IMPROVING PERSON DIRECTED SERVICES USING EXPERIENCE BASED CO-DESIGN

VIDEO LINK: https://vimeo.com/413609531

Presenters

Fedora Romita - Administrator – Consumer Survivor Initiative of Niagara

Ru Tauro – Executive Director, Oak Centre

Our OCAN Network Team

Participating Organizations:

- Addiction and Mental Health Ontario
- CMHA Cochrane Timiskaming
- CMHA Niagara
- CMHA Ontario
- Community Care Information Management
- Consumer/Survivor Initiative of Niagara
- COTA
- Gateway of Niagara
- Niagara Region Mental Health
- Nipissing Mental Health
- Oak Centre
- Progress Place

Lead-meeting organizer and meeting Chair: Ru Tauro

Note Taker: Linda Saunders – QI Coach

Data Collector: Abel Gebreyesus

Clinical Expert: Jennifer Zosky

Network Member: Abel Gebreyesus, Chris Habalbrosek, Dawn Rogers, Deb Pultz, Heather Gillespie, Ian Masse, Ivan Evers, Judy Hoover, Kathy King, Laura Daly-Trottier, Norine Thompson, Robin Evans, Jolene Carter, Fedora Romita, Marlene Loefen, Andrew Bussey

The Excellence through Quality Improvement Project (E-QIP)

- **E-QIP** is a partnership initiative between Addictions & Mental Health Ontario, Canadian Mental Health Association, Ontario & Health Quality Ontario to promote and support ***quality improvement*** (QI) in the ***community mental health and addiction sector***.

- **E-QIP** is based on the sector's existing commitment to providing high quality, person-centered care to individuals and families.

Are you knowledgeable about Quality Improvement?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

What is Quality Improvement (QI) in health care?

- **Quality Improvement** is a systematic approach to making changes that lead to better client outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, clients and their families, researchers, planners and educators — to make better and sustained improvements.

Source:

Health Quality Ontario - Quality Improvement page

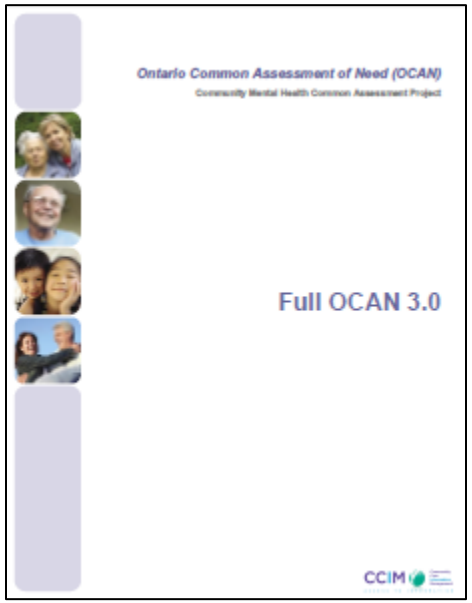
Paul Batalden and Frank Davidoff. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care. 2007 Feb; 16(1): 2–3. (PubMed)

IDEAS Glossary: http://online.ideasontario.ca/terms/quality-improvement/

Has your organization used Quality Improvement?

- Yes
- No

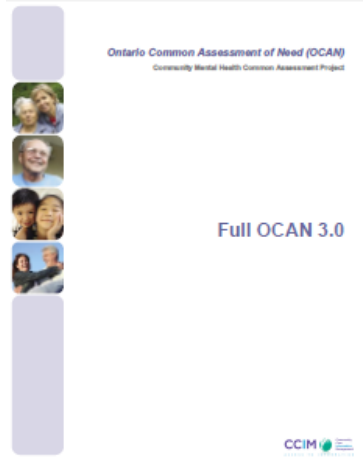
What is OCAN?


Ontario Common Assessment of Need (OCAN)
Community Mental Health Common Assessment Project
Full OCAN 3.0
CCIM

What is OCAN?

Ontario Common Assessment of Need (OCAN) is a standardized, assessment selected by the sector that allows key information to be electronically gathered.

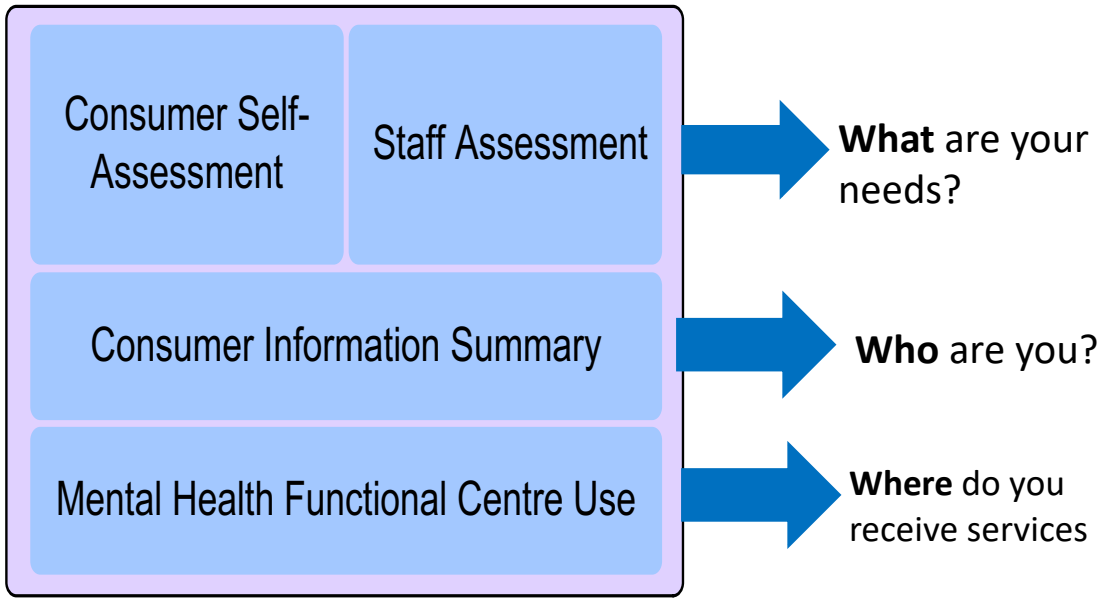
OCAN includes the Camberwell Assessment of Need (CAN), an internationally used and widely researched tool that identifies areas of client need and informs service plans to address those needs.



