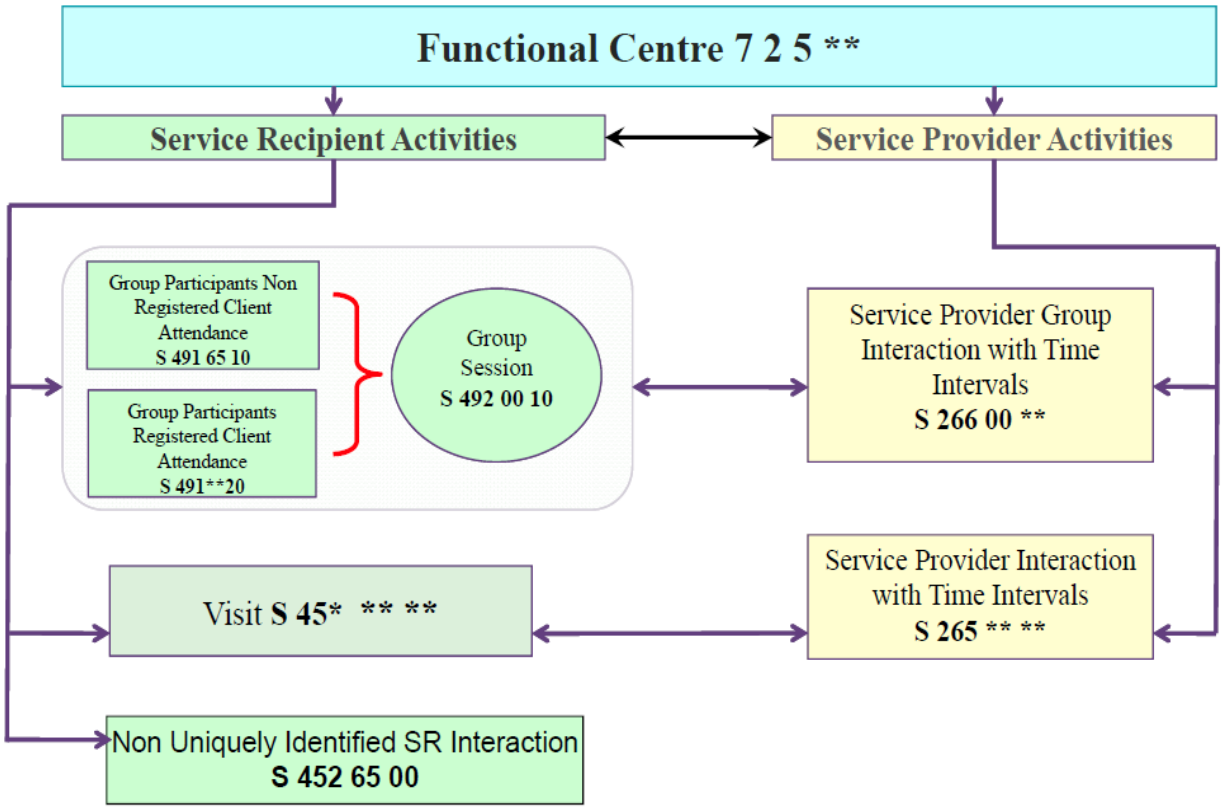
MOHLTC Health Data Branch

- Education/ training materials:
  - Health Data Branch Portal: OHRS documentation, in particular:
    - Chapter 7 Community Mental Health & Addictions
    - Glossary of Terms for Secondary Statistical Accounts
    - E-learning videos (MIS/OHRS overview, Client Stats, Financial Stats, How to Use Your Data, Auditing & Troubleshooting).
    - Slide decks (from webinars)

- Using the Health Indicator Tool
  - Comparisons between 2+ agencies: functional centres and performance indicators
  - Average expense per multiple modes of delivered service

Key OHRS Data Items
Non-Residential Programs (Option #1)

