RESULTS OF OCASE 2.0 SURVEY - FAQ

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General Questions about OCASE

Question 1: *"Why is all the information we collect necessary?"*

Answer 1: The new OCASE support section allows collecting information which is necessary to link the support services we provide with the goals outlined in the new "Proposed HIV/AIDS Strategy to 2025: Changing the Course of the Prevention, Engagement and Care Cascade in Ontario" (hereafter referred to as the 'Provincial Strategy'). In the OCASE Support documents we are collecting both demographic and service utilization information. Recording this provides a way to link the work we do with various stages of the Prevention, Engagement and Treatment cascade. It tells a story that describes changes in client's lives (the impact) when they come to your agency for support.

This is also about providing better services, The OCASE Best Practices Working Group considered many things when developing these guidelines and OCASE 2.0. We thought it was important to set some standards. We thought that a PHA in London should be able to get similar services at the ASO when they moved to Ottawa.

Question 2: *"Why are fields like gender and ethnicity pre-set?"*

Answer 2: Each individual who receive services is unique. For the purpose of understanding the greater impact of our work each individual service user is linked to larger population group. It is important to know this so that we can be certain that priority populations are getting the support they need.

We understand that our world is more complex or nuanced than the categories listed. If we were to include the broad spectrum of ethnicities and genders, it would make the information too small to analyze. Instead, we have pre-set categories to group people by gender and ethnicity. This allows the data we collect and analyze to tell a story specific to each of the priority populations.

Question 3: *"When am I going to have the time to enter all of this information?"*

Answer 3: OCASE has transitioned from storing information as Cart Items into storing it in Documents. This process collects more information to help ASOs to see the outcomes of their work. It provides us with a better understanding of where to go – for the individual, the agency and the sector.

Documenting your work may require a change to your workday scheduling. You need to allocate time for creating and maintaining data records.

Your Directors and Program Managers understand the effect on your day of recording this information. If you are having trouble finding the time, speak with your supervisor and let them know!

Best practice: Agencies might need to schedule blocks of time for staff to record client interactions. For example, if Thursday afternoon is my OCASE entering time, then I'll need to have a coworker cover any non-emergency walk-ins that occur on Thursday afternoon. To better serve my clients, my records should be detailed and up-to-date.

Note: If you're working with someone who may have just been diagnosed or going through a challenging situation, it IS NOT expected that you will always receive all the information on the first visit. It is expected that the form will be completed within the client's first three visits. This means that you will need to take a few minutes after each client or take some time at the end of the same day to enter this information for all the appointments that you had that day. Please keep in mind that the easiest way to record client interactions is to record them on the same day. This is the quickest method to use because the session will still be fresh in your head and you won't need to review your notes as much.

Question 4: *"We can't remove new intakes for clients for whom we do not have a signed OCASE consent for. What should we do?"*

Answer 4: There's no need to get a signed OCASE consent form before using OCASE. The service agreement that clients sign with your agency before receiving service allows you to record service-level information in OCASE (like when the appointment was and what you discussed).

The client OCASE consent form is ONLY needed if you want to enter identifiable client personal information (i.e. their telephone number or their real name instead of John/Jane Doe).

Question 5: *"Sometimes getting older client information from OCASE is difficult. How can we find historical information that we know exists?"*

Answer 5: If you need any assistance finding information that has been stored in a previous version of OCASE, please do not hesitate to contact the OCASE Support Team. Simply submit a request via http://ohtnw3.ca/OHTNSurveys/frmEBPU.aspx