Key OCAN Features:

- **Supports a client centered approach** with the inclusion of a self-assessment
- **Supports conversations** with clients about needs, strengths and actions
- **Measures client outcomes:** tracks client progress and changes in needs over time
- Provides aggregate data to **inform planning and decision making** that is consistent with a recovery approach
- Further **facilitates inter-agency communication** through common standards

OCAN cont'd



Summary of Actions

Priority	Domain	Action
1	Accommodation	Submit housing application
2	Physical Health	See nurse practitioner to review treatment plan for diabetes
3	Psychological Distress	Attend mindfulness to address anxiety

Recovery Plan

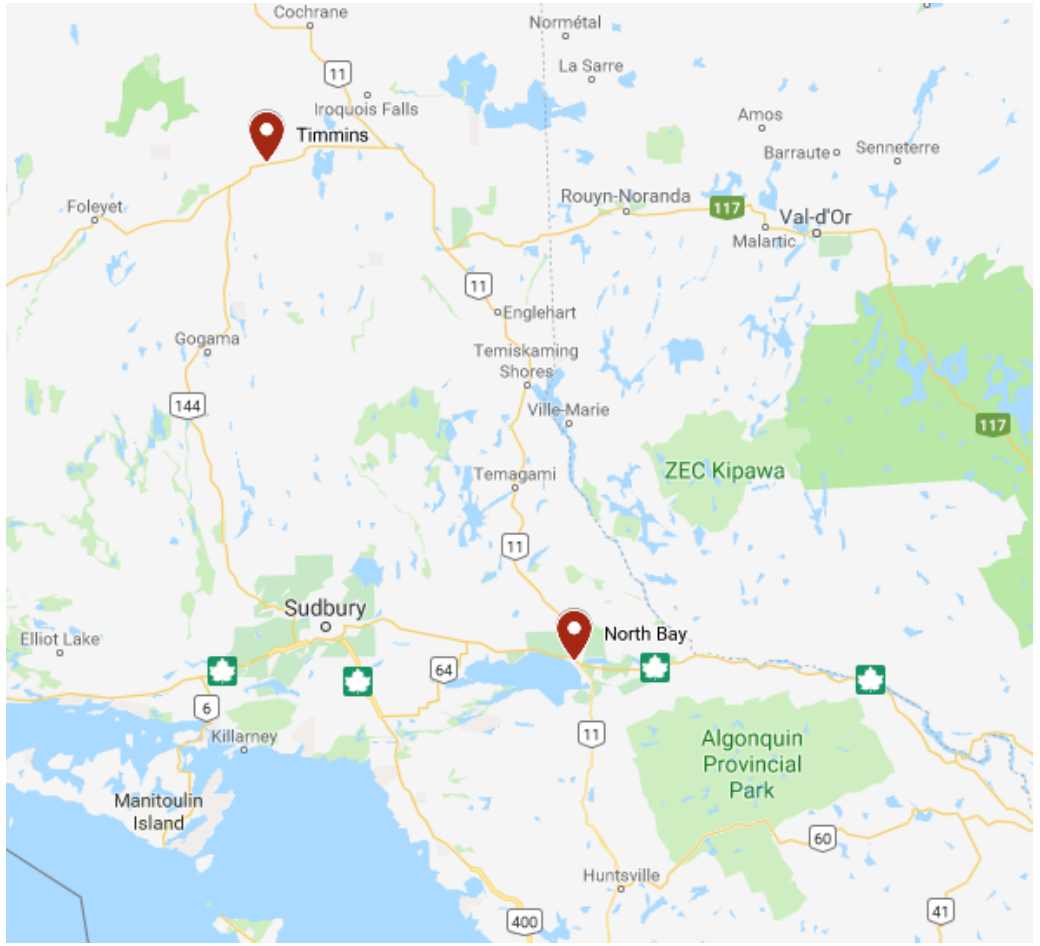
Is your organization using OCAN?

- Yes
- No

The OCAN Network

- The latest development of Quality Improvement work in the CMH&A Sector is the province-wide OCAN Network through the Excellence through Quality Improvement Project (E-QIP).
- The Network was formed from the Think Tank
- The Network is made up of nine organizations across the province using Experience-Based Co-Design (a QI tool) to actively engage service users in the QI process.
- Our goal is to share our collective learning on the use of OCANs in recovery-oriented practice including pain points (for both service users and staff) and specific changes that were implemented as part of the PDSA process in this QI project.
- Participants will share/discuss their own experiences and apply learning.

The OCAN Network



Provider seeking to understand the experience:
OCAN Think Tank Event 2018

Experience Based Co-Design

experience based design

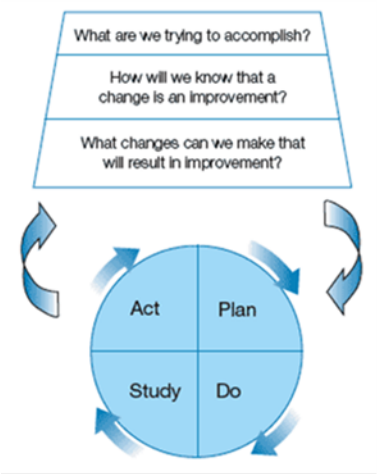
Using patient and staff experience to design better healthcare services

Are you familiar with Experience based Co-Design?

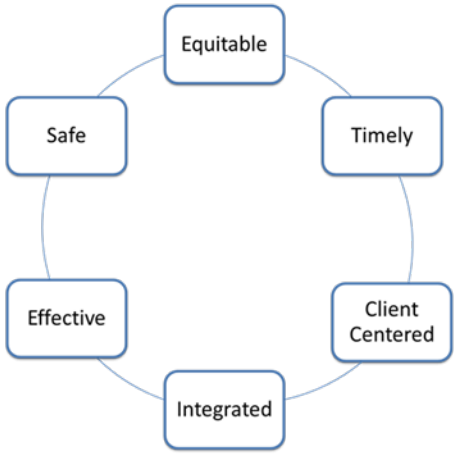
- Yes
- No

Working Together to Achieve a Quality Culture

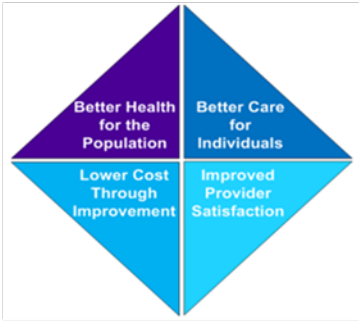
Model for Improvement



Domains of Quality



Quadruple Aim



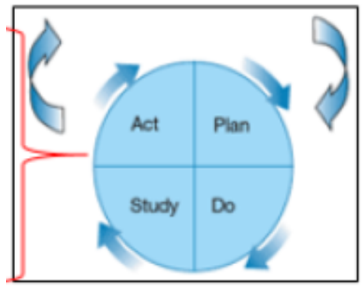
Guiding Principles: ***Joyful, Person- Centered, Ethical, Transparent, Informed, Innovative, Unceasing***

The Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

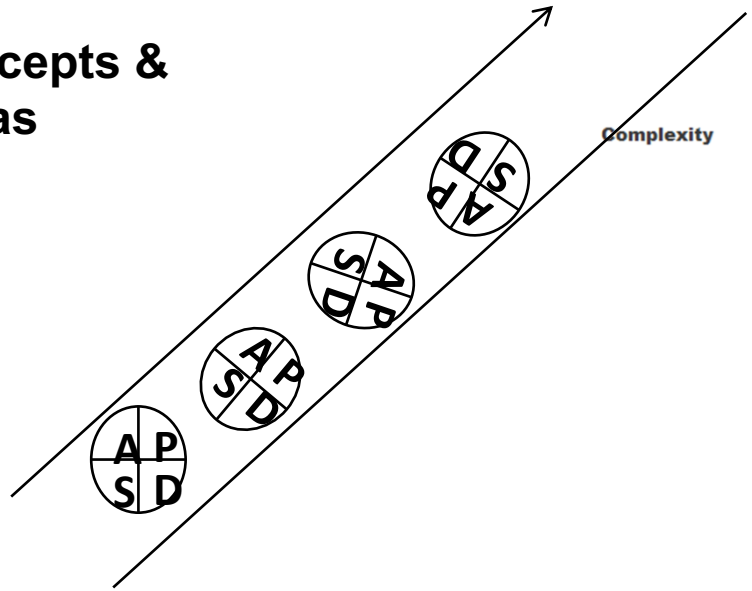
What changes can we make that will result in improvement?



