# Adopting OurNotes in Canadian Mental Health Settings: Implementation Recommendations

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**Abstract.** The OurNotes movement aims to support patient collaboration and engagement in care through the implementation of pre-visit notes. By contributing to a pre-visit history or agenda, the patient voice is incorporated into the visit. While OurNotes has been successfully piloted in primary and acute care settings, its implementation in Canadian mental healthcare settings has been limited. In this study, we conducted semi-structured interviews with patients, care partners and mental health clinicians to identify implementation recommendations for OurNotes in Canadian mental health contexts. Six recommendations were identified. These recommendations can be adopted by organizations considering the implementation of OurNotes in mental health clinical settings.

**Keywords.** Patient Portal, Psychiatry, Pre-Visit Notes, Patient Engagement

## 1. Introduction

The OurNotes movement aims to engage and involve patients in their care by enabling them to complete a pre-visit note that allows them to contribute to their clinical documentation [1]. Specifically, pre-visit notes are completed by the patient before their visit and comprise of questions that prompt them to comment on topics such as what they want to discuss during their visit, their concerns, their progress, and other related topics [1]. Formative implementations in internal medicine and primary care settings have found that 90% of patients benefit from OurNotes and 68% believe it helped them prepare for an upcoming visit [1]. Clinicians also saw benefit to using OurNotes, since it helped ensure the needs of patients were met while reducing documentation burden [2-3]. However, the only known pilot implementation of OurNotes to date have been in primary and acute care settings. As such, there is limited research on its implementation in Canada, especially in mental healthcare. this study aims to identify recommendations to implement OurNotes in Canadian mental health settings.

## 2. Methods

A qualitative descriptive design was used, and virtual 30-minute semi-structured interviews were conducted between May and August 2023. Interview participants included direct-care mental health clinicians (clinicians), individuals currently receiving care for their mental health condition (patients) and individuals supporting someone with a mental health condition (care partners). Snowball sampling was used to recruit diverse of participants from across Canada. A rapid qualitative analysis approach was used to

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analyze the interview notes and a matrix method was used to identify themes [4]. Ethics approval was received from the Centre for Addiction and Mental Health (QPER-25).

## 3.    Results

Overall, 14 clinicians and 12 patients and care partners participated in interviews. Detailed participant demographics will be presented in the poster. From the interviews, the following OurNotes implementation recommendations were established:

1. **Educate patients and clinicians about pre-visit notes:** Develop educational resources to support users in completing pre-visit notes (i.e., brochures, templates) and educate clinicians using appropriate and diverse communication channels like email, team huddles, and posters/bulletin boards.
2. **Establish OurNotes champions:** Additional resources like super users or clinical champions, nurse educators, and peer support workers could support adoption.
3. **Consider piloting the pre-visit note before expanding broadly:** Rather than implementing OurNotes across an entire organization, implementers should consider piloting the pre-visit note in a specific clinical setting/unit, and then use those learnings to improve and scale the implementation.
4. **Context matters – be mindful of the clinical setting, client population and workflows:** Consider the setting in which the pre-visit note is implemented. The value or utility of the pre-visit note in an inpatient setting may differ when compared to an outpatient setting. Additionally, pre-visit notes may not be well suited for clients with complex and/or severe mental illnesses.
5. **Address privacy and confidentiality implications:** Some participants expressed concern that their pre-visit notes would be available to the entirety of the care team and not just the one with whom the appointment was for. Therefore, clinicians should be encouraged to have conversations with patients to address these concerns.
6. **Strategize methods to support adherence and compliance:** Reminders could encourage users to complete the pre-visit note. Some participants thought the note should be mandatory, whereas others believed it should be a supplement to care.

## 4.    Conclusions

Through engagement with knowledge users, several recommendations were identified to support the implementation of OurNotes in Canadian mental health settings. These recommendations can guide mental health nurse leaders and administrators to make evidence-based decisions for the successful implementation of OurNotes.

## 5. References

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