



Best-Practices in  
ORAL OPIOID AGONIST  
THERAPY Collaborative

# DCHC

# Rapid Fire Presentation

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# Collaborative Team

- DCHC – Downtown Community Health Centre
- Inner City CHC on Vancouver's DTES
- Team Members: Barb Eddy NP, Terry Hobot RN, Marie Sproule RN, Laura Knebel MD
- Large population of marginalized individuals living in poverty with complex mental and physical health, as well as addictions issues

# Category

- Category name :
  - Diagnosis and Treatment Initiation
- Category definition:
  - *Diagnosis – having correctly identified individuals who meet DSM-V criteria for OUD and have this reflected with diagnostic code 304.0*
  - *Treatment initiation – low barrier and rapid access to OAT (methadone, suboxone, SROM, and siOAT) to individuals identified above, should they wish to commence therapy*

# Change Tested

- What small test of change have you tried within your category?
  - We focused on updating our POF data to ensure we are accurately capturing those diagnosed with OUD
  - We are piloting booking appointments for when OAT rx expires and reviewing daily OUD form for OAT expiring in the next 7 days (with one physician)
- How have you been measuring these changes?
  - Comparing original POF numbers (651 patients) with now 304.0 (617) – 78% to 95% in last month (529-617)
  - Aiming for 90% OUD form completion on clients with 304.0 – 71% to 94%
  - In 3 months, will review the change in # of clients who have fallen off OAT in the last week with new pilot

# Change Tested

## Nursing:

- One page explanation tool has been created for EMR “OUD\” form for nursing staff and shared with nursing educator
- One-on-one peer education of “OUD\” form by nursing BOOST members
  - Goal is to increase nursing comfort with non-Rx functions of tool
- iOAT program is utilizing Promis QOL Scale,
  - Measured at maintenance level, then Q3 months at this time

# Reflection

- What have been three challenges and three successes?
  - Manpower; large POF; busy OAT practice
  - Getting all clinicians to routinely use OUD form; finally updating POF completely (took 10 months); landing on a PDSA topic to improve retention in OAT
- What has been your biggest lesson learned?
  - Having accurate data is likely the best way forward for understanding the needs of our clients and improving quality of care