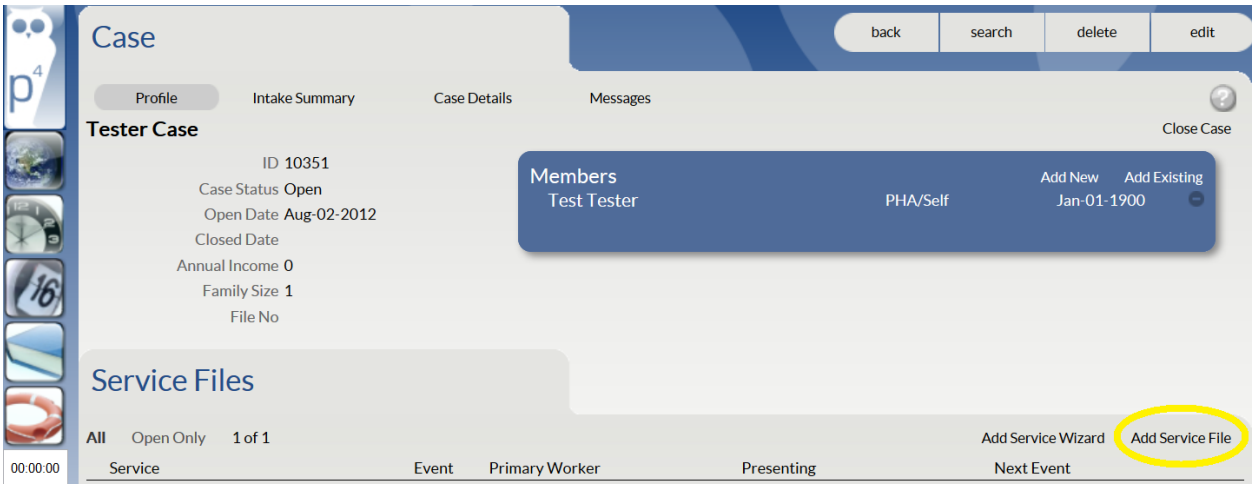
Questions about Document 1 – Intake and Baseline

Question 6: *"For example, how do we enter that an existing client has Hep C when we did not know they had it. We do not know how to adjust the date of the first visit."*

Answer 6: Find their Document 1 – Intake and Baseline Information, and open it. Select “Edit” and change the date of client’s first visit.

Question 7: *“Why are some of my client cases still saying ‘Pending’?”*

Answer 7: Clients with ‘Pending’ cases do not yet have a Service File attached to them. To add a Service File, click on the client’s Case page and select “Add Service File”:



If a client already has a Service File and has been entered more than once in OCASE, the pending Case should be deleted and then their duplicate Individual Profile should be deleted.

Questions about Document 2 – Service Record

Question 8: *“Why do we have to record every detail of what we do?”*

Answer 8: The process of developing OCASE 2.0 support documents included significant community input. We had a working group of frontline support workers, program managers and Executive Directors. We included ASOs of all sizes, ethno-specific ASOs, and participants from around the province. We also used information from the environmental scan on support services, “Everything to Everybody”.

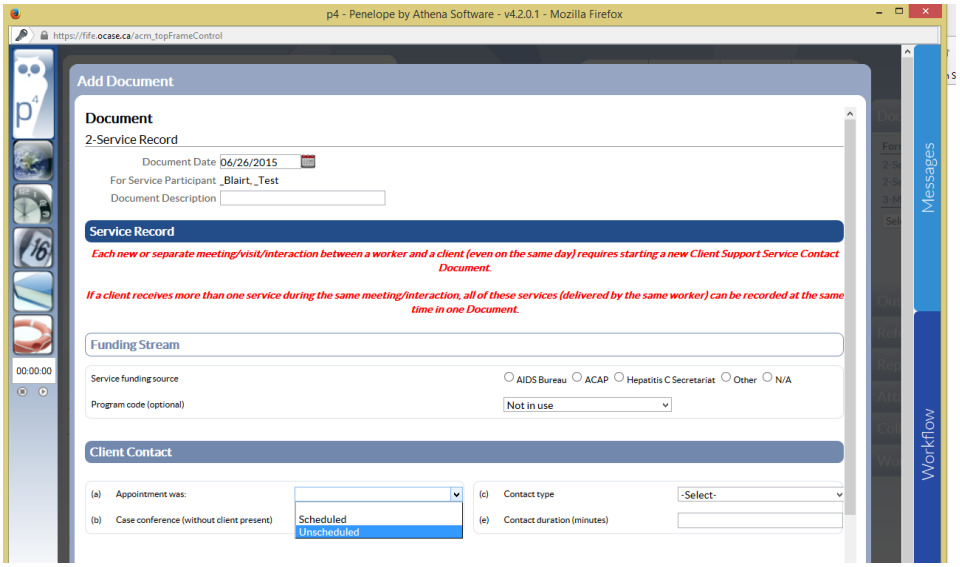
There were several rounds of consultations with the community, followed by a one year pilot project. All questions that are currently in the OCASE documents have been selected and formulated by your peers.