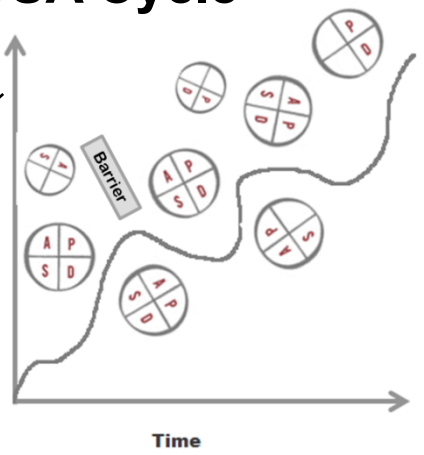
Specify and set the aim

Establish measures

Change concepts & change ideas



PDSA Cycle



Langley, Nolan, Nolan, Norman, Provost; The Improvement Guide, 1996.

3 Ways to Do Quality Improvement

(Professor Paul Bate 2007)

Experience Based Design is about designing better experiences…

Introduction to the tools

Roles and structures
Tools to help raise awareness

NHS Institute for Innovation and Improvement

Capture the experience

Tools to help people tell their stories

Understand the experience

Tools for understanding patient and staff experiences

Improve the experience

Tools to turn experience into action

Measure the improvement

Tools for evaluating and measuring the improvement

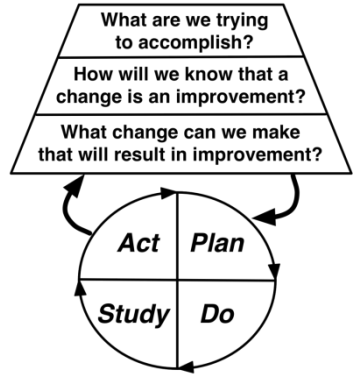
the ebd approach
experience based design

How do organizations that take a client-centred approach engage clients?

What are we trying to accomplish?

What changes can we make that will result in improvement?

How will we know that a change is an improvement?



*Use qualitative **CAPTURE** tools to identify evidence that clients perceive this issue to be a problem*

*Use qualitative **CAPTURE** tools to **UNDERSTAND** touchpoints and possibly root cause from a client perspective*

*Bring clients and providers together to brainstorm/**CO-DESIGN** change ideas to address root cause(s)*

***IMPROVE & MEASURE:** Consult with clients re: acceptability/ feasibility of design from a client perspective*

***IMPROVE & MEASURE :** Debrief with clients to understand whether the test had a positive impact on their experience*

the ebd approach
experience based design

Project Set-Up → Diagnostic → Solution Generation → PDSAs *Developmental* → PDSAs *Testing* → PDSAs *Implementation*

Problem Identification

Articulation of Aim

Identification of Measures & Initial Data Analysis

Provider: fishbone, Process mapping, Data analysis, etc.

Occasionally include a client in a process mapping exercise

May start with Quantitative data provided by clients

Provider: Research for leading practices & brainstorming generally done only with providers

Provider: Generally get feedback from other providers re: feasibility, format, content, etc.

*Provider: Testing **on clients***

Provider: Spread to all staff in micro-system

Sustain (Project) → Spread → Sustain (Organization)

(Capture/Understand) Improve & Measure

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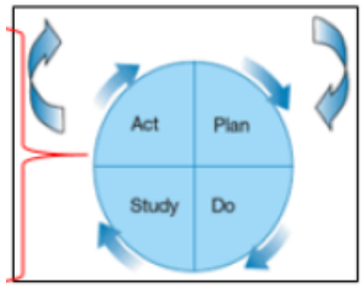

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experience based design

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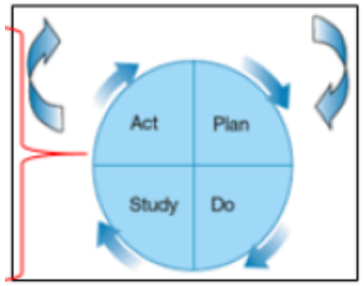

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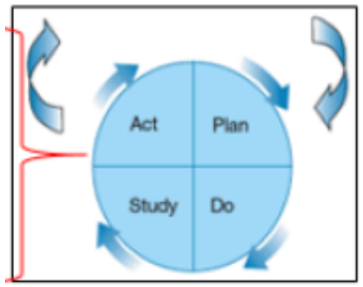

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PDSA *Testing* → PDSA *Implementation*

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Provider: Spread to all staff in micro-system

Co-Design *WITH* Clients

Provider seeking to understand the experience:

OCAN Think Tank Event 2018

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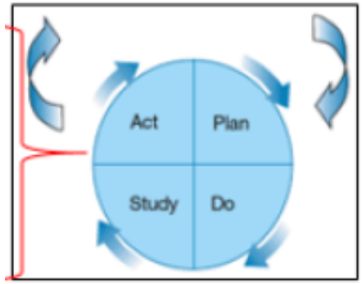

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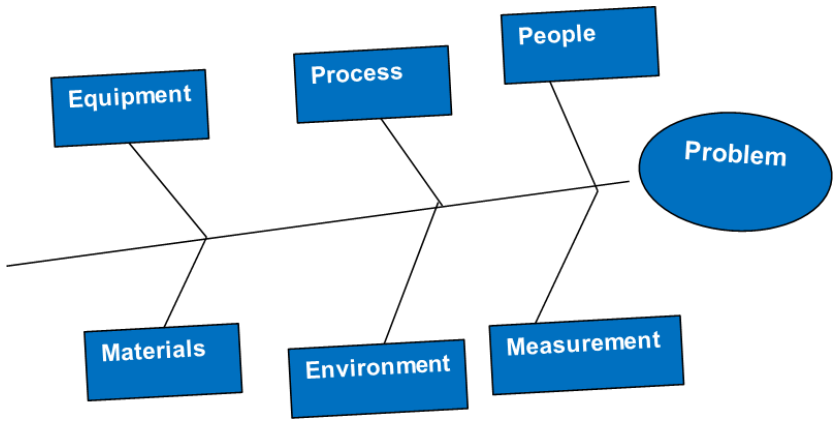
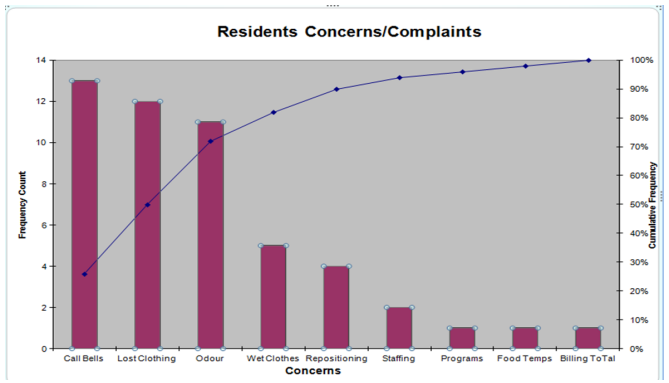




5 Whys Worksheet

Define the Problem:

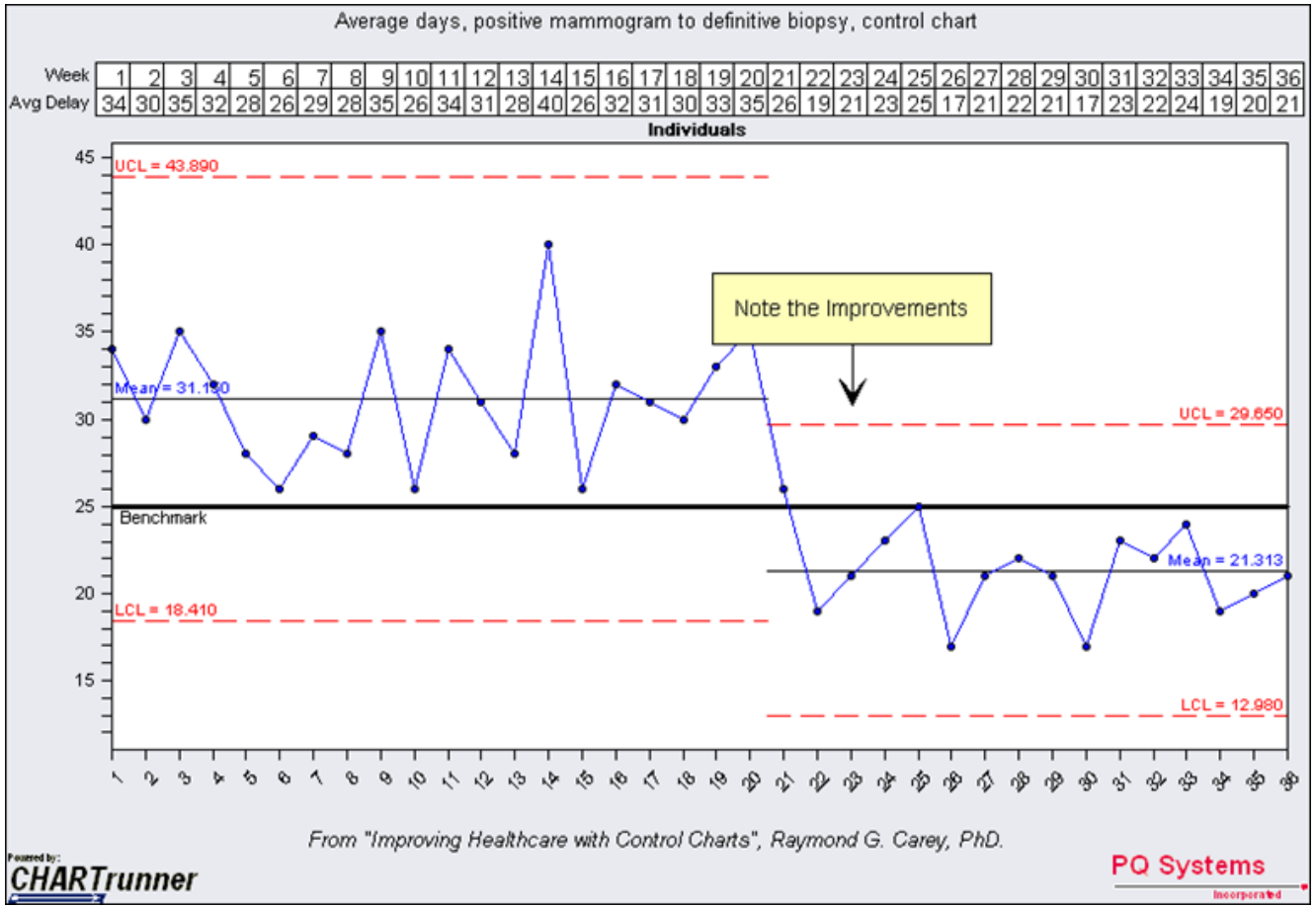
Why is it happening?

1. Why is That?
2. Why is That?
3. Why is That?
4. Why is That?
5.

Action:

Evaluate and Measure the Improvement

Quantitative Data to Support Quality Improvement

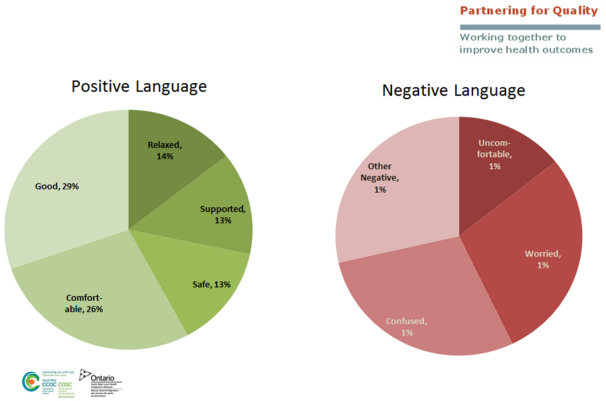


Qualitative Data to Support Quality Improvement

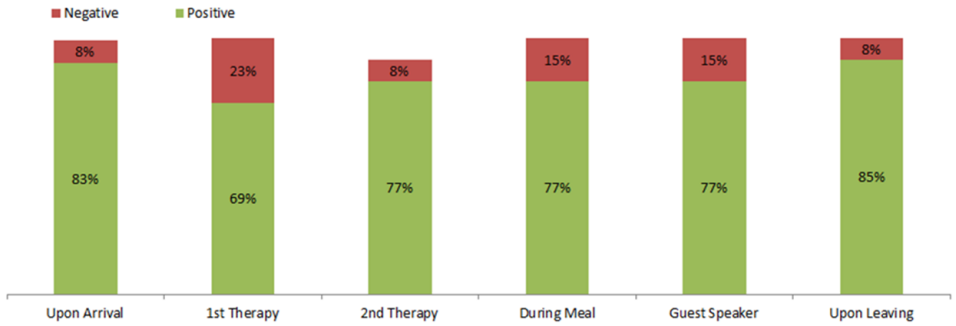
BEFORE

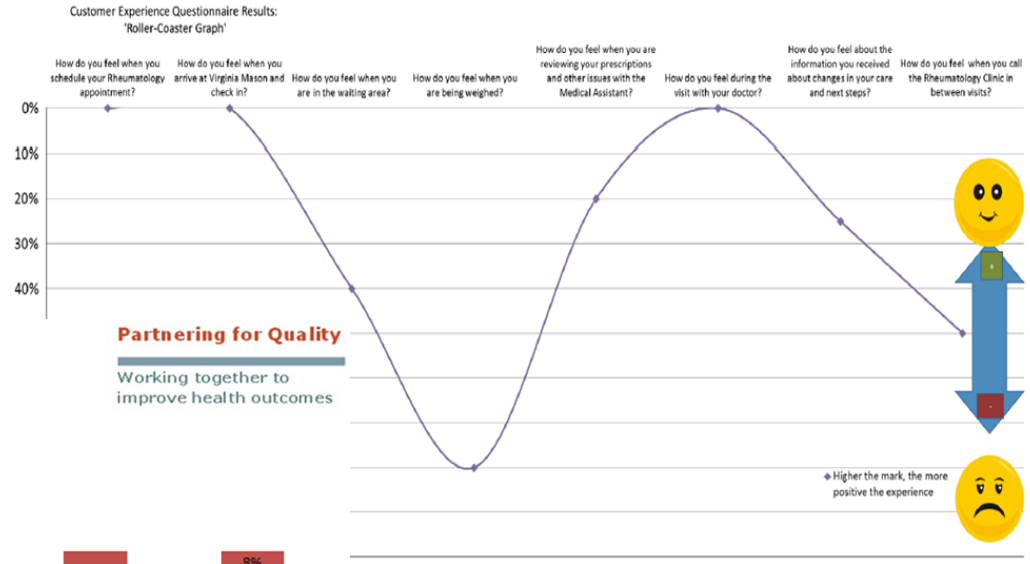
AFTER

www.wordle.net



Sample Quantitative Data





ach of the touch points in a "roller coaster graph" of the experience of care, highlighting the emotionally positive
n be directed at the emotionally negative touch points.

