



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



Learning Session 1

Thursday, December 7th 2017
Croatian Cultural Centre



@BCCFE | @VCHhealthcare | #BOOSTqi

Agenda

10 min	Opening Prayer
15 min	Welcome & Opening Remarks
15 min	Client Experience
30 min	Collaborative Progress
45 min	Hearing From Teams in Action!
15 min	Break
60 min	Learning the Model for Improvement: Testing Changes using PDSA Cycles
30 min	Storyboard Rounds
60 min	Lunch
60 min	Breakout Sessions
15 min	Break
60 min	Team Work
30 min	Offers & Requests
15 mins	Wrap-up & Next Steps
4:00 PM	Adjourn

Learning Session 1 Objectives

- Discuss the BOOST Collaborative **progress to date**
- **Hear from teams** who have made progress towards achieving their aims
- Describe **key elements of Plan-Do-Study-Act cycles** and the essential features of effective tests
- **Identify next steps** in improvement process following Learning Session 1
- Use other BOOST Collaborative teams as a resource

Learning Session 1 Objectives

- Describe **key elements of the Change Package** and generate ideas of how to begin testing changes in this area
- Explain **key features of the measurement strategy** and develop strategies for implementing the BOOST Collaborative measurement strategy
- Implement plan for **Action Period 2**

Welcoming Remarks

Mike Norbury

Medical Director, Primary Care Vancouver Coastal Health

Peer Advisor

Amber Romanowski

Peer Advisor, DTES Second Generation Strategy
Vancouver Coastal Health

BOOST Collaborative Progress

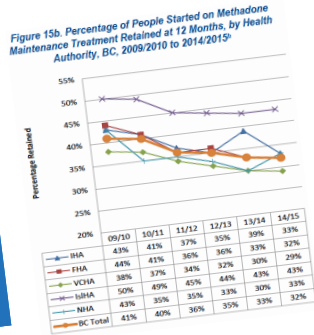
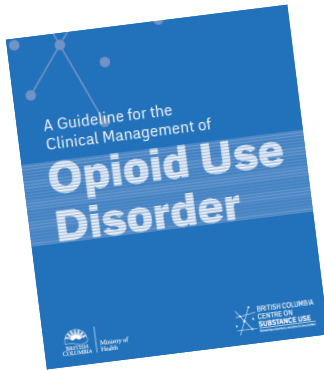
Cole Stanley

Medical Lead, Continuous Quality Improvement, Vancouver Coastal Health
Family Physicians, Raven Song Community Health Clinic
Family Physician, IDC

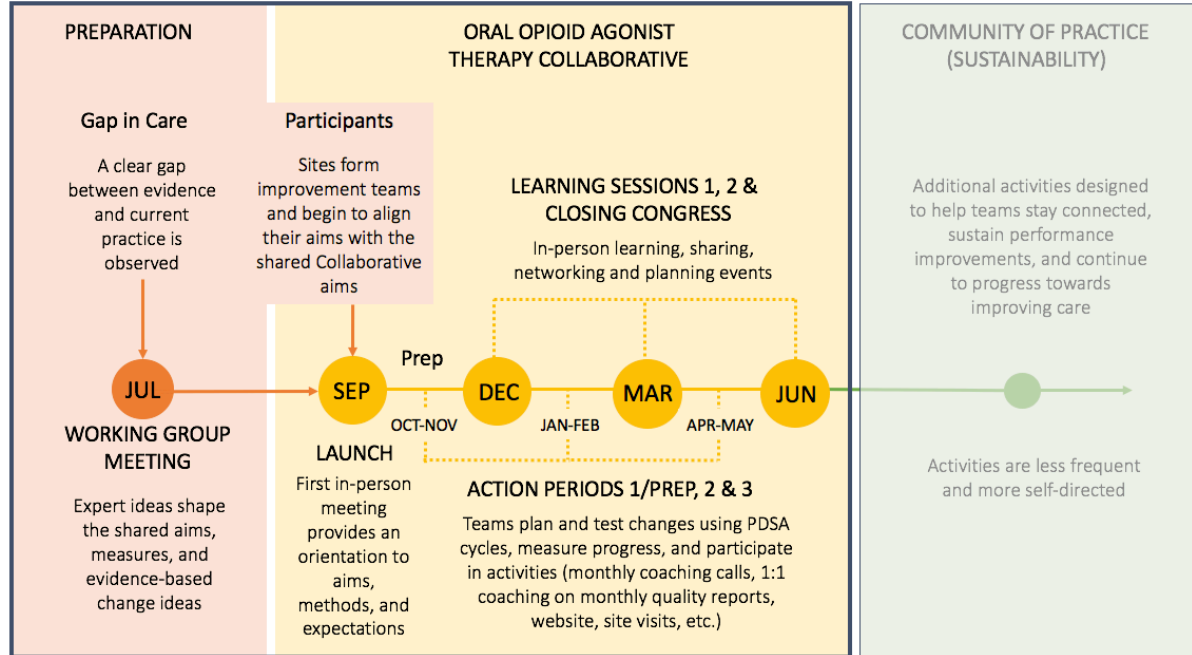
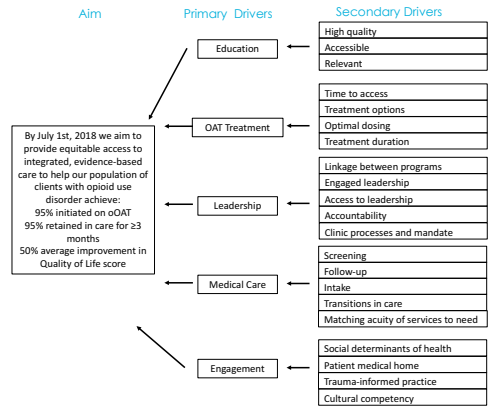
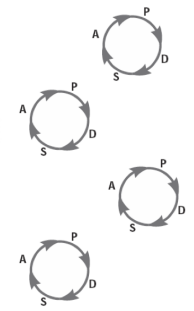
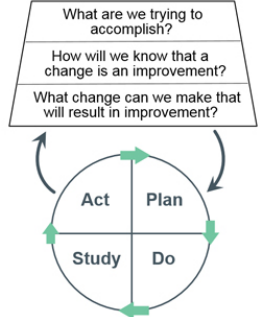
Laura Beamish

Quality Improvement Coordinator, BC Centre for Excellence in HIV/AIDS

BOOST Collaborative



Model for Improvement



Adapted from The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available at IHI.org)

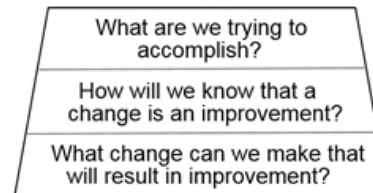




Action Period One

- Finalized aim statements
- Data clean-up
- A lot of changes!
- In-person coaching
- Two online Coaching Calls
- Two reporting cycles

BOOST QI Measures											
Indicators											
Population of focus (POF)											
Population of focus (POF)											
<p>2.1 Engagement</p> <p>2.2 Active OAT</p> <p>2.3 Optimal OAT dosing</p> <p>2.4 Retention on OAT</p> <p>2.5 Quality of the score</p>											

Model for Improvement



Narrative Reporting Template

Guidance: This document should grow every month. Fill this in as you go to chronicle your improvement journey.

- Tip: You don't have to complete every cell every month. Only include the things related to your reporting month.
- Tip: To get more spaces in the tables, put your cursor in the very last cell of the table (bottom, far right) and press the "tab" button.

Team Name: Sheway
Team Members: Patt Zettel, Dr Janine Hardial, Dana Clifford, Linoy Alkalay, Paulena McKellar
Aim Statement: Decrease barriers and increase retention on OAT to 95% for pregnant and parenting women with OUD diagnosis by July 1 st , 2018
Select Focus Area (select all that apply): <input type="checkbox"/> Aim Focus 1: Diagnosis and Treatment Initiation <input checked="" type="checkbox"/> Aim Focus 2: Treatment Retention and Optimal Dosing <input type="checkbox"/> Aim Focus 3: Quality of Life and Bundle of Care
Population of Focus (describe your population of focus and provide numeric values if available): Pregnant and parenting women with untreated OUD



Some Preliminary Data...

OUD form

Goal: Use OUD form periodically for all clients with hx of OUD

Print Print, Save, Close Print This Page

304.04 Opioid Use Disorder (OUD) added to Problem List DSM-5 OUD criteria

Prescription Creator	Last Entry1	Last Entry2
OAT: methadone	11 Sep 2017	11 Sep 2017
Daily dose (mg): 100	110 Qty: 770	100 Qty: 800
Start Day: 12 Sep 2017	19 Sep 2017	11 Sep 2017
Last Day: 18 Sep 2017	25 Sep 2017	18 Sep 2017
Rx Duration (days): 7		
Carry Directions: <input checked="" type="radio"/> DWI <input type="radio"/> CARRIES	DWI	DWI
Witnessed Ingestion: 7 (SEVEN)		
Direction For Use		
<input type="button" value="Copy From Last Entries"/>		
<input type="button" value="Create Rx"/>		

Treatment course

Treatment stage: Stable dose

OAT initiation date: 06 Sep 2016

Most recent OAT start date: 12 Apr 2017

Stable dose date: 12 Sep 2017

OAT duration: 153

Last Lab Results

AST: No Result Found
ALT: No Result Found

Hep A IgG
HCV RNA
Hep B SAb:

HCV Ab:
HIV Ab:

Urine beta-HCG:

ECG Last done:

Visit Checklist

Pharmacist Reviewed
Any OAT missed doses in last 7 days? Yes No
If yes, describe:

Current substance use reviewed

OAs in the last 30 days? Last Value?
 Last date?

Linkage to social work/counseling discussed
Last checked:

Has THN kit
 Has THN training Last checked:
 Has access to harm reduction supplies Last checked:
 Aware of supervised consumption sites Last checked:

Last score
First score

Rapid UDS Results Cumulative View Last UDS Results at 11 Sep 2017

Cocaine: Positive Negative
Amphetamines: Positive Negative
Methadone: Positive Negative
Opioids: Positive Negative Positive
Oxycodone: Positive Negative Positive
Benzodiazepines: Positive Negative
Fentanyl: Positive Negative
Buprenorphine: Positive Negative
Hydromorphone: Positive Negative
Other:

Print Defaults Set Reset 7

PLEASE PRINT

PERSONAL HEALTH NO. PRESCRIBING DATE 12 Sep 2017

PATIENT NAME: FIRST GUY, INITIAL ASH, LAST MORE

ADDRESS: STREET 2119 GUELPH ST, CITY VANCOUVER, PROVINCE BC, DATE OF BIRTH 27 Apr 2000

Rx: DRUG NAME AND STRENGTH: METHADONE 10 mg/ml, DUE TO THE PATIENT'S MOBILITY, CARRYING DELIVERY IS REQUIRED, PRESCRIBER'S SIGNATURE

NUMERIC QUANTITY ALPHA: 700 mg SEVEN HUNDRED mg

START DAY: 12 Sep 2017, LAST DAY: 18 Sep 2017

CIRCLE ONE: DWI CARRIES

DIRECTIONS FOR USE: METHADONE, 100 mg/day, 7 (SEVEN)

PREScriBER'S SIGNATURE

PREScriBER'S INFORMATION: NUCLEON, CPSID

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE, SIGNATURE OF DISPENSING PHARMACIST

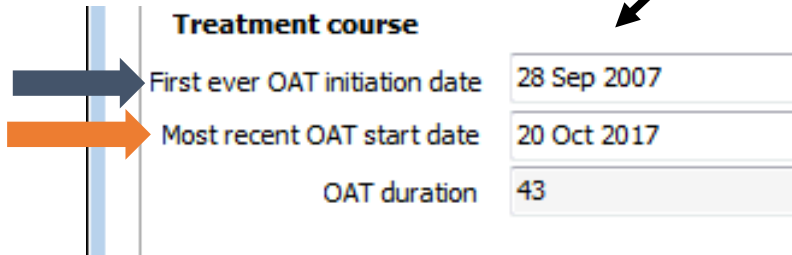
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OUO orm for measuring Outcomes

Collaborative-level Measures

- Engagement
- oOAT access
- Active oOAT
- Optimal oOAT dosing
- Retention on oOAT
- Quality of Life score



OUO Visit Template for TEST, CABLE

Save Save and Close

304.0 Opioid Use Disorder (OUD) added to Problem List (click on checkbox to add)

Prescription Creator

OAT: Methadone

Daily dose (mg): 100

Start Day: 02 Dec 2017

Last Day: 12 Dec 2017

Rx Duration (days): 11 (days)

Carry Directions: DWI CARRIES

Witnessed Ingestion:

Direction For Use:

Copy From Last Entries

Treatment stage:

Create Rx

Treatment course

First ever OAT initiation date: 28 Sep 2007

Most recent OAT start date: 20 Oct 2017

OAT duration: 43

DSM-5 OUD criteria

Visit Checklist

Pharmacist Reviewed

Any OAT missed doses in last 7 days? Yes No

If yes, describe:

Current substance use reviewed

Last Checked: 02 Dec 2017

cocaine, heroin, benzo

OOs in the last 30 days? Last Value: 0; (02 Dec 2017)

Linkage to social work/counseling discussed

Last checked: 28 Sep 2017

AA:

Last Verified Date: 02 Dec 2017

Verified Today?