OCASE is designed to record client service interactions, and provide workers with a single access point where all information about the client has been recorded. By recording your client’s

information with greater detail, you help see the impact on the individual. Your own agency can see the impact you make in the community. Simply put, more information allows us to figure out more quickly what programs improve the health outcomes of people living with HIV/AIDS.

Question 9: *"How do I record an unscheduled walk-in appointment?"*

Answer 9: Simply select "Unscheduled" from the appointment field in Document 2 – Service Record.



Question 10: *"There are many things I do (e.g. First Aid, Housing searches, Budgeting etc.) that aren't captured in OCASE. How do I record them?" / "How do we record hospital visits? And other accompaniments? / Where do you record letters written for clients such as forms, applications and referrals?"*

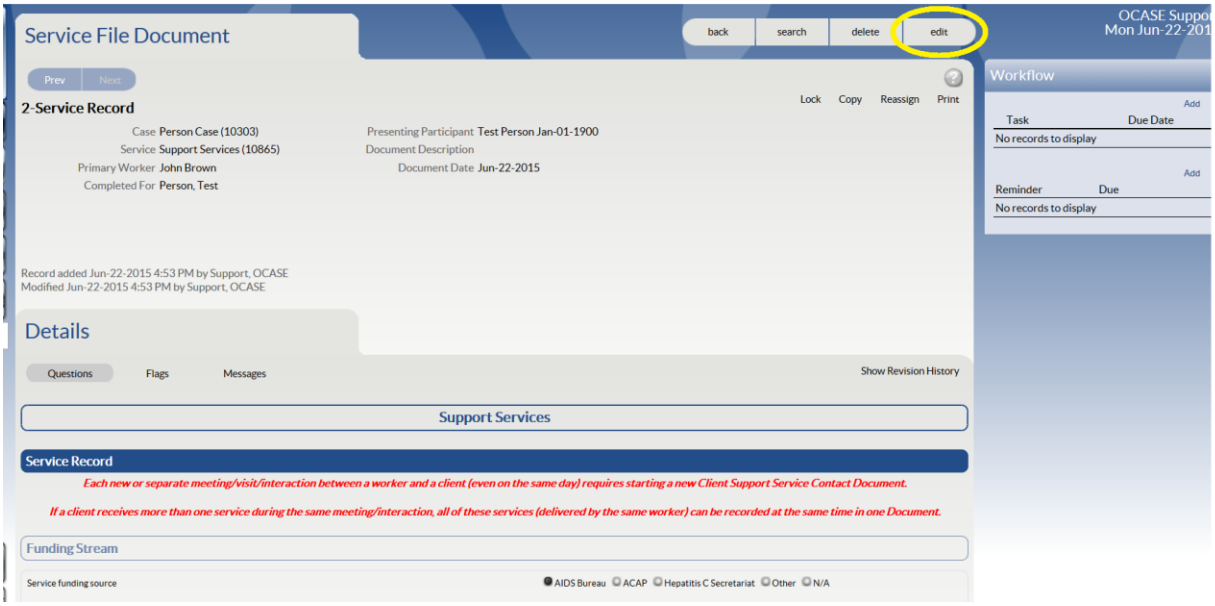
Answer 10: All the work you do is important, and there are a couple of 'extra' places you might want to put information. The first is in the "Indirect services/Third party contact" section of Document 2-Service Record. For example, "Searched for information" and "Filled in forms or documents" would be good places to note that you helped with a housing search. In terms of the specific issues that were dealt with (i.e. helping a client with housing forms versus immigration forms), those are Presenting Issues and should be recorded in Document 1 (existing issue) or 4 (new presenting issue).

Secondly, there is always the 'Case Notes' section. First aid activities are best recorded in the Case Notes section of Document 2.

Finally, agencies are encouraged to internally re-purpose (change to suit their needs) unused fields. For example, if an external referral has never been made to 'Correctional Institution', the agency can then decide internally to use that field for referrals to nutritional counselling services.

Question 11: *"How do we edit the service record?"*

Answer 11: Open the Service Record document and select 'edit' from the bar at the top of the screen. If the 2-Service Record is locked you will not be able to make edits. For more about this see the response for A13.