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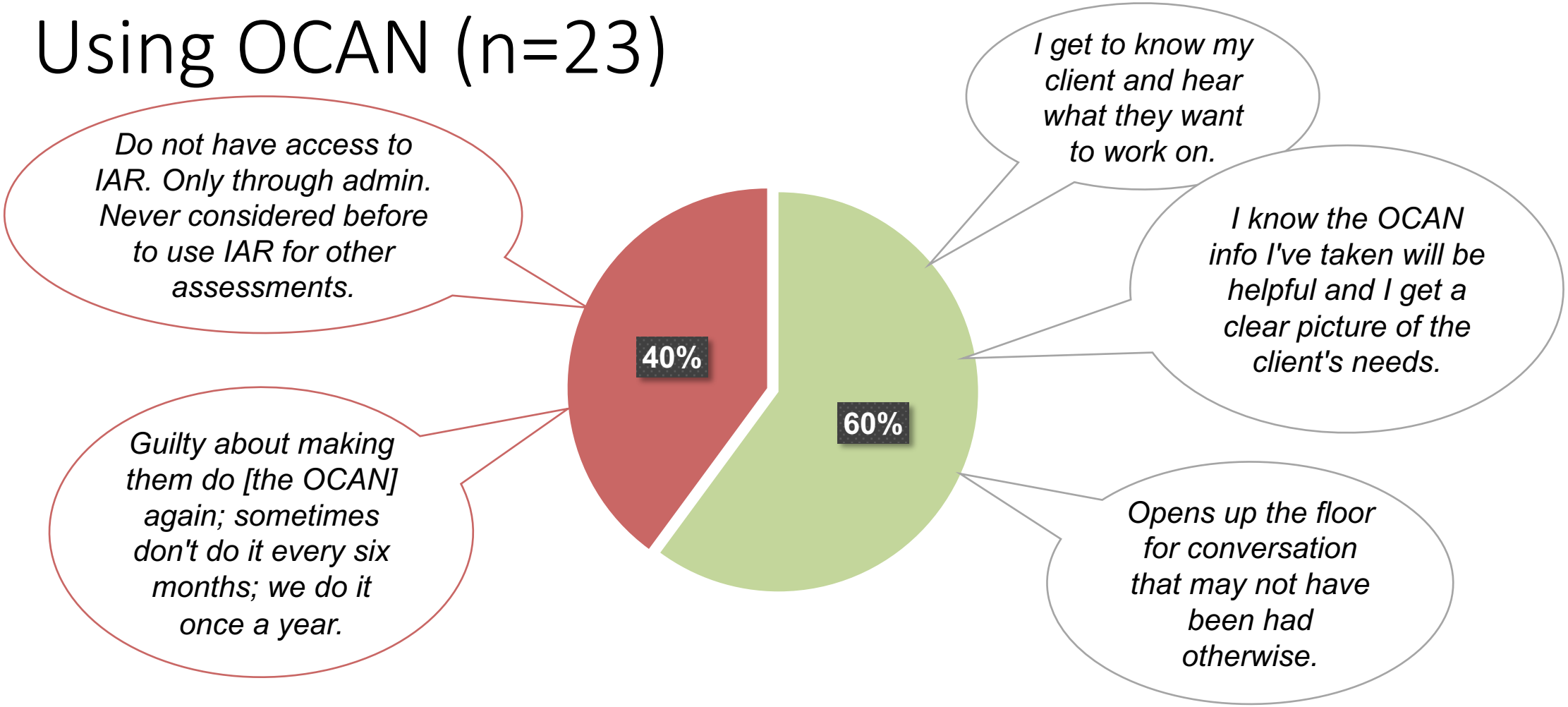
OCAN Think Tank Results

- Experience Based Co-Design (EBD) Emotional Mapping Results

Overall Responses of Staff Completing and Using OCAN (n=23)



