

DownTown Eastside Connections: Diagnosis and Initiation

Jacey Larochelle, RN (c), Clinical Coordinator – <u>jacey.larochelle@vch.ca</u>

Sara Fieldsend, CLW – <u>sara.fieldsend@vch.ca</u>

Catherine Campbell, CHC Coordinator – <u>catherine.campbell2@vch.ca</u>

Les Blydo, RPN – <u>lesliewilliam.blydo@vch.ca</u>

Clinic Number: 604-675-3600

DTES Connections

- Downtown Eastside Connections
- BOOST Team: Jacey Larochelle CC, Catherine Campbell CHC, Sara Fieldsend CLW, Les Blydo RPN
- Low barrier multidisciplinary team providing same day access to oOAT for members of the DTES Community. Connections is a transitional program which aims to connect people to ongoing healthcare and other appropriate services.
- 214 Active Clients, 407 clients transitioned to date
- 1102 bridging scripts to date

Background

Diagnosis:

Done through shared care between physician and nurse. As per DSM-5 Clinical Diagnostic Criteria. Nurses use ORT form on EMR and scan PARIS and EMR and CareConnect, as well as chart review, client interview and urine drug screen (UDS).

Treatment Initiation:

- 1: Same day start on methadone, kadian or suboxone
- 2: Engagement with team for the purpose of future initiation on medication and connection to medical care. May involve referrals to addictions services, food, outreach and rapport building

Change Tested

Changes being tested:

 Daily Assertive outreach to lost to care (not seen in over 1 month) for re-initiation in treatment.

Other Changes to Treatment Initiation in past year

- Microdosing protocol with educational materials for clients
- Tool for nurse-led suboxone dosing for inductions after initial MD assessment
- Increased kadian dosing on treatment initiation
- Detox intake pathway for same day referral to detox

Reflection

Challenges:

- 1. Testing change
- 2. Time and staffing shortages and rotating schedules
- 3. Transient population often difficult to initiate or re-initiate in ongoing treatment
- 4. Open 7 days/week- difficult to arrange staff meetings/check ins

Success:

- 1. Rapid assessment and diagnosis using shared care model with nursing has maintained mandate treatment initiation in under 2 hours.
- 2. Microdosing has lead to more people becoming appropriate for suboxone induction
- 3. Nurses assessing clients for subsequent suboxone doses has decreased MD visits through day