

Community Mental Health Common Assessment Project (CMH CAP)

Ontario Common Assessment of Need

O CAN 2.0

System Requirements Specification

Document Revision 2.0.4

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Overview

Documentation

The following documents represent the requirements for the automation of the Ontario Common Assessment of Need (OCAN):

- Software Requirements Specification (PDF, this document)
- Data Elements Spreadsheet (MS Excel)
- Reporting Requirements Specification (MS Word)
- Full OCAN (PDF)
- Core + Self (PDF)
- Core OCAN (PDF)

The requirements include the Implementation Validation Toolkit consisting of the following documents:

- OCAN Implementation Validation Toolkit (PDF)
- OCAN Features Checklist (PDF)
- OCAN Test Scenarios (MS Excel)

The approach taken in documenting the system requirements has been one of detailing specifications that encompass core automation and business rules without dictating a specific type of implementation. Therefore, the lack of prescription and specifics in some areas of this document is meant to empower the software developer/vendor with design and automation flexibilities in order to best satisfy the needs of the organization for which the software is being developed. This flexibility should also facilitate fitting the software within the context of other client service modules already developed by the vendor and/or other client management software the organization may already be using.

Informal documentation methods (Use Case Model, informal/customized Use Cases) have been used to capture the functional requirements of the system, without specifics around User-System interaction and system flows.

If there are further questions/concerns regarding the requirements for the implementation of the automated system, contact the Community Mental Health Common Assessment Project (CMH CAP) team at:

CMHCAP@ontario.ca

Local: (416) 31407365
Toll-free: 1-866-909-5600

Intended Audience

Vendors will use this document along with all of the supporting documents which make up the OCAN automation requirements, listed in the previous section, to implement the automated solution. The project team is available throughout the implementation phase via regular teleconferences for clarifications and questions about the requirements as needed. Any additional questions can be sent to the project team through the Support Centre.

Organizations should read and understand this document and all of the supporting documents that make up the OCAN automation requirements. Organizations are responsible for ensuring that their vendor delivers an automated solution that meets these requirements.

Organizations should understand that this requirements package is designed for the purpose of automation and may not have all of the business rules and business guidelines needed to carry out and support the OCAN assessment model in their organization. Organizations should look to additional documentation and education provided by the project team for information not found in the system requirements specification.

Some manual processes, not covered by the automation requirements, that the organizations should be aware of are:

- Taking OCAN Lead responsibilities for a Consumer
- Gathering OCAN information from the Consumer and contributing organizations (those that are involved in service delivery for the Consumer)
- Sharing assessment information across programs within their organization where applicable.
- Sharing assessment information with other organizations where applicable.
- Contributing to the Service Record to be captured and submitted by the OCAN Lead organization where applicable.
- Testing the delivered automated solution from their vendor and completing the Implementation Validation Process as outlined in the documentation.
- Submitting completed assessment data in XML format to the centralized data repository for analysis/reporting (if not automated in your system)
- Accessing reports generated by the central data repository

Business Background

There are more than 300 Community Mental Health (CMH) organizations across Ontario using about as many different assessment tools, with little or no provincial standards to guide them. The sector has identified the opportunity to enhance the assessment process to make it more effective for both consumers and their CMH service providers.

The Community Mental Health Common Assessment Project (CMH CAP) is addressing the sector's challenges by building an assessment tool to better respond to the needs of consumers and providers at the sector's organizations of differing sizes, programs and approaches. An extensive consumer-led approach was taken in selecting and enhancing OCAN. This approach increases engagement by consumers of mental health services which research has shown leads to reduced hospital admissions.

Province-wide consultations were held in each of the 14 Local Health Integration Networks (LHINs) to gather feedback on the considerations for the implementation of an automated CMH common assessment. Nearly 500 individuals provided comments and submitted questions to project team for review. A panel of expert Canadian researchers participated as part of the selection team. Of the 50 organizations who volunteered to pilot OCAN, 16 organizations were selected as pilot sites based on size, location, program mix, independent and partnership groupings. A North East LHIN pilot launched in February 2009 involving 38 organizations.

Currently there are a number of LHINs interested in implementing the OCAN in their organizations. OCAN 2.0 represents the third revision of the OCAN assessment and the accompanying automation requirements.

What is OCAN?

OCAN is a standardized, consumer-led decision-making tool that allows key information to be electronically gathered in a secure and efficient manner. The largest, internationally recognized, researched and accepted assessment tool known as the Camberwell Assessment of Need (CAN-C) is at OCAN's core. Additional mental health elements selected by the sector and incorporated into the tool specifically focus on an Ontario-based approach towards ongoing recovery. These include risk, legal, gambling, and hopes and dreams indicators.

For each of the domains (i.e. Accommodation, Self-care, Daytime activities, etc.), the current situation of the consumer is assessed along with the level of informal (family and friends) and formal (service providers) supports they currently receive and need. By identifying needs and measuring strengths, OCAN helps lead consumers to recovery.

This tool is unique in seeking the increased engagement of consumers of mental health services in determining their level of need. The two-part process includes a Consumer Self-Assessment, which formally gives consumers a role in their assessment process. The health worker completes the Staff Assessment part through discussions with the consumer. The responses are jointly discussed, variances explored, preferences expressed and next steps agreed upon.

Benefits

O CAN has been proven to assist consumer-led decision making at an individual level. It identifies individual needs and can help match these to existing services and identify service gaps. Aggregate data derived from O CAN has the potential to inform organizational, regional and provincial level planning and decision-making that is consistent with a recovery approach. In time, O CAN will further facilitate inter-agency communication through common data.

Expected benefits from the province-wide implementation of O CAN include:

For the consumer:

- ❖ Gives consumers an effective way to voice their needs and preferences
- ❖ Focuses on client needs rather than symptoms
- ❖ Provides for a more inclusive approach to care
- ❖ Allows the consumer to provide the relevant level of information, reducing repetition at each stage in their service

For the sector:

- ❖ Reduces repetitive information gathering
- ❖ Assists recovery-oriented service planning at an individual level
- ❖ Identifies individual needs and helps match these to existing services and identifies service gaps
- ❖ Gives organizations the ability to focus their services based on needs
- ❖ Provides a common language that allows cross-sector partnering and planning
- ❖ Acknowledges the important role that informal support plays in helping with client needs

For the system:

- ❖ Promotes equitable access to services where available
- ❖ Ensures that standardized information is collected
- ❖ Highlights need and service in each area
- ❖ Captures aggregate data that will inform planning and decision-making

Scope

Community Mental Health organizations in Ontario have a broad range of service delivery models, business workflows, organizational structures and business systems environments. While some may have existing strong IT infrastructures along with client management software, others may not be as advanced in terms of the use of technology. The new assessment tool, OCAN, is being introduced to the mental health organizations both in paper form and as an automated software tool (automation is a requirement of implementing the OCAN within an organization, assessment on paper alone is not sufficient).