Question 12: *"What constitutes Case Management or makes a client eligible?"*

Answer 12: An eligible client is someone living with, at-risk of, or affected by HIV/AIDS. For the definition of Case Management we will look to the AIDS Bureau's SUPPORT SERVICES for PEOPLE LIVING with HIV IN ONTARIO: PROVINCIAL HIV SUPPORT SERVICES PROGRAM DESCRIPTION, which states:

> *Case management is a time-limited process that involves understanding the client's complex needs, helping to coordinate services to meet those needs, referring clients to other appropriate services and advocating on behalf of clients for the services they need. The process begins with an assessment that aims to identify the client's health goals, works with the client to develop a plan to achieve those goals and then follows the case management cycle.*

A Case Management model for ASOs is under development and will soon be piloted.

Question 13: *"When should I use the 'Lock' function?"*

Answer 13: If you are a registered nurse or social worker and are required by your professional college to lock a case notes then you can Lock Documents. There are 2 types of Locks:

Lock Revision *allows deletes but no edits allowed. If you delete a Document you will need to enter it correctly afterwards.*

Lock *prevents it from being edited or deleted – this is permanent.*

If you are unsure of this, please speak with your ED.

Question 14: *"When indicating a general counselling appointment there is no option to select 'gender identity' in reference to issue spoken about."*

Answer 14: Indicating an issue discussed in detail during a general counselling appointment is done through Document 4 – Presenting Issues Update. You would have the discussion during your general counselling session, which will be recorded in Document 2 – Service Record.

The presenting issues you discuss can then be recorded in Document 4 under the selection "Sexual orientation/ Gender identity" found in the "Social/Personal Concerns" section of the document. As the client's relationship with that issue changes, you would fill-out Document 4's to record the changes. For example, if you noted "Sexual orientation/Gender identity" as "Issue identified", you wouldn't have to fill-out another Presenting Issues Update (Document 4) regarding "Sexual orientation/ Gender identity" until the issue has changed (i.e. deteriorated, improved or been resolved). It is best practice that you check your client's Presenting Issues Updates every 6 months in order to make sure you've recorded all the issues you are helping your clients with.

If your client begins to self-identify as a gender different from the one you noted at the time of client intake, this information is recorded in the Demographic Information Update (Document 5).

We know that Sexual Orientation and Gender Identity are not the same. More details can be typed by you into the Description Field at the top of the Document/Form or in their Case Notes.

Question 15: *"Where do we record group activities, workshops, trainings?" / "How do we record poz prevention?"*

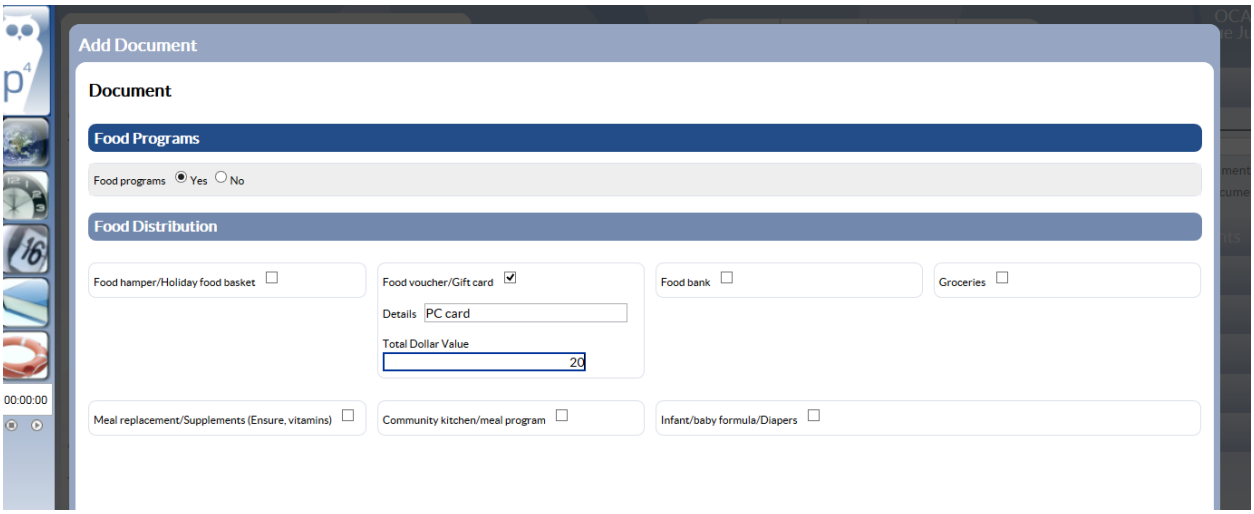
Answer 15: These are all EOCD (Education, Outreach, Community Development) activities and are not recorded in Support Services Documents. EOCD activities are kept in document 'containers' and these are found in the "Anonymous Service List" on the Home screen. If you are unsure of EOCD documents, please contact your internal agency OCASE lead or your ED / PM.