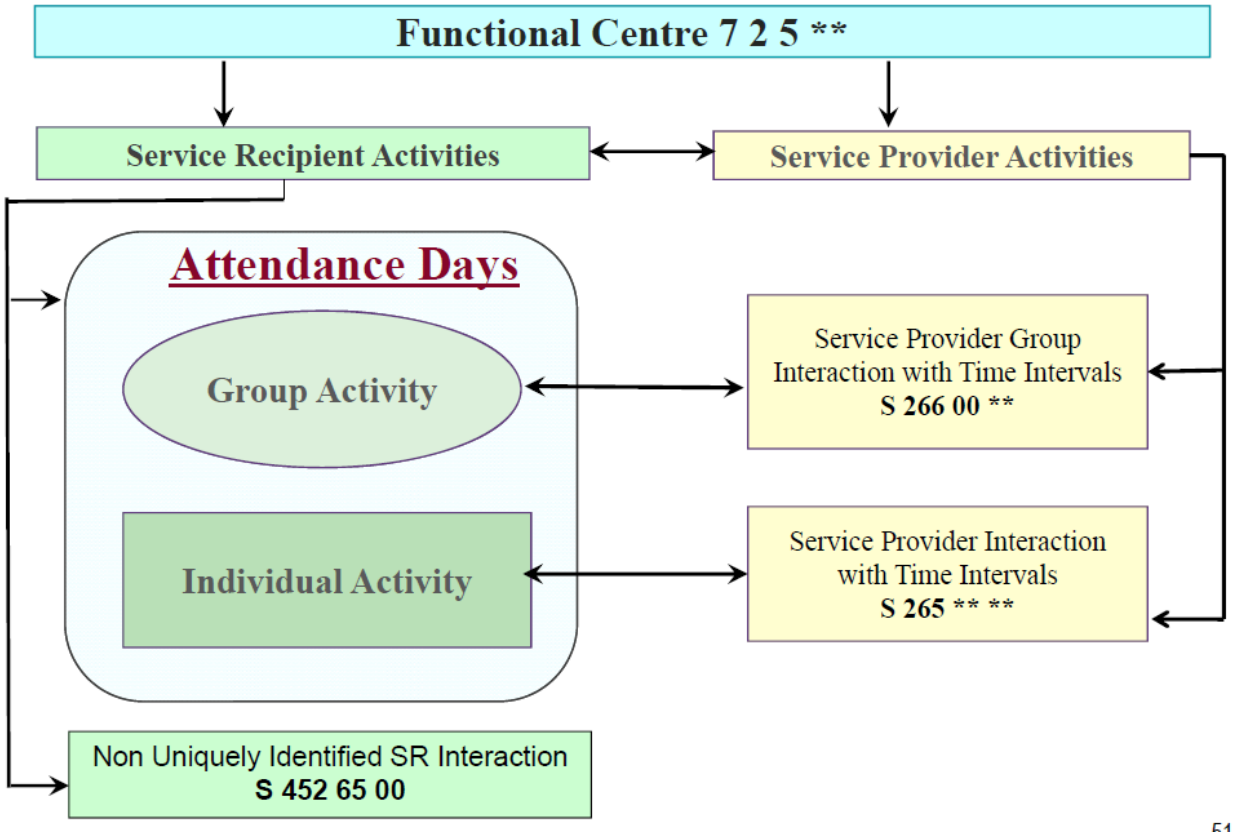
Service Recipient and Service Provider Activities



SOURCE: See Health Data Branch Web Portal, FY15/16 CMHA OHRS Education Session

Key OHRS Data Items
Non-Residential Programs (Option #2)