The requirements captured in the following sections of this document are the minimal set of implementation requirements for the automated assessment tool. The organization can work with their vendors to enhance and customize their implementation of the software, which automates OCAN, without adding, removing or changing the content of OCAN itself, in any way, nor the business and system rules that pertain to it. Following the development phase, there will be a rigorous data validation phase in which the vendors are required to submit XML data extracts to the project team for validation. In addition, the organizations will perform their own UAT and also complete assessment test scenarios and send test data submissions to the project team for validation.

At a MINIMUM, the implemented system should support:

- the ability to electronically capture OCAN information in its entirety as per the PDF versions of the OCAN assessment (Core OCAN, Core + Self and Full OCAN) and the Data Elements spreadsheet with specific attention to mandatory fields, valid values and codes,
- all of the Business Rules outlined in this document,
- the Functional Requirements as outlined in this document via the Use Case Model and Use Case Specifications and any additional notes that may be considered as functional requirements,
- all Privacy and Security requirements as outlined in the following section, *Privacy and Security Requirements*, and as per the organization's policies and requirements,
- the OCAN at six months reassessment process,
- searching, listing, viewing assessments in the system, per Consumer, by Mental Health Worker and at the organization level, and any combination thereof as required by the organization to carry out their business processes related to the OCAN,
- extraction and submission of completed assessment data in XML format that adheres to the XML Schema provided in the requirements package, and
- the Reporting Requirements outlined in the Reporting Requirements Specification document.

Privacy and Security Requirements

As the health care industry moves towards the electronic storage, sharing and transferring of sensitive information, Privacy and Security issues must be identified and addressed in order to ensure the confidentiality, integrity and availability of information.

While these requirements do not identify specific Privacy and Security controls to be included in the proposed solution, each vendor must be fully cognizant of the typical controls recommended by industry best practices and standards (eg. ISO27799) and expected by provincial legislation (e.g. robust access controls, logging and auditing capabilities, etc). Such controls must be provided as fully integrated components of their product offering.

It is highly recommended that the vendors include a description of their understanding, experience and practice in subject areas such as Personal Health Information Protection Act (PHIPA), ISO27799, and the CSA Model Code, and map the Privacy and Security controls included with their product to a standard such as ISO27799 in order to facilitate the evaluation of their product by the user organization.

It is the responsibility of the vendor to provide a product that will enable user organizations to comply with their obligations under PHIPA.

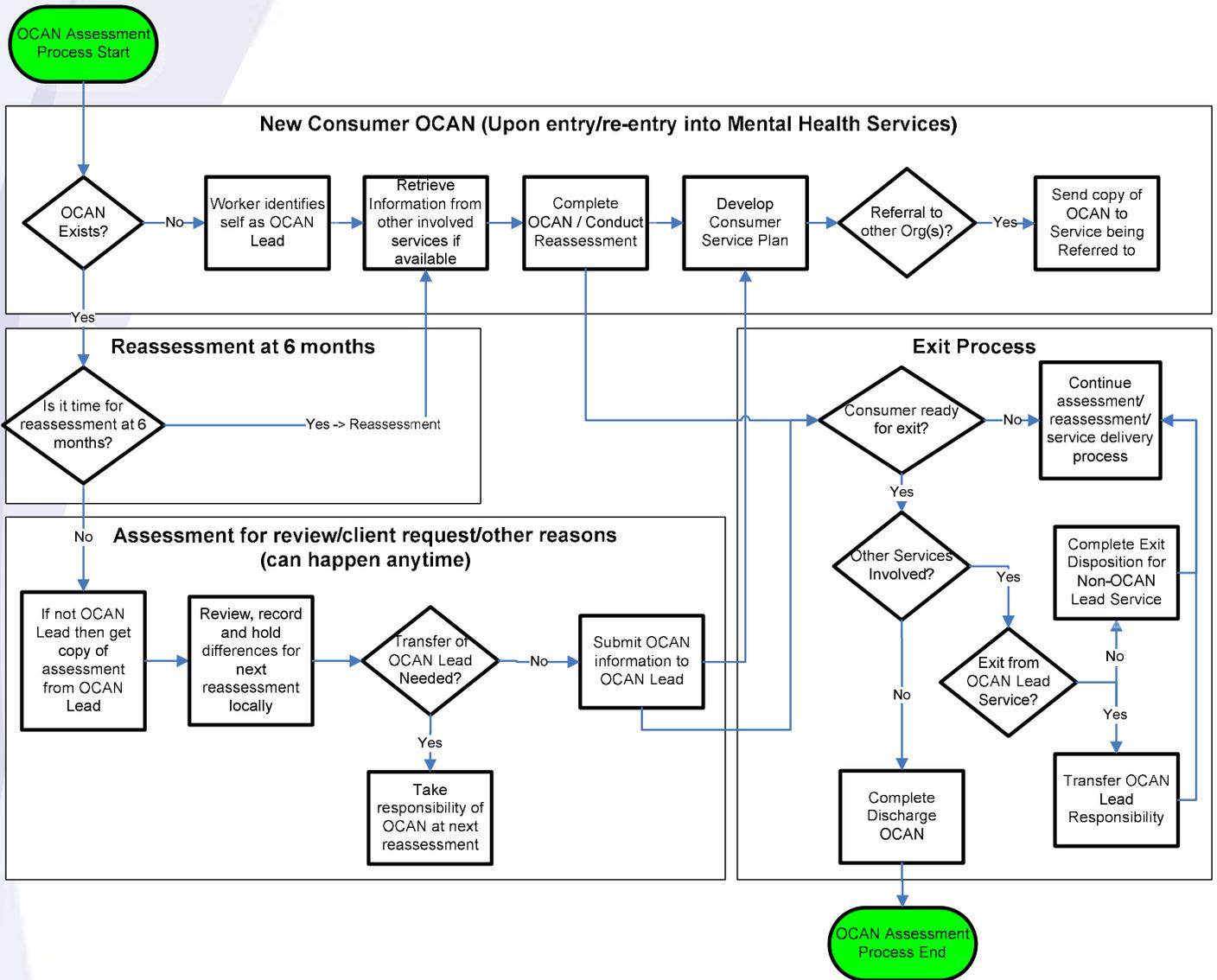
It is the responsibility of each user organization to be aware of their role as defined within PHIPA and to fulfill the requirements of that role by completing their own due diligence when selecting and implementing a product. That due diligence may include conducting a Privacy Impact Assessment and a Security Threat Risk Assessment on the proposed solution.