Question 16: *"How do we record social activities?"*

Answer 16: Social activities (such as movie nights or hot lunches) are usually recorded either as an Informal Series or a Group List Activity. If you are unsure of where your agency records social activities, please contact your internal agency OCASE lead or your ED / PM.

Question 17: *"How do we record a brief contact for practical assistance (e.g., food gift card)?"*

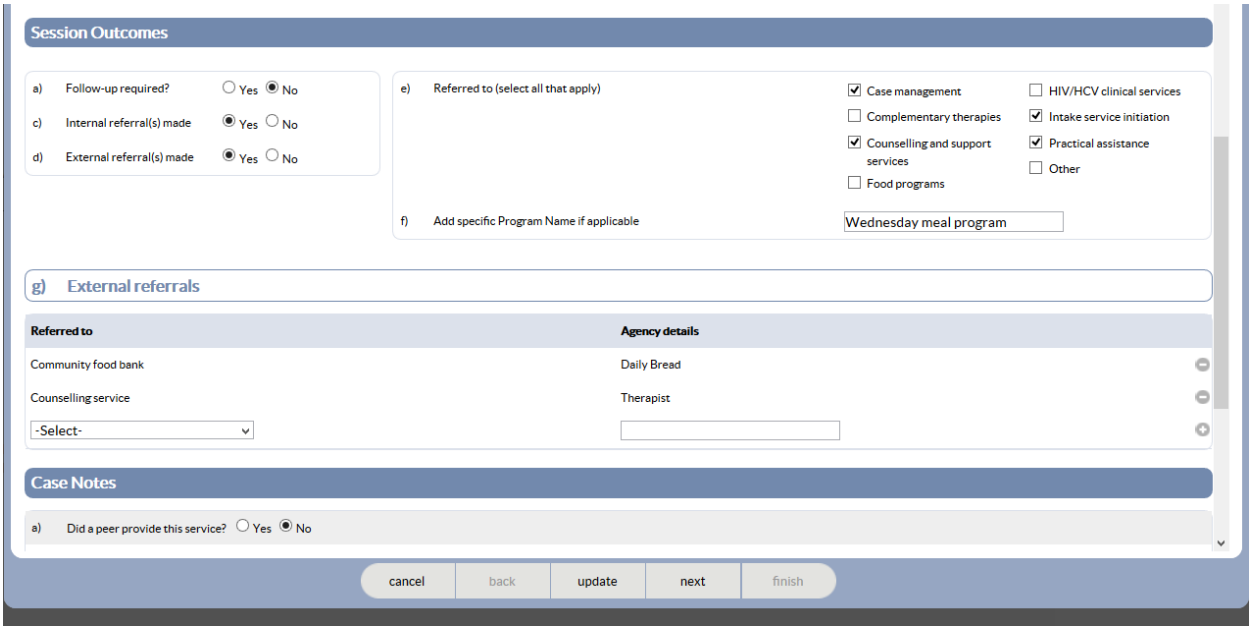
Answer 17: Since Practical Assistance has been delivered, the session should be recorded in Document 2 – Service Record. You need to pay a bit of attention to this, because food gift cards are listed under Food Programs, not Practical Assistance Distribution.