Yes Has THN kit

Yes Has THN training

Yes Has access to harm reduction supplies

Yes Aware of supervised consumption sites

PROMIS Quality of Life Last score: First score:

Last Lab Results

AST: No Result Found

ALT: 222; (03 Jun 2015)

Hep A IgG:

HCV RNA:

Hep B SAb:

HCV Ab:

HIV Ab:

Urine beta-HCG:

ECG Last done:

Rapid UDS Results Cumulative View

Cocaine: Positive Negative Positive

Amphetamines: Positive Negative Positive

Methadone: Positive Negative Positive

Opioids: Positive Negative Positive

Oxycodone: Positive Negative Negative

Benzodiazepines: Positive Negative Positive

Fentanyl: Positive Negative Negative

Buprenorphine: Positive Negative Negative

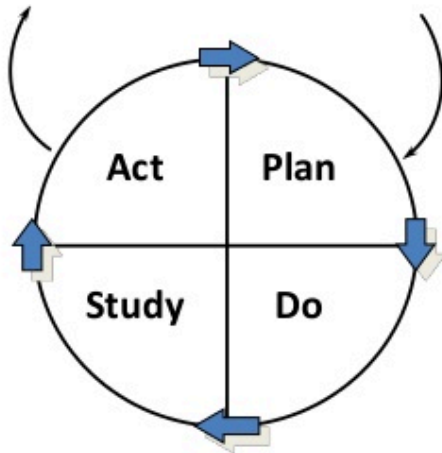
Hydromorphone: Positive Negative Positive

Other:

Last UDS Results at 02 Dec 2017

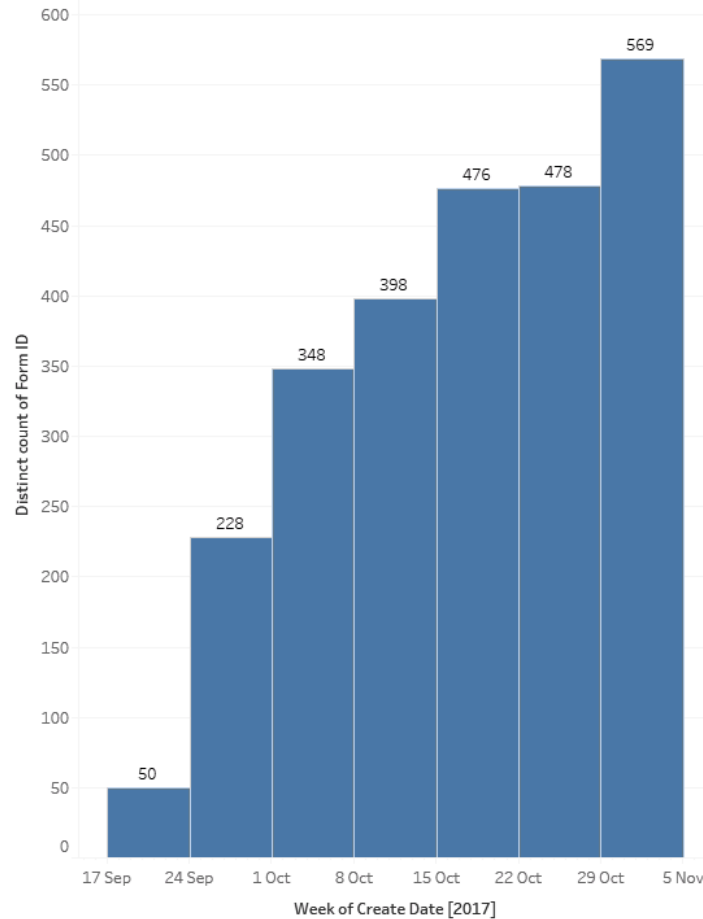
OOD form

- OOD form PDSAs



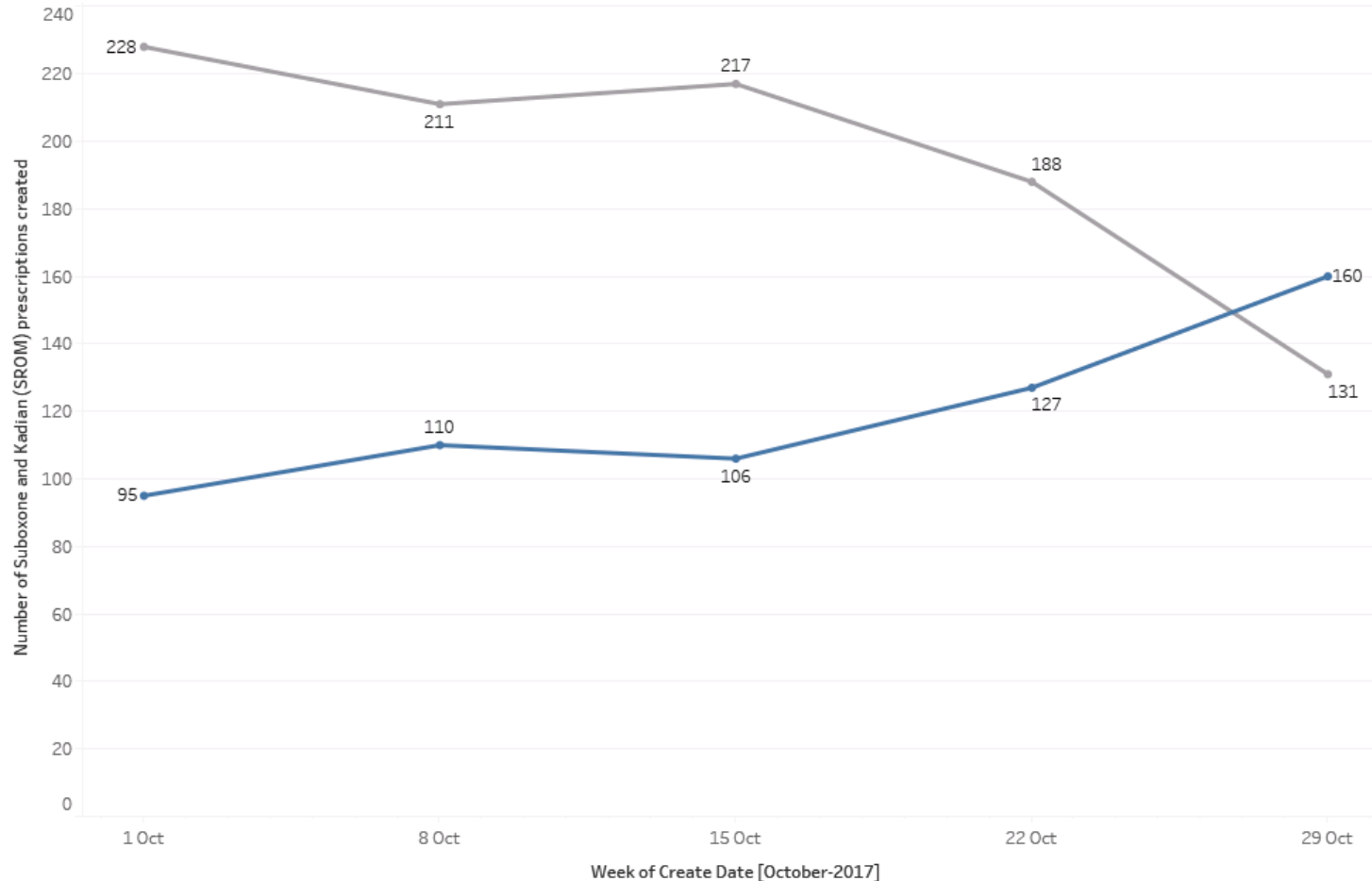
Has been used over 3000 times in just over a month

OOD forms created



OUD form

Suboxone and Kadian (SROM) prescriptions created using the OUD form (blue) vs. others (grey)

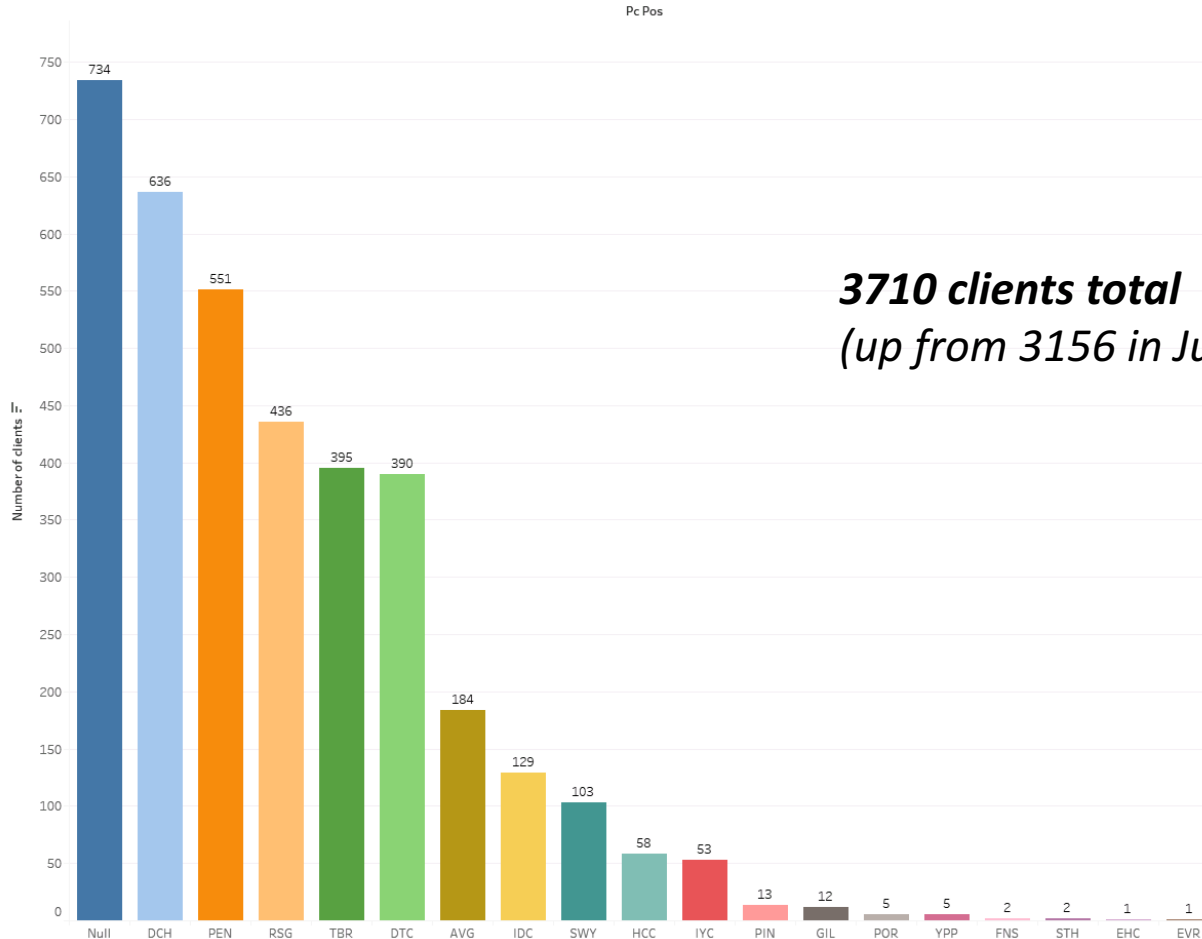


Created with OUD form (IN), without OUD form (OUT)

- In
- Out

Population of focus

Baseline POF (keywords in Problem List)

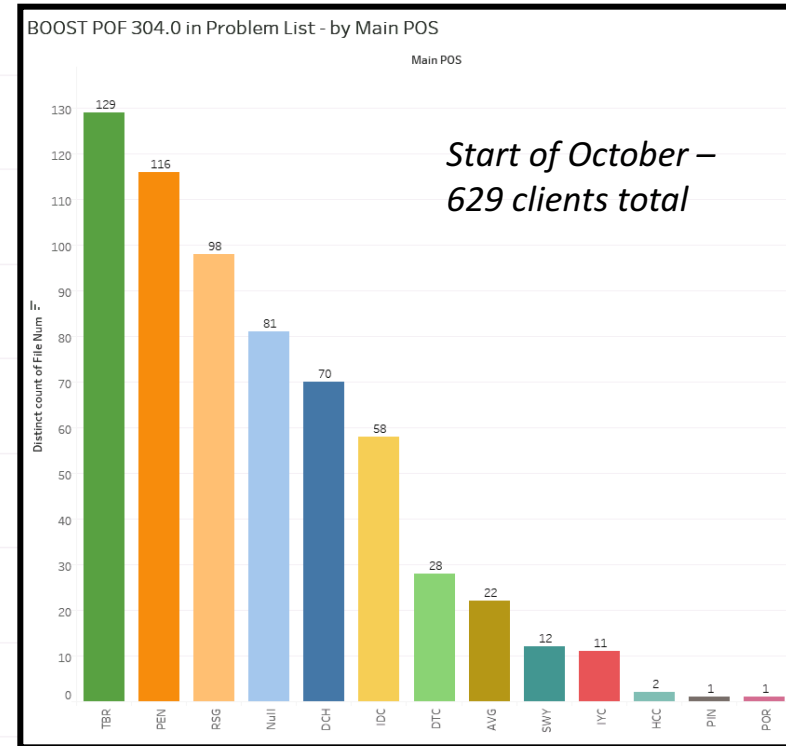
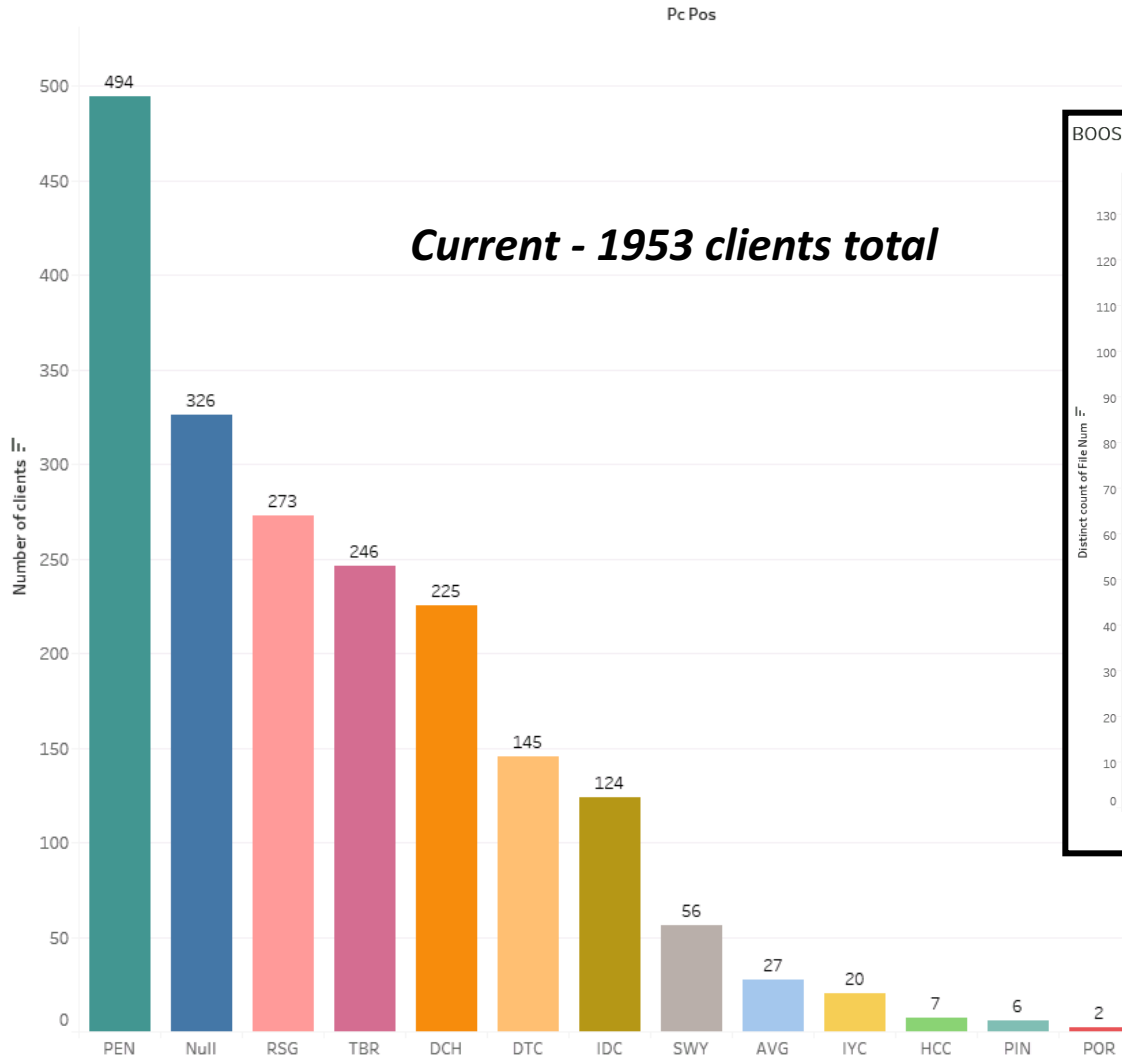