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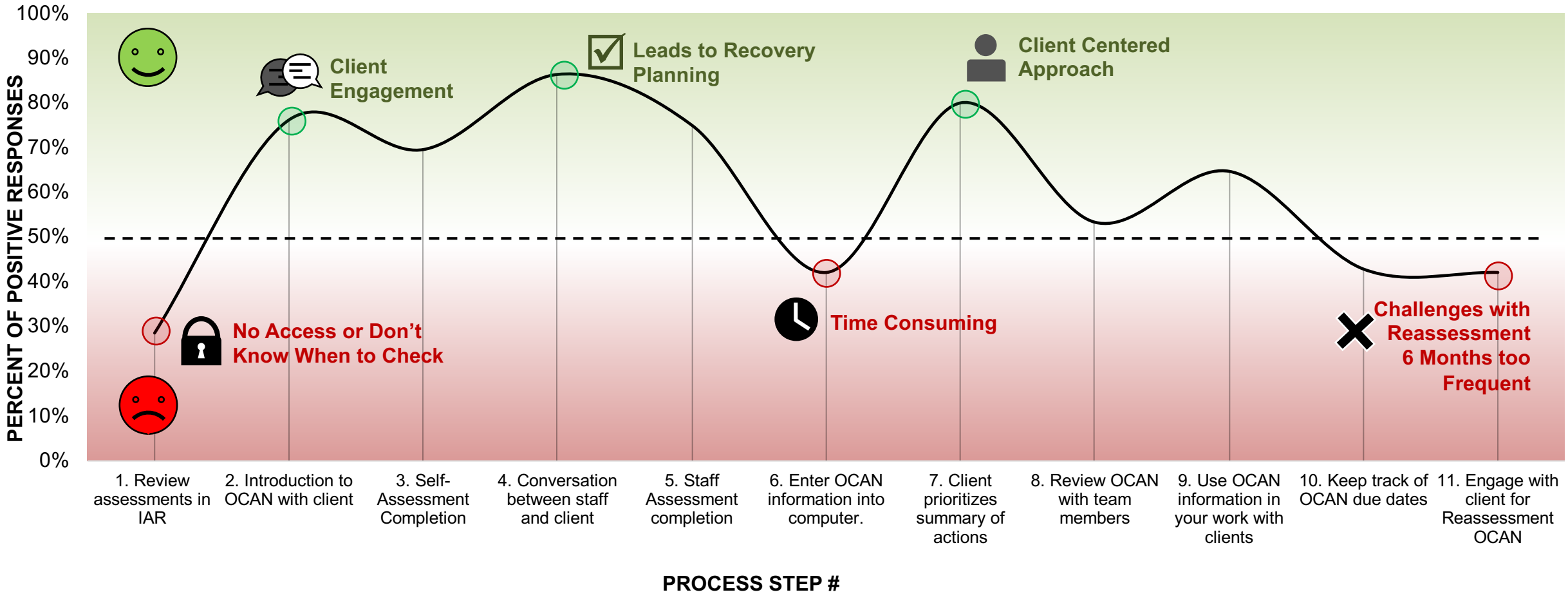
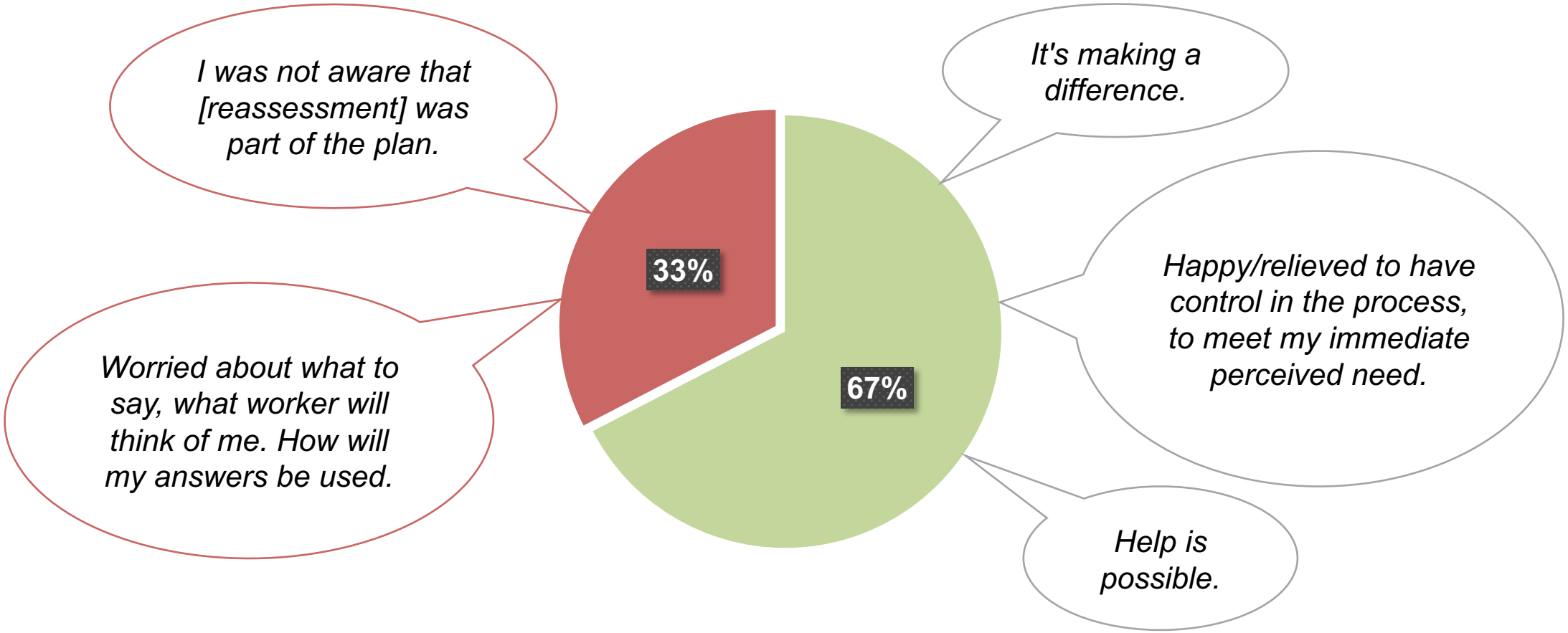


Overall Responses of Service User/Client Completing and Using OCAN (n=7)



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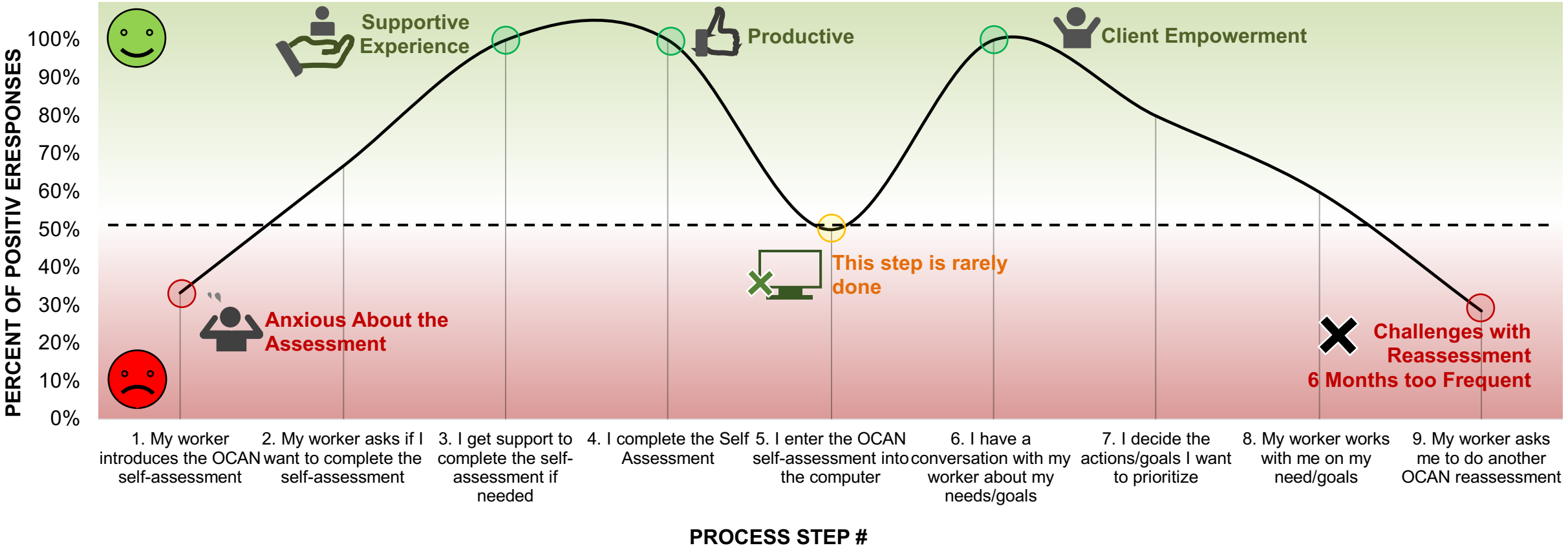


