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2018

HARM REDUCTION HELPFUL HINTS FOR DATA COLLECTION FOR OCHART REPORTING

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Background

At the initial meeting of the Harm Reduction Outreach Network (formerly known as the IDU Outreach Network) in January 2014, participants raised concerns about their reporting requirements in the Ontario Community HIV/AIDS Reporting Tool (OCHART). Questions were raised about how to collect some of the data requested and the meaning of certain questions. In response, the Ministry of Health and Long-Term Care convened a working group to review the template and discuss how/what support could be provided.

The working group consisting of outreach workers, staff from the Ontario HIV Treatment Network (expertise in evaluation, data collection, OCHART and OCASE) and the Ministry. From February to August (2014), the group met with a goal of reviewing the former section 13 of OCHART (now Section 6), as well as to create a user-friendly data collection template to assist with the collection of statistics required for OCHART.

These conversations resulted in a more streamlined and concise section for harm reduction services in OCHART, the data collection templates and excel workbook attached, and the helpful hints pertaining to each, which have been outlined below.

The Harm Reduction Stats Monthly Report Template and Harm Reduction Stats excel workbook are a direct result of some of the innovative ways that organizations are currently managing the task or recording the interactions that they, or peers, have with clients and the distribution of harm reduction materials.

The Ministry recognizes there are challenges with data collection, especially for outreach programs. The collection of harm reduction statistics poses some unique considerations, but the hope is that this document, excel workbook and monthly report template will assist all harm reduction workers and peers to easily record the essential information for reporting, whether in an office environment or in the field.

Addendum: April 2017

The Ministry recognizes that this document and corresponding excel workbook and monthly reporting template are interim solutions until the provincial harm reduction database are fully implemented.

Questions about OCHART reporting?

Contact: ochart@ohtn.on.ca

Harm Reduction Statistics Template Fields and Helpful Hints

1) Date: (January 20, 2017)

- Enter the date in a way that makes the most sense for your agency.
- It should be entered the same way by all workers.
- To reduce error when using the paper version of the monthly template, you may want to spell out the short form for the month so that the month and date are not reversed. (e.g., Nov. 12/17)
- Recording the date is essential for calculating number of clients in each reporting period for OCHART. H1 (April – Sept.) and H2 (Oct. – March)

2) Time

- Recording the time will allow for peak engagement hour trend analysis at an agency level.
- This is not required for OCHART reporting.

3) Location of services delivered

Location Category:

- A series of codes were developed in the interest of keeping the monthly report template to one legal sized document (double-sided). The codes and simple definitions are listed on the back of the template. They reflect the new reporting requirements for harm reduction in OCHART going forward April 2017.
- When completing the paper copy of the monthly report template, simply record the code for the location where the service took place.

The location categories and codes are:

- **1 – In-house/Satellite**
 - (refers to needle exchange/syringe program (e.g., at your agency or satellite location of the needle exchange/syringe program)

The following categories are all Outreach Locations

- **2 – Addiction programs**
 - (e.g., residential and day programs)
- **3 – Bars/nightclubs**
- **4 – A Residence**
 - (e.g., client home, apartment/house, hotel/motel, friend’s place, place where client resides, etc.)
- **5 - Community agencies/services**
 - (e.g., that are not fixed site needle exchange programs such as a church basement for the out of the cold program, shelters, etc.)

- **6 – Community public spaces**
 - (e.g., barbershop, hair salon, bathhouse, massage parlour, etc.)
- **7 – Jails/detention centres/prisons**
- **8 – Methadone maintenance/opioid agonist therapy clinics**
- **9 – Parties/raves**
- **10 – Pharmacies**
- **11 – Streets/parks**
 - (e.g., you are on foot and distributing safer injection or inhalation equipment)
- **12 – Mobile distribution from van**
 - (e.g., this does not mean that you drive to a location to deliver supplies, it means you distribute them from the van)

4) Identification

Gender:

The response options for gender include:

- Male
- Female
- Trans male
 - Trans men are persons assigned “female” at birth who identify as men (female-to-male)
- Trans female
 - Trans women are persons assigned “male” at birth who identify as women (male-to-female)
- Not listed
 - Refers to gender expressions that are not listed in the options provided (e.g., genderfluid)

Helpful Hint: Gender

Trans men should be respectfully referred to as men and will appreciate male pronouns being used for them.

