

# DATA COLLECTION AND REPORTING

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## INTRODUCTION

Routine data collection in the RAAM clinic setting is an important practice to help teams identify gaps in service and areas for quality improvement. Regular analysis of quantitative and qualitative data will assist the clinic in better understanding the needs of the clients it serves.

Data collection and review require resources and a commitment from leadership to prioritize quality improvement efforts. It also requires transparency with clients, letting them know that feedback provided through anonymous surveys may be shared to improve clinic services, and that information may be pulled from client health records and de-identified to demonstrate what kinds of services the RAAM clinic is providing. Clients should be aware that data is never accessed by people without the right authority and that no identifying information will be shared with anyone beyond their care team.

## DATA COLLECTION INITIATIVES

There are no universal expectations around data collection at RAAM clinics, and requirements will vary depending on each clinic's funding agreements and organizational expectations. Your RAAM clinic may be required to participate in one, two, or all three of the following data collection initiatives:

### 1. META:PHI Annual RAAM Clinic Survey

META:PHI is mandated by the Ministry of Health to collect information annually from all provincially funded RAAM clinic sites. Information is gathered via an online survey and compiled to produce a report, which is disseminated to all RAAM clinic sites, the Ministry of Health, and Ontario Health. Survey questions align with META:PHI's [RAAM Clinic Quality Targets](#), which are reviewed each year and updated as required to reflect what is considered best practice care in the RAAM clinic setting.

## **2. Ontario Health Region Data Collection Requirements**

Each RAAM clinic receives partial or full funding through their Ontario Health (OH) region. Funding agreements with OH regions will stipulate specific data collection requirements, which may vary from region to region. All sites are obligated to meet the terms of their respective funding agreements. If data collection tools are not provided by your region, it may be helpful to reach out to your OH lead to facilitate connection to other RAAM clinics within your region that may be willing to share their existing data collection tools.

## **3. Organization-level Data Collection Requirements**

In addition to receiving support from OH, some clinics receive some degree of funding or in-kind support from their host organization. This organization may have data collection requirements beyond those outlined in the RAAM clinic's funding agreement.

# DATA COLLECTION CATEGORIES<sup>1</sup>

Data collection to inform decision making falls into four broad categories: Clinic performance indicators, performance indicators by provider, client demographics, and client feedback. Sample metrics for each category are below.



## Clinic Performance Indicators

- Number of client visits (per quarter/fiscal year)
- Number and type of referrals to RAAM clinic (e.g., from ED, primary care, self-referral)
- Average wait time from referral to first scheduled appointment
- Number of clients presenting with opioid use disorder (OUD)
- Number of clients presenting with alcohol use disorder (AUD)
- Number of clients presenting with stimulant use disorder
- Number of clients presenting with benzodiazepine use disorder
- Number of clients presenting with polysubstance use
- Average length of RAAM clinic engagement (number of weeks and number of visits prior to discharge)
- Number of client readmissions within 90 days of discharge
- Number of clients receiving prescriptions and type
- Number of primary care consults provided
- Referrals to auxiliary services/programs and primary care
- Number of education events provided to various clinicians (physicians, RNs, NPs, counsellors) in various settings (ED, primary care, community agencies)



## Performance Indicators by Provider

(prescriber, peer worker, counsellor, etc.)

- Number of client visits (per quarter/fiscal year)
- Number of unique clients seen (per quarter/fiscal year)
- Number of clinics attended by provider (virtually/in person)



## Client Demographics

- Insurance coverage (OHIP, other)
- Preferred language
- Age
- Sex and gender
- Race and ethnicity
- Housing status
- Household income
- Primary care provider available



## Client Feedback

- Validated, standardized tools for feedback, like the **Ontario Perception of Care Tool for Mental Health and Addictions** (see next page)
- Organization-specific **client satisfaction survey** (see next page)
- Feedback from friends, family, support people

<sup>1</sup> Adapted from materials provided courtesy of the Northwestern Ontario Regional RAAM Steering Committee.

It is recommended that you work with your IT team to create mechanisms for easy data extraction from your EMR related to the first three categories, as pulling and reviewing this data regularly will help inform quality improvement initiatives.

Client feedback can most easily be obtained through surveys. You may choose to implement standardized, validated tools, such as the OPOC-MHA, or create your own survey. An example of what an organization-specific client survey could look like is below.

## CLIENT SATISFACTION SURVEY (NON-STANDARDIZED)<sup>2</sup>

Services, staff, and overall experience experience	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
I felt welcome from the start.	1	2	3	4	N/A
I received enough information about the programs and services available to me.	1	2	3	4	N/A
I understood my care plan.	1	2	3	4	N/A
The care team and I agreed on my care plan.	1	2	3	4	N/A
Responses to urgent needs were provided when needed.	1	2	3	4	N/A
I received clear information about my medication (side effects, purpose, etc.).	1	2	3	4	N/A
The care team helped me access other services and supports when needed, including alternative approaches (e.g., exercise, meditation, culturally appropriate approaches).	1	2	3	4	N/A
I had enough say in planning my care.	1	2	3	4	N/A
I feel the care team listens carefully to me and my concerns.	1	2	3	4	—
Staff treat me with dignity and respect.	1	2	3	4	—
I find staff knowledgeable and competent.	1	2	3	4	—
The services I have received here have helped me deal more effectively with my life's challenges.	1	2	3	4	N/A
I think the services provided here are of high quality.	1	2	3	4	N/A
I would recommend this program to a friend in need of similar help.	1	2	3	4	N/A

<sup>2</sup> Adapted from materials provided courtesy of the Northwestern Ontario Regional RAAM Steering Committee.

## **ONTARIO PERCEPTION OF CARE TOOL FOR MENTAL HEALTH AND ADDICTIONS (OPOC-MHA)**

The OPOC-MHA [questionnaire](#) asks about the client's perceptions of the care they received through a mental health/addictions service using seven different domains: Access/Entry to Services, Services Provided, Participation/Rights, Staff, Environment, Discharge, and Overall Experience. Answers inform services about their strengths and areas for improvement from the perspective of clients. This validated tool was created by the Centre for Addiction and Mental Health.