3710 clients total
(up from 3156 in July 2017)



Population of focus

304.0 Population of Focus

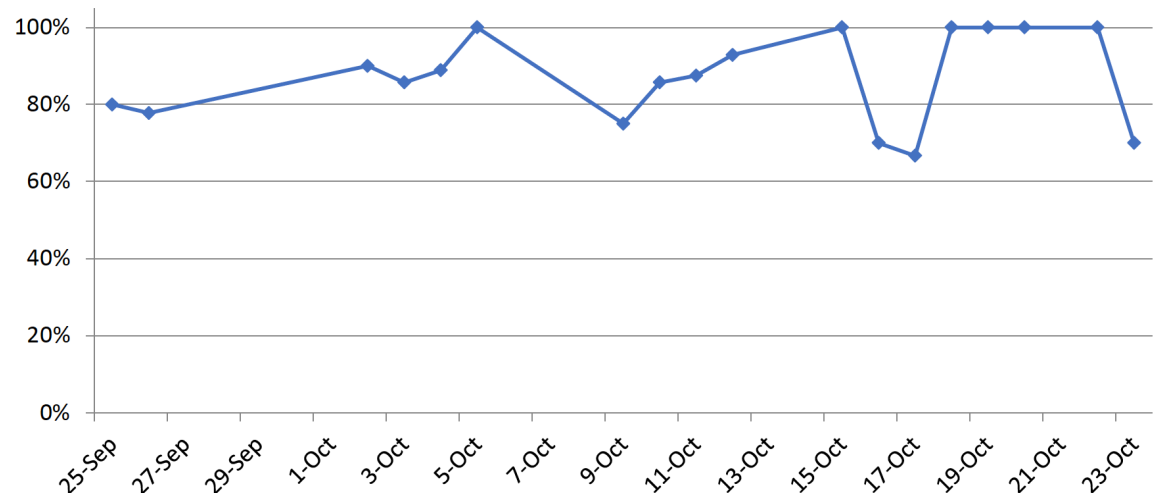


Example from a pair of teams

- IDC and Raven Song - Proactive follow-up for expiring Rx
 - Reminder list of patients due for MMT renewal generated daily and reminder calls made 1 day prior or liaise/task STOP team member on care team

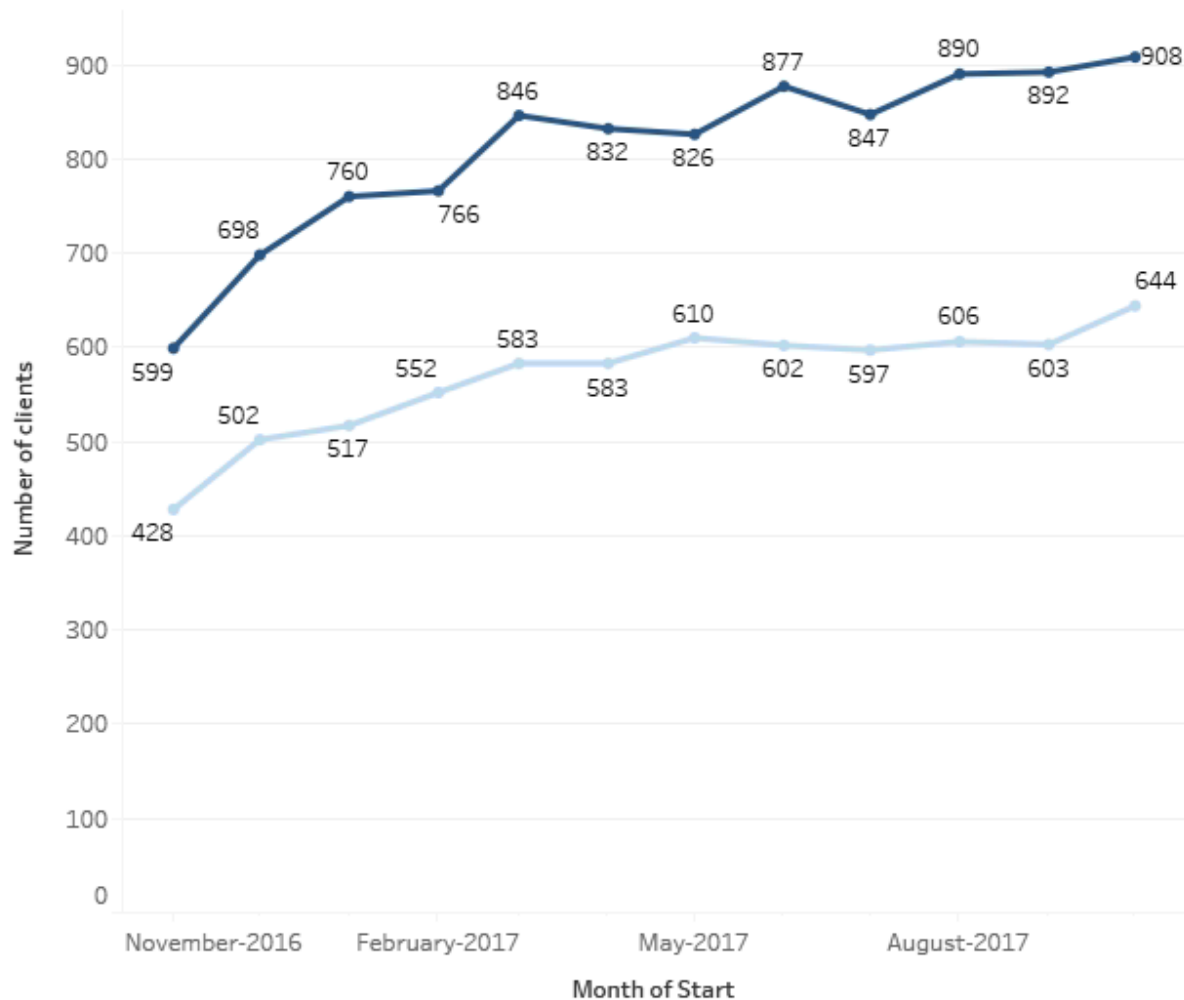
PDSA-level measures

- Proportion of clients who attended clinic when rx due
- Number of phone calls made
- Number calls answered
- Time taken to do the work



Some initial BOOST data – optimal dosing

Number of clients with MMT rx per month (all sites)

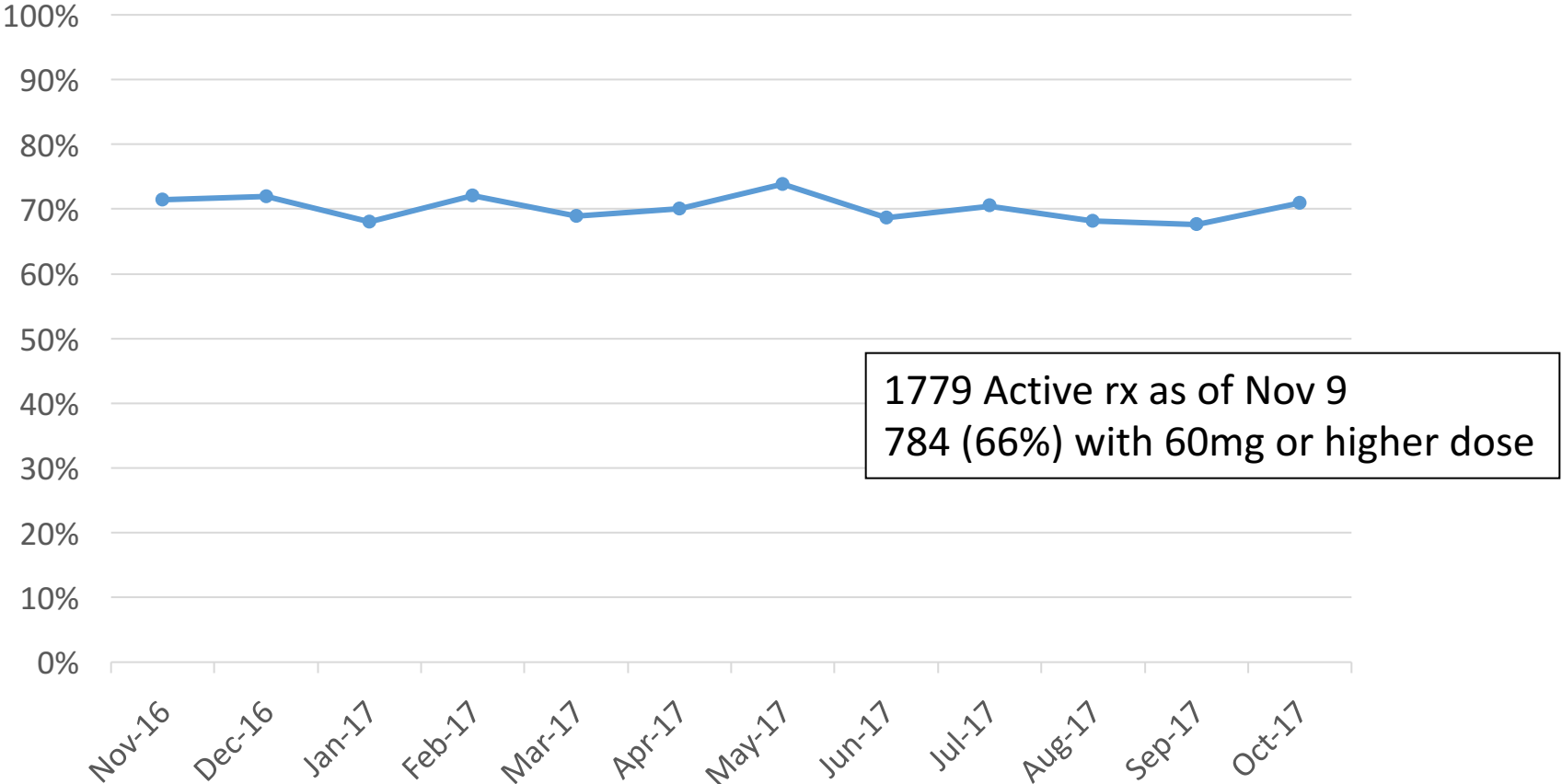


- all rx

- on 60mg or higher

Some initial data – optimal dosing

Proportion on methadone 60mg or higher dose



Some initial data – optimal dosing

Print Defaults Set Reset 7

PLEASE PRINT

PERSONAL HEALTH NO.	PRESCRIBING DATE
	12 Sep 2017
PATIENT NAME	FIRST INITIAL LAST
GUY ASHMORE	
STREET	
2119 GUELPH ST	
CITY	PROVINCE
VANCOUVER	BC
DATE OF BIRTH	
27 Apr 2000	
DRUG NAME AND STRENGTH	DUE TO THE PATIENT'S MOBILITY, CONFIRM DELIVERY IS REQUIRED.
METHADONE 10 mg/ml	
NUMERIC QUANTITY	ALPHA
700 mg	SEVEN HUNDRED mg
START DAY	LAST DAY
12 Sep 2017	18 Sep 2017
100 mg/day	
DIRECTIONS FOR USE	SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY
METHADONE	7 (SEVEN)
PRESCRIBER'S INFORMATION	PRESCRIBER'S SIGNATURE
	CPSID
	FOLIO
PHARMACY USE ONLY	
RECEIVED BY: PATIENT OR AGENT SIGNATURE	SIGNATURE OF DISPENSING PHARMACIST

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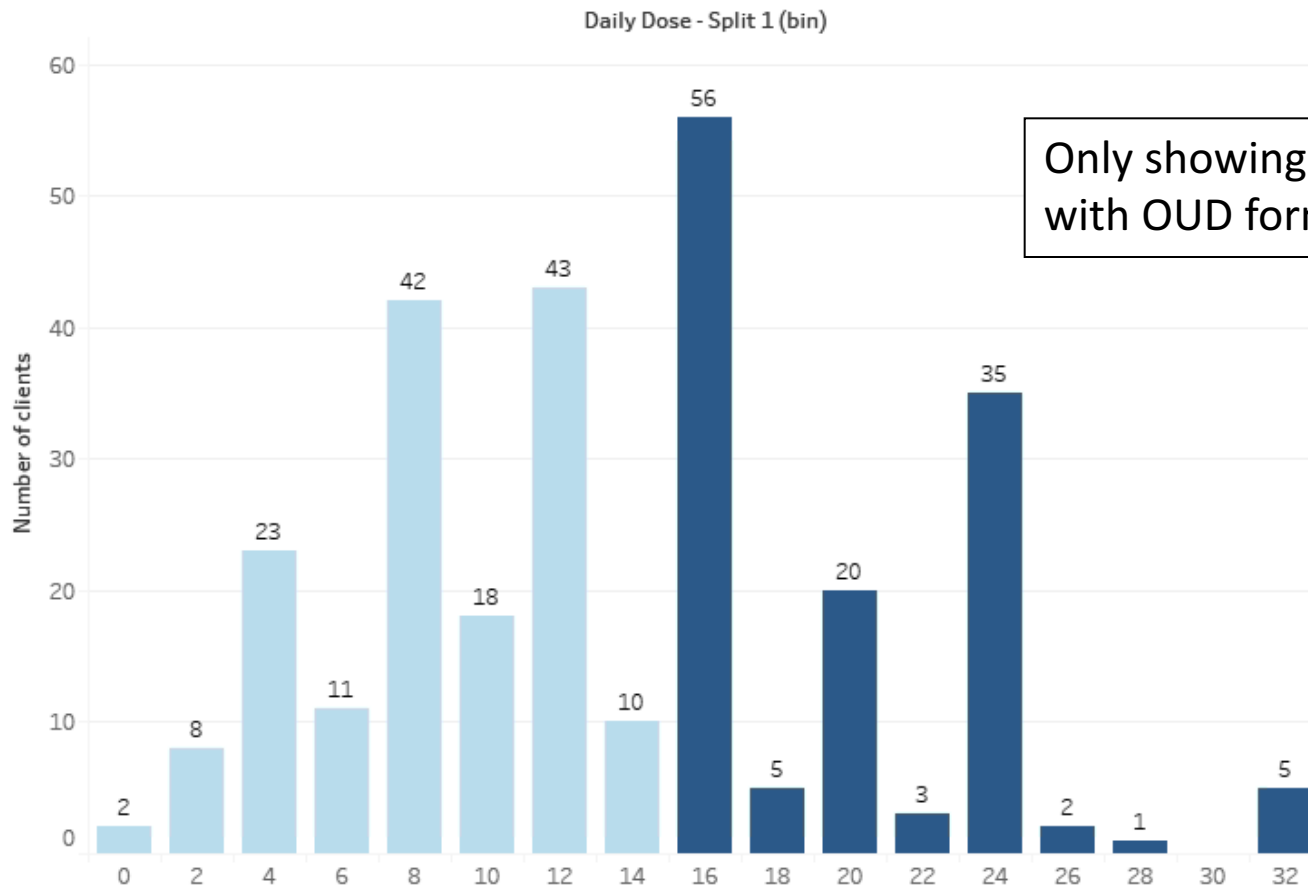
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Methadone form has a standard Daily dose field, whereas the duplicate forms used for Suboxone and Kadian do NOT