Question 18: *"How do you record more than one referral during a session?"*

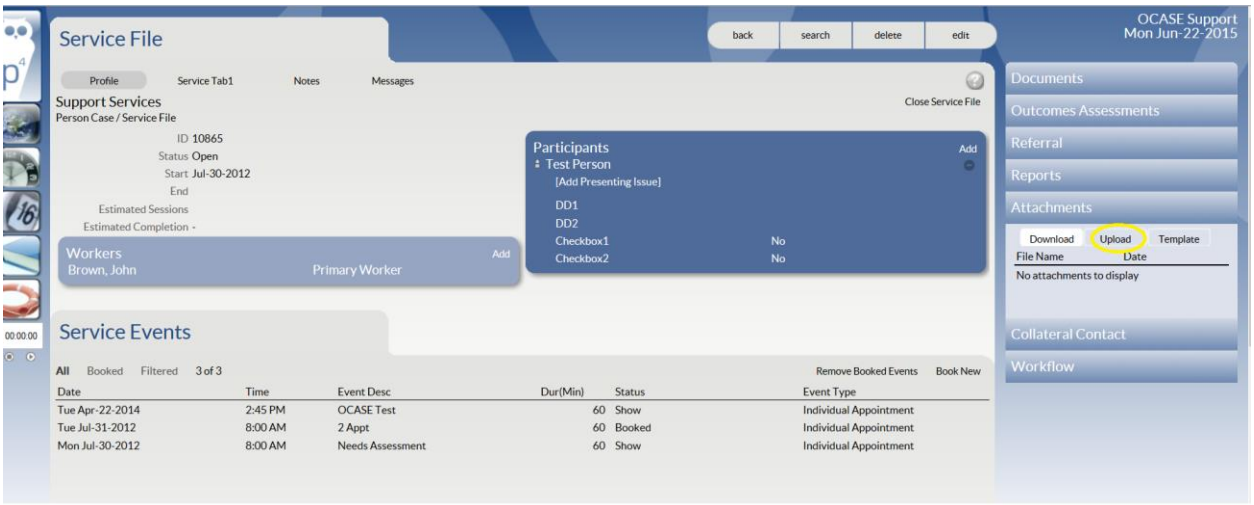
Answer 18: In the "Session Outcomes" section of Document 2 – Service Record there is a section for internal and external referrals made. You can select internal referrals by selecting the "Internal referral(s) made" circle (c) and then the appropriate checkboxes from the menu in part e).

For external referrals, you can select unlimited external referrals (d) by selecting the "External referral(s) made" circle and then adding the External referrals under g) from the drop-down menu. You can enter referral details in the free-text box under "Agency Details". Please remember that you need to add each of the external referrals using the **+** button on the right-hand side.



Question 19: *"Where do we put letters written to clients, including applications, forms and referrals?"*

Answer 19: The best place to attach documents is to the client's Service File. Select "Attachments" from the menu on the right and then 'Upload' the file from your computer:



Document 6 – Support Service File Closure

Question 20: *"Had to ask for OCASE support on how to close a client file in the event of death. Also, in cases where this information was not updated in the past, sometimes the exact date of death might not be recorded."*

Answer 20: The Support Service File Closure (Document 6) is a form that is used very rarely. If a client has not been active for a period of time that your agency defined as a cut off time (some agencies use one year and some two years since the client was last seen), or has been deported, then Document 6 should be filled-out.

In the event of a client death, the Service File should remain open as long as the agency is providing services related to that client. For example, if the agency is assisting with legal issues and giving support to the deceased client's friends and family, the Support Service File will still be active and should then be closed when those services are no longer needed.

Some agencies have reported taking up to 6 months after a client is deceased before filling-out the Support Service File Closure (Document 6), which is the correct procedure. Recording the date of the client's passing is recorded internally by the agency for internal / OCHART tracking. This does not mean that Document 6 needs to be filled-out immediately. No other Documents can be added/dated after the 6-Support Service File Closure.

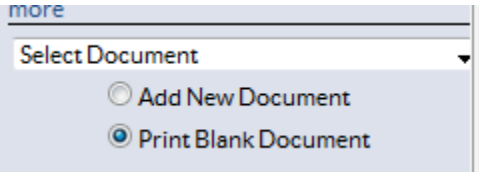
Follow-up Questions

Question 21: *"Something on documenting things like work with refugees - seems the system is only for HIV related cases so why should I spend so much time learning if it doesn't fully cover areas of the work done with refugees."*

Answer 21: There is a specific section in the Presented Issues Update (Document 4) where you can record work you do around Immigration Issues, including sponsorship issues and refugee claims.

Also, any additional work you do with a client around refugee claims (for example, speaking with the local MP's office) could be recorded in the "Indirect services/Third party contact" section of Document 2-Service Record until the issue is resolved.

For example, "Searched for information" and "Filled in forms or documents" would be good places to note that you helped with an immigration application.

Question 22: *"How can I print a blank document?"*

Answer 22: Just go to any client's Service File and select the Print Blank Document radio button, then select the Document/Form. Use CTRL-P or click your agency's logo to print a blank form.