

Vancouver Native Health Medical Clinic BOOST Collaborative Team

- Team Members

Doctors	Residents	Nurses	Support Staff
Dr. Glen Bowlsby	Dr. Scott Hodgson	Greta Pauls (L)	Amir Wachtel
Dr. David Tu	Dr. Lauren Taylor	Krista Townsend	Cherry Tria
Dr. Piotr Klakowicz (L)			Daniel Raff
Dr. Aida Sadr			Tina Braun

- Brief Description:
 - Located in DTES
 - ~ 2000 active clients
 - 2/3 identify as Indigenous persons

Aim Statement

- To evolve the system of care for active VNHS registered clients with OUD so that there are significant improvements in :
 - OUD diagnosis
 - OAT initiation
 - OAT retention
 - more positive client impacts
 - a decrease in illicit opiate poisonings and deaths

Aim Statement

- What are you trying to accomplish?
 - 90% of active VNH clients assessed for OUD and entered into the OUD registry
 - 90% of active OUD clients be initiated on OAT
 - 90% of clients receiving OAT achieve clinical remission within 6 months of initiating treatment
 - 90% of quarterly client narratives - suggest positive impacts related to SUD care

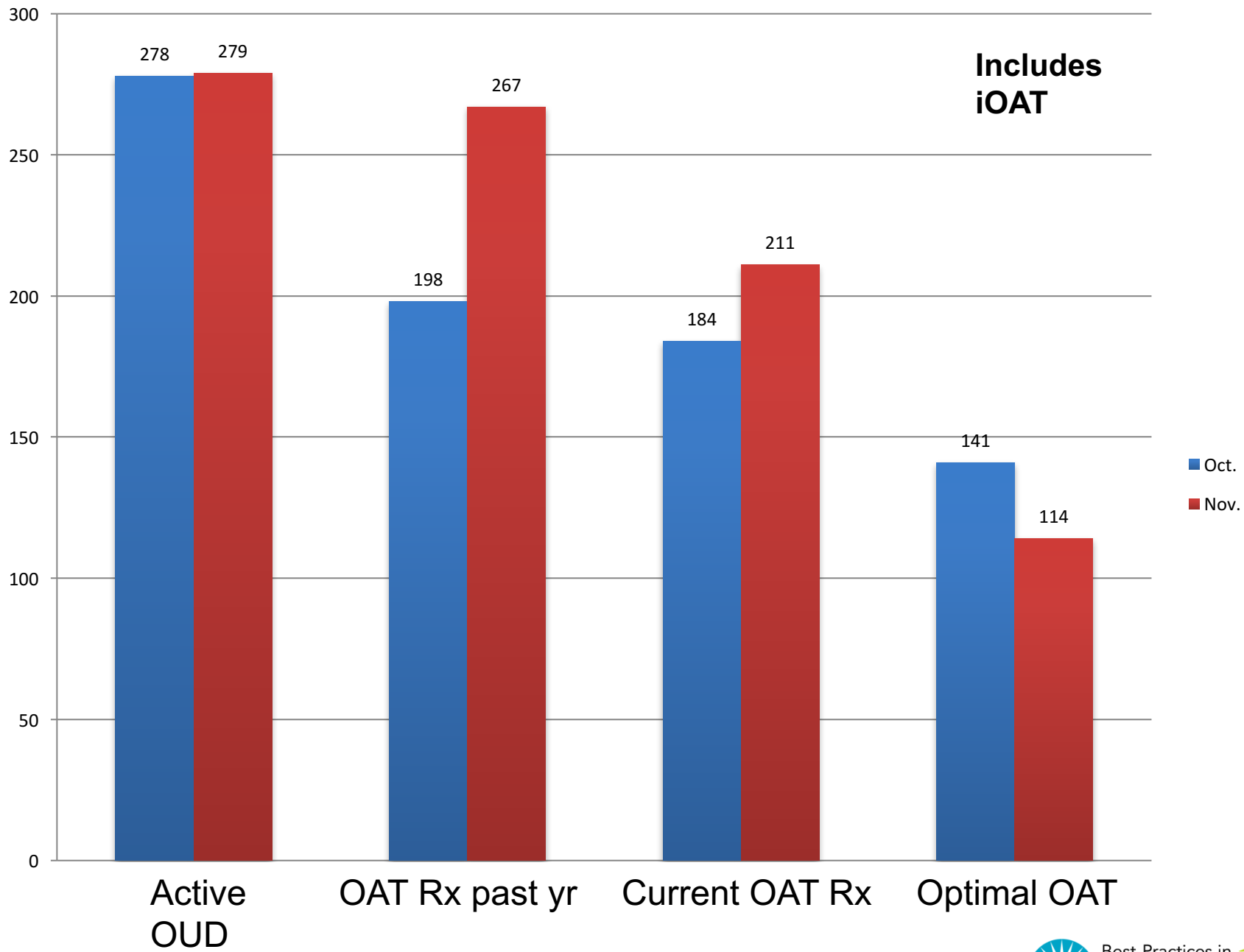
Change #1 Tested

- What small tests of change have you tried?
 - Updating OUD Registry
- What were you measuring?
 - Determining our POF → active VNHS clients with OUD
- Analysis:
 - 279 Active VNH clients with OUD

Change #2 Tested

- What small tests of change have you tried?
 - Updating OUD Measurements

- What were you measuring?
 - Induction OAT date and current OAT dose
 - Effectiveness of the OUD Measurements sheet → Different EMR



Change #3 Tested

- What small tests of change have you tried?
 - Capturing Client Voice
- What were you measuring?
 - OAT client impact
 - Barriers to Care
 - Recommendations
- Analysis:
 - Overall positive response → decreased illicit opiate use
 - Common Criticisms included:
 - Restricted lifestyle
 - Adverse health affects

Vancouver Native Health Survey for OAT Clients



Patient Information	
