Missed Dose/Lost to Care/Outreach Protocols

CONTACT LISTS

The clinical coordinator (or other nurse when clinical coordinator is not here) will print an updated Kardex for the CLWs in the morning. Pharmacy will print a "missed dose report" and a copy should be given to the CLWs. On the weekends when the Kardex may not be updated in time, use yesterday's Kardex and missed dose list as a guide.

CONTACT PRIORITY

The priority of people to contact is as follows:

- *Priority 1 (to be done every day):*
  o Anyone who has MISSED 2 DOSES IN A ROW and is at risk of having their script cancelled or cut back
- *Priority 2 (to be done when time permits):*
  o Anyone who has missed 1 dose and can be contacted by phone
- *Priority 3 (to be done once weekly, on the weekend):*
  o Anyone on the "LOST TO CARE" list who we can contact (PharmaNet checks for people on this list is very useful)
  o If we contact someone who is lost to care, they should be reminded that coming to DTES Connections as early as possible is best to make sure they can see the Doctor
  o Even if we have previously contacted clients it is good to also have a face to face interaction when possible/when we see them so they know that we care.

Successful and unsuccessful attempts at contacting people should be logged into EMR so these statistics can be tracked. Contact information should be updated as required.

LOGGING OUTREACH IN EMR

Log a "NEW ENCOUNTER" and change the title from "Problem 1" to "OUTS" for *successful contact* and "OUTN" for *unsuccessful contact*.

Leaving a phone message for someone or at the desk of their housing (if it's supported housing or run by a good provider) is a successful contact. If the phone number is not in service or the person who answers doesn't know the person you're calling about, that's an unsuccessful contact. Leaving messages at private SROs (like the Balmoral) isn't recommended.

OUTREACH BY PHONE/EMAIL

At 10am, when all 4 CLWs are on site, they will touch base in the reception office and discuss the day's outreach strategy. One CLW will take the list to a quite work space and make phone calls from either the clinic phone or Connections cell phones to try to contact people. Make simple notes on the list, cross off people who have been contacted or for whom messages have been left.

OUTREACH BY FOOT

Outreach on foot is time consuming and should be done primarily for people who have no other means of contact, if they have given us permission to outreach them and if there is information on file about where they might be found. We should also do foot outreach, when time permits, for people who are recently lost to care.

Outreach on foot should be done by a CLW or a Peer only after the CLWs have gone through the whole list and contacted everyone possible by other means (phone, email, etc.). It is crucial to get good information at intake about when, where and how we can conduct outreach for someone, including finding out where the person hangs out, their Insite handle, etc.

OUTREACH SAFETY:

Outreach is usually a 1-person job, unless the person or location you're outreaching is not safe (see VCH policy below).To determine if outreach is safe staff should check.

- **Client's history of behaviour issues (verbal or physical) impacting on staff safety.**
- **Safety concerns around the building or area where client is likely to be contacted.**
- **Review of PARIS & EMR charts if unfamiliar with client**

It is essential that the person doing outreach verbally communicates to the other CLWs and Peers about where and when they are going, and writes details on the white board including phone taken. It is better to over-communicate than under-communicate. If staff are going home directly from outreach they must contact clinic when outreach over to let staff know you are safe and going home for the day.

DON'T FORGET TO SIGN OUT AN OUTREACH PHONE AND WRITE THAT PHONE NUMBER ON THE RECEPTION BOARD!
http://vch-connect.vch.ca/policies_manuals/rhs_policynet/mental_health_addictions/Documents/Off%20Site%20Visit%20-%20Safety%20Requirements%20AOA.pdf