Solution – use the OUD form and enter daily dose there

Some initial data – optimal dosing

Suboxone dosing

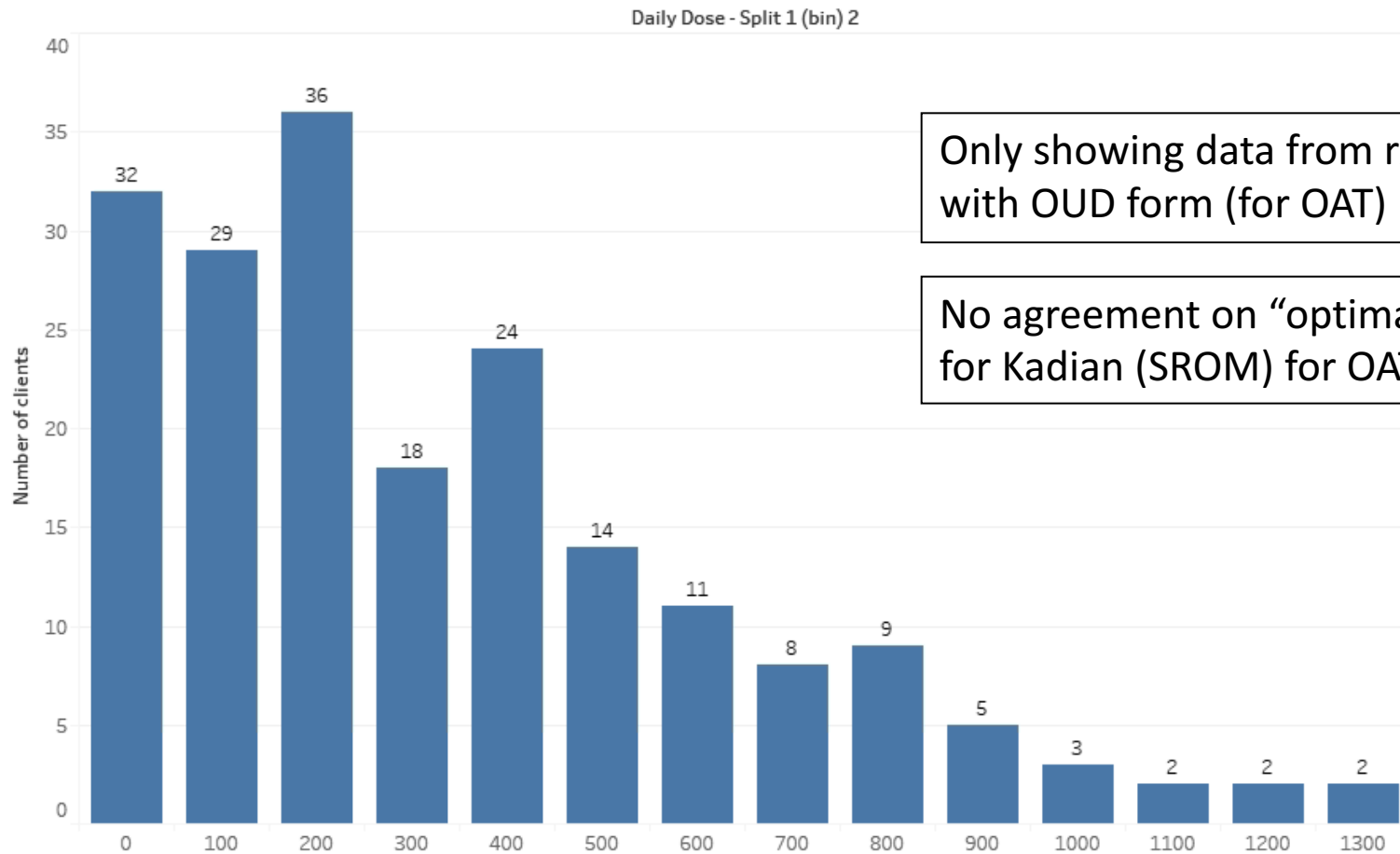


Only showing data from rx created with OUD form



Some initial data – optimal dosing

Kadian dosing

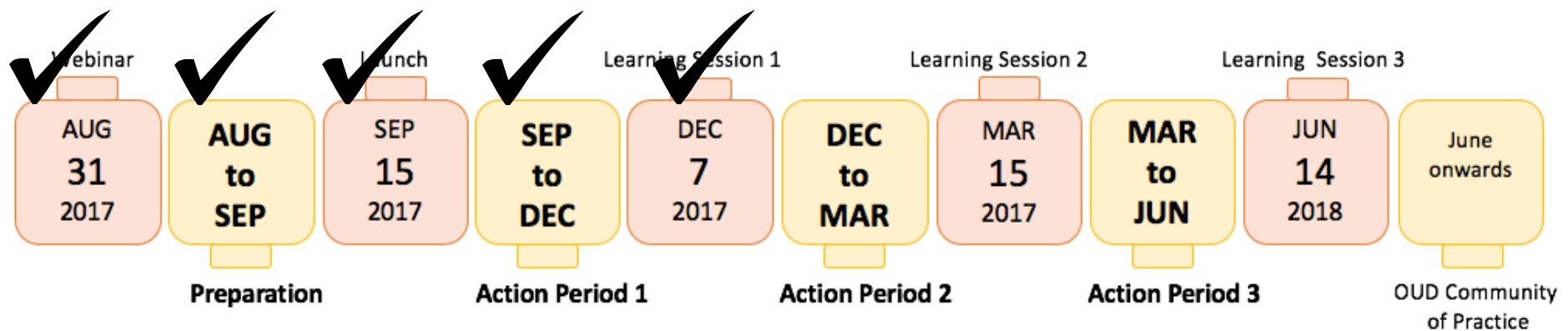


Only showing data from rx created with OUD form (for OAT)

No agreement on “optimal dosing” for Kadian (SR0M) for OAT

Action Period Two

- Continue tests of change with a focus on PDSA level measures
- In-person practice support- *sign-up today!*
- Online coaching calls
- Three reporting cycles
- Assessment scale



Hearing from Teams in Action!

Vancouver Native Health
Pender Community Health Centre
Overdose Outreach Team

Pender CHC BOOST Team – 2017



PENDER CHC – BOOST Collaborative Team

Cathy Bennett, RN – Clinic Coordinator

Yandi Kwa, Nurse Practitioner

Dr. Kristin Prabhakar

Karen St. Clair, Clerical Support Clerk

Lynda Thorson, RN – Clinic Coordinator

Alexandra Vause, RN

PDSA #1 – Developing a Robust OUD Registry

■ PLAN

- Ran stored EMR query from the EMR QI environment BOOST POF Baseline (eliminating ALL duplicated patients)

■ DO

- There were 494 TOTAL patients with OUD on the Pender CHC BOOST POF Baseline Registry
- Most patients were captured on the stored EMR query based on keywords, e.g. heroin, opiates or via ICD-9 code 304.01 Methadone Program or 304.02 code Suboxone Treatment (virtually 0% of patients with OUD had been coded with the ICD-9-code 304.0 Opiate Use Disorder)
- Over several weeks, data clean-up was completed and ICD-9 code 304.0 updated (1 patient at a time with EMR/ Pharmanet review)

PDSA #1 – Developing a Robust OUD Registry

- **STUDY/ ACT**
- There were 494 TOTAL patients with OUD on the Pender CHC BOOST POF Baseline Registry
 - 338 patients with OUD were “Active”, e.g. seen in last 9/12 for oOAT and/or primary care
 - 111 patients with OUD were “Inactive”, e.g. MOGE or NOT seen at all in recent 9 months
 - 23 patients with OUD were “Active – for primary care ONLY”
 - 1 patient deceased
 - 7 patients had H/O OUD, chronically abstinent and NOT on oOAT currently
 - 14 patients did NOT have OUD

PDSA #4 – How to Interpret OUD – Active Registry

- **PLAN**

- REVIEW and FURTHER SUB-DIVIDE Pender CHC OUD - Active Registry (as appropriate)
- As you recall, there were 338 TOTAL patients on Pender CHC OUD – Active Registry

- **DO**

UPON FURTHER REVIEW –

- 239 patients were “Active – Engaged” on oOAT at Pender CHC
- 99 patients were “Active – Gaps in Care”

PDSA #4 – How to Interpret OUD – Active Registry

- **STUDY**
 - From the 99 patients who were “Active – Gaps in Care”:
 - 62 patients had oOAT within the last 9 months with ≥ 2 visits but do NOT have active Rx
 - 18 patients were “Lost to F/UP”, e.g. ONLY 1 visit in recent 9/12 to Pender CHC
 - 10 patients DECLINED oOAT
 - 9 patients required clarification, e.g. H/O OPI abuse vs. OUD
- RESULTS (11/2017)
- ~ 1 patient had OUD (followed by alternate POS)
 - ~ 4 patients had H/O OPI abuse
 - ~ 4 patients no longer use OPI – in sustained remission > 12-months

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

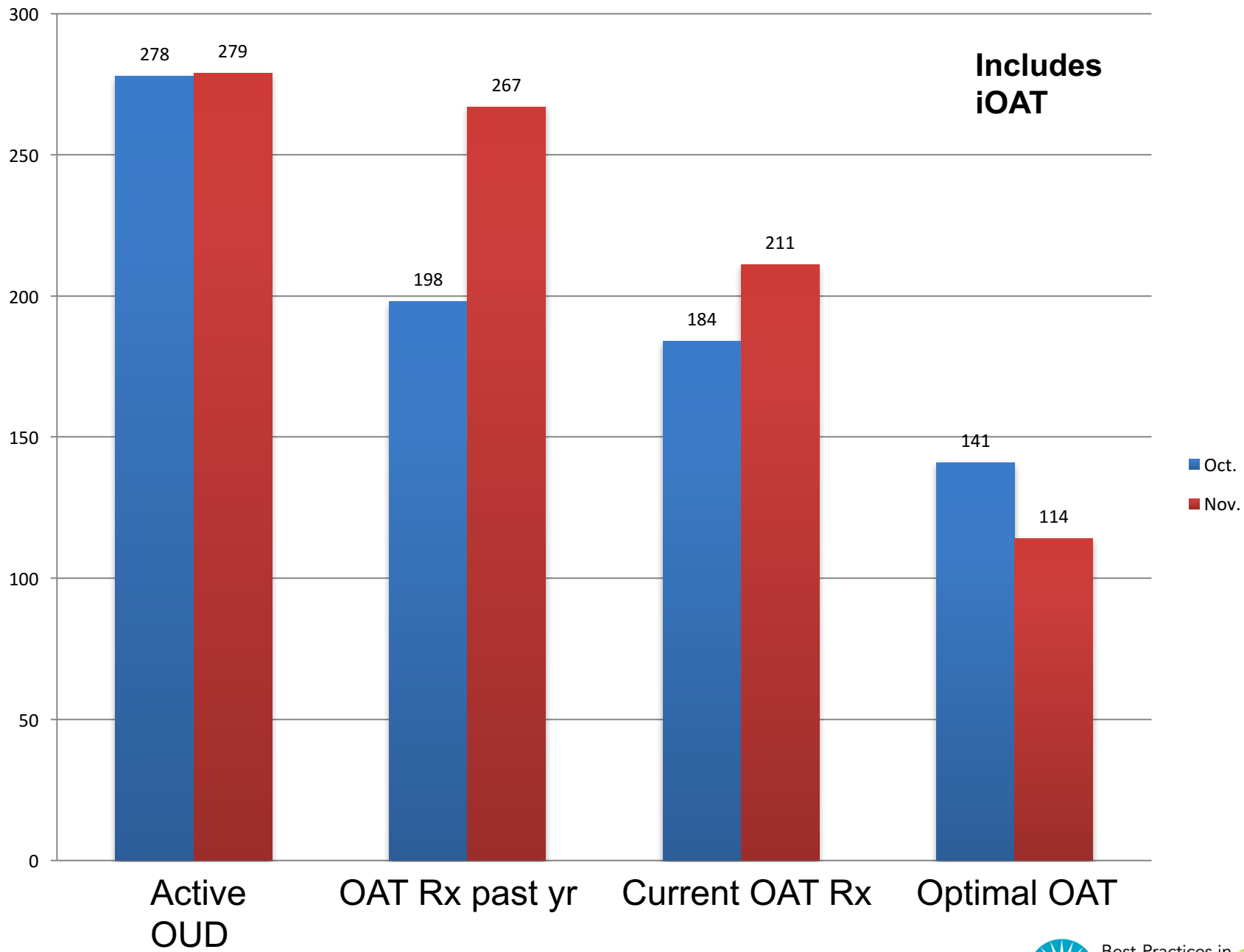
Change #1 Tested

- 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
- Metadone
- 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
 - Amir Wachtel → amir.wachtel94@gmail.com



Overdose Outreach Team

Chris Dickinson, Erin Isnor, Robyn Putnam,
Skye Ruttle, Jesse Hilburt

December 2017

Background



- Outreach Workers originally part of the Mobile Medical Unit to provide client follow-up (Dec. 2016 – Apr. 2017)
- Standalone team as of May 2017

Overdose Outreach Team

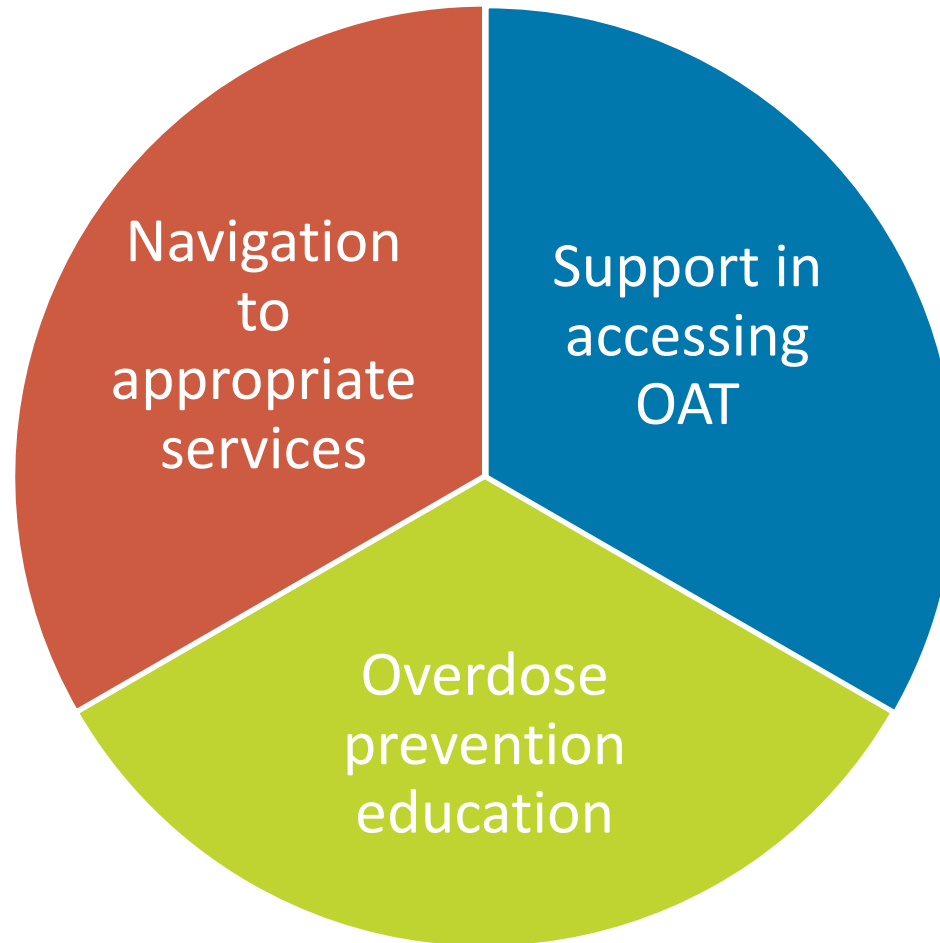
Our Purpose:

To provide support/assistance to **individuals and families attempting to navigate substance use services** in Vancouver Coastal Health region (Vancouver, Richmond, North Shore)

Who We Serve:

People in VCH region who have recently experienced an overdose or at high risk of an overdose. Our goal is to connect with individuals who are **not well connected elsewhere in the community**

Our Services



Location

Currently located at 58 W. Hastings in the Hastings Urban Farm



Making a Referral

Contact number: (604) 360 2874

Hours: Mon-Fri 9am – 5pm; after hours line shared by STOP and OOT (answered until 9pm)

Provide client details:

- Name
- DOB
- PARIS ID or PHN
- Reason for referral
- Best way to contact client

Steps to Locate a Client

- Review electronic medical records
- Attempt to contact person via phone/text
- Leave messages at resources/community services
- Leave name and contact information with friends/family
- Contact clinics not using VCH systems
- Send letter to last known address

Client Profile #1

Client referred by SPH ED following an overdose

Contact Attempts

- Team outreached client at address listed in EMR (SRO)
- Staff stated that client “frequently overdoses” but does not live at building, visits friend in building
- Not connected to any other services in community
- Team left message for friend
- Friend passed along message to client
- Client returned phone call

Support Provided

- Client currently staying at a recovery house in Surrey
- Homeless, bouncing between recovery houses and DTES
- Prescribed suboxone by private clinic
- Considering leaving recovery house and returning to DTES
- Requested assistance connecting to clinical care when he returns to the DTES

Client Profile #2

Client referred by SPH ED following an overdose

Contact Attempts

- Contact information listed in EMR not active/correct
- Not connected to any other services in community
- High frequency of ED visits, Familiar Faces/DMP plan put in place (15 visits related to overdose/substance misuse)
- CSO showed future court date
- Called Provincial Court Line for court dates/locations, connected with lawyer

Support Provided

- Team contacted by SPH staff when client presented at ED (pre-incarceration and post-incarceration)
- Attended court with client's lawyer
- Lawyer passed information along to client post-release
- Familiar Faces remains active
- Will continue to attempt to connect with client

Client Profile #3

Client referred by clinic in DTES

Contact Attempts

- Client NFA, severe cellulitis, recent overdose
- Admitted to hospital, team met client in hospital, left AMA
- Team left message with SPH ED
- Client presented to ED outside team hours, message left for team on after hours phone
- Client left AMA again
- Team obtained pharmacy information from clinic, left message, client returned call

Support Provided

- Connected client to shelter in DTES
- Completed BC Housing application and Housing First application, on waitlist for supportive building
- In the process of applying for Income Assistance
- Re-engaged him in care at clinic
- Provided support in getting to pharmacy for OAT
- Supported transition to iOAT

We see you...

- Acknowledging the experience
- Speaking directly to the client
- Expressing empathy and compassion
- Managing expectations
- Putting yourself in the client's shoes
- Building relationships
- Providing snacks, water, coffee, clean/dry socks

I've learned that
people will forget what you said,
people will forget what you did,
but people will never forget
how you made them
feel.

- Maya Angelou

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EVERWISE

Closing

If you have a question about a client and/or are unsure if someone is a good fit for the team, please call! We are happy to answer questions, brainstorm potential resources and discuss outreach strategies!

Main number: 604-360-2874

Questions



Break

Please return at 10:30AM



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



***Model for Improvement:
Testing Changes Using PDSA
Cycles***

Thursday, December 7th, 2017

Cole Stanley, Medical Lead, BOOST Collaborative

Danielle Cousineau, Quality Improvement Advisor

Outline

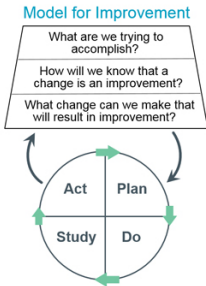
- The Model for Improvement
- PDSA-level vs. Collaborative-level measures
- How to run PDSA cycles
- Examples of PDSA cycles in practice

Objectives

You will be able to:

- Explain the **difference between PDSA-level and Collaborative-level measures**
- Use the Model for Improvement to ***rapidly* test changes**
- Understand the **Collaborative Assessment Scoring Tool** and how your team should progress over the coming months

Our first Action Period



Teams testing changes (PDSA-level measures)



Site-specific aims



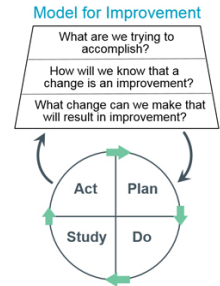
Collaborative aims (Collaborative-level measures)



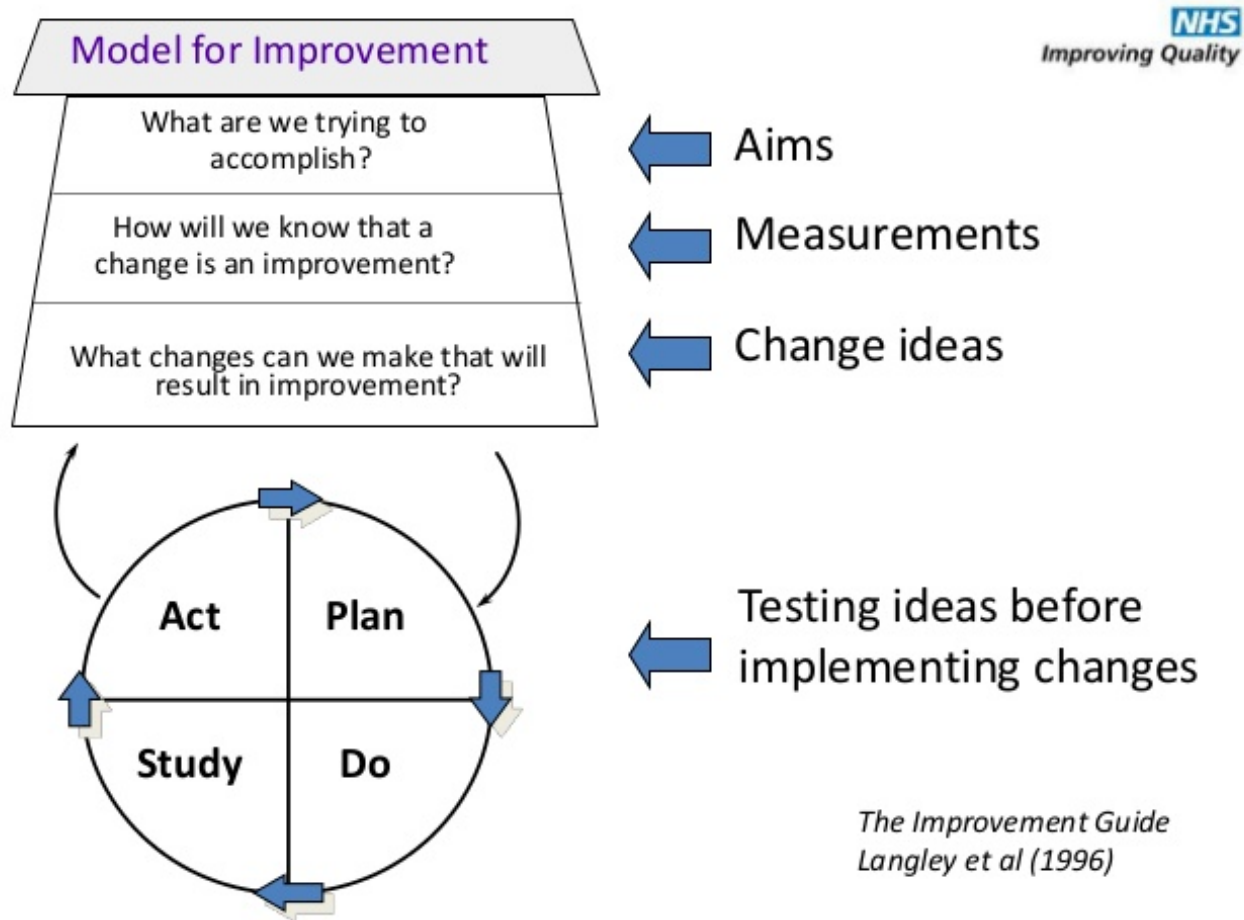
Collaborative outcomes

Collaborative-level Measures

- **Engagement**
- oOAT access
- **Active oOAT**
- **Optimal oOAT dosing**
- **Retention on oOAT**
- **Quality of Life score**



The Model for Improvement



NHS
Improving Quality

*The Improvement Guide
Langley et al (1996)*

The Model for Improvement - AIM

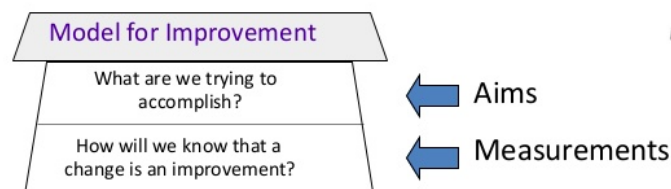
Teams have been working to refine their aim statements to fit within the Collaborative aim



The Model for Improvement - MEASUREMENTS

- **PDSA level measures**

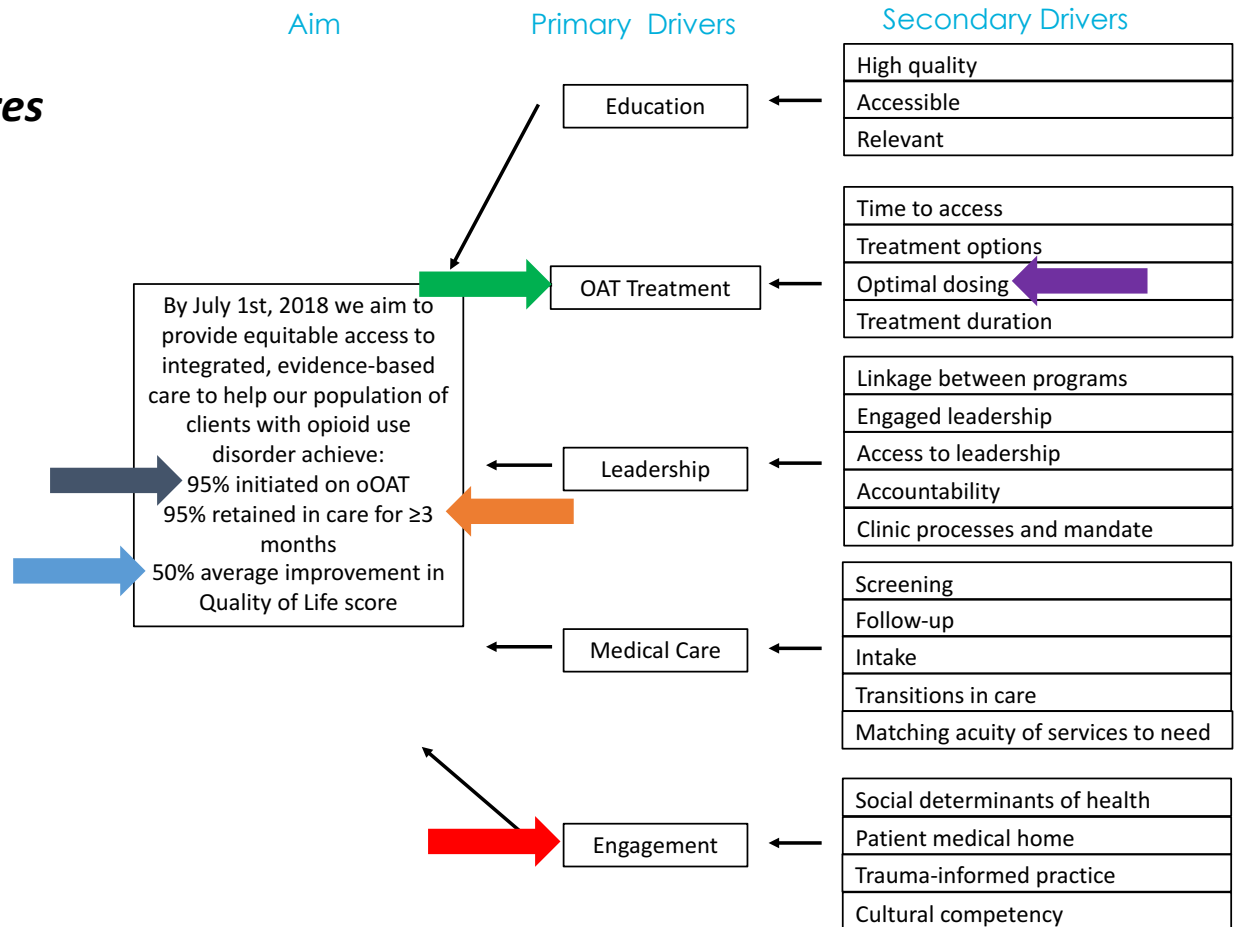
- Measurements that your team uses to evaluate changes you are testing
- More specific than the Collaborative-level measures (next slide)
- No need to measure these for the entire Collaborative in most cases
- **Outcome measures**
 - What are you trying to achieve with your change idea?
- **Process measures:**
 - Are you doing the right things to get there?
- **Balancing measures:**
 - Are your changes causing problems to other parts of the system?



