



Thursday, February 14th, 2019
Provincial BOOST Collaborative Learning Session 1

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Faculty Disclosure

Faculty: Dr. Laura
Knebel, MD CCFP
FCFP

- No disclosures



Disclosure of Commercial Support

- **Potential for conflicts of interest:**
 - No commercial organization has supported this program.

Mitigating Potential Bias

- Not applicable

Objectives

- Context/team
- Change ideas/outcomes
- Challenges/barriers
- Reflection/learning

DCHC Context



- Large inner city CHC
>3000 patients
- POF: 651 patients with
OUD
- 9 GPs, 2 NPs, >70
employed staff
- Fentanyl crisis
- DTES 2nd Generation



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



EYE OF THE STORM

AWARD

THIS AWARD IS PROUDLY PRESENTED TO

**DOWNTOWN COMMUNITY
HEALTH CENTRE**

FOR THEIR RESILIENCE WHEN THINGS ARE HECTIC

SEPTEMBER 20, 2018

DATE

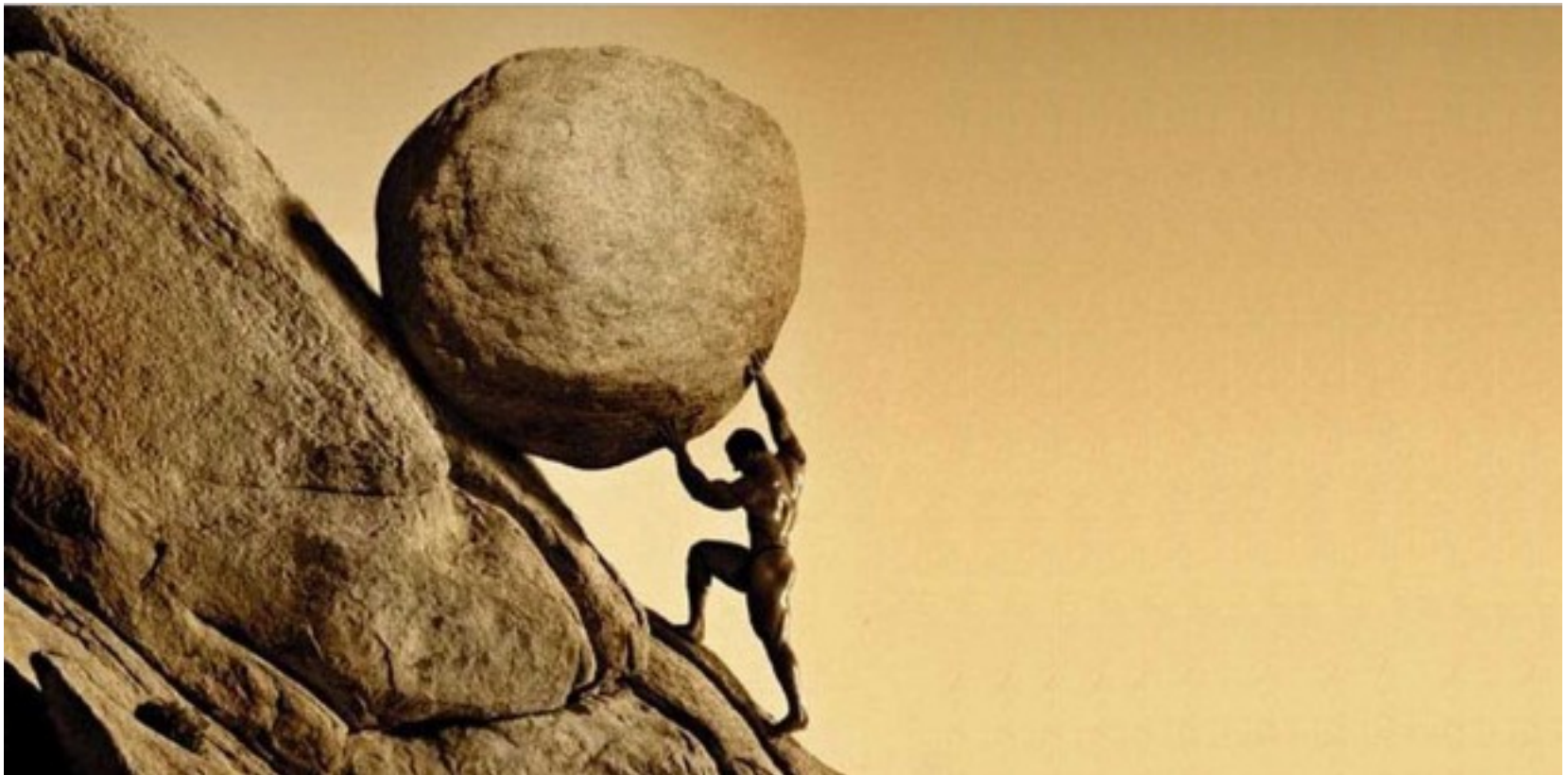
SIGNATURE

BOOST Team

- Barb Eddy NP, Terry Hobot RN, Marie Sproule RN, Laura Knebel MD, (Teri Buckshaw CLW)
- Why we participated:
 - We had to!
 - Competition
 - **We have a lot of patients with OUD who are dying and we wanted to improve things!**

Change Ideas/Outcomes

- Data Cleanup (10 months; **617** patients w/OUD; **482** DCHC primary OAT site; **241** active OAT rx)



Change Ideas/Outcomes

1. No clear missed dose protocol
2. No tracking of expired OAT Rx
3. No system for identifying clients lost to care

1. No clear missed dose protocol

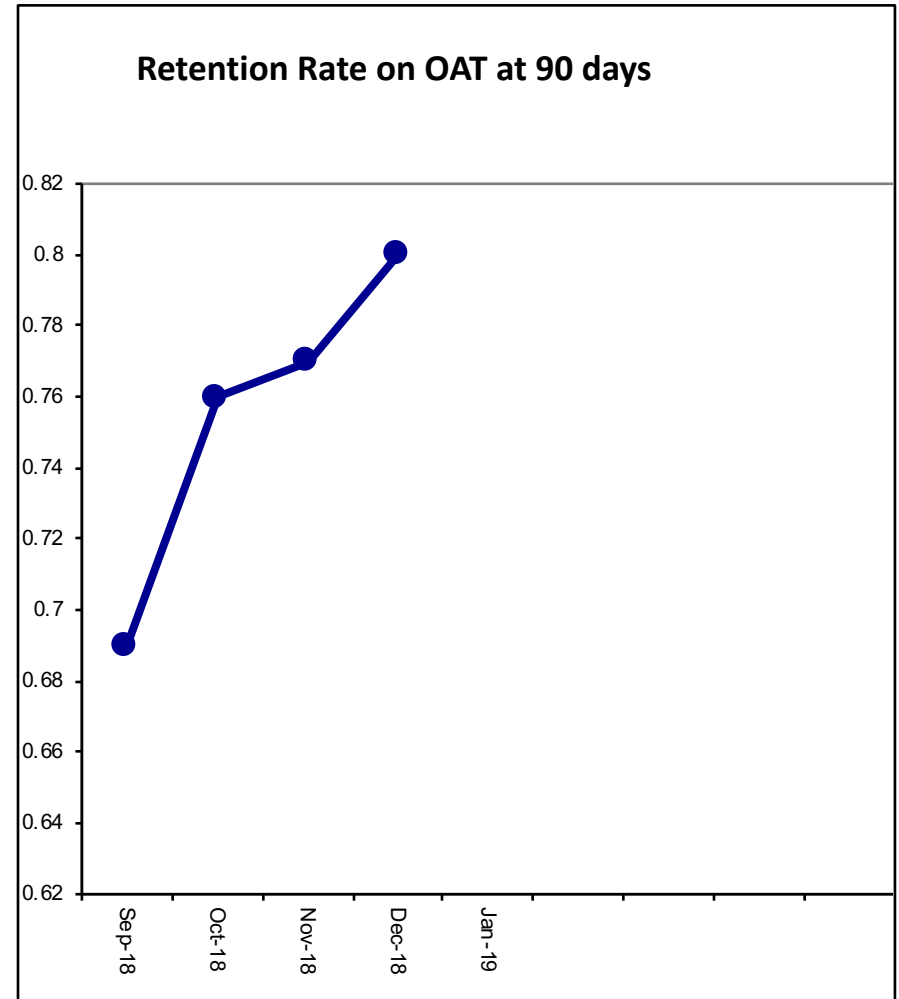