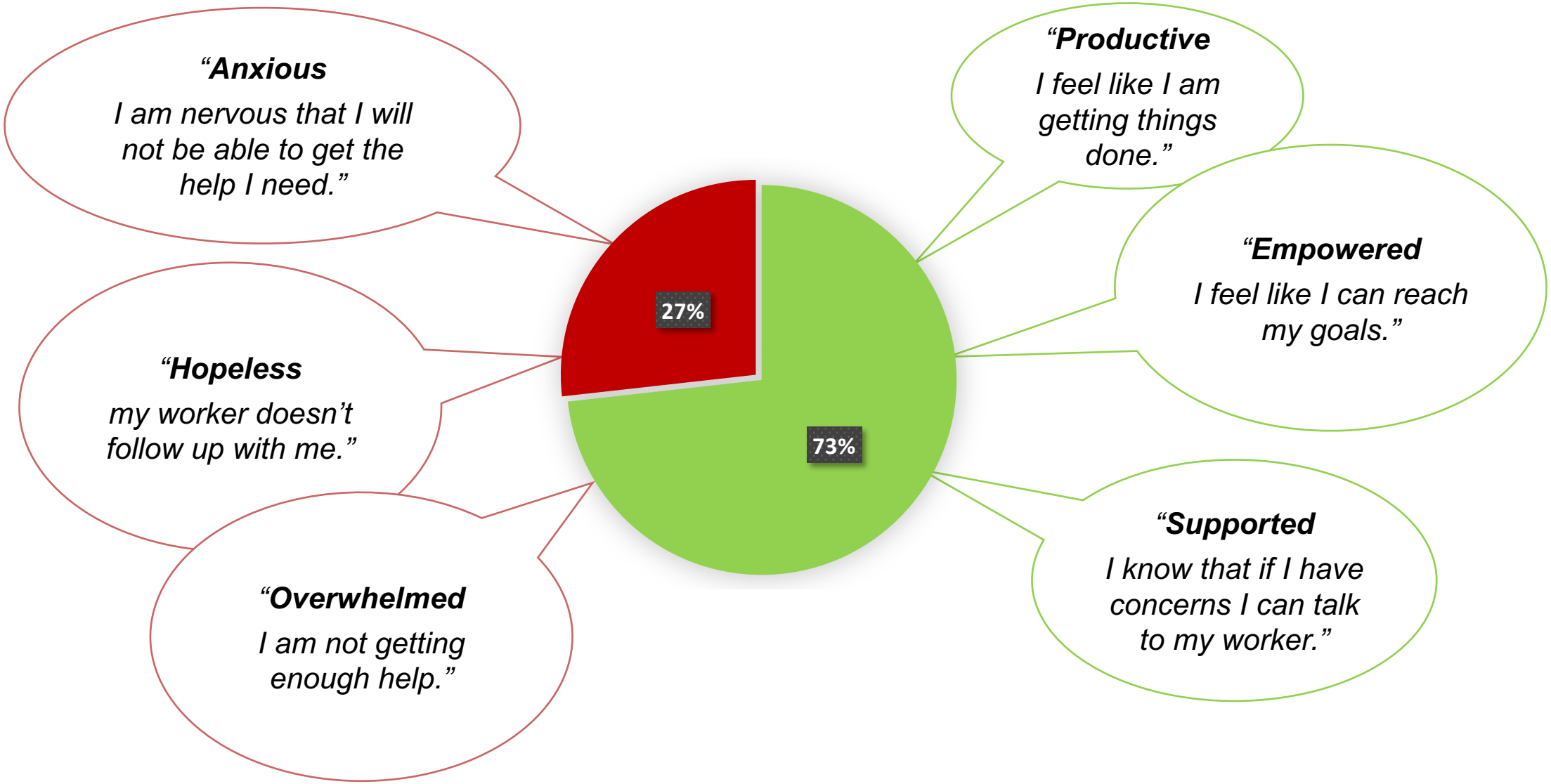
Staff Completing and Using OCAN – What We Learned

	Positive Points	Pain Points
What we learned	• Confirms OCAN is a valuable clinical tool that facilitates client engagement and care planning.	• In many cases IAR has not been fully embedded in HSP workflow. • Staff and consumers prefer a long reassessment cycle for OCAN.
What we're doing	• CCIM released a new version of OCAN in response to sector feedback and improve the clinical value of the tool. • CCIM is partnering with EENet and E-QIP to spread effective practices. • Provide training through webinar and online (Training Modernization Change Idea #7)	• Business process training has been developed (Change Idea #3) to support HSPs in embedding Assessment and IAR into clinical practice. Feedback received through User Experience Working Group (Change Idea #2). • IAR's Account Expiration process is being updated to better reflect local business processes (Change Idea #1) • IAR's "Follow a client feature" promoted to promote value of the system • CCIM is evaluating standards around frequency of OCAN and alignment with other common assessments and program standards (i.e. minimum 1 year)
Who's responsible	• CCIM and HSPs have a shared responsibility to promote and use OCAN.	• CCIM working more closely with LHINs to ensure better alignment
Expected outcome	• Increase the spread of OCAN as a clinical tool.	• Improved clinical use of OCAN and IAR. • More streamlined clinical and business processes

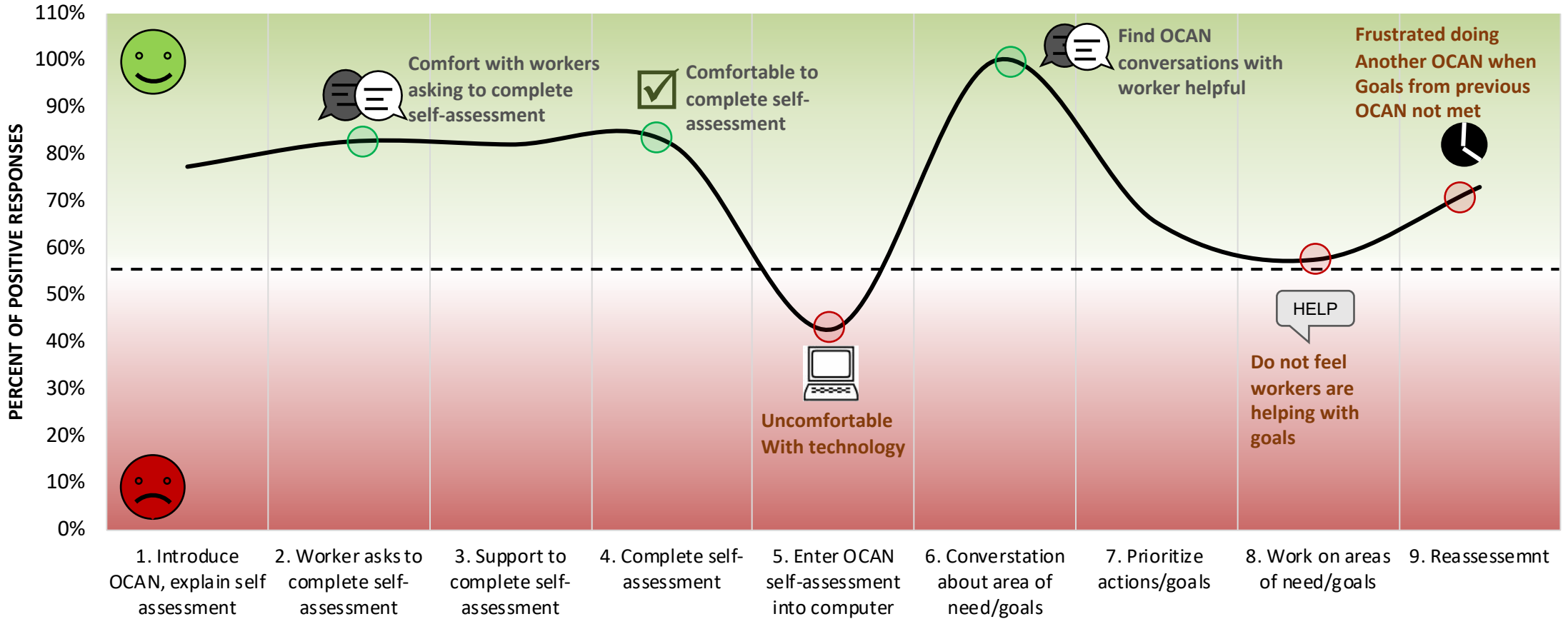
Experiences of Niagara Region Service Users