BOOST Driver Diagram – Measuring Outcomes

Collaborative-level Measures

- Engagement
- oOAT access
- Active oOAT
- Optimal oOAT dosing
- Retention on oOAT
- Quality of Life score



OUD Form for measuring Outcomes

Collaborative-level Measures

- Engagement
- oOAT access
- Active oOAT
- Optimal oOAT dosing
- Retention on oOAT
- Quality of Life score

Treatment course

First ever OAT initiation date: 28 Sep 2007

Most recent OAT start date: 20 Oct 2017

OAT duration: 43

Prescription Creator

OAT: Methadone

Daily dose (mg): 100

Start Day: 02 Dec 2017

Last Day: 12 Dec 2017

Rx Duration (days): 11 (days)

Carry Directions: DWI CARRIES

Witnessed Ingestion: DWI CARRIES

Direction For Use: DWI CARRIES

Treatment stage:

Treatment course

First ever OAT initiation date: 28 Sep 2007

Most recent OAT start date: 20 Oct 2017

OAT duration: 43

Last Lab Results

AST: No Result Found

ALT: 222; (03 Jun 2015)

Hep A IgG: Positive Negative

HCV RNA: Positive Negative

Hep B SAb: Positive Negative

HCV Ab: Positive Negative

HIV Ab: Positive Negative

Urine beta-HCG: Positive Negative

ECG Last done:

Rapid UDS Results

Cocaine: Positive Negative

Amphetamines: Positive Negative

Methadone: Positive Negative

Opioids: Positive Negative

Oxycodone: Positive Negative

Benzodiazepines: Positive Negative

Fentanyl: Positive Negative

Buprenorphine: Positive Negative

Hydromorphone: Positive Negative

Other:

Visit Checklist

Pharmacist Reviewed

Any OAT missed doses in last 7 days? Yes No

If yes, describe:

Current substance use reviewed

Last Checked: 02 Dec 2017

cocaine, heroin, benzo

OOs in the last 30 days? Last Value: 0; (02 Dec 2017)

Linkage to social work/counseling discussed

Last checked: 28 Sep 2017

AA:

Last Verified Date: 02 Dec 2017

Verified Today?

Yes Has THN kit

Yes Has THN training

Yes Has access to harm reduction supplies

Yes Aware of supervised consumption sites

PROMIS Quality of Life

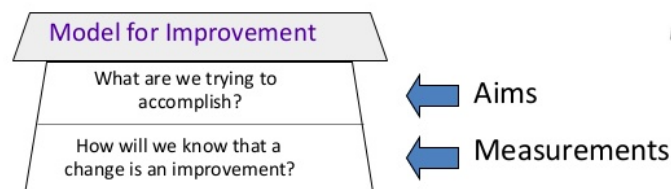
Last score:

First score:

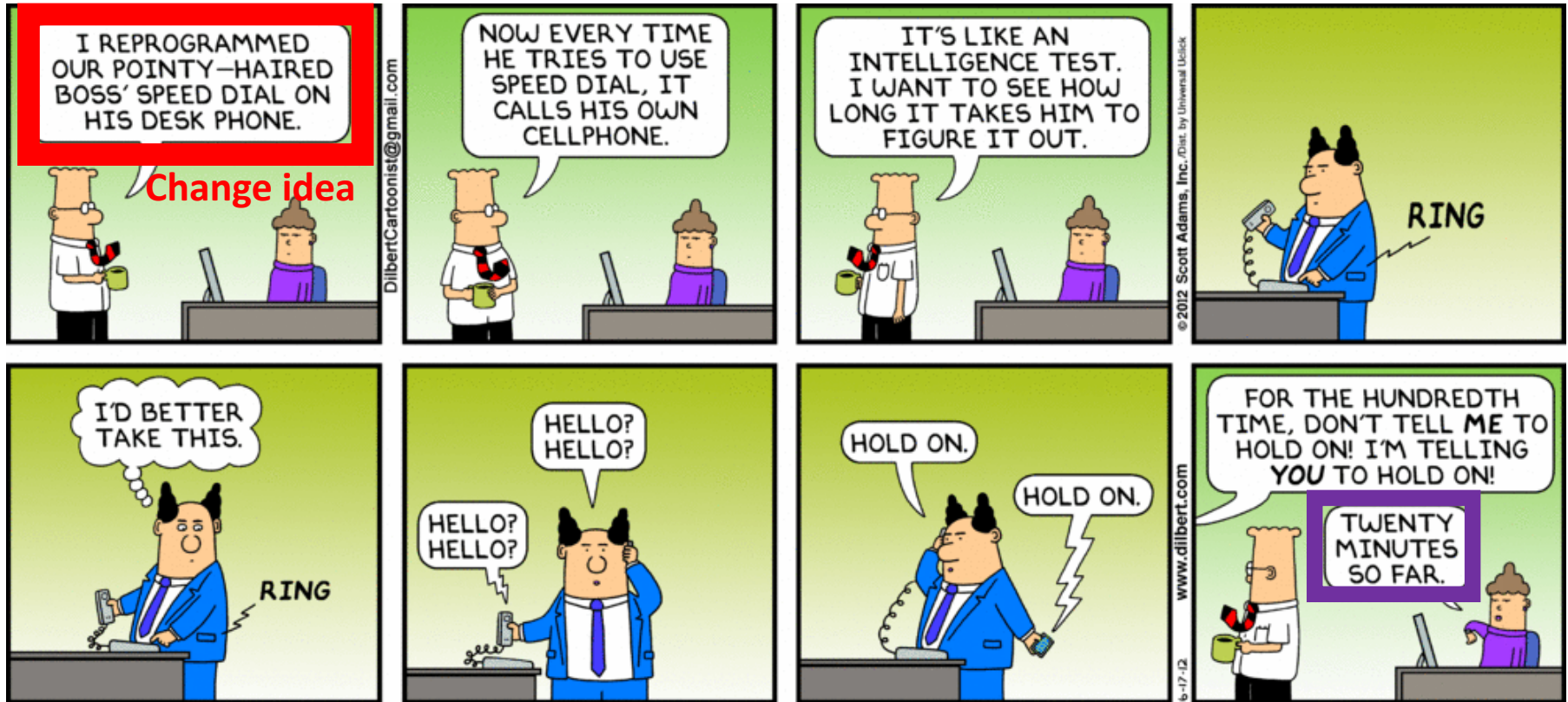
The Model for Improvement - MEASUREMENTS

- **PDSA-level measures**

- Measurements that your team uses to evaluate changes you are testing
- More specific than the Collaborative-level measures
- No need to measure these for the entire Collaborative in most cases
- **Outcome measures**
 - What are you trying to achieve with your change idea?
- **Process measures:**
 - Are you doing the right things to get there?
- **Balancing measures:**
 - Are your changes causing problems to other parts of the system?



A Balancing Measure



Aim: To decrease amount of time we spend dealing with pointy-haired boss

Balancing measure - Boss' wasted time

The Model for Improvement - MEASUREMENTS

- **Collaborative-level measures**

- Do not need to be using collaborative measures to evaluate tests of change
 - Changes being tested should eventually lead to improved Collaborative-level outcomes though

Collaborative-level Measures

- **Engagement**
- oOAT access
- **Active oOAT**
- **Optimal oOAT dosing**
- **Retention on oOAT**
- **Quality of Life score**

- Next reporting cycle: ***Collaborative Assessment Scale***

The Model for Improvement - MEASUREMENTS



Collaborative Assessment Scale

❏ Assessment Scale for Collaboratives

This scale gives information on how to assess a team's progress throughout a Collaborative Improvement Project.

This tool contains:

- ❏ Collaborative Assessment Scale

The Model for Improvement - MEASUREMENTS

Assessment Scale for Collaboratives

Assessment/Description	Definition
1.0 Forming team	Team has been formed; target population identified; aim determined and baseline measurement begun.
1.5 Planning for the project has begun	Team is meeting, discussion is occurring. Plans for the project have been made.
2.0 Activity, but no changes	Team actively engaged in development, research, discussion but no changes have been tested.
2.5 Changes tested, but no improvement	Components of the model being tested but no improvement in measures. Data on key measures are reported.
3.0 Modest improvement	Initial test cycles have been completed and implementation begun for several components. Evidence of moderate

The Model for Improvement – CHANGE IDEAS

- Remember your resources for change ideas:
 - Change package
 - Listserv

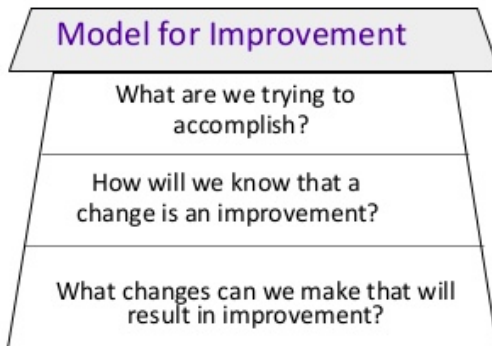


Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



Change Package

Introduction	2
Guidelines for the Clinical Management of Opioid Use Disorder: Major Recommendations	3
Key Points in Treating Opioid Use Disorder	4
Aim Focus 1: Diagnosis and Treatment Initiation	5
<i>Screening and Diagnosis</i>	5
Aim Focus 2: Treatment Retention and Optimal Dosing	9
Aim Focus 3: Quality of Life and Bundle of Care	12
References & Resources	15



- ← Aims
- ← Measurements
- ← Change ideas



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative

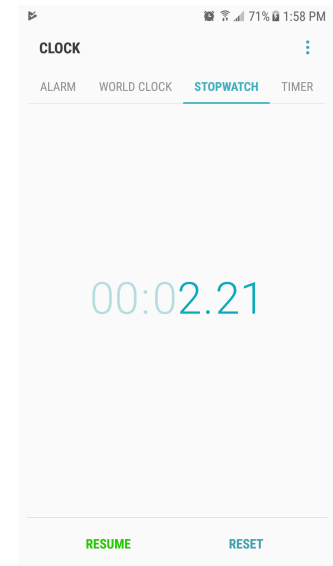
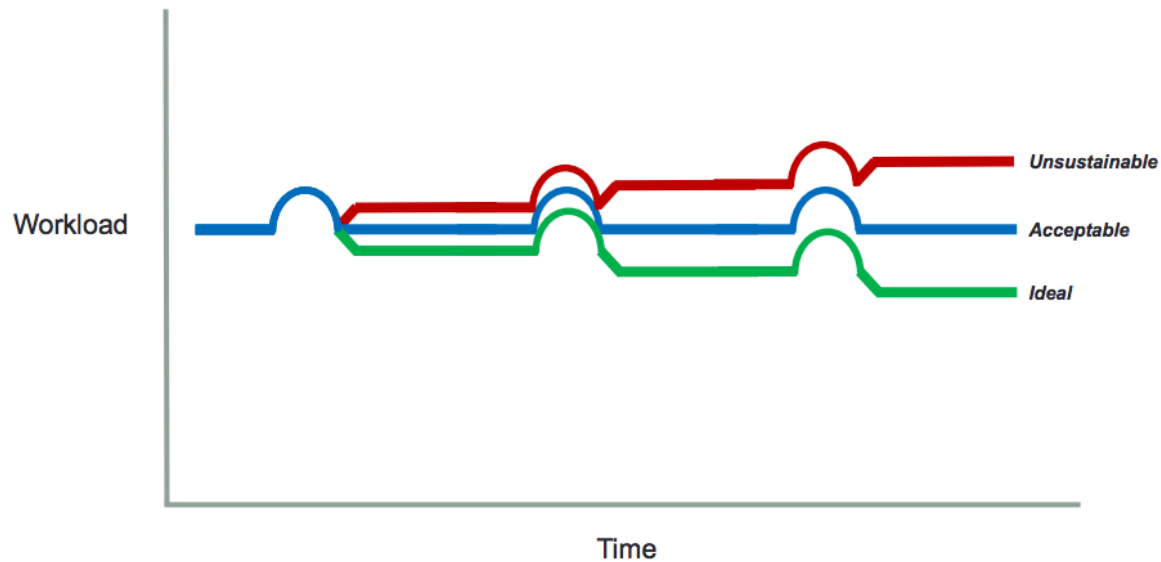


OUD form and Highly Adoptable QI

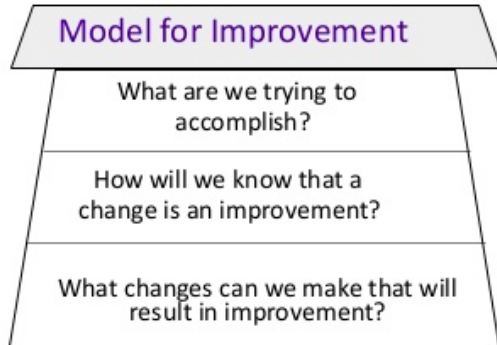
- Highly adoptable QI

<http://www.highlyadoptableqi.com/>

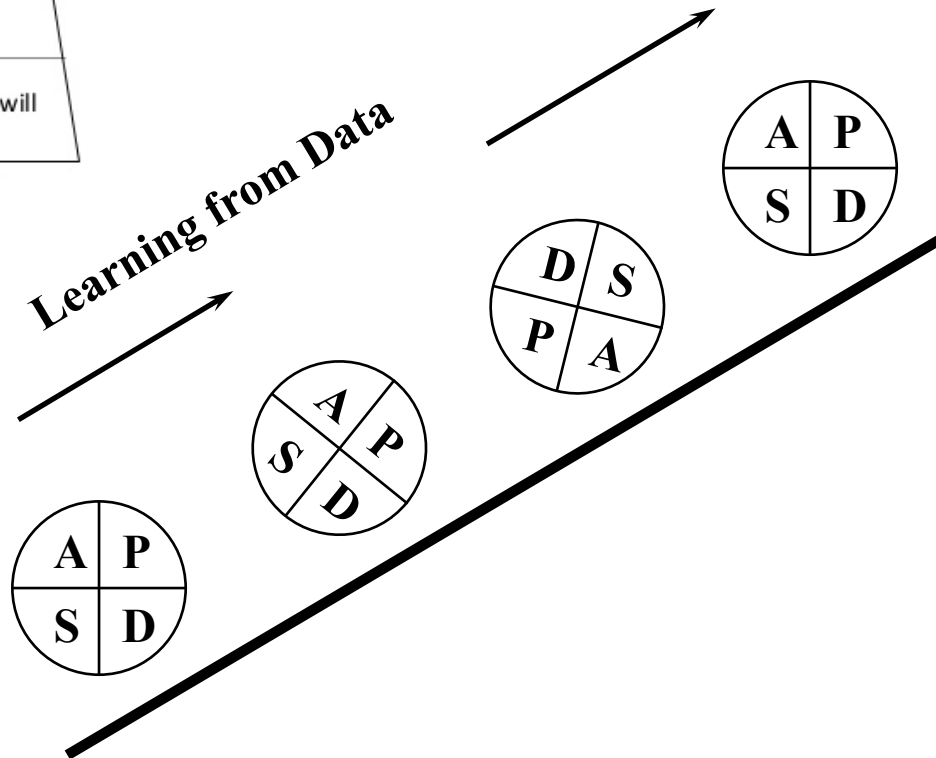
Cumulative Impact of Change



Repeated Use of the Cycle



Changes That Result in Improvement



**Hunches,
Theories,
Ideas**

Principles of Testing a Change

1. Build knowledge sequentially

- Test on a small scale
- Use multiple cycles

2. Increase the ability to predict from the results of the test

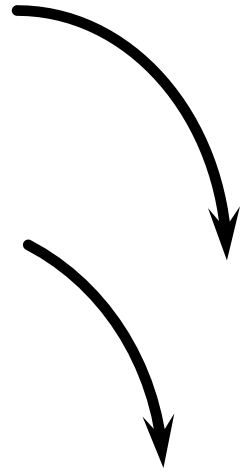
- Collect data over time during the test
- Test over a wide range of conditions

Successful Cycles to Test Changes

- Plan multiple cycles for a test of a change
- Think a couple of cycles ahead
- Scale down size of test (# of patients, length)
- Test with volunteers

Decrease Timeframe for PDSA Cycles

- **Years**
- **Quarters**
- **Months**
- **Weeks**
- **Days**
- **Hours**
- **Minutes**



*Drop down next
“two levels” to
plan Test Cycle!*

Successful Cycles to Test Changes

- Do not try to get buy-in, consensus, etc.
- Be innovative to make the test feasible
- Collect useful data during each test
- Test over a wide range of conditions

Testing vs Implementation

- **Testing** – Trying and adapting existing knowledge on small scale. Learning what works in your system.
- **Implementation** – Making this change a part of the day-to-day operation of the system
 - On the pilot team/with pilot population
 - Not after just one test!
- **Spread:** Taking the change beyond the pilot team/pop
 - Other parts of organization
 - Hospitals, clinics, services, units
 - From people with OUD to people with Depression

Failed Tests...now what?