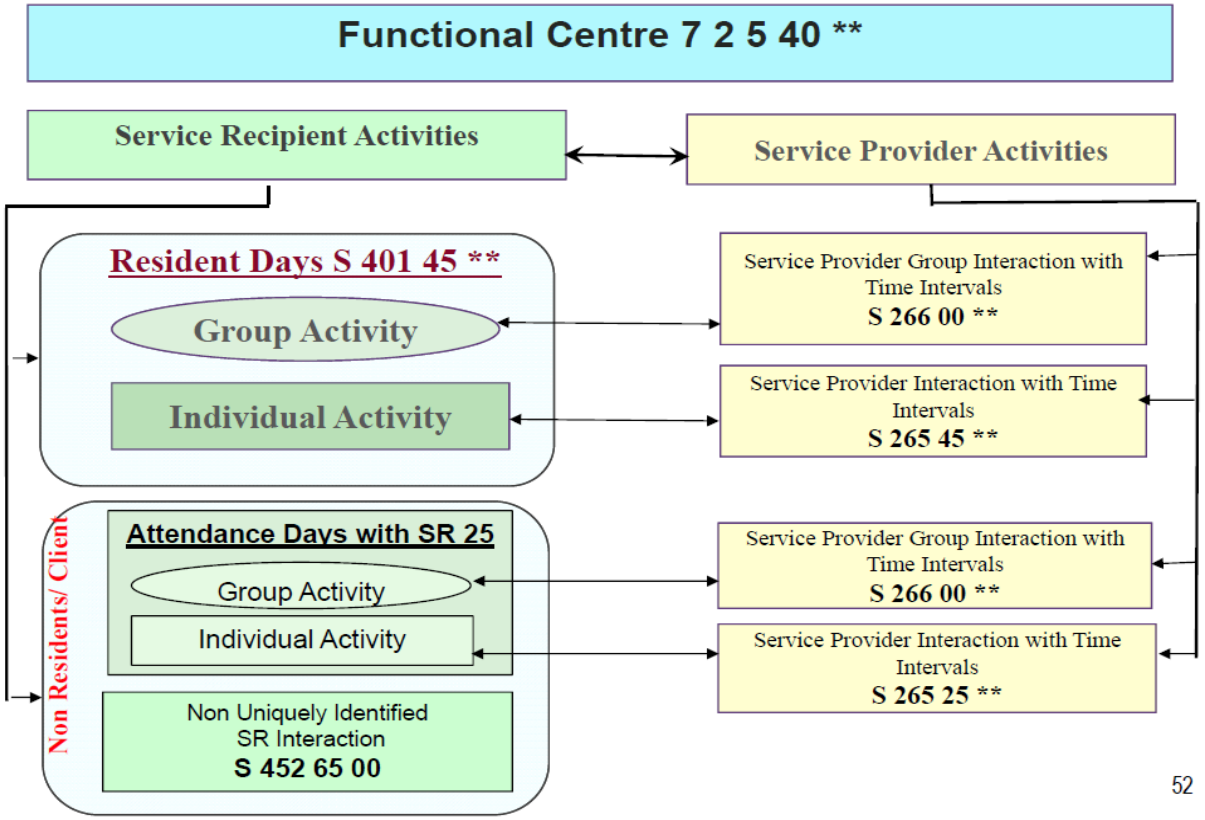
Service Recipient and Service Provider Activities



SOURCE: See Health Data Branch Web Portal, FY15/16 CMHA OHRS Education Session

Key OHRS Data Items
Residential Programs

Service Recipient and Service Provider Activities



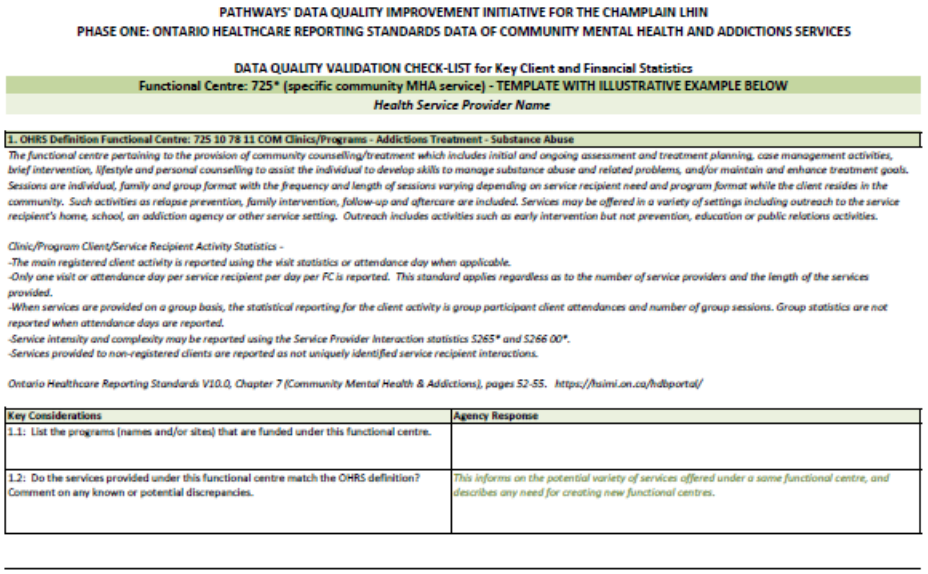
SOURCE: See Health Data Branch Web Portal, FY15/16 CMHA OHRS Education Session