OCAN Business Model

The diagram below is an overview of the main OCAN business process flows. The diagram depicts the main flows of:

- Assessment completion for a new Consumer entering the mental health sector by OCAN Lead
- Reassessment process
- Review/assess/input from non OCAN Lead services
- Discharge from mental health services

OCAN Business Process Overview Diagram



OCAN Business Process Overview Description

Mental Health Worker Roles in the OCAN Business Process

There are 2 roles that complete an OCAN assessment with/for the Consumer:

OCAN Lead: The OCAN Lead is the Mental Health Worker that is primarily responsible for initially completing the first OCAN for the Consumer upon their entry into the Mental Health System and/or for existing clients. The OCAN Lead can also be the Mental Health Worker that has been assigned/has taken responsibility of being the OCAN Lead for a Consumer due to the nature/level of interaction/service delivery with a Consumer.

In this role, the OCAN Lead should complete an OCAN every six months for/with the Consumer with input from all of the Mental Health Workers involved with the services being delivered to the Consumer until the Consumer either exits all services or exits the OCAN Lead service. If the Consumer exits the OCAN Lead service, the service that is most involved with the Consumer or the service that the Consumer chooses to be the OCAN Lead will become the new OCAN Lead.

Contributing Providers: the role of the Contributing Providers is to provide Assessment information and Functional Centre Use information for ongoing service that the Consumer is receiving from their organization to the OCAN Lead. To support this process, the Mental Health Workers involved in service delivery are responsible for retaining assessment/service information locally and communicating this information back to the OCAN Lead for incorporation into the six-month assessment process. The Mental Health organizations who are non OCAN Leads are not responsible for extracting and submitting any assessment/service information that they may capture locally to the central reporting database. Assessment information is communicated to the OCAN Lead at the time of Reassessment. Information can be communicated to the OCAN Lead through Fax, Email, Mail, Phone, Face-to-Face, etc. The process of communication/information sharing between the OCAN Lead and other Mental Health Workers involved in Service delivery for the Consumer is a manual process and does not require automation. The information received by the OCAN Lead will be incorporated into the Assessment at the time of Reassessment along with the Functional Centre Use information of the Contributing providers to indicate all the services that were involved for delivering services to the Consumer.

New Consumer OCAN (Upon entry/re-entry into Mental Health Services)

An Initial OCAN is completed in the following 2 scenarios:

1. Consumer is receiving Community Mental Health Services for the 1st time.
2. Consumer is receiving Community Mental Health Services more than 3 months after the last Discharge Assessment.

Upon entry to Community Mental Health System, the Mental Health Worker verifies the following:

1. Asks the Consumer if they are new to the Ontario Community Mental Health system.
2. Checks the Integrated Assessment Record (separate project) for previous Consumer OCAN assessments
3. Asks the Consumer if an OCAN has been conducted prior to this visit
4. Gathers information from local partnerships, collateral information, local system, where available

If there is no OCAN conducted, or more than 3 months have passed since the last Discharge OCAN, the Staff Worker will identify him/herself as the OCAN Lead and will conduct an Initial OCAN. The OCAN lead will refer the Consumer if needed to other services within or outside the organization. Upon making a referral, a copy of the OCAN is sent to the referring service with proper consent from the Consumer to share the OCAN. All services involved with the Consumer are maintained in the Mental Health Functional Centre Use section of the OCAN.

Contributing Providers

Once contributing providers get involved with the Consumer, they receive a copy of the OCAN and provide services to the Consumer once they are accepted into their program. While providing services, they record information about the Consumer locally so that it can be shared with the OCAN Lead at the time of Reassessment.

While providing services to the Consumer, there may be a need to transfer OCAN Lead. OCAN Lead can be transferred for the reasons listed below based on precedence:

1. Contributing Provider is gathering the most data set compared to the OCAN Lead.
 - a. If a FULL OCAN, CORE+SELF, or CORE OCAN services are involved, the OCAN Lead will be from the FULL OCAN service only since the FULL OCAN service is collecting the most data sent among the three programs.
 - b. If a CORE+SELF or CORE OCAN services are involved, the OCAN Lead will be from the CORE+SELF OCAN service only since the CORE+SELF OCAN service is collecting the most data set between the two programs.

2. The Service is most involved with the Consumer
3. Consumer requests OCAN Lead to be transferred
4. Consumer is exiting OCAN Lead service.

Once the OCAN Lead is transferred, the new OCAN Lead will take responsibility of the OCAN at the time of the next Reassessment. The 6-month Reassessment heartbeat will only be reset if the Consumer is being transferred from either a CORE or CORE+SELF service to a FULL OCAN service only.

Reassessment

Reassessment is initiated by the OCAN Lead service. At the time of Reassessment, the OCAN Lead gathers and reviews information provided by the Contributing Providers. Any differences in information that needs to go in the Assessment is discussed and agreed upon by the OCAN Lead and the Contributing Providers. The Assessment is then completed and submitted to the Central Repository by the OCAN Lead only.

The OCAN is also shared amongst the different services involved with proper consent from the Consumer.

This process continues until the Consumer is ready for Discharge.

Exit from Service

There are two types of exits that occur.

1. Exit from a particular Service – refers to when the Consumer is exiting a service if multiple services are involved with the Consumer
2. Exit from the Mental Health System – this is referred to also as Discharge. This occurs when there are not services involved with the Consumer and is leaving the Community Mental Health System.

If the Consumer is ready to exit service and no other services are involved, then the OCAN Lead completes a Discharge Assessment, which is then sent to the Central Repository. The Consumer then exits the mental Health system, which is the end of service delivery for the Consumer.

If the Consumer is ready to exit a Contributing Provider service, then the Contributing Provider provides all the necessary information to the OCAN Lead along with their Mental Health Functional Centre Use information so that it can be incorporated at the time of the next Reassessment. The 6-month Reassessment is completed by the OCAN Lead.

If the Consumer is ready to exit from the OCAN Lead service while other services are involved with the Consumer, then the OCAN Lead responsibility is transferred as per the guidelines listed under the Contributing Providers section above.

ConnexOntario

ConnexOntario holds information about Community Mental Health Organizations in Ontario. This information includes Organization Names and Numbers, Program Names and Numbers and the LHIN the organization is associated to. This information is needed to populate the proper values in the **Mental Health Functional Centre Use (for the Last 6 Months)** section of the OCAN.