- Experience Based Co-Design (EBD) Emotional Mapping Results

Experiences of Niagara Region Service Users



Responses of Niagara Region



Niagara Service Users Forums – What We Learned

	Positive Points	Pain Points
What we learned	• Service Users feel comfortable with their workers asking them to complete the self-assessment • Service Users feel comfortable completing the self-assessment • Service Users find the OCAN conversation with their worker helpful	• Service Users are uncomfortable with technology • Service Users do not feel that their workers are helping them work on their goals • Service Users are frustrated with having to do another OCAN when their workers have not worked on their goals from the previous OCAN
What we're doing	• To Be Determined	• We will use the Quality Improvement tools to trial some change ideas (e.g. Fishbone Diagnostic Tool and Primary and Secondary Driver diagrams)
Who's responsible	• OCAN Network Participating Organizations	• OCAN Network Participating Organizations
Expected outcome	• To see the continuation of the positive points	• To resolve the pain points and improve service

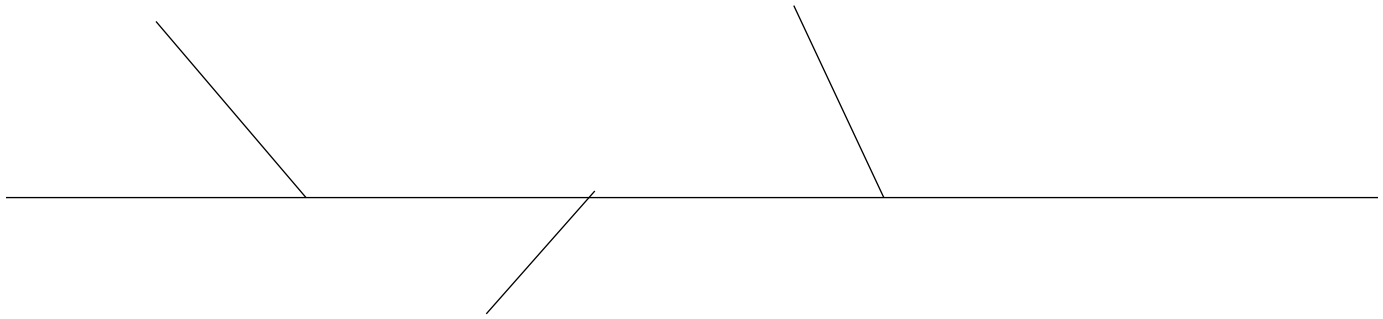
Niagara Service Users Fishbone

Service User

- Not aware goals are part of OCAN 2 dots
- What's in it for me?
- Never got a call for reassessment 3 dots
- Don't understand; don't want to do
- Waste of time
- Uncomfortable with worker doing the OCAN

Technology

- Never had the chance (paper only) 1 dot
- Willing to learn 4 dots
- Takes too long
- Don't know how

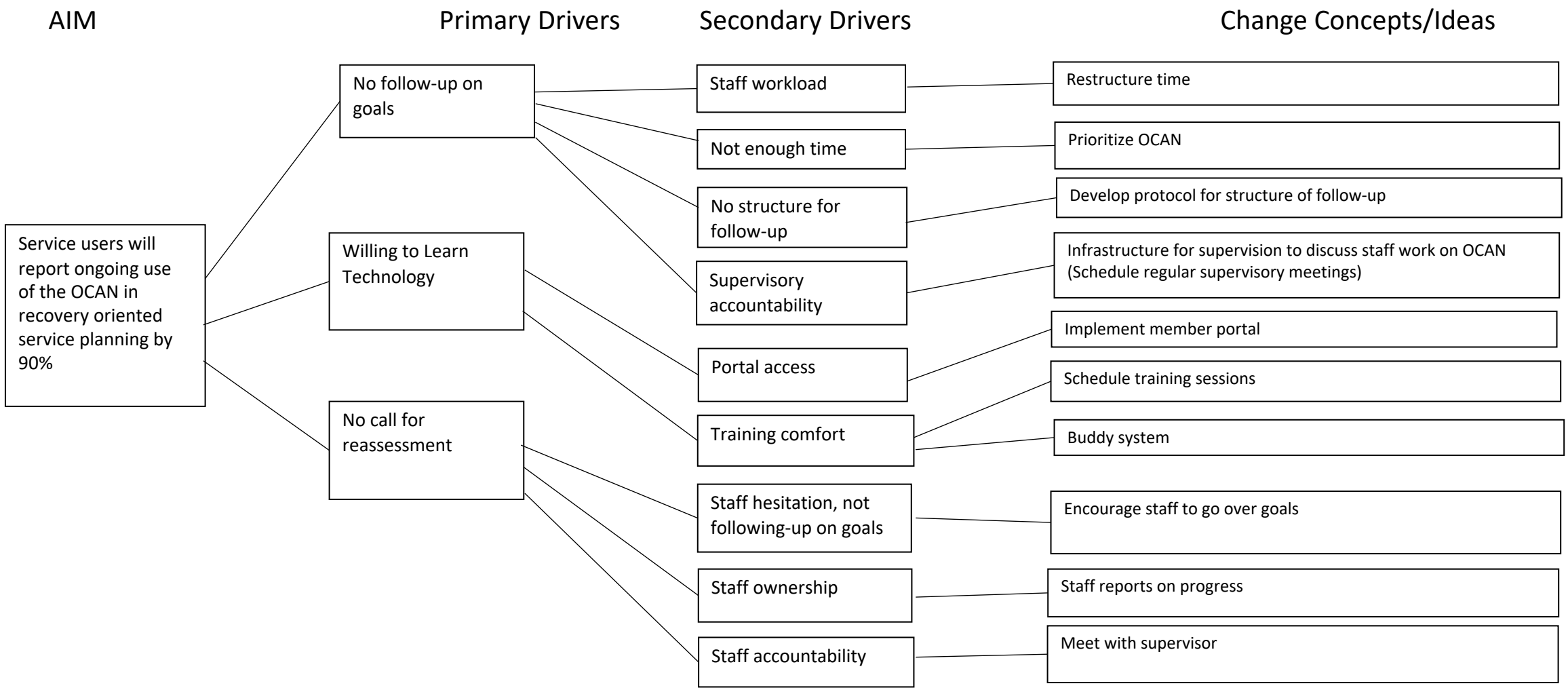


Why are people's goals not being met?

Worker

- OCAN done because directed to
- Skills of the worker 2 dots
- No follow-up on goals 6 dots
- Changing workers 2 dots
- Identify OCAN specific staff 1 dot

Niagara Service Users Driver Diagram



Learnings

- Next steps upon return to organization
- The most important part of any improvement is **action** on the information gathered.

Learnings:

- A natural way to continue to build on the relationships between clients and staff earlier in the EBD process
- Potentially reduce the workload on staff; with clients taking on some of the improvement actions; carrying out the change ideas themselves; involving them in designing future state.
- A way to keep up the momentum of change; involving clients will contribute to the enthusiasm, drive, energy and level of expectation.

Will you use what you have learned today in your organization going forward?

- Yes
- No
- Maybe

Questions

Thank you!

Fedora Romita
fedoraromita@gmail.com

Ru Tauro
oakcentre@bellnet.ca