Age	
Sex	
First Nations	



1. When did you start opioid replacement therapy; suboxone, methadone, kadian?
2. What are some positive effects that the treatment has had on your life?
3. Are there any negative effects the treatment has had on your life?
4. Are you able to access staff (e.g. Front staff, nurse, doctor, counselor, etc.) when needed to have your questions answered?
5. Are your questions answered in a way you can understand?
6. Do you feel your concerns are addressed?
7. Did you feel involved in the development of your treatment plan?
8. What treatment options were you offered?
9. Is there someone you would identify as your primary contact/healthcare provider?
10. Do you have any recommendations to improve the program? For the front desk, for the nurse, or for the Doctor?

Looking forward...

- What is next?
 1. Preventing loss-to-follow-up
 2. Optimize prescription and tracking data

Opioid Use Form

Visit Checklist

Pharmanet Reviewed

Any ORT missed doses in last 7 days Yes No

If yes, describe

Current substance use reviewed
Last Checked:

ODs in the last 30 Days Last Value:

Linkage to social work/counselling discussed
Last Checked:

	Last Date Verified	Verified Today
Has THN kit		<input type="checkbox"/>
Has THN training		<input type="checkbox"/>
Has access to harm reduction supplies		<input type="checkbox"/>
Aware of supervised consumption sites		<input type="checkbox"/>
	Last Score	
	First Score	0

Rx Writer

OAT Med

- Kadian
- Methodone
- Suboxone
- Hydromorphone

Daily Dose(mg)

Start Day

Last Day

Rx Duration(days)

Carry Directions DWI Carries

Witnessed Ingestion

Direction For Use

Treatment Course

Treatment Stage

First ever OAT initiation date

Most recent OAT start date

Stable dose date

OAT Duration 0

Save

Contact Information

- Contact Info.:
 - Greta Pauls → gretapauls@gmail.com
 - Piotr Klakowicz → piotr.klakowicz@gmail.com
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