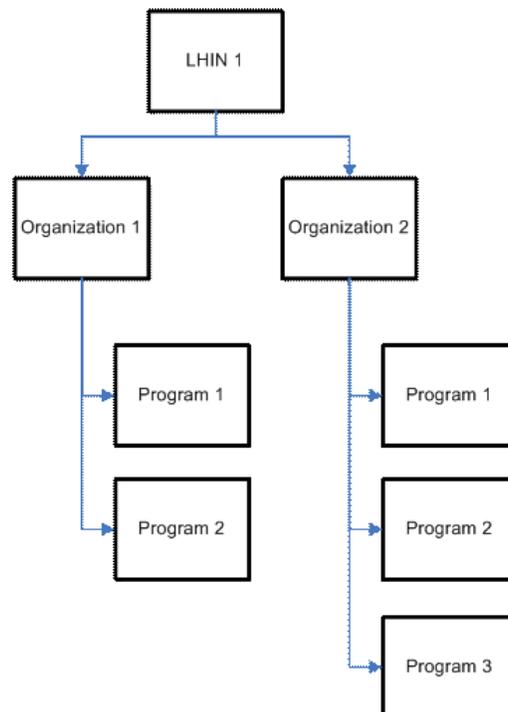
In order to enable sharing and to submit Mental Health Functional Centre Use information for other Organizations through the Organization submitting OCAN, this information is essential in making sure that the list resides in the system so that the worker can select the right information in order to send the data to the Central Repository.

Responsibilities for Vendors

Vendors are required to access **ConnexOntario** in order to populate the following OCAN fields in the Mental Health Functional Centre Use Section:

- Organization LHIN
- Organization Name
- Organization Number
- Program Name
- Program Number

Due to the large number of values in the Organization Name and Number field and the dependency of the Program Name and Number on the selected organization, it is recommended that the fields above are filtered depending on the value selected by the user with the following hierarchy.



Vendors need to contact **ConnexOntario** to get information on how to upload the list into their software through **ConnexOntario** and keep it up-to-date. **ConnexOntario** will make different methods of information retrieval available to the vendors.

Contact information for **ConnexOntario**:

Kirc Cobb
Phone: (519) 439-0174 extension 236
Email: kcoobb@connexontario.ca

Responsibilities for Organizations

Organizations are required to register with **ConnexOntario**, if they have not already done so, to make sure that their LHIN, Organization and Program information is available and up-to-date at **ConnexOntario** during the implementation phase. In order to make sure Organizations are registered with **ConnexOntario** and to register for the first time, the organization should contact:

Data and Information Services at **ConnexOntario**
Phone: (519) 439 0174

Once the Organizations are LIVE with OCAN and sharing between organizations starts taking place, there may be scenarios where Organization A will be entering Organization's B information into the **Mental Health Functional Centre Use (for the Last 6 Months)** section of OCAN. If Organization B's information is not available, then Org A will let Org B know that their information is not available and they will then register with **ConnexOntario**. Once they are registered, the Organization A's vendor will need to get the updated list from **ConnexOntario** and load it into their software.

System Model

Actors

Mental Health Organization Worker: The primary actor that works with the system, the Mental Health Worker, will use the system to capture Assessment information pertaining to the Consumer.

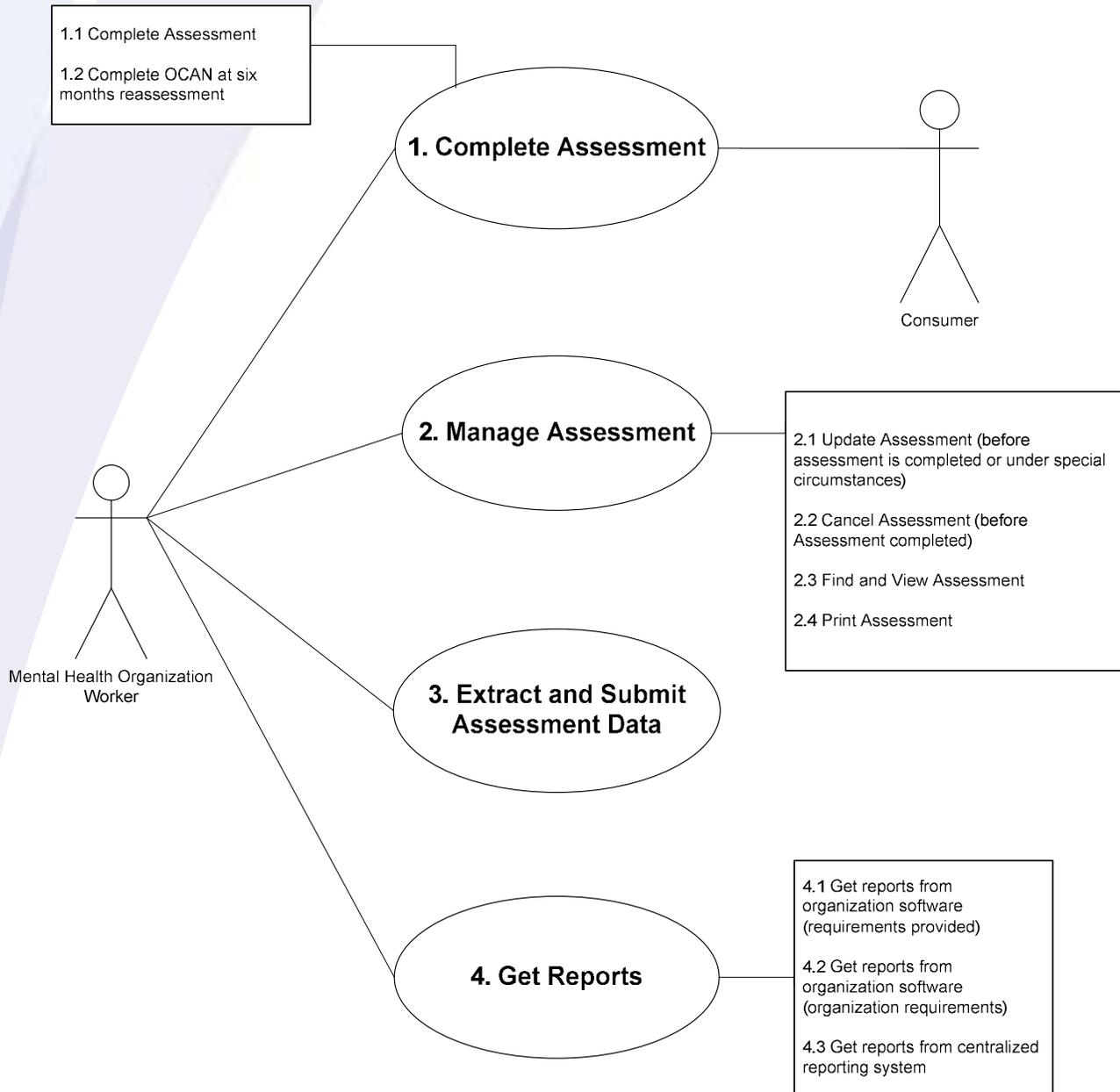
Business Process Note: From a business perspective (automation not required) Mental Health Workers are responsible for submitting/communicating Mental Health Functional Centre Use, clinical and assessment information to the OCAN Lead who captures the information for the Consumer in the OCAN.

