



DRAFT

Aug 2018

ABRIDGED ONHRDB PILOT EVALUATION

REPORT FOR DISCUSSION

BACKGROUND

Ontario's harm reduction sector does not have a standardized data collection system. At present, harm reduction service providers (HRSPs) use various tools and stand-alone platforms for data collection and storage. Given this current state, the Ministry of Health and Long-Term Care (MOHLTC) is unable to effectively monitor and report on provincial drug use patterns and client utilization of harm reduction services.

The MOHLTC requested the Provincial System Support Program (PSSP) at CAMH to implement the Ontario Harm Reduction Database (ONHRDB), a comprehensive data system to allow ministry-funded harm reduction programs to manage and collect required data. These programs include:

- Needle Exchange Programs (NEPs)
- Injection Drug User (IDU) Outreach Program, and
- Hepatitis C Teams

As part of the ONHRDB, PSSP licensed third-party software NEO360, a secure web-based application currently in use by Toronto Public Health, Regional HIV/AIDS Connection (London, ON), as well as dozens of HRSPs across the UK.

Project Overview

The ONHRDB project was launched in November 2016. The project Steering Committee (membership includes staff from PSSP and the MOHLTC) developed an implementation plan (Fig. 1).

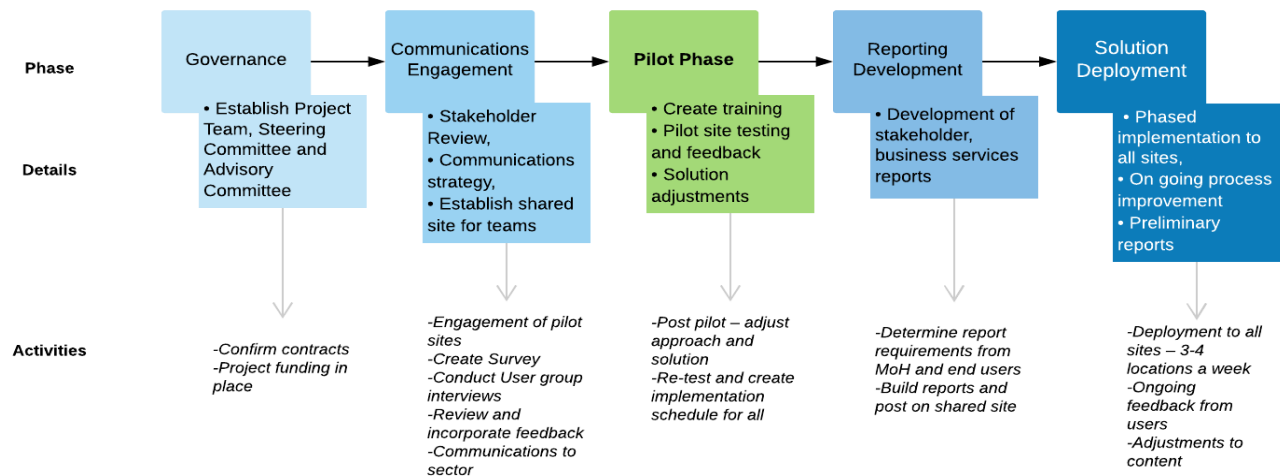


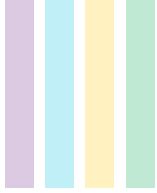
Figure 1. Initial implementation plan for ONHRDB project

In May 2017, PSSP confirmed the participation of five agencies for the ONHRDB pilot as part of the “Communications/Engagement Phase.”