Reasons for failed tests:

1. Change not executed well
2. Support processes inadequate
3. Hypothesis/hunch wrong:
 - Change executed but did not result in local improvement
 - Local improvement did not impact global measures

Collect data during the **Do step of the Cycle to help differentiate these situations.**

PDSA Cycle - PLAN

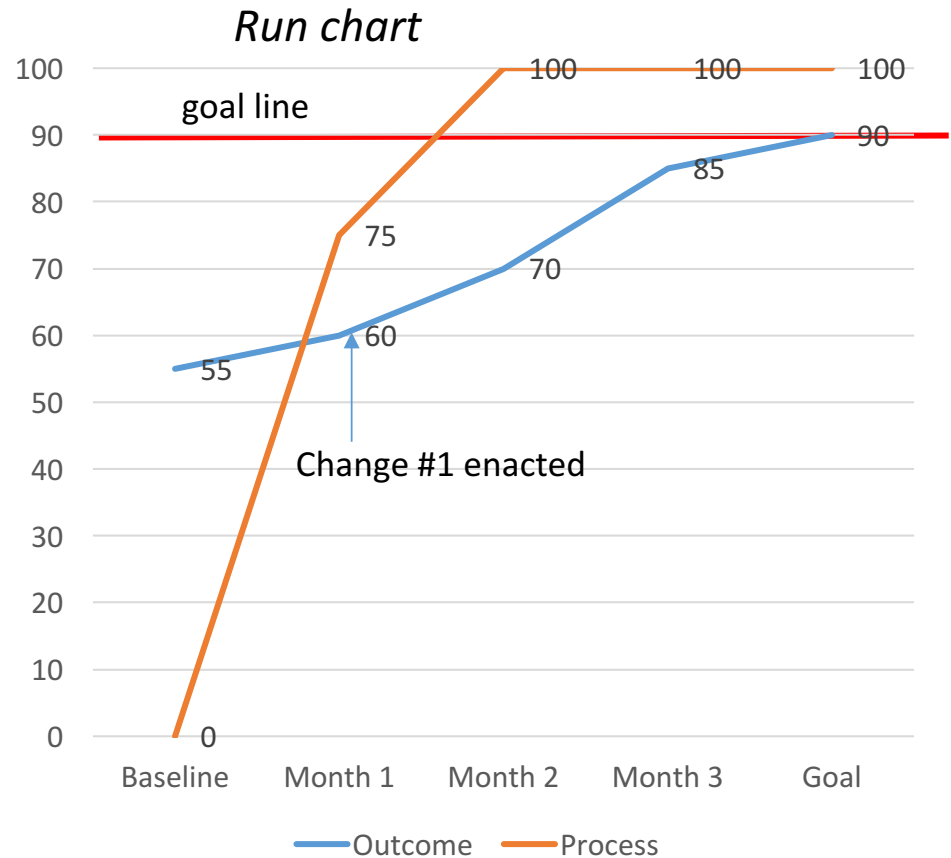
- Test of change
 - Remember to start small (one test, one patient, one provider)
- Describe your test
 - Who is responsible?
 - When is it to be done?
 - Where is it to be done?
- Predictions – what do you expect to happen/learn?
- Data collection plan
 - What are your outcome, process, balancing measures
 - What data will you need to collect and how will you do this (who? when?)
 - What qualitative data will you collect
 - How will you analyze the data and share findings?

[http://www.ihl.org/education/IHIOpenSchool/resources/Assets/PDSA_Worksheet\(long\).pdf](http://www.ihl.org/education/IHIOpenSchool/resources/Assets/PDSA_Worksheet(long).pdf)

PDSA Cycle - DO

- Observations

- Record any adjustments, both intentional and unintentional, to the stated plan
- Record data outlined in the plan



[http://www.ihl.org/education/IHIOpenSchool/resources/Assets/PDSA_Worksheet\(long\).pdf](http://www.ihl.org/education/IHIOpenSchool/resources/Assets/PDSA_Worksheet(long).pdf)

PDSA Cycle - STUDY

- Complete your analysis by comparing your predictions to your findings
 - Predictions
 - Learnings
- Did the change lead to improvement? Why or why not?

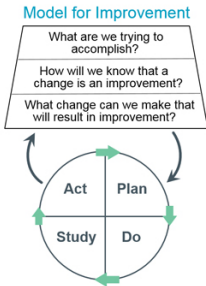
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PDSA Cycle - ACT

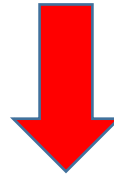
- Based on what you learned, what will you do differently in your next cycle?

[http://www.ihl.org/education/IHIOpenSchool/resources/Assets/PDSA_Worksheet\(long\).pdf](http://www.ihl.org/education/IHIOpenSchool/resources/Assets/PDSA_Worksheet(long).pdf)

Our first Action Period



Teams testing changes (PDSA-level measures)



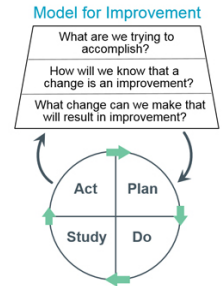
Site-specific aims



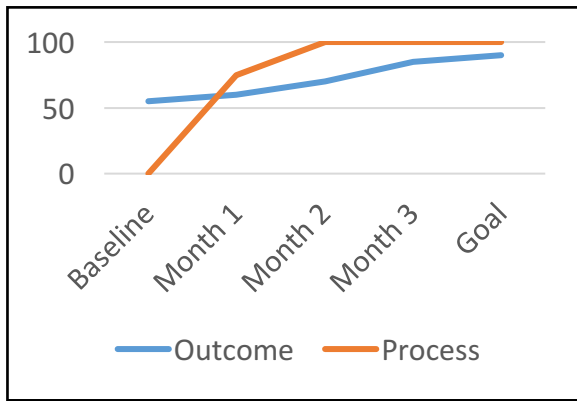
Collaborative aims (Collaborative-level measures)



Collaborative outcomes



From PDSA to Collaborative Outcome



WORK ZONE

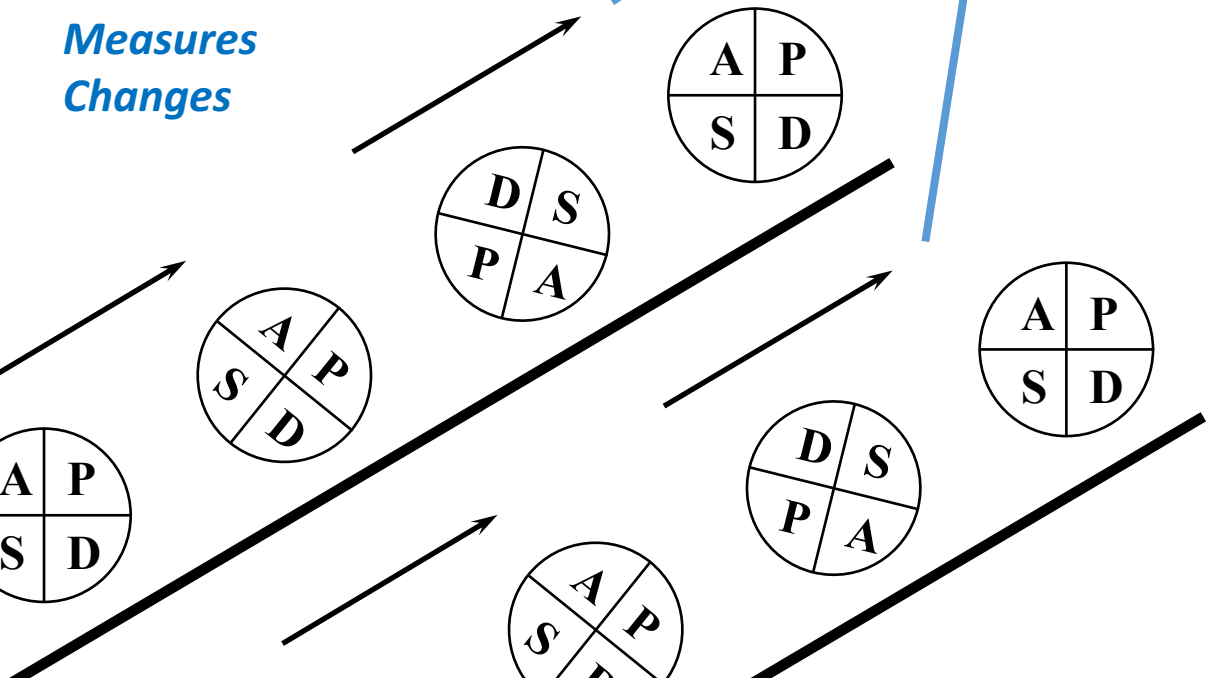
Site-specific aims



By July 1st, 2018 we aim to provide equitable access to integrated, evidence-based care to help our population of clients with opioid use disorder achieve:

- 95% initiated on oOAT
- 95% retained in care for ≥3 months
- 50% average improvement in Quality of Life score

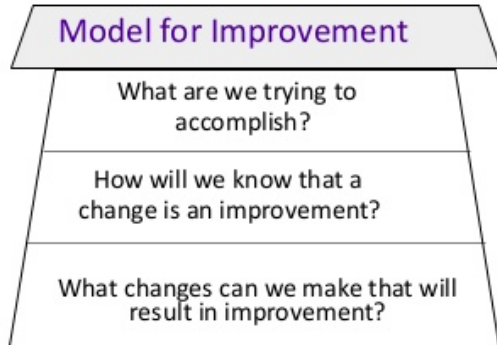
Measures Changes



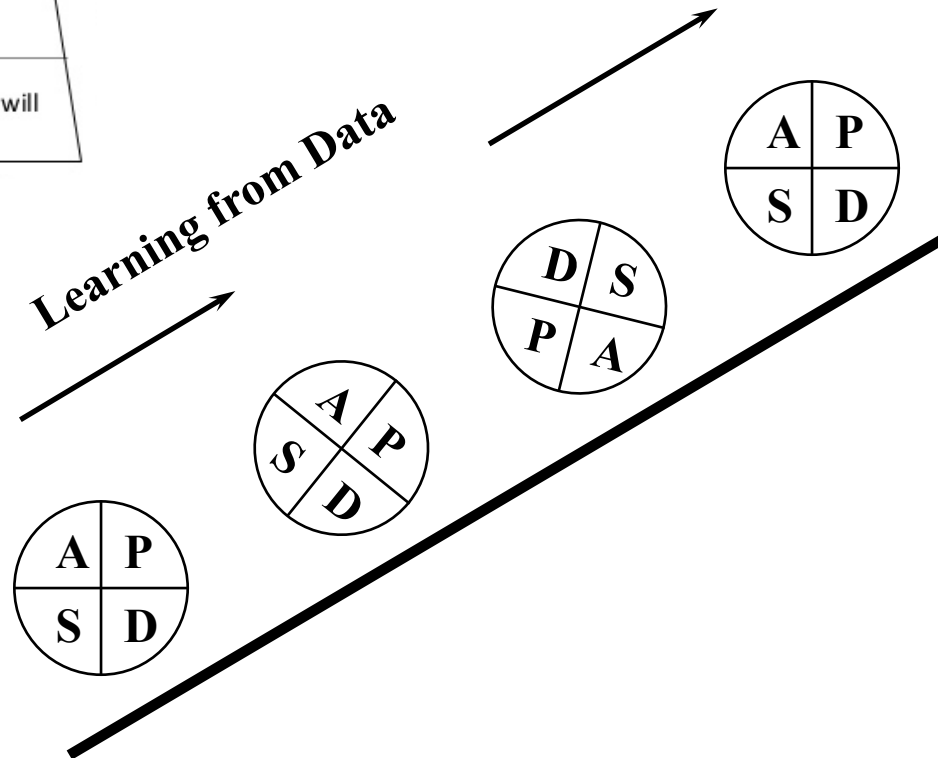
Collaborative-level Measures

- **Engagement**
- **oOAT access**
- **Active oOAT**
- **Optimal oOAT dosing**
- **Retention on oOAT**
- **Quality of Life score**

Repeated Use of the Cycle



Changes That Result in Improvement



**Hunches,
Theories,
Ideas**

PDSA Cycle #1 - PLAN

- “Try to reduce number of missed doses”

PDSA Cycle #1 - PLAN

- “Try to reduce number of missed doses”
- **Change Idea:** Have LPN review all missed dose faxes for day and attempt to contact client to facilitate not missing a subsequent dose
- **Aim:** On December 12, for OUD clients, reduce the number of clients who miss two doses in a row after receiving a missed dose fax on December 11, 2017

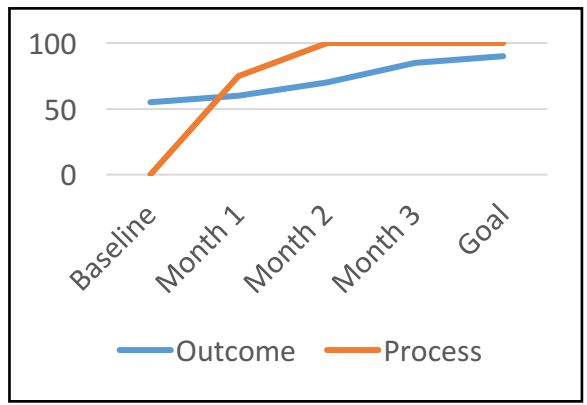
PDSA Cycle #1 - PLAN

- **PDSA-level measures**
 - **Outcome measures**
 - What are you trying to achieve with your change idea?
 - **Process measures:**
 - Are you doing the right things to get there?
 - **Balancing measures:**
 - Are your changes causing problems to other parts of the system?