OCAN Lead (Business Actor): The OCAN Lead is a Mental Health Worker responsible for completing the OCAN every six months for a Consumer. The Consumer can be involved with different services, different organizations and mental health workers but the OCAN Lead is the primary worker for completing the OCAN for the Consumer. There is always one OCAN Lead for each Consumer, the OCAN Lead for a Consumer can change over time depending on the services that the Consumer is involved with.

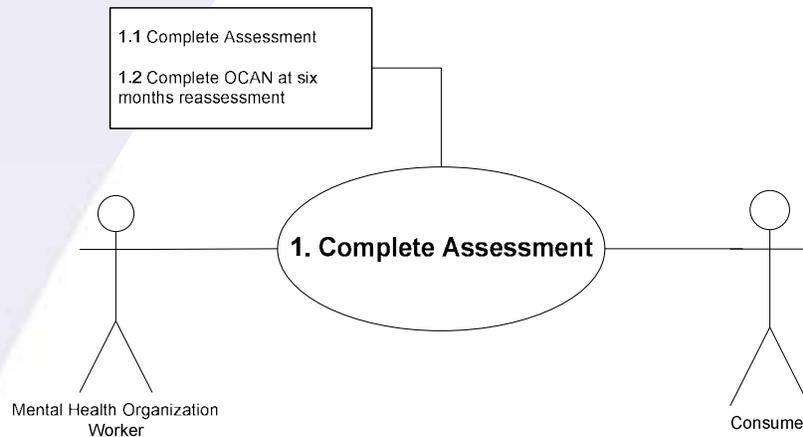
Consumer: In the context of mental health services, the consumer is the recipient of mental health services. This actor is the equivalent of Client and Patient seen in other healthcare contexts.

Business Process Note: It would be beneficial if the Consumer communicates their involvement with other Mental Health organizations and services as well as other healthcare related organizations/services to the Mental Health Worker / OCAN Lead. This information will help the Mental Health Worker/OCAN Lead in following up as needed to help inform the OCAN.

OCAN System Use Case Model



UC1: Complete Assessment



1.1 Complete Assessment

- 1.1.1 User initiates new Assessment for the Consumer
- 1.1.2 The System presents a new Assessment, the status of the Assessment is set to "In Progress"
- 1.1.3 User enters data for the different sections of the assessment in any order and selects to save the information intermittently throughout the data entry/assessment completion process (the process of data entry may happen over many days, the Assessment Start Date and Assessment Completion Date are not system generated, they are manually entered by the User, they can be dates in the past or in the future).

The User in this case can also be the Consumer completing the Consumer self assessment portion of the OCAN.

- 1.1.4 The system must present an option to change the status of the Assessment from "In Progress" to "Completed" once the User is satisfied that all of the information has been entered for a particular assessment. During the process of completing and assessment the User can cancel the assessment by changing the assessment status to "Cancelled", this change cannot happen once the assessment status has been set to "Completed".

Important: The System should check that all mandatory fields have been captured in the assessment before allowing the status of the assessment to be changed to "Completed". This rule also applies to all of the system edit checks that may apply when saving an assessment. Refer to the System Edit Checks portion of this document.

Once the assessment status is changed to "Completed", it is locked and there can be no further changes/additions to the assessment (only in the case of

major errors, there should be a separate business/system process for fixing errors in a completed assessment)

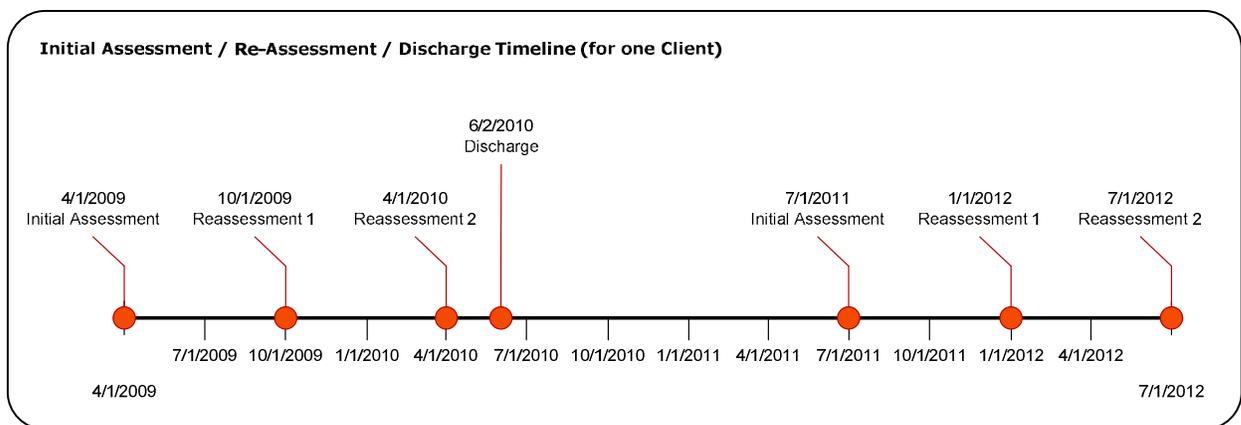
1.2 Complete OCAN Reassessment

A reassessment should be completed on a regular 6 month interval by the OCAN Lead. Additionally Mental Health workers involved with the Consumer may want to do a local OCAN assessment based on client/worker request/decision; these assessments are stored locally and not expected to be sent into the central reporting database, however all information captured by all mental health workers should be communicated to the OCAN Lead, captured as part of the reassessment, and sent to the central reporting database.

If the Consumer is discharged from mental health services and returns for more services, within 3 months of being discharged, then the reassessment cycle can continue as usual and there is no need for a new Initial Assessment, however, if the Consumer has been discharged (i.e. An assessment with the Reason for Assessment of (Prior to) discharge has been completed, and the completion date of this assessment is more than 3 months then the new assessment is considered an initial assessment.

Reassessment is a business process required to be followed by the OCAN Lead. The system does not do any specific validations for when the reassessments actually happen.

The example below shows an assessment timeline for one sample client who has an Initial Assessment followed by 2 OCAN Reassessments, followed by a Discharge Assessment. The client does not return for further services for a period of more than 6 months following the discharge assessment. When the client returns for more services, an Initial Assessment is completed with ongoing OCAN Reassessments.



1.3 Reassessment at Discharge

From a systems perspective this type of assessment is not different than other assessments, and the system should not behave differently in presenting the assessment including all mandatory fields. However, this type of assessment is a special business case because a discharge assessment can be completed with or without the Consumer being present. All of the mandatory data elements are required as per the Data Elements spreadsheet.

In the case when the Consumer is not available to answer all of the questions, the values of the mandatory data elements should be marked unknown by the worker completing the assessment.