OHRS Data Quality: Tool for Champlain

Pathways Data Quality Validation *Checklist* Tool

- Tool to facilitate the data validation exercise
- Engage in conversation
- Facilitate knowledge exchange

Pathways DQI
a Validation Check



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
Functional Centre: 725* (specific community MHA service) - TEMPLATE WITH ILLUSTRATIVE EXAMPLE BELOW
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 community counselling/treatment which includes initial and ongoing assessment and treatment planning, case management activities, brief intervention, lifestyle and personal counselling to assist the individual to develop skills to manage substance abuse and related problems, and/or maintain and enhance treatment goals. Sessions are individual, family and group format with the frequency and length of sessions varying depending on service recipient need and program format while the client resides in the community. Such activities as relapse prevention, family intervention, follow-up and aftercare are included. Services may be offered in a variety of settings including outreach to the service recipient's home, school, an addiction agency or other service setting. Outreach includes activities such as early intervention but not prevention, education or public relations activities.

Clinic/Program Client/Service Recipient Activity Statistics -
-The main registered client activity is reported using the visit statistics or attendance day when applicable.
-Only one visit or attendance day per service recipient per day per FC is reported. This standard applies regardless as to the number of service providers and the length of the services provided.
-When services are provided on a group basis, the statistical reporting for the client activity is group participant client attendances and number of group sessions. Group statistics are not reported when attendance days are reported.
-Service intensity and complexity may be reported using the Service Provider Interaction statistics S265 and S266 00*.*
-Services provided to non-registered clients are reported as not uniquely identified service recipient interactions.

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.	*This informs on the potential variety of services offered under a same functional centre, and describes any need for creating new functional centres.*

Data Quality Validation *checklist* Key OHRS Data Items

- **Selected data items addressed differently:**
  - a validation perspective: e.g., number of visits/resident days;
  - data entry feasibility and standardization on a longer-term: e.g., wait times;
  - open discussion: such as the costing indicators.
- What indicators do we want from these targeted data items?
- Reported OHRS data represents your agency's activities and work

Data Quality Validation *checklist* Considerations on Validation

- **Section 1: OHRS Functional Centre Definition:**
  - Identification of programs under same umbrella functional centre
  - Is there a good match between services offered and FC definition, or is there justification to modify?
- **Section 2 & 3: Client Statistics**
  - Visits, Individuals Served, Group Participants, Group Sessions, etc.:
  - Are all the activities represented appropriately by the client statistics entered in the Trial Balance Submissions? Anything missing?

Data Quality Validation *checklist* Considerations on Validation

- **About Visits:**
  - **OHRS definition:**
    - 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.
    - 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.

Data Quality Validation *checklist* Considerations on Validation

- **About Attendance Days:**
  - **Visits vs Attendance Days:**
    - If both are used, what explains the difference?
  - **Resident Days vs Attendance Days:**
    - Are attendance days used for pre-admission or post-discharge services offered by the residential functional centre, or interpreted differently?

Data Quality Validation *checklist* Considerations on Validation

- **Client Type Categories :**
  - **Outpatient Mental Health:**
    - attributed the same way?
  - **Non-registered clients:**
    - outstanding scenarios?
    - non-registered client do not get counted in the total number of individuals served
    - How much time is ‘spent’ with a client before registration?