In October 2017, PSSP entered the “Pilot Phase,” a key phase of the overall implementation plan. During this phase, a small number of program sites were selected to test NEO360 in a live environment. The ONHRDB Implementation Team at PSSP worked with each agency to implement the ONHRDB within their harm reduction programs. Implementation steps for each pilot site are listed below:

1. Request for pilot agency management to agree to the terms in the ONHRDB Service Provider Agreement, and to return the signed agreement.
2. Train the agency’s “Site Manager” on how to use NEO360.
 - Agencies were asked to identify one staff person to be “Site Manager,” who would go through a live training session, and have greater administrative power in the system (ability to reset passwords, make new users, etc.)
3. Request the Site Manager to distribute a self-paced training guide to all other harm reduction agency staff site.
 - This detailed guide, developed by PSSP, orients users to NEO360.
4. Follow-up with agency to confirm completion of self-paced training by the staff.
5. Set go-live date for agency.
6. Perform an evaluation site visit 4-6 weeks after live launch date.

After initial testing, the pilot agencies provided feedback on the NEO360 application, the implementation process, training and support provided by PSSP. Pilot site data was collected



and analyzed as part of the implementation evaluation, and was used to inform the recommendations suggested for the scaling of ONHRDB across Ontario.

The pilot phase ended in May 2018 with 3 out of the 5 originally engaged pilot agencies having successfully adopted the ONHRDB.

The purpose of this report is to present the ONHRDB pilot evaluation findings by way of recommendations for the provincial scale-up.

EVALUATION

Three key evaluation questions informed the pilot evaluation:

- What are the characteristics of a successful ONHRDB implementation (and does it differ between settings)?
- What are the barriers and facilitators to implementing the ONHRDB? and,
- What are the key components/supports required for sustainable adoption of the ONHRDB?

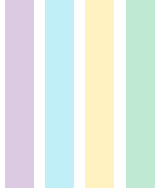
In addition to the primary evaluation questions, the ONHRDB pilot project evaluation focused on these four key domains:

- Appropriateness of the database intervention within the agency and program contexts,
- Acceptability of database intervention by stakeholders,
- Human resources required for implementation and sustainability within the implementation team and agencies/programs, and
- Fidelity to the database implementation plan and training, including any adaptations made to support database implementation and use.

Methodology

Methods for collecting evaluation data were: (1) post-training online surveys, (2) pilot agency site visits and interviews, and (3) a detailed review of project documents and meeting minutes. Site visits to four participating pilot agencies were conducted between March and April 2018, generally 6-8 weeks following the agency's live launch of the ONHRDB. These visits included interviews with site managers and key staff members, and observational interviews with frontline staff using the ONHRDB. Additionally, a case study was conducted with Counterpoint Harm Reduction Services within the Regional HIV/AIDS Connection (RHAC) in London, Ontario to explore the implementation process of an agency that had independently adopted NEO360¹.

¹ The findings of this case study are the subject of a separate report.



A thematic analysis was employed for the qualitative data collected through the evaluation, and descriptive statistics applied to quantitative data from the post-training surveys. Findings were organized by domain and stage of implementation.

KEY FINDINGS

The following key findings informed the recommendations, described later described in this report. The findings are consistent across the participating pilot agencies.

NEO360 is user-friendly

Pilot agency staff in all roles (management, administration and frontline) affirmed that NEO360 was very easy to use. Words used to describe NEO360 included “straightforward,” “intuitive,” “quick,” “easy to navigate,” and “user friendly.” Multiple pilot participants expressed that NEO360 “exceeded their expectations” for a mandated technological tool. When asked to rank their comfort level with NEO360 (1= Very Uncomfortable, 5 = Very Comfortable), all frontline staff who were interviewed (4 individuals, across 3 sites) responded either with a 4 or 5. During live observational interviews, it was clear that staff were using the system correctly and confidently. The interviewer very rarely noticed any points of hesitation or struggle during staff observation.

“You can click on a button [in NEO360] and know what you’re going to get.”

IDU Outreach Worker

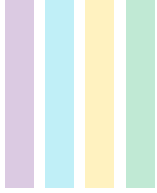
“I think NEO is great.”

Data Analyst

Site characteristics matter

Site characteristics vary widely across agencies and influence the likelihood of implementation success. Despite offering the same harm reduction programming, each pilot agency differed greatly among and between one another.