UC1 – Complete Assessment Business Rules	
Business Rule	Description
UC1-BR1	<p>Three types of OCAN are:</p> <ol style="list-style-type: none">1. Full OCAN2. Core + Self OCAN3. Core OCAN <p>The details of which are presented in the paper/PDF versions of the assessment.</p> <p>The system should present an option to start a given assessment of the 3 types above.</p>
UC1-BR2	<p>The Full OCAN consist of 4 parts:</p> <ul style="list-style-type: none">▪ Consumer Information Summary▪ Mental Health Functional Centre Use▪ Consumer Self-Assessment▪ Staff Assessment <p>The other types of OCAN do not have all parts:</p> <ul style="list-style-type: none">• Core + Self OCAN does not have the Staff Assessment section• Core OCAN does not have Consumer Self-Assessment and Staff Assessment

	Consumer Information Summary	Mental Health Functional Centre Use	Consumer Self-Assessment	Staff Assessment
Full OCAN	✓	✓	✓	✓
Core + Self OCAN	✓	✓	✓	
Core OCAN	✓	✓		
<p>The automated solution must have the ability to capture assessment information for the Staff portion and the Consumer portion of the OCAN separately for the Mental Health Worker and the Consumer.</p>				
UC1-BR3	<p>The automated OCAN must provide the ability for the Consumer to enter their answers for the Consumer self assessment directly into the system.</p>			
UC1-BR4	<p>There are 7 types of assessment:</p> <ul style="list-style-type: none"> • Initial OCAN: Conducted when the Consumer first enters the Mental Health System or when returning more than 3 months after a (Prior to) Discharge assessment (i.e. being discharged from the community mental health system) • Reassessment: Conducted for existing Consumers in the Mental Health System even if this is their first OCAN assessment. It's important to upkeep the 6 month reassessment timeframe in order to maintain a standard view of Consumer need ratings over time as well as to ensure comparative analysis of Consumer needs across the Mental Health System. • (Prior to) Discharge: When all Consumer needs have been met and the Consumer exits all Services, the OCAN Lead and the Consumer may decide that the Consumer no longer 			

	<p>needs Community Mental Health Services. At this point a (Prior to) Discharge assessment is completed indicating that the Consumer has exited the Mental Health System.</p> <ul style="list-style-type: none"> • Significant Change: This assessment can be conducted in-between reassessments if there has been significant change in the overall needs for the Consumer to highlight the changes as well as to refer to additional services as needed. • Review: The Contributing Provider reviews and updates (where needed) the OCAN previously done at a different mental health organization. E.g. if the Contributing Provider is starting to provide Housing Services, they would like to review/update the Accommodation domain to capture the current situation at time of Housing Service initiation. • Re-key: The Contributing Provider receives the OCAN from another organization, they may decide to keep an electronic version of that assessment in their system for future reference. In this situation a re-key OCAN is completed which should exactly match the original assessment. • Other (Consumer request, etc.): This type of OCAN is completed under special circumstances not covered above, such as at the Consumer request.
UC1-BR5	Each Client should have a unique client ID in the system.
UC1-BR6	All assessments in the system should have a unique Assessment ID.
UC1-BR7	<p>There is a Start Date and a Completion Date for both the Staff and the Consumer portions of the PDF version of the assessment. However, as far as the system is concerned there should only be one start date and one completion date captured for the entire OCAN.</p> <p>The assessment start date and assessment completion date on the OCAN are NOT system generated dates; they are manually entered into the system by the worker.</p> <p>What date goes into the start date and the completion date is based on business process rules communicated through OCAN education to the worker who enters either the start date of the staff or the consumer assessment based on timing and duration of completion of each portion of the assessment. The system does not need any checks for this. If the worker is entering a start date and completion date that are more than 30 days apart, the system may optionally provide a warning to the user, however the assessment should still be able to be saved and submitted to the central data repository.</p>

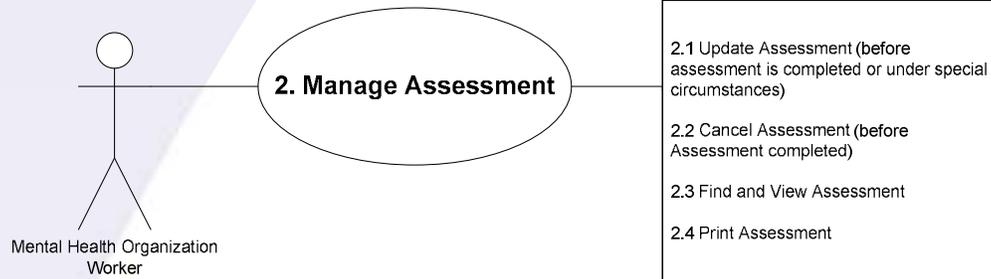
UC1-BR8	In the paper version of the assessment there are four records available to record Mental Health Functional Centre Use. However, the automated solution should have the ability to add as many records as needed.
UC1-BR9	<p>There is a Date of Birth field in the Consumer self assessment. This field appears on the paper assessment so that when the paper version is completed and returned their Worker can identify the Consumer who filled out the assessment.</p> <p>This information does not need to be captured in the system. The only Date of Birth that needs to be captured in the system is the DOB field in the Staff section of the assessment.</p>
UC1-BR10	Assessment questions can be completed in any order and the information entered can be saved intermittently throughout the data entry/assessment completion process which may happen over many days. The mandatory fields check should only be done when the User attempts to change the status of the assessment from "In Progress" to "Completed".
UC1-BR11	All assessments must be associated to a particular client. If the Client is a new client or it has been more than 3 months since the Client was discharged from services then the first new assessment for this client is considered an "Initial Assessment"
UC1-BR12	The OCAN must include all questions and data elements defined by the OCAN (Ontario Common Assessment of Need) as captured in the PDF version of the assessment and as captured by the OCAN Data Elements spreadsheet.
UC1-BR13	<p>Responses to the OCAN questions need to be entered/captured according to the "Response Type" column in the Data Elements spreadsheet, i.e. select list (select one) vs. select list (select many)</p> <p>Mental health worker and consumer responses are recorded where necessary for all questions contained within the Common Assessment.</p> <p>All questions or comment sections defined in the Common Assessment must have appropriate input fields in the software for capturing the information. Refer to the Data Elements spreadsheet.</p>
UC1-BR14	There are 3 statuses for assessments:

	<ul style="list-style-type: none"> • In Progress: When an assessment is started, the status is set to "In Progress", the assessment can be saved intermittently while in this status. "In Progress" assessments can go to both the "Completed" and "Cancelled" statuses. • Completed: Once all of the mandatory questions in the assessment have been completed, the status of the assessment can be changed from "In Progress" to "Completed" • Cancelled: While completing an assessment, if the worker decides not to continue completing the assessment, the status can be set from "In Progress" to "Cancelled". Mandatory field rules do not apply.
UC1-BR15	<p>Once an assessment has been marked as "Completed" the System should restrict any further additions/changes to the assessment information.</p> <p>A system feature should be in place that allows errors to be corrected/noted for "Completed" assessments.</p>
UC1-BR16	<p>It is recommended that the system make available the ability to easily access any of the 3 versions of the OCAN assessment PDF provided by the project team.</p> <ul style="list-style-type: none"> • Full OCAN • Core + Self OCAN • Core OCAN
UC1-BR17	<p>The Mental Health Worker and the Consumer parts of the OCAN may/may not be completed concurrently by the Mental Health Worker and the Consumer; there are no dependencies in terms of timing (i.e. one could be completed before the other and vice versa) The clinical recommendation is to complete the Consumer Self Assessment first.</p> <p>The Consumer part of the OCAN is optional. An incomplete Consumer part (i.e. Consumer opted out or did not finish) can be included as part of a complete OCAN record.</p>
UC1-BR18	<p>A new OCAN can be initiated that populates or is linked to the demographic data for the same consumer (to avoid re-keying)</p> <p>It should be possible that for a new assessment all of the questions have no responses populated from prior assessments forcing the completion of the entire assessment from scratch.</p> <p>Different organizations may want different levels of pre-population</p>

	ranging from no pre-population, to demographic info pre-population, to all domain answers pre-populated from previous OCANs.
UC1-BR19	<p>Summary Of Actions</p> <p>At the end of each domain section of the OCAN there is an Action(s) field, which is an optional text field. If this field is populated for a domain then the domains, which have associated actions, will automatically be listed in the Summary of Actions table and the Action(s) field will also be populated based on the Action(s) field for that domain.</p> <p>Since the Action(s) field is an optional field, there can be from zero up to 24 domains listed in the Summary of Actions table. The User will then optionally prioritize the Domains and their associated Action(s) by assigning a numerical value from 1-24 (The system should not allow the User to skip priority levels, i.e. the User cannot select priority value 2 before selecting priority value of 1.) The priority levels start at 1 and descend down to 24. The System will save/retain the priority levels selected by the User.</p>
UC1-BR20	<p>Summary of Referrals</p> <p>All of the information in this table is optional.</p> <p>If this is the first OCAN for this Consumer, then there is no pre-population of this table. The User will simply fill out the table based on selections from the appropriate lists and enter information into the remaining text fields where necessary.</p> <p>If this is not the first OCAN for the Consumer, then this table is pre-populated by the System based on the information captured in the previous OCAN for this Consumer. The User should have the ability to make changes to all of the fields pre-populated from the previous assessment as well as to add/delete rows of information about referrals.</p>
UC1-BR21	The system should alert the OCAN Lead when the OCAN at six months should be conducted per Consumer.
UC1-BR22	<p>The OCAN Lead can complete an OCAN of any type:</p> <ul style="list-style-type: none"> • Initial OCAN • Reassessment • (Prior to) Discharge • Significant Change • Review • Re-key • Other (Consumer request, etc.)

	<p>However, workers that are not OCAN Leads can only complete the following types of OCAN:</p> <ul style="list-style-type: none"> • Review • Re-key <p>The first question on the OCAN is: OCAN Lead Assessment, if this question is answered "No," then only the Review and Re-key types of assessment should be available for completion. The system should prevent a worker that is not an OCAN Lead from completing an assessment that is not of the type, Review or Re-key.</p>
UC1-BR23	<p>Vendors can design and automate the OCAN in a flexible manner that suits their existing software technology, design and user interface.</p> <p>However, it is critical that the implementation does not change the order and flow of sections, fields and domains as per the official PDF versions of the OCAN provided by the project team.</p> <p>The automated representation of the OCAN should closely resemble the official PDF versions of the OCAN as released by the project team and allow a worker who has completed an OCAN on paper to enter assessment information into the system seamlessly without confusion of where OCAN section, field and domain information belong.</p>

UC2: Manage Assessment



2.1 Update Assessment

When a new OCAN is created the status of the assessment is set to "In Progress". While the status of the OCAN is "In Progress" the User can continue to make updates to assessment information.

Once an assessment has a status of "Completed" there can be no further updates/changes to the assessment. However, in the case of major errors in the assessment there should be the ability to correct the assessment. The corrected assessment can be resubmitted to the central data repository with the same assessment ID. The system should provide the appropriate logs/audit trail of the changes, who made them, date, reason, approval, etc. based on organization protocols.

2.2 Cancel Assessment

While the OCAN is "In Progress" the worker can choose to cancel the assessment by changing the status of the assessment to "Cancelled".

2.3 Find and View Assessment

The system should provide the ability to find and view assessments of different assessment types as needed. The details of the search, sort, filter mechanism, etc. are left to vendor design.

The Staff Workload Report included in the Reports Specifications document is a good example of the columns of information that the business found useful when viewing lists of assessments.

2.4 Print Assessment

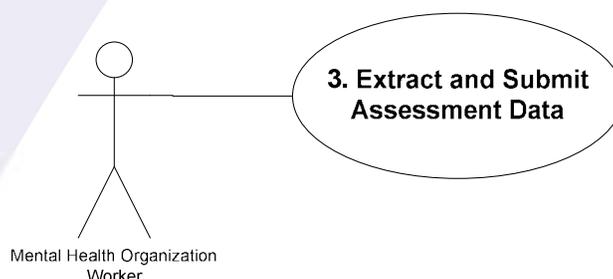
The system should provide the ability to print blank OCAN forms as well as partially/fully completed OCANs as needed. The Assessment ID and Client ID should be printed at the top of each page, this is for the purposes of the manual business process of sharing the assessment paper copy.

UC2 – Manage Assessment Business Rules

Business Rule	Description
UC2-BR1	<p>The Consumer and the Mental Health Worker response sets can be viewed separately or together. The user should be able to display on the screen the Consumer response set for a given assessment separately from the worker response set.</p>
UC2-BR2	<p>The system should make available the ability to print an OCAN assessment that has been partially or fully completed.</p> <p>The print format should closely resemble the standard OCAN format as per the PDF versions of the OCAN:</p> <ul style="list-style-type: none"> - The vendors, through input from the organizations, can decide which lists of values from the OCAN will be printed when a user prints an OCAN assessment that is partially/fully completed. It's not a requirement from the project perspective to print all lists of values as long as the user can easily continue to complete a partially completed OCAN that is printed. - All the data entered by the user should be printed. - Total number of pages and what page a field is on is not important. - Font and size does not have to be exactly the same as the PDF version. However, it should be consistent throughout the Assessment. Bolding of fields should resemble the PDF version to highlight and bring attention to certain fields. The Font and size used in the PDF is Arial and 9 respectively. - Headings and Domains should be prominent. - Ordering of fields is important and it should be exactly the same as the PDF version. The sections should also follow what is on the PDF exactly. - Fields should belong to the right sections. - The front page/title page of the Assessment should be included for the three Assessment types. - The introduction pages for each OCAN (i.e. Full, Core, etc.)

