### **BOOST Collaborative**

# **Evergreen Substance Use Services Small But Mighty!**





### Our Collaborative Team

#### WHO WE ARE

Niki Parnell: Rockstar PA

Deanna MacKenzie: Nurse Mastermind

Blazhena Leigh: CRN Ninja

Charlotte Jackson: Team Lead Wizard

• We operate an outpatient substance use clinic in the Joyce Collingwood neighbourhood of Vancouver. We offer counselling and a medical program with nurses and doctors specializing in addiction medicine. We are one block from the Joyce Collingwood Skytrain and serve a diverse population - from those in the pre-contemplative stage of substance using – folks who access our harm reduction supplies – to individuals and family members who are further into the recovery journey who engage in one on one counselling support, acupuncture and can access referrals to other resources – plus everyone in between. A significant number of our clients are engaged with our addiction medicine team receiving oOAT and community withdrawal management support. We see clients living in Vancouver, regardless of catchment and we currently have no waitlist.



### **Counsellors and Nurses**



### Aim Statement

- What are we trying to accomplish? Maximally engaging our oOAT clients to improve wrap around care and retention.
- What aspect of care are we trying to improve? Retention plus we are seeking to improve our bundle of care - offering a drop in recovery/wellness group, a new service wide trauma-sensitive yoga group and low barrier access to trauma informed and trauma specific counselling services
- Why is this important to do now? We recognize the need to provide lower barrier, more responsive, trauma informed OAT services in order to increase engagement and retention. We need to discover what works and what doesn't in engaging and retaining individuals in oOAT treatment

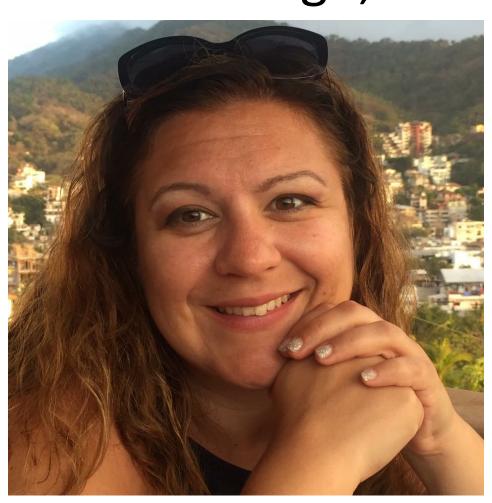


### Our Population of Focus

- Who are our clients?
- Adults 19 +
- Some clients work, others are on various levels of social assistance or disability.
- Complex clients with a multitude of physical concerns (Hep C, HIV, Chronic pain and other chronic medical issues), as well as concurrent disorders including PTSD, depression, anxiety, and other major mental health issues.



# Our New BOOST team member: Blazhena Leigh, CRN



### **Changes Tested**

- What small test of change have we tried? Daily appointment reminders + following up with pharmacy and clients when oOAT doses are missed
- What were we measuring? No-show rates + missed doses
- Did we implement them? Yes
- We have also been at work with data clean up, developing new PDSA cycles which have included running a recovery/wellness check-in group which coincides with a drop in counselling service, a new trauma sensitive yoga group + we completed a client survey, and we are engaging pharmacies and clients around missed doses.



## Dr. Mark Viljoen and Nurse Deanna MacKenzie



### Lessons Learned

- Our progress so far –
- Our client survey showed that our clients want more groups and extended clinic hours
- We have determined that we have a high retention rate for oOAT clients and that it is only a small percentage of clients who miss doses, or fall out of care.
- OAT client no shows went from 49 people for the 30 days prior to appt. reminder callouts, decreased to 29 no shows in the first 30 days.
- A lot of missed dose faxes from pharmacies were incorrect were not reversed when the client had come in at the end of the day.
- **Opportunities for improvement:** We need more meetings to keep the BOOST conversation alive within our team.
- **Lesson's learned:** Numbers of no-shows don't tell us about the particular reasons behind missed appointments and if they relate to retention in treatment. Sometime pharmacies were confused by us phoning to check in around missed doses.
- How did we address these? Developed further PDSA cycles to expand our bundle of care to include client voice. Conducted PDSA cycle around missed doses to figure out if we can be more proactive at the time the dose was missed. Sought to engage clients after missed doses to see if there were specific reasons behind the doses being missed.



### Looking forward...

- What's next?
- Rolling out more groups: SMART and a Shame Resiliency Group
- Continue monitoring missed doses, updating pharmacy records, gathering oOAT start dates for all clients, increase wrap around/bundle of care.





### **Contact Information**

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