Data Quality Validation *checklist* Considerations on Feasibility

- **Section 4: Service Provider Interactions (number and time intervals):**
  - **Work load intensity for served clients**
  - **OHRS definition:**
    - A service provider interaction (SPI) is reported each time service recipient activity (S4* series) is provided.
    - The service recipient and/or significant other(s) must be present during the interaction.
    - If a service provider serves the service recipient multiple times, report each service provider interaction.
    - If a multi disciplinary team provides service to a service recipient in the same functional centre, report a service provider interaction for each member of the team who provided the service.
    - Service provider interactions are only provided by UPP/MED/NP staff.
    - Each interaction may be reported according to the length of time a service provider provides direct service to the service recipient.
    - The term "present" does not only refer to the SR who is present during the face to face interaction; it also includes interactions via telephone or emails/ chats/videoconferencing. The service must be provided longer than five minutes.
  - Vs Visit: Visit statistic is more like a "day" statistic, and the interaction statistic is a count of the number involvements.

Data Quality Validation *checklist* Considerations on Feasibility

- **Section 5: Wait times**
  - Important factor from client perspective
  - Increasing attention: LHIN, MOHLTC, Auditor General

Data Quality Validation *checklist* Considerations on Validation

- **Section 6: Costs**
  - Financial statistics better monitored; higher data quality
  - Included in checklist to complete the coverage of the main OHRS statistics.

Data Quality Validation *checklist* Opening the Conversation

- **Section 8: Costing indicators from the MOHLTC's HIT tool**
  - Large variability across Champlain agencies (and across all LHINs) delivering same functional centre services
  - begin conversation and obtain agency input
  - Current indicator values provide a rationale for the importance to ensure the quality of the data and standard interpretation and coding of the data, so that comparisons can speak to actual differences rather than data coding differences
  - The analysis of actual costing differences is an exercise that could only be done with 'clean' data, but also, with more contextual data about clientele (eg. severity, or socio-economic factors) and about the programs themselves (i.e, quality aspects such as actual time spent with clients.

Data Quality Validation *checklist* Opening the Conversation

- **Section 9: Catchment area postal codes**
  - To relate client served to population denominators

Communication: Key Messages

Key messages specific to this initiative and its communications:

Tag Line for DQI: Data to Support High Quality Services

Why?

- We want to highlight data that best showcases our services' strengths and accomplishments
- We want data that better represents the services we deliver to our clients
- We cannot look at the data in isolation – each of our programs / services have specific attributes that we need to qualitatively describe
- We need better data for better decision making to allow for more equitable service distribution across our region
- We want to impart knowledge about data and indicators for performance monitoring
- We want to collaborate and discuss the use of data for system-level and program / service improvements
- We want to improve our efficiency in collecting data, by targeting specific data sources, items, and indicators

How?

- This is a conversation – we will convey important messages from you to the LHIN and Ministry – and continuously loop back to you
- We will work together collaboratively to improve the quality of data

The Bigger Picture:

- It is just the start – we will be looking at other data systems in the (near) future
- We are not just looking at OHRS - we are also exploring performance indicators for a Champlain-specific MHA scorecard

Conclusion

- ✓ **Relationship Building** - Through stakeholder engagement and a collaborative table, data quality and usage can be increased.
- ✓ **Data Quality Improvement (DQI) initiative** is a *Pathways to Better Care* led project, driven by and aligned with the LHIN and the 2016-19 Integrated Health Service Plan - Performance Monitoring for MH&A.
- ✓ **Ontario Healthcare Reporting Standards (OHRS) data** represents agency service capacity: reported expenses and activities should be match your agency's good work.
- ✓ **DQI OHRS Tools** – Provincial resources provide educational materials, and the Data Validation Check-List allows agencies to implement data quality verification and improvement for the main statistics concerning service capacity.

Next Steps in Flup to Session

- **Agency Implementation:**
  - Review of Data Quality Validation checklist
  - Identification of additional support: follow-up meeting, and/or in-person visits
  - Provide responses/feedback
  - Resolution of data quality issues re. the items on the checklist
  - Action Plan to implement the resolution

Next Steps in Flup to Phase 1

- Following our collaborative work on the data validation checklists:
  - we will be in communication again once we detail our plans for a continued DQI Community of Practice/Interest and
  - for Phase 2: to further our conversations for the development of a performance report for Champlain MHA services.
- In the meantime, you can regularly hear from us by subscribing to the Champlain Pathways Newsletter:
  - https://www.champlainpathways.ca/newsletter/

Session Evaluation

https://www.surveymonkey.com/r/6HDQRYK