	<p>should be included.</p> <ul style="list-style-type: none"> - Lines and dividers don't have to match exactly to the PDF version of the Assessment. However appropriate divisions between sections should be used. - Client ID and Assessment ID should be printed at the top of each page. - Footer/Legend describing the need ratings should be available as per the PDF version.
UC2-BR3	<p>Once an assessment has a status of "Completed" there can be no further updates/changes to the assessment.</p> <p>However only in the case of a major error in the assessment information there should be the ability to correct information with the appropriate logs/audit trail of the changes, who made them, date, reason, approval, etc. based on organization protocols.</p> <p>This process should not change the assessment ID.</p>
UC2-BR4	<p>The Assessment ID and Client ID should be printed at the top of each page, this is for the purposes of the manual business process of sharing the assessment paper copy.</p>

UC3: Extract and Submit Assessment Data



3.1 Extract Assessment Data in XML format

The automated solution must provide the ability to extract “Completed” assessment data in XML format. The XSD files (for the 3 types of OCAN) and sample XML files are included in the requirements package. For organizations completing OCANs of more than one type (i.e. Full OCAN and Core OCAN, etc.) the software solution should group assessments of one type into one XML data submission file to be submitted to a central data repository.

The Implementation Validation Guide outlines the process, steps, and test assessment material to be used by the vendors and the organizations for testing the data extraction/XML file generation with the project team.

The extracted/generated XML file should contain:

- Correct XML structure validated against the XSD
- All mandatory fields/values must be present
- All expected values are validated against expected value lists

3.2 Transfer/submit completed OCAN assessment data to a central data repository

The automated solution must provide the ability to transfer/submit completed assessment data to a central data repository as needed based on detailed data submission requirements (frequency, data submission methods, etc.) as outlined in separate data submission requirements documents to be provided.

For detailed requirements and more information on data submission requirements please contact the CCIM support centre at cmhcap@ccim.on.ca 1-866-909-5600.

UC3 – Extract and Submit Assessment Data Business Rules

Business Rule	Description
UC3-BR1	<p>Criteria for assessments that are submitted to central repository:</p> <ol style="list-style-type: none"> 1. Assessment status = completed 2. "OCAN Completed by OCAN Lead" = Yes 3. and "Reason for OCAN" is <u>NOT</u> "Review" or "Re-key"
UC3-BR2	<p>File Naming Convention:</p> <p>OCAN<YYYYMMDD><HHMM><OOOO>.<999>.xml</p> <p>Where:</p> <p>YYYYMMDD – the date when the export process was started</p> <p>HHMM - time when the export process started (note 24 hour clock is used)</p> <p>OOOO – organization ID, or parent organization id where applicable</p> <p>999 – file sequence number, a sequence number of extracted file if export is broken into multiple parts, default value 001</p> <p>For example, if Organization 1234 submitting OCAN assessments on July 1st 2009, at 5:05 PM the file name will look like this:</p> <p>OCAN2009070117051234.001.xml</p>
UC3-BR3	The generated XML files must be able to be validated against the 3 XSD files provided as part of the requirements without any errors.
UC3-BR4	Only one type of completed OCAN assessment should be submitted per data submission file (i.e. Full OCANs in one file, Core + Self OCANs in another data submission file and Core OCANs in yet another data submission file, to be validated against the appropriate OCAN schema files (XSD)).

UC4: Get Reports



4.1 Get reports from organization software (requirements provided)

The project team has worked closely with the Reports working group with representatives from different organizations to document the requirements for a set of Individual Assessment Reports to be built in the organizations software environment by the vendors. The Reports Specification document details these reporting requirements.

4.2 Get reports from organization software (organization requirements)

The vendors may also implement organizational reports for the organization based on organization needs; the discussion for this is between the organization and their vendor.

4.3 Get reports from centralized reporting system

Based on the submission of complete assessment information, the organizations, the LHIN, and the Ministry will gain access to aggregate reports designed specifically for their needs.

UC4 – Get Reports Business Rules

Business Rule	Description
UC4-BR1	The Individual Assessment Reports defined in the Reports Specifications are mandatory reports as required by the organizations and must be made available as part of the automated solution.
UC4-BR2	Individual Assessment Reports defined in the Reports Specifications should be available in 2 ways: <ul style="list-style-type: none"><li data-bbox="516 842 821 873">• reported on-screen<li data-bbox="516 890 902 921">• in paper printable format
UC4-BR3	Community Mental Health Organizations should have access to their own data in order to analyze and generate reports within their environment as needed. This does not assume any report writing capabilities within the solution itself, but access to the assessment data so other tools may be used to create reports.

Data Quality Edit Checks

The following edit checks are specific data quality rules that must be in place when a record is saved in the organization's database upon completion of an assessment. The data in the data extraction files sent to the central data repository should meet all of the following edit checks.

The central data repository will be validating the following edit checks upon receiving the data submission files and may provide warnings back to the organizations or reject the record/file depending on the data quality issue found.

Additional Edit Checks based on the OCAN assessment business rules may be developed in the future.

Edit Check	Description
EC1	Start Date of Staff Assessment should be equal to or before the completion date of the staff assessment. The vendor should do a check for this when the assessment is marked "Completed" and being saved.
EC2	Completion Date – Start Date <= 30 days The vendor implementation should alert/provide warning to the user trying to save an assessment.
EC3	If question 2a "Was Consumer Self-Assessment Completed?" is answered "No" then the Consumer ratings should all be blank
EC4	If "Date of Birth" field is blank, then the "Unknown" checkbox should be selected. Date of Birth is a mandatory field.
EC5	In the Mental Health Current Functional Centre Use section, only one Service record can have "OCAN Lead" answered "Yes".

Implementation Validation Test Requirements

Once the vendor has completed the implementation of the OCAN, the vendor is required to use the Implementation Validation Guide to complete a test step conducted by the project team. Please refer to the Implementation Validation Guide for additional information.

Testing will be based on a test data submission file that will validate proper XML structure, based on the XSDs, and will test that proper data types and values have been captured. This test process does not guarantee or certify a vendor solution to be free of errors.

Some possible errors are:

1. Wrong XML structure that doesn't adhere to the specified XSDs
2. Missing mandatory/required fields
3. Wrong format of submitted data fields

The Implementation Validation process will be conducted in 2 phases:

1. Once the automated solution is completed by the vendor, the vendors will generate and submit the XML file(s) to be validated by the project team.
2. Once the automated solution is delivered to the organization, a User Acceptance Testing (UAT) phase will be conducted by the organization, to make sure that business requirements are met. The last test in the process is when the project team verifies test data submissions received from the organization.

Future Requirements

Although not a firm requirement, functionality that allows workers to electronically complete an assessment while in the field has been identified as a highly desirable feature. It will be considered in the future and may be a current request by some organizations.