First, although each pilot agency was the NEP lead for their region, the program models varied. For example, one Public Health Unit’s harm reduction team (PHU) operated entirely on an outreach basis, offering no in-service NEP at their main site. In contrast, another PHU offered no outreach services, instead only administering an in-service NEP out of the PHU main office. The difference in settings dictated how frontline staff used the ONHRDB.



Another model difference was how the NEP program distributed supplies. Most agencies had full time staff to distribute supplies but one agency administered their in-service NEP as a **“self-service” model**—allowing clients to pick supplies themselves. The in-service NEP space was staffed by volunteers and peers on a part-time basis, whose primary responsibility was to provide harm reduction education. This agency was not able to adopt the ONHRDB during the pilot phase.

Second, the availability of **human resources** had a large impact on each agency’s ability to adopt the ONHRDB. The size of the workforce and the skills available varied greatly across pilot agencies. For example, one large PHU was able to assign a Data Analyst as the ONHRDB’s Site Manager. This capacity facilitated the adoption of the ONHRDB amongst frontline staff. Moreover, when the original Analyst left their position, PHU management was able to assign a new staff person to be the ONHRDB Site Manager almost immediately. Alternatively, one community-based organization had initially agreed to participate as a pilot, but before implementation started agency management decided that they were no longer able to participate due to a “shift in staff resources.”

Lastly, past **experience with data collection and reporting** significantly impacted engagement and willingness to adopt the ONHRDB—sometimes in surprising ways. For example, two pilot agencies had previous yet rudimentary data collection and inputting experience. Despite this similarity, one agency’s staff was excited by the prospect of adopting the new system, believing the system would give them the opportunity to illustrate their work, while the other agency’s staff was intrinsically opposed to and very resistant to adopting the system. Further investigation found that these two agencies, in fact, had very different long-term histories with data collection and reporting requirements.

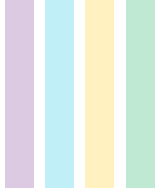
It was found that when an agency was moving from an existing, poorly-perceived data collection system to the ONHRDB, their satisfaction with the latter was increased—despite a historically

“At least 50% of time there is no staff in needle exchange. They are open 6 hours a day, 365 days per week. The system couldn’t possibly capture who comes in every day... I can’t imagine doing NEO in the needle exchange.”

Outreach worker

“It’s not that different than what they were doing before. They were used to collecting the same information.”

Clinic Manager



negative experience with data collection. Conversely, when an agency already had a database system they liked, the transition to the ONHRDB was more complex.

Program model, human resources and existing data collection practices are only a few of the characteristics that differed between pilot agencies; many other factors also affected the likelihood of a successful implementation.

Implementation at satellite sites did not occur

The implementation of the ONHRDB at an agency's core and satellite sites was an explicit requirement for participation in the pilot. Three of the four implementing pilot agencies listed several satellite NEP/NSP sites, however, **no pilot agency extended implementation of the database to their satellite sites.** Throughout the pilot implementation, it became apparent that the relationships pilot agencies have with their satellite sites are unique and complex, and that harm reduction programs are very concerned with maintaining these relationships. Satellite sites can either be administered and staffed directly by the lead agency (i.e., branches of the core site), or can be *separate organizations* working in partnership with the agency (i.e., partners of the core site), including local pharmacies which often operate under a more voluntary relationship.

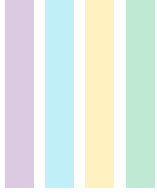
Pilot agency site managers and leadership were hesitant to engage their satellite sites during the pilot implementation due to their concerns around damaging long-standing relationships and introducing additional burden. As well, one pilot site expressly stated that that they would not implement a pilot system at their satellite sites, and would wait until the system was fully tested and confirmed before scaling -up beyond the core site. An interview with one pharmacy satellite revealed that while they recognized the importance of collecting some data about their NEP/NSP activities, it was not always possible to spend additional time collecting and entering data in busy pharmacy practice.