PDSA Cycle #1 - PLAN

- “Try to reduce number of missed doses”
- **Change Idea:** Have LPN review all missed dose faxes for day and attempt to contact client to facilitate not missing a subsequent dose
- **Aim:** On December 12, for OUD clients, reduce the number of clients who miss two doses in a row after receiving a missed dose fax on December 11, 2017
- **Measurement:**
 - Outcome – proportion of clients who miss two doses as of Dec 12
 - Balancing – time taken for staff to do this work
 - Process - # clients where contact is attempted, # clients reached, #faxes (re: first missed dose) received on Dec 11
- **Prediction:** 90% of clients reached will not miss a second dose

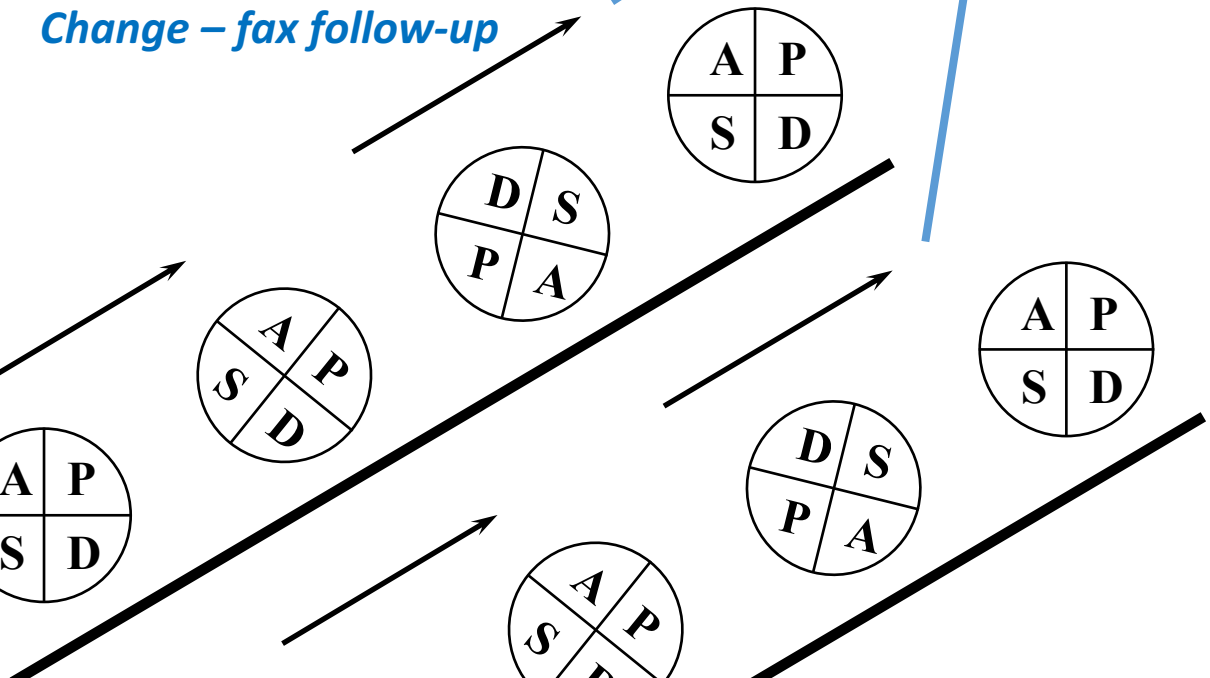
From PDSA to Collaborative Outcome



WORK ZONE

Site-specific aims

Change – fax follow-up



By July 1st, 2018 we aim to provide equitable access to integrated, evidence-based care to help our population of clients with opioid use disorder achieve:

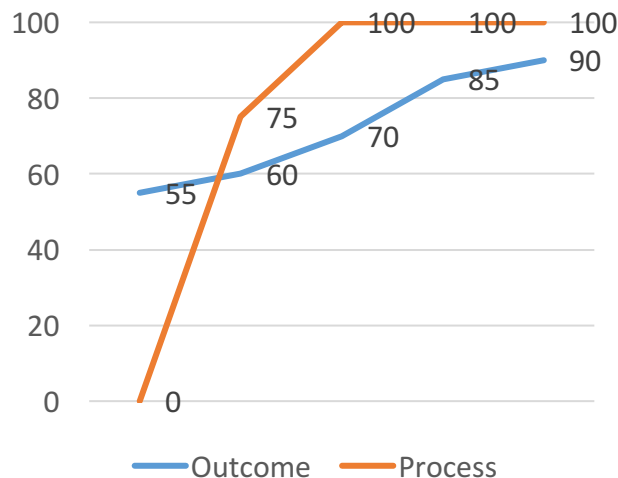
- 95% initiated on oOAT
- 95% retained in care for ≥3 months
- 50% average improvement in Quality of Life score

Collaborative-level Measures

- **Engagement** ←
- **oOAT access** ←
- **Active oOAT** ←
- **Optimal oOAT dosing** ←
- **Retention on oOAT** ←
- **Quality of Life score** ←

PDSA Cycle #1 - DO

- Carry out the planned test of change
- Record any adjustments, both intentional and unintentional, to the stated plan
- Record data outlined in the plan



PDSA Cycle #1- STUDY

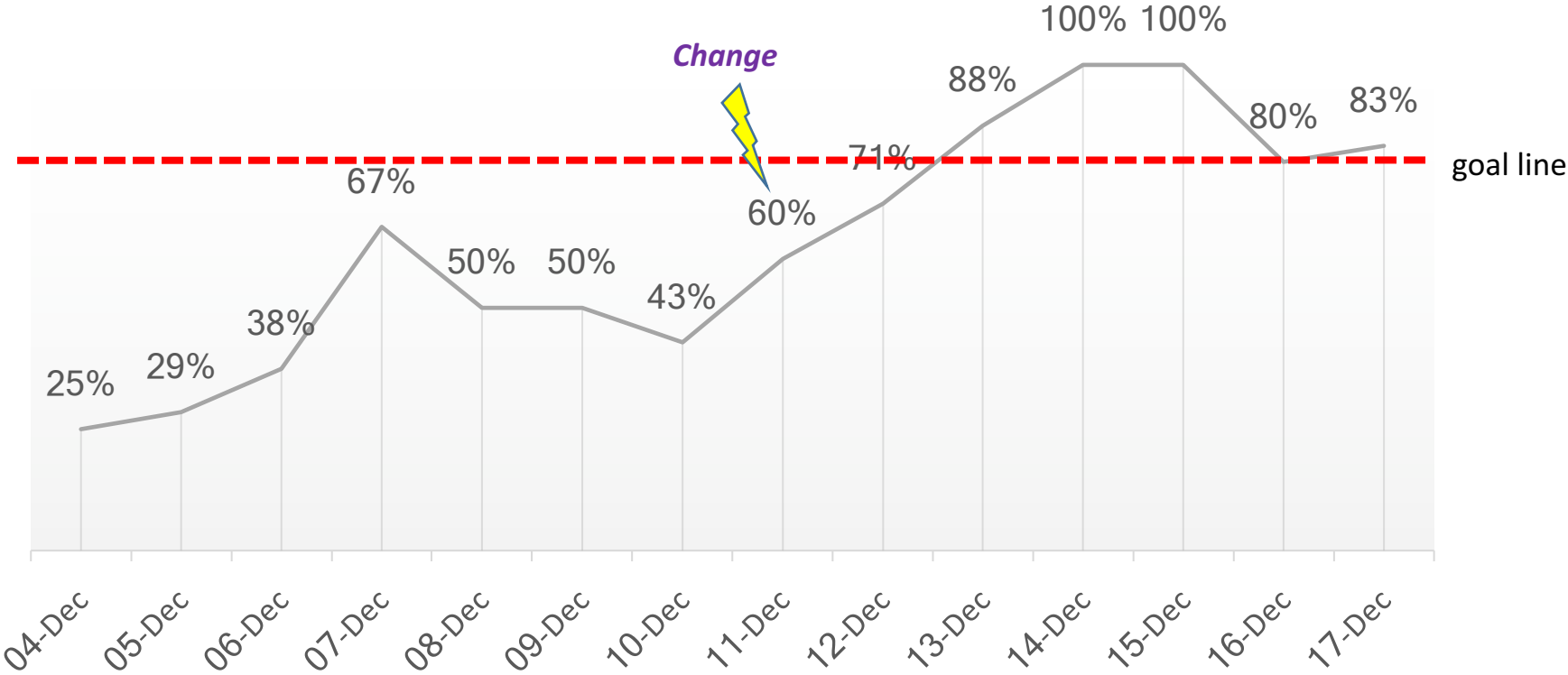
- What did we learn:
 - Process –
 - Received 5 faxes on December 11th for clients with 1 missed dose
 - LPN attempted to contact 4 out of 5 clients
 - LPN successfully contacted 3 clients
 - No information on how to contact 5th client available
 - Outcome
 - All 3 clients successfully contacted did not miss dose on December 12th
 - Balancing
 - LPN spent 30 minutes attempting to contact clients
 - Other Learnings:
 - Contact information not available or up to date for all clients
 - LPN unaware we could contact pharmacy for client contact information
 - LPN suspects there we more clients with missed doses on December 11th than the number of faxes received

PDSA Cycle #1 - ACT

- PDSA seemed to work – lets expand the scale of the test to 1 week (PDSA cycle #2)
- New PSDA's
 - Contact information (PDSA cycle #4)
 - Missed doses having corresponding fax (PDSA cycle #3)

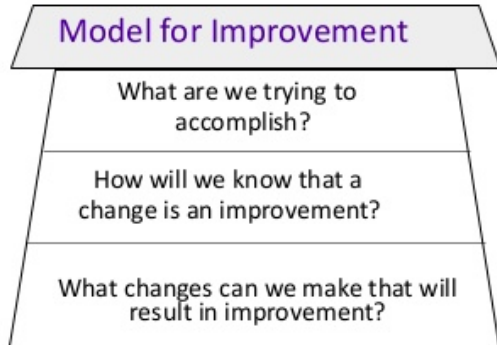
PDSA Cycle #2 - ACT

Run Chart

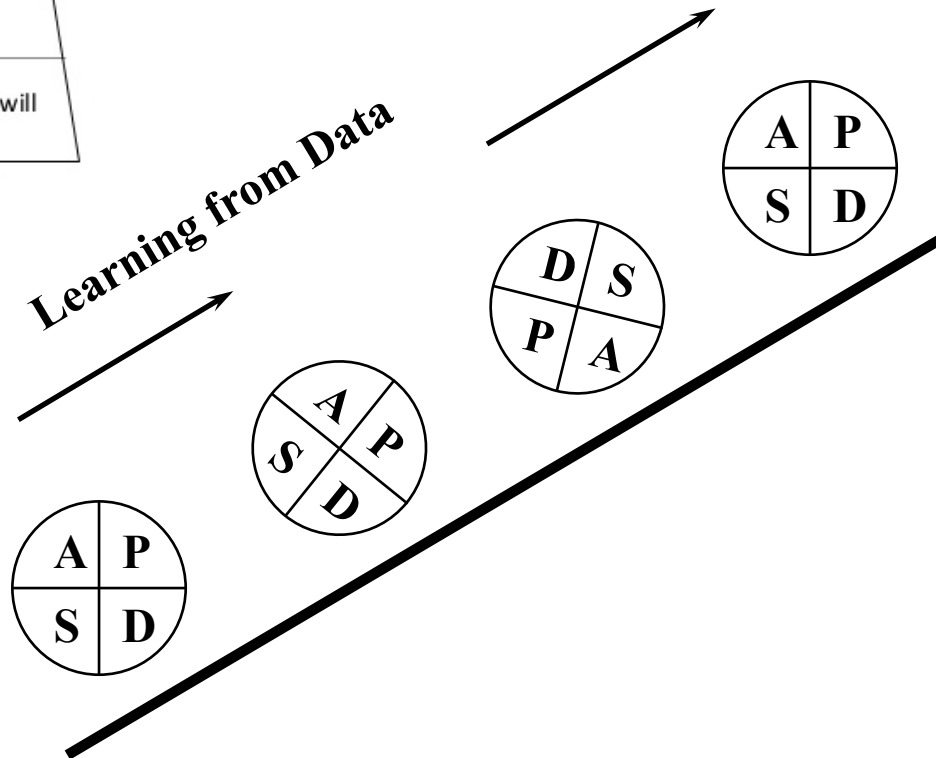


— Proportion who didn't miss second dose

Repeated Use of the Cycle



Changes That Result in Improvement



**Hunches,
Theories,
Ideas**

PDSA Cycle #3 - PLAN

- “Why aren’t we getting faxes for all the missed doses?”

PDSA Cycle #3 - PLAN

- “Why aren’t we getting faxes for all the missed doses?”
- **Change Idea:** To compare number of faxes received for missed doses to actual number of missed doses
- **Aim:** To ensure we have received a fax from pharmacy for 100% of client missed doses.

PDSA Cycle #1 - PLAN

- **PDSA-level measures**

- **Outcome measures**

- What are you trying to achieve with your change idea?

- **Process measures:**

- Are you doing the right things to get there?

- **Balancing measures:**

- Are your changes causing problems to other parts of the system?

PDSA Cycle #3 - PLAN

- “Why aren’t we getting faxes for all the missed doses?”
- **Change Idea:** To compare number of faxes received for missed doses to actual number of missed doses
- **Aim:** To ensure we have received a fax from pharmacy for 100% of client missed doses.
- **Measurement:**
 - Outcome – # fax received for most recent missed dose as a proportion of all clients with missed doses
 - Balancing – time taken for staff to do this work
 - Process - # of clients seen by triage nurse; # of clients with missed dose
- **Prediction:** There will not be a corresponding fax for all clients with missed doses, some pharmacies may not do this reliably

PDSA Cycle #3 - DO

- Carry out the planned test of change
- Record any adjustments, both intentional and unintentional, to the stated plan
- Record data outlined in the plan

PDSA Cycle #3 - STUDY

- Over the course of the week the triage nurse saw 15 clients who had missed doses
- Of clients with missed doses, 13 out of 15 had a corresponding fax for the most recent missed dose
- The 2 missing faxes were associated with the same pharmacy
- It took an extra 5 minutes total to check for corresponding faxes

PDSA Cycle #2 - ACT

- Identified two pharmacies where faxes were not reliably coming in, so decided to continue PDSA cycle #2 for two more weeks to see if more could be identified
- Start a new PDSA on trying to improve faxing from these pharmacies
 - Could test a change wherein the clinician calls the pharmacy to review that a fax was not sent, and asks how a system could be implemented such that that doesn't continue to happen



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



Questions?

CONTACT US: boostcollaborative@cfenet.ubc.ca

VISIT THE WEBSITE: <http://www.stophivids.ca/oud-collaborative>

Storyboard Rounds

Please take the next 30 minutes to view the team Storyboards posted around the room

Lunch

Please return at 1:00PM

Breakout Sessions

Break

Please return at 2:15PM

Team Work

Offers and Requests

Closing Remarks

Rolando Barrios

Senior Medical Director, Vancouver Coastal Health
Assistant Director, BC Centre for Excellence in HIV/AIDS

Key Dates

- **December 20:** Reports due
- **January 18:** Coaching Call 3 with Colleen Labelle
- **January 25:** Reports due
- **February 15:** Coaching Call 4
- **March 15:** Learning Session 2

Evaluation and Coaching

- Evaluation
- In-person coaching sign-up
- Website

A final ask....

- One person from each team share on the *listerv* their next P-D-S-A cycle by **Tuesday, December 11**

THANK-YOU!

Contact us: boostcollaborative@cfenet.ubc.ca

Laura Beamish: lbeamish@cfenet.ubc.ca

Danielle Cousineau: danielle.cousineau@shaw.ca