

Sheway

BOOST TEAM consists of Dr Janine Hardial, Dana Clifford, Linoy Alkalay.

- We are a program which provides
Health and social services to pregnant and parenting women, who have current/recent substance use issues, and their children.
- The families need to live in Vancouver
- The focus of our program is to help women have healthy pregnancies and positive early parenting experience and low barrier access to services for both themselves and their children

Aim Statement

Aims:

Increase retention on OAT to 95% for pregnant and postnatal women with OUD diagnosis

Describe your Population of Focus

Pregnant and postnatal women with untreated OUD

Changes Tested

- For this last reporting period we have focused on building our relationship with Connections to both provide bridging prescriptions for Sheway clients when we are closed and to help with OAT inductions over weekends

Share your progress so far:

- Connections provides bridging prescriptions for Sheway clients after Sheway closes. This has given clients an option for continuing uninterrupted OAT. The prescription bridges the client until Sheway is open-either one day or over the weekend
- Our physicians work with Connections through a physician to physician referral for OAT starts or increases over weekends by phone to do the referral and charting the care plan in EMR for Connections to work from

Lessons Learned

We found out that some clinicians are not comfortable prescribing OAT's to clients who are parenting

We worked to develop a one page information sheet to share with Connections clinicians on Sheway's approach to substance use and parenting

Abbreviated Info Sheet

Substance Use and Parenting

**Please Note: this Document Developed to inform work between Sheway and Connections
Substance Use and Parenting: Patient-Centred Approach**

It may be counter intuitive to think that substance use and parenting can be compatible but they can be and it may be in the best interest of parents and children to consider this possibility. The primary premise of the above idea is the **safety of the parent and child**. We often discuss this in advance of possible substance use with the parent and document as a “safety plan”.

Assessing a patient’s ability to parent should be **based on observed behaviour** regardless of the cause. We have a duty to report to MCFD if we are concerned about the safety of a child.

However, prior to making a report, please consider the following:

There is no legal duty in Canada to report a fetus and in fact doing so breaches patient confidentiality.

If the patient attends Sheway and you are seeing her Monday to Friday 8:30 to 4:30, please make a **call to Sheway**. We are a multidisciplinary wrap-around pregnancy and parenting program (which includes a delegated MCFD Social Worker). We know the majority of our families very well and have long-term relationships with many of them. If you are seeing a Sheway patient during hours that we are not open, consider asking the above questions and even **developing a safety plan** with the parent yourself and contacting us the next time that Sheway is open (phone/fax/EMR message).

If you have completed your assessment and still feel that a report to MCFD/VACFSS is necessary then **inform the patient** that you have concerns and a duty to report, offer and support them in making the call to MCFD themselves, or be with you while you make the call.

Also consider the **implications of documentation** as MCFD can make legal requests for a copy of the parent’s medical record. Ensure that you are recording objective findings and not assumptions and that you have clearly documented any safety discussions you have had with the patient.

The **judicious use of urine drug screens** should also be considered as they too can have serious implications for parenting, particularly in the context of the large numbers of false positive results we have seen. Catastrophic custody decisions have been made on the basis of false positive results which take months or years to reverse, to the detriment of the entire family.

Looking forward...

- **Formalize info sheet on substance use and parenting to share with other clinics to both expand accessibility and services for clients who are transitioning from Sheway**
- **We are continuing to tweak our PDSA that addresses OAT starts with marginalized clients to facilitate quicker inductions – this will include having physicians provide outreach to support starts**
- **We are continuing to communicate with entire team on OAT starts/restarts so that the client receives more intensive wrap around support**