"We won't implement in satellite sites, it would ruin partnerships. We still capture and track inventory as bulk interactions [at these sites]."

**Harm Reduction
Supervisor**

"NEP clients do not necessarily have the same level of trust in pharmacists as they do with harm reduction staff."

Pharmacist



As a result, although the evaluation provided a better understanding of the relationships between harm reduction programs and their satellite sites, it was not possible to assess implementation of the ONRDB at the satellite sites during this pilot.

Data is needed for program planning

All pilot agencies requested that additional data elements be added to the ONHRDB. Almost all pilot agencies requested support from the System Administrator requesting instructions on how to generate supplemental reports outside of their mandatory MOHLTC reporting requirements using NEO360's built-in features. Given the diverse nature of participating pilot agencies, it is not surprising that each had different requests in this area.

For example, an NEP that was run out of a family health clinic was interested in knowing whether NEP clients had a family doctor; a community-based organization that had various funding sources, e.g. United Way, had external reporting requirements; a PHU covering a large, densely populated region collaborated frequently with epidemiologists and therefore required more data to support this work; an outreach-only NEP wanted more data to be collected around the logistics of van delivery to help them plan their routes more effectively. Despite these differences, some supplemental requests were consistent across the pilot agencies, e.g. reporting to local councils.

All three pilot agencies that adopted the ONHRDB continued to use additional database tools in order to meet these needs and perform their work. In particular, one agency double-entered all NEP-related data into both NEO360 and their previous database system, as the latter captured key information they still required for program planning but which was not included in the ONHRDB.

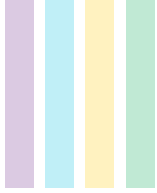
"Double data entry– that literally has been the biggest obstacle thus far."

Data analyst

The other two agencies had to switch between NEO360 and additional database tools depending on the needs of the client they were serving, e.g. if a client was receiving NEP services, sexual health services, and/or required case management.

Implementation requires communication

Following pilot agency selection, but prior to the pilot commencement, the pilot agencies did not receive regular communication about the ONHRDB. Delays in MOHLTC approval of the funding letter and service provider agreement (SPA) in Q1 2017/18, and ongoing minimum data



set/NEO360 configuration discussions within the Steering Committee, resulted in limited engagement with the pilot agencies and Advisory Committee for upwards of four months.

The Advisory Committee meetings were postponed several times during the initial pilot planning stages in response to communication delays. All pilot agencies were contacted again in Q3 2017/18, however after the extended period of limited communication additional effort was required to re-engage the agencies. During this time, one pilot agency dropped out due to capacity issues and others had many questions and concerns that needed to be addressed prior to implementation work beginning. The ONHRDB Implementation Team prioritized maintaining regular communication with pilot agencies after implementation activities began.

Prior to this point, while some information about the ONHRDB was provided through sector-wide updates, there was very limited pilot-specific communication from MOHLTC outlining the requirements, timelines and expectations of participating as a pilot agency. When information was provided directly to pilot agencies, the expectations of participating as a pilot agency were not consistently communicated, e.g. the October 2017 MOHLTC letter to agencies explicitly identified the ONHRDB as a tool to support program planning, but later communications to the ONHRDB Implementation Team, and subsequently to pilot agencies, identified the ONHRDB as a tool to support mandatory reporting only. Pilot agencies expressed confusion and frustration at the lack of clear information from the MOHLTC concerning their participation in the pilot implementation and how their feedback would be incorporated into the final system, as well as, a desire for additional information about how the ONHRDB is expected to be integrated within the harm reduction sector.

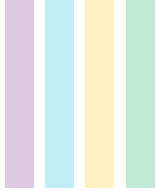
“There was a long back and forth of who is going to be leading it [the implementation]. And I think they were still working out all the kinks about it [the ONHRDB]. The rollout wasn't happening at the time we thought it was going to happen and it got pushed, and then we got super busy...”

**Harm Reduction Program
Manager**

Implementation takes time

Most pilot implementation activities took longer than expected. The timeline below (Fig.2) illustrates the planned pilot implementation schedule as of October 2017.

The planned schedule projected that pilot agencies would be able to agree to and return the signed Service Provider Agreements within 3 weeks, and for training to be completed within 2



months. Subsequently, it projected that the application could be launched live and evaluated within 3 months, by the end of Q4.

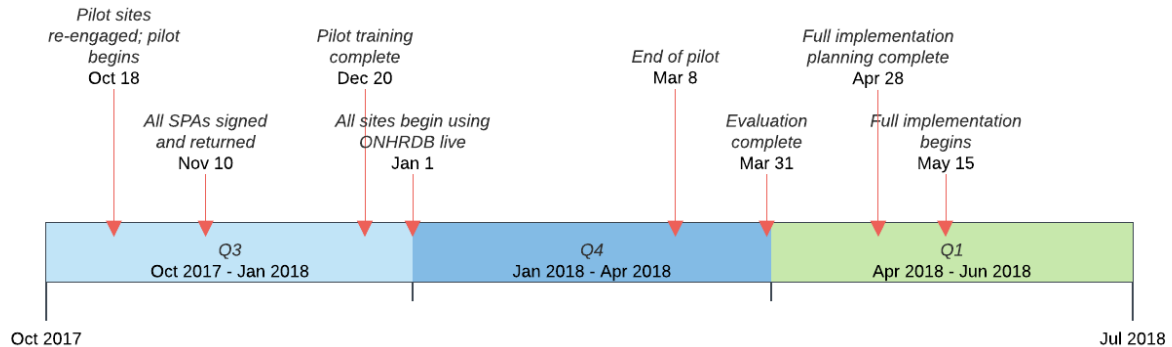
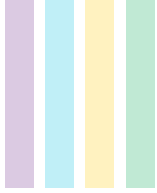


Figure 2. Timeline of planned pilot implementation schedule (October 2017)

However, multiple activities took longer than expected to complete resulting in scheduling delays:

- 2 out of 4 agencies took 6 weeks or more to return a signed Service Provider Agreement
- 2 out of 4 agencies requested additional meetings to understand scope and limitations of the system prior to beginning training.
 - A 3rd agency did not request an additional meeting, but instead requested additional materials be sent (Privacy Impact Assessment, system specifications) to be reviewed by their IT team prior to training.
- 3 out 4 pilots took 4 weeks or more to confirm completion of the self-paced training from the time the training materials were originally sent.
 - The 4th agency confirmed the completion of training after only 3 weeks due to their Site Manager independently organizing a group training session (i.e. staff did not complete training 'at their own pace').
- 2 out of 4 pilot implementations were prolonged by staff changes or long vacations. Both of these agencies also experienced a change in Site Manager during the pilot phase.

In addition to these delays, the ONHRDB System Administrator also reported that configuring NEO360 for each agency took longer than expected and often required back-and-forth correspondence between the System Administrator and each agency's Site Manager to reach an acceptable set-up.



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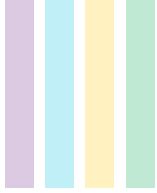
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This additional correspondence was required as each agency distributes a unique set of harm reduction supplies; in particular they create unique pre-packed 'kits' of supplies. For example, while every agency offered a 'safer injection kit,' the exact contents of this kit was different for each. Moreover, agencies often used different naming conventions to refer to the same equipment, and each preferred for the list of supplies to appear in a different order in NEO based on popularity, type and gauge.

Even after most staff had completed their training, and the NEO configuration had been confirmed, more work was still required by pilot agency Site Managers to adjust existing business processes, workflows and paper forms to align with NEO360's functionality and the ONHRDB data set. For example, Site Managers had to decide whether staff would be able to use NEO360 live, or whether bulk entry was required.

"There's two forms, there's one for [NEP] exchanges and there's paper forms for Naloxone... We integrated these [forms] into one and then we integrated that data with NEO. So with all these questions, we've really prioritized them and we dropped quite a few."

