

# South MHSU-Our Collaborative Team

## Team Members:

- Jennifer Glasgow-Manager
- Heidi Schmidt-Team Lead
- Michelle Maynard-Beall-Intake, harm reduction
- Connie Carson and Sonya Kraemer-Substance Use Nurses
- Sarah Troffe, Jennifer McNeely, Ding Mi, Katharine Ingham & Megan Graham-Concurrent Disorder Clinicians

# Aim Statement

By July 2018, we will redesign South MHSU Addiction Medicine Program to provide improved care and engagement for our clients with OUD. We will accomplish this through review/redesign of our intake processes and using new reminder and follow up calls (for missed appointments, after 2 missed doses, and the day after starting suboxone). The improved care will be evidenced by:

- 90% of new clients with OUD who request OAT will have started OAT with 3 business days of their request
- 75% reduction of clients with OUD who “no show” for appointment
- 75% reduction of missed doses
- 50% of OAT clients will have connection with at least 1 other South/VCH MHSU service (i.e. counselling, group program, MH case management, acupuncture, SMART)

# Describe your Population of Focus

- Clients with an opiate disorder diagnosis: 304.00
- As a result our population of focus was reduced to 116 (with diagnosis of 304.00)

# Change # 1: Reminder Phone calls

## AIM: Reduce No Shows

- Administrative support called each client scheduled for appointment with addiction physician. Measured the amount of no shows before and after-through raw data collection, the call outs were shown to reduce the number of no shows. **This is now a permanent practice at our clinic.** This practice had already been implemented for psychiatric appointments therefore the work added was not significant and can be maintained in the future.
- **Attempt:** For two months, reminder phone calls were given to clients with counselling appointments. This trial led to no reduction of no shows or cancellations among this client group.
- **Action:** This trial has now been stopped and will not be a permanent practice at our clinic.

# Change # 2: Completion of the OUD Form

## **AIM: Complete OUD forms at each clinic visit**

- Nurses complete the OUD form each time a client sees a physician.
- Physicians generate the prescription from this form.
- Discussion around missed doses and attachment to other services at the team occurs at each visit.
- **Action: The completion of the OUD form is a permanent practice in our addiction medicine clinic.**

# Change # 3: Call outs after one missed dose

## **AIM: Reduce Missed Doses**

- For one month, substance use nurses called clients after one missed dose and tracked the reasons with our missed dose form.
- Review of data revealed barriers to being fully compliant on OAT included no active Plan G or the pharmacy closed too early. In those circumstances, nurses were able to alleviate those concerns by applying for Plan G or discussing with the client to change pharmacies and/or receive carries on days that they work.
- There were a subset of people who consistently miss due to continued use.
- **Action: We will continue to track missed doses on the OUD form and explore reasons for this missed dose with the person. Consider tracking clients who regularly miss doses and offer more support.**

# Lessons Learned

- Consider implementing smaller PDSA cycles-most of our timelines have been one month but we could try smaller ideas for shorter periods of time with less clients.

# Looking forward...

- Consider focusing on a small cohort of clients where we can offer them wrap around support (with both mental health and substance use services) and looking at overall outcomes.
- Develop an information sheet for counsellors to share with their clients about OAT.
- Offer increased support with new clients to improve retention on OAT.

# Contact Information

Heidi Schmidt, Team Lead

[Heidi.schmidt@vch.ca](mailto:Heidi.schmidt@vch.ca)

Jennifer Glasgow, Manager

[Jennifer.glasgow@vch.ca](mailto:Jennifer.glasgow@vch.ca)