

BOOST Collaborative

Evergreen Substance Use Services Small But Mighty!



Our Collaborative Team

- **WHO WE ARE**

- **Niki Parnell:** PA Rockstar
- **Deanna MacKenzie:** Nurse Mastermind
- **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 increase engagement 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, piloting a recovery/wellness group, offering HIV/Hep C testing, including food with the group.
- **Why is this important to do now?** We need to improve access to substance use services as there is a public health emergency related to the poisoned drug supply in BC. We want to make our service more responsive and accessible to those who need it. 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.

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 including a ongoing Hep C/HIV testing drive, running a recovery/wellness check in group with food and hot drinks which coincides with a new drop in counselling service, completed a client survey, plus engaged pharmacies and clients around missed doses).

Dr. Mark Viljoen and Nurse Deanna Mackenzie



Lessons Learned

- **Our progress so far –what have we learned about our POF, partnerships, etc:**
- We have learned that we don't know what works/doesn't work for our clients in regards to engagement and retention in treatment. Client voice had been missing.
- OAT client no shows went from 49 people for the 30 days prior to appt. reminder call-outs, 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.
- **Lessons learned or opportunities for improvement we encountered:**
- **Opportunities for improvement:** Team Engagement - we have been working in a new way as a team -brainstorming, opening the floor to new ideas – not waiting for the 'right time' – just implementing ideas. Improving relationships with pharmacies.
- **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?**
- Offering more groups: yoga, mindfulness, recovery group, SMART
- Continue monitoring missed doses and doing a mini PDSA cycle with a client who didn't miss a dose for two weeks after being called after each missed dose.



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