Data Analyst



RECOMMENDATIONS

The following recommendations were developed from the pilot implementation of ONHRDB evaluation findings, in consult with the ONHRDB Implementation Team. They aim to provide specific actions to support the enhancement of the database and overall success of the provincial implementation of the ONHRDB.

Implementation Recommendations

Engagement

1. **Maintain regular and reliable communication with agencies.** Lack of communication, combined with schedule delays, resulted in pilot agencies beginning to prioritize other initiatives over the ONHRDB. Consequently, additional effort was required to re-engage pilot agency leadership at the outset of the pilot implementation. During full implementation, consistent communication is required to facilitate a streamlined implementation process.
2. **Define expectations for agency adoption of ONHRDB and provide site managers with an overview of implementation-related requirements prior to implementation.** Pilot agencies expressed a desire for clear and comprehensive information regarding the timelines, agency resources and required tasks to implement the ONHRDB.

Implementation

3. **Determine order of implementation based on agency capacity and readiness to implement a new data system, and adapt implementation plan as necessary.** The pilot demonstrated that implementation of the ONHRDB was more successful when the agency was ready to adopt a new data system. Pilot agencies not only differed greatly in their NEP/NSP program models, but also faced very different barriers to adoption due to their physical space, existing technology, leadership support, previous experience with data collection, and human resources. Two pilot agencies failed to adopt the ONHRDB due to competing priorities, capacity constraints and an NEP/NSP program model that was incompatible with the ONHRDB's data collection requirements. To increase the likelihood of successful implementation during the full ONHRDB implementation, agencies should be required to meet a minimum level of readiness as determined by a standard readiness assessment before beginning implementation. Moreover, adapting the implementation plan based on agency-context and readiness should be expected and planned for, rather than performed on an ad hoc basis.
4. **Guide agencies in achieving alignment between their business practices and the adoption of the ONHRDB.** Successful implementation was facilitated when Site Managers received guidance from the ONHRDB Implementation Team around how they might update

their agency's business practices, tools and workflows; for example, how to adapt their existing paper forms, develop strategies to collect data while performing outreach, and how to integrate data collection tools into their physical space and with consideration of their technological constraints.

5. **Conduct a developmental evaluation to inform implementation at satellite sites.** Pilot agencies unanimously decided not to implement at satellite sites in order to preserve existing relationships. Agencies also initially expressed a lack of confidence in the ONHRDB and a desire to avoid expending undue resources engaging satellite sites earlier than required. As a result, the pilot implementation evaluation was not able to explore what successful satellite site implementation might involve. A developmental evaluation should be conducted during the initial stages of full implementation to identify and apply effective strategies for implementing at satellite sites.
6. **Develop a practice profile for using the ONHRDB that outlines allowable variances to system use.** Pilot agency staff demonstrated different levels of fidelity in their use of the system. Those that were more rigid in following prescribed guidelines, such as the suggested client code format, demonstrated less confidence in their ability to use the system. Pilot agencies that adapted prescribed guidelines to meet their agency needs expressed greater satisfaction with the system overall. Since allowing for some flexibility may increase the likelihood of sustainable database use, agencies should be provided with a practice profile to mitigate the occurrence of variance that affects data quality. A practice profile is a resource that clearly outlines which components and practices of ONHRDB use are fixed and which components can be adapted within defined parameters.

Training

7. **Explain the goals of the system and the purpose of specific data elements as part of training, and include explicit opportunities to address staff concerns within training activities.** Pilot agency staff felt more confident asking for potentially sensitive data elements when they felt the data was useful and justified to collect. Staff also expressed feeling more confident after they were able to have their concerns about the system and data collection addressed by the ONHRDB System Administrator, as the agency Site Manager was not always able to respond to staff questions.
8. **Coach staff on effective and appropriate data collection strategies.** While pilot agency staff felt that their training allowed them to confidently use NEO360, many expressed concern over how to ask clients for certain, potentially sensitive, data. Pilot agencies developed their own strategies around how to ask for certain information, and these learnings can be built into future training materials. For example, when staff explained the purpose of the client reference code to clients, they reported building greater rapport and

receiving more consistent and sincere responses. In addition to building data collection strategies into the ONHRDB's standard training, agencies would benefit from being able to openly communicate and share their questions, concerns, tips and strategies within a community of practice or online discussion group with other programs implementing ONHRDB.

9. **Conduct initial group training for staff at each site (live or virtual). Offer self-paced training as an alternative for staff that are not able to attend group training/new hires.** During the pilot, confirming the completion of staff training took approximately 6 weeks per agency. Other events occurring during this training period (e.g. staff turnover, vacations, new competing priorities at the agency) led to delayed implementation at all pilot agencies. An initial group training would allow the majority of staff to be trained at one time, and decrease the risk of delayed implementation. However, self-paced online training should also be maintained in order to reach staff who work irregular shifts and new hires.

Sustainability

10. **Allow fields outside of the minimum data set to be collected in the ONHRDB.** Pilot agencies requested the addition of specific data fields to the ONHRDB system in order to fulfill reporting requirements from their agencies, community funders and for quality improvement purposes. For example, due to one agency's operations depending on van outreach, staff must track the ways that clients contact them and how many do not complete the exchange. Other agencies require more comprehensive naloxone reports for funders like the United Way and local councils. The addition of data fields at the request of an agency would reduce the burden of double entry, and promote the consistent use of the ONHRDB. It should be noted that the application NEO360 is already able to accommodate many additional data elements without further development.
11. **Provide mobile and offline options to access the ONHRDB.** Van delivery and outreach staff at pilot agencies generally captured client transactions on paper and entered the data into NEO360 at a later time/date. This resulted from pilot agencies not having technology to support live entry (e.g. cellphones/ tablets with data), the length of time it took to load and use the NEO360 website on a mobile device, and not feeling comfortable taking out a cellphone when working in outreach settings.
12. **Offer ongoing coaching support.** Although most pilot agency Site Managers felt comfortable with the initial ONHRDB training, they expressed a desire for ongoing coaching and support from the ONHRDB System Administrator. Throughout the pilot implementation, new reporting requirements, changes to harm reduction supply types, new staff hires and site manager turnover were identified as possible barriers to consistent database use.

13. **Ongoing evaluation of full implementation.** The ONHRDB pilot demonstrated that a successful data system implementation within the varied landscape of Ontario harm reduction programs would require continuous learning and performance measurement.

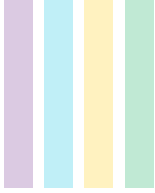
Database Recommendations

Data and Reporting

14. **Develop a useable reporting portal that is available to agencies prior to full implementation of ONHRDB, and clarify reporting channels between agencies, PSSP and MOHLTC.** Pilot agencies frequently asked how the data they were entering into the ONHRDB could be used to fulfill their mandatory reporting requirements to the MOHLTC. As the ONHRDB reporting portal was not yet available, pilot agencies had to create their reports manually using NEO360's built-in reporting features. During the full implementation, agencies should have access to the accompanying reporting portal, as this will increase the perceived value of the ONHRDB to agency leadership. The development of the reporting portal should replace the need for agencies to submit their mandatory reports manually.
15. **Monitor data quality and develop plan for improving data quality and refining minimum data set.** Multiple pilot agency Site Managers expressed concerns around ensuring high data quality for their agency's implementation of the ONHRDB. A standardized plan should be developed in order to monitor the ONHRDB's data quality on both a provincial and agency level, and refining data elements in the minimum data set to ensure they accurately reflect reporting needs.
16. **Allow agencies to request new reports outside of their MOHLTC reporting requirements.** All pilot agencies were required to regularly report to stakeholders other than the MOHLTC (e.g. municipal councils, the United Way, other funders). Each pilot agency also wished to use the ONHRDB to facilitate program planning (e.g. tracking the number of no-shows, tracking popular supplies). The ONHRDB should develop agency-requested reports, where appropriate, and include them as part of the reporting portal.

Data Elements

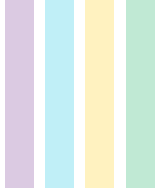
17. **Clarify purpose of the "Substances Used" data element, and incorporate relevant feedback from pilot agencies to improve how this data is collected.** Only 20% of clients registered in NEO360 have a substance logged on their record. All pilot agency feedback regarding this field was negative. All pilot agencies found the dropdown list of substances to be confusing, and noted that the most common client response, "general opiate user," was missing. The purpose and implementation of this data element needs to be reassessed prior to full implementation.



18. **Allow for “Not Applicable” as permissible value under the “Gender” data element.** In order to log any interaction, including “anonymous” transactions, a gender must be selected for the client served. There is no option to select “not applicable” so when clients were not willing to provide their gender, agency staff felt they were put in an uncomfortable position having to assume gender in order to log the transaction.

Naloxone

19. **Update naloxone data elements to reflect current reporting requirements.** During the pilot, required naloxone reporting for the MOHLTC was updated. Ensure that the data elements in the naloxone module on NEO360 reflect these changes as they are made to support agencies in completing mandatory reporting.
20. **Make naloxone functionality available at agency request rather than mandated.** It was found that for pilot agencies that already had a system in place to collect data about naloxone distribution (e.g. spreadsheets, EMR), the implementation of the ONHRDB resulted in double data entry to allow them to continue to collect their previous data elements. Naloxone functionality should be offered to agencies implementing the ONHRDB, but should not be mandated for those with existing systems and additional reporting requirements.



APPENDIX

Glossary

Readiness assessment

Measuring readiness is a systematic analysis of an organization's ability to undertake a transformational process or change. A readiness assessment identifies the potential challenges that might arise when implementing new procedures, structures, and processes within a current organizational context.

Developmental evaluation

Developmental evaluation analyzes real-time data in ways that lead to informed and ongoing decision making as part of the design, development, and implementation process.

Minimum data set

A list of names, definitions and sources of data items needed to support a specific purpose—e.g., public health surveillance or monitoring for appropriate care using a registry.

Coach

As a form of training and support, coaching is work based, opportunistic, readily available, and reflective (e.g., debriefing discussions). The four main roles of a coach are: supervision, teaching while engaged in practice activities, assessment and feedback, and provision of emotional support.

Data quality

Data quality is a perception or an assessment of data's fitness to serve its purpose in a given context. The quality of data is determined by factors such as accuracy, completeness, reliability, relevance and how up to date it is.

ONHRDB Evaluation Report

Annotated outline of forthcoming full report

- Executive Summary
- Background
 - This section will include information about PSSP’s relationship with the MOHLTC and role in this project, project objectives, an overview of project timelines (projected and actual), and a brief description of stakeholders.
- Context and System Need
 - A brief overview of the current harm reduction sector in Ontario, characteristics of the pilot agencies, and a brief description of key contextual factors (e.g. satellite sites).
- Implementation Process
 - An outline of the actual implementation timeline and process for the pilot implementation and function of the implementation team.
- Intervention Profile
 - A description of the ONHRDB, including information about how it was selected, key features, reporting functions, and background on some data elements (e.g. collection of PHI, client reference code).
- Intervention Evaluation
 - A detailed description of the pilot evaluation approach, including evaluation questions and domains, methodology and data sources. This section will be anchored by a summary of the evaluation findings and an interpretation of these findings related to the overarching evaluation questions.
- Recommendations
 - A list of recommendations for future implementation and improvement of the ONHRDB.
- Conclusion
 - A summary of the pilot implementation project and considerations for moving forward with the recommendations.
- Appendices
 - Supporting documentation and sample resources from the pilot agencies.