Trans women should be respectfully referred to as women and will appreciate female pronouns being used for them.

Unique Code:

Unique client codes which are anonymous provide agencies with demographic information giving service providers and the Ministry the ability to evaluate programs and tailor services to effectively meet the needs of service users from a harm reduction perspective. Furthermore, it allows the Ministry to gain a better understanding of the number of unique individuals that are accessing harm reduction services across Ontario (the reach and need for the program) and helps to evaluate the effectiveness of these services in reaching populations that are most at-risk.

Service users benefit from providing unique transaction data over an extended period of time, by receiving tailored services (such as harm reduction teaching that is tailored to the drugs they use, etc.) based on an analysis of the information they provide and services they access.

Helpful Hint: Unique Code

Unique code format: FNLNYYYY

FN – last two initials of first name

LN – last two initials of last name

YYYY – year of birth

For example: John Smith, born 1980

Unique Code = HNTN1980

5) New or repeat client

This information is used for OCHART reporting.

New:

Is this the first time that the client has come into contact with you or your program/agency?

This can be a tricky aspect associated with harm reduction work, especially when delivering outreach services.

If this person is new to you or your organization, please tick the box for 'New' (or put a 1).

Repeat:

The client has accessed harm reduction services from you or your program/agency before.

If this is a repeat client, please tick the box for 'Repeat' (or put a 1).

Helpful Hint: New or Active Client?

Innovative visual aids used by harm reduction workers in the field to identify their programs/agencies

To identify new or repeats clients – ask the client if they have gotten supplies from someone with this visual aid before.

Examples of visual aids that are easy to remember and to identify your services are:

- Jacket/shirt/hoodie to identify the outreach workers
- Lanyards with logo or colourful image
- Card with colourful image or logo
- ID card with colourful image or logo to identify your workers
- A coloured object that is shown to clients when they get supplies

6) Drugs used by the client

Drug Category:

- A series of codes were developed in the interest of keeping the monthly report template to one legal sized document (double-sided). The codes for each drug are listed on the back of the template. They reflect the new reporting requirements for harm reduction in OCHART going forward April 2017.
- When completing the paper copy of the monthly report template, record the codes for all drugs that you know the client uses.
- If a drug category is not listed, please choose code 26 and specify the drug.
- This information is used in OCHART reporting and helps the Ministry tailor harm reduction services and respond to changes in risk posed by shifting drug use patterns across the province.

The drug categories and codes are:

- **1 – Alcohol**
- **2 – Amphetamines**
- **3 – Anti-depressants**
- **4 – Benzodiazepines (e.g., Valium, Xanax, Ativan, etc.)**
- **5 – Cocaine**
- **6 – Crack**
- **7 – Party drugs**
- **8 – Heroin (opioids)**
- **9 – Inhalants**
- **10 – Marijuana (recreational use)**
- **11 – Marijuana (prescription / medical use)**
- **12 – Methamphetamine**
- **13 – Opioids: fentanyl (prescribed)**
- **14 – Opioids: fentanyl (bootleg)**
- **15 – Opioids: codeine**
- **16 – Opioids: hydrocodone**
- **17 – Opioids: hydromorphone (e.g., Dilaudid, etc.)**
- **18 – Opioids: methadone (prescribed)**
- **19 – Opioids: methadone (non-prescribed/diverted)**
- **20 – Opioids: suboxone (prescribed)**
- **21 – Opioids: suboxone (non-prescribed/diverted)**
- **22 – Opioids: morphine**
- **23 – Opioids: oxycodone**
- **24 – Steroids**
- **25 – Non-beverage alcohol**
- **26 – Other (please specify)**

Note:

The list of drugs has changed for April 2017 and reflects current drug use patterns in Ontario.

7) Needles and Safer Injection Equipment

Indicate the number of items distributed per client.

Safer injection equipment categories:

- **Needles IN**
 - These are the number of needles that clients return to the program/agency.
- **Sharps containers**
 - The number of containers distributed.
 - For program planning purposes you may want to track the size of containers distributed.

- **Needles OUT**
 - These are the number of needles that you distribute to clients.
- **Kits & Type of Kit**
 - Many agencies have a standard kit of safer injection equipment that they distribute which includes a set number of items.
 - In the monthly report template and the excel workbook, indicate the number of kits distributed and the type for your program/agency. Keep track of the individual items that make up each type of kit.
 - At the end of the month or reporting period, calculate the number of individual pieces of equipment distributed by multiplying the number of kits x the number of items of each type in each kit.
- **Vitamin C/acidifiers**
 - Record the number of individual packets of Vitamin C or other acidifier distributed
- **Filters**
 - Record the number of individual filters distributed; if you distribute more than one per pack indicate the total number per interaction with a client.
- **Alcohol swabs**
 - Record the number of individual packs of alcohol swabs; if you distribute more than one package per interaction indicate the total number per interaction with a client.
- **Ties/tourniquets**
 - Record the number of individual ties or tourniquets distributed
- **Water for injection**
 - Record the number of single ampoules of water for injection distributed
- **Cookers**
 - Record the number of individual cookers distributed

Helpful Hint: Needles IN

Many programs/agencies have a set calculation for the number of needles that each sharps container can hold by size.

E.g., A 1 L container holds 100 needles

Helpful Hints: Kits, Type, Needles Out

To calculate the number of individual pieces of equipment distributed from kits:

E.g., 1 kit contains: 1 Vitamin C packet, 1 water, 1 cooker, 2 needles, 2 filters

If you distributed 10 kits, then the total number of items distributed is:

- 10 Vitamin C packs
- 10 water for injection
- 10 cookers
- 20 needles
- 20 filters

8) Stems and Safer Inhalation Equipment

Indicate the number of items distributed per client.

Safer inhalation equipment categories:

- **Stems (single)**
 - This is the number of single stems distributed.
 - If you distribute packs of ten, record 10 in the monthly report template or the excel workbook.
- **Alcohol swabs**
 - Record the number of individual packs of alcohol swabs
 - If you distribute more than one package per interaction, indicate the total number of individual packages distributed per interaction with a client.
- **Kits & Type of Kit**
 - Many agencies have a standard kit of safer inhalation equipment that they distribute which includes a set number of items.
 - In the monthly report template and the excel workbook, indicate the number of kits distributed and the type for your program/agency. Keep track of the individual items that make up each type of kit.
 - At the end of the month or reporting period, calculate the number of individual pieces of equipment distributed by multiplying the number of kits x the number of items of each type in each kit.
- **Screens (single)**
 - This is the number of single stems distributed.
 - If you distribute packs of ten, record 10 in the monthly report template or the excel workbook.
- **Push sticks**
 - Record the number of individual push sticks distributed.
- **Mouthpieces**
 - Record the number of individual mouthpieces distributed

Helpful Hints: Kits, Type, Needles Out

To calculate the number of individual pieces of equipment distributed from kits:

E.g., 1 kit contains: 2 stems, 2 alcohol swabs, 2 screens, 2 push sticks, 2 mouthpieces

If you distributed 10 kits, then the total number of items distributed is:

- 20 stems
- 20 alcohol swabs
- 20 screens
- 20 push sticks
- 20 mouthpieces

9) Other equipment and safer sex supplies

Other equipment for harm reduction includes:

- **Lip balm**
 - Record the number of lip balms distributed.
 - Some agencies distribute lip balm as a harm reduction for smoking or inhaling substances.
- **Crystal meth pipes**
 - Record the number of individual pipes distributed (if applicable).
 - Note: it is not expected that all programs/agencies distribute these pipes for their services.
- **Straws**
 - Record the number of individual straws distributed (if applicable).
 - Note: it is not expected that all programs/agencies distribute straws for their harm reduction services.
- **Foils (for smoking)**
 - Record the number of foil pieces distributed (if applicable).
 - Note: it is not expected that all programs/agencies distribute foil pieces for their harm reduction services.

Safer sex supplies:

- **Condoms**
 - Record the number of condoms distributed during the delivery of harm reduction services (e.g., with the distribution of safer injection or inhalation equipment) [if applicable]
 - Note: it is not expected that all programs/agencies distribute condoms for their harm reduction services.
- **Lube**
 - Record the number of packages of lube distributed during the delivery of harm reduction services (e.g., with the distribution of safer injection or inhalation equipment) [if applicable]
 - Note: it is not expected that all programs/agencies distribute lube for their harm reduction services.
- **Dental dams**
 - Record the number of condoms distributed during the delivery of harm reduction services (e.g., with the distribution of safer injection or inhalation equipment) [if applicable]
 - Note: it is not expected that all programs/agencies distribute dental dams for their harm reduction services.

10) Services provided

In addition to the distribution of the safer injection and inhalation equipment, programs/agencies provide additional services with their harm reduction work.

- A series of codes were developed in the interest of keeping the monthly report template to one legal sized document (double-sided). The codes for each service are listed on the back of the template. They reflect the new reporting requirements for harm reduction in OCHART going forward April 2017.
- When completing the paper copy of the monthly report template, record the codes for all services delivered to that client during that interaction.
- This information is used in OCHART reporting and helps the Ministry understand the breadth and need for harm reduction services provided across the province.

Service categories and codes include:

- **1 – Community clean-up**
- **2 – Harm reduction teaching**
 - This refers to informal verbal and/or written harm reduction information that is provided to the client during distribution of the harm reduction equipment.
 - It may include how to use the equipment, health teaching, information about bad drugs on the street, etc.
- **3 – Brief counselling**
 - This refers to brief and focused counselling, crisis intervention or just listening' to clients when they are picking up equipment or out in the field during outreach.
 - It may also include more formal counselling done by phone, text or in-person.
- **4 – Indigenous traditional services**
 - This may refer to services provided with traditional teachers, Elders, healers, etc.
- **5 – Practical support**
 - This includes providing clients with food, water, transit tickets and rides to appointments/services.
 - It may also include accompanying clients to appointments.
 - Lastly, some programs/agencies may provide clients help with getting ID and completing other forms.

11) Referrals provided

In addition to the distribution of the safer injection and inhalation equipment, programs/agencies provide referrals to other services and supports within the community that clients can access.

- A series of codes were developed in the interest of keeping the monthly report template to one legal sized document (double-sided). The codes for each referral category are listed on the back of the template. They reflect the new reporting requirements for harm reduction in OCHART going forward April 2017.
- When completing the paper copy of the monthly report template, record the codes for all referrals provided to that client during that interaction.
- This information is used in OCHART reporting.

Referral categories and codes include:

- **1 – Addiction services (e.g., detox, drug treatment)**
 - Includes referrals to more formal addiction services (e.g., detox, rehab, etc.)
- **2 – Harm reduction services**
 - Includes referrals to other harm reduction program/agencies or services in the community
- **3 – Clinical service providers (HIV care)**
 - Includes HIV clinical care and referrals for PEP and PrEP
- **4 – Clinical service providers (Urgent care)**
 - Includes referrals for the emergency department (e.g., for immediate wound or abscess care)
- **5 – Clinical service providers (Primary care)**
 - Includes referrals to a walk-in clinic, etc.
- **6 – Clinical service providers (Other) (e.g., immunizations)**
 - Includes referrals to other clinical health care (e.g., dental services, eye care, etc.)
- **7 – Mental health service providers (e.g., other counseling)**
 - Includes referrals for counseling services or other community mental health agencies
- **8 – HIV/STI testing**
 - Includes referrals for HIV testing, STI testing at sexual health clinics
- **9 – Hep C teams**
 - Includes referrals to one of the provincial, interdisciplinary Hep C teams across Ontario
- **10 – Hep C testing other (non-Hep C team)**
 - Includes referrals for Hep C testing that is not with one of the provincial Hep C teams
- **11 – Hep C treatment other (non-Hep C team)**
 - Includes referrals for Hep C treatment that is not with one of the provincial Hep C teams
- **12 – Community-based HIV service providers**
 - Includes referrals to the local HIV program or AIDS service organization in the community
- **13 – Other community-based service providers (e.g., other counseling)**
 - Includes referrals to other service providers such as faith-based services/spiritual support, social services, women-specific services, housing, food banks, settlement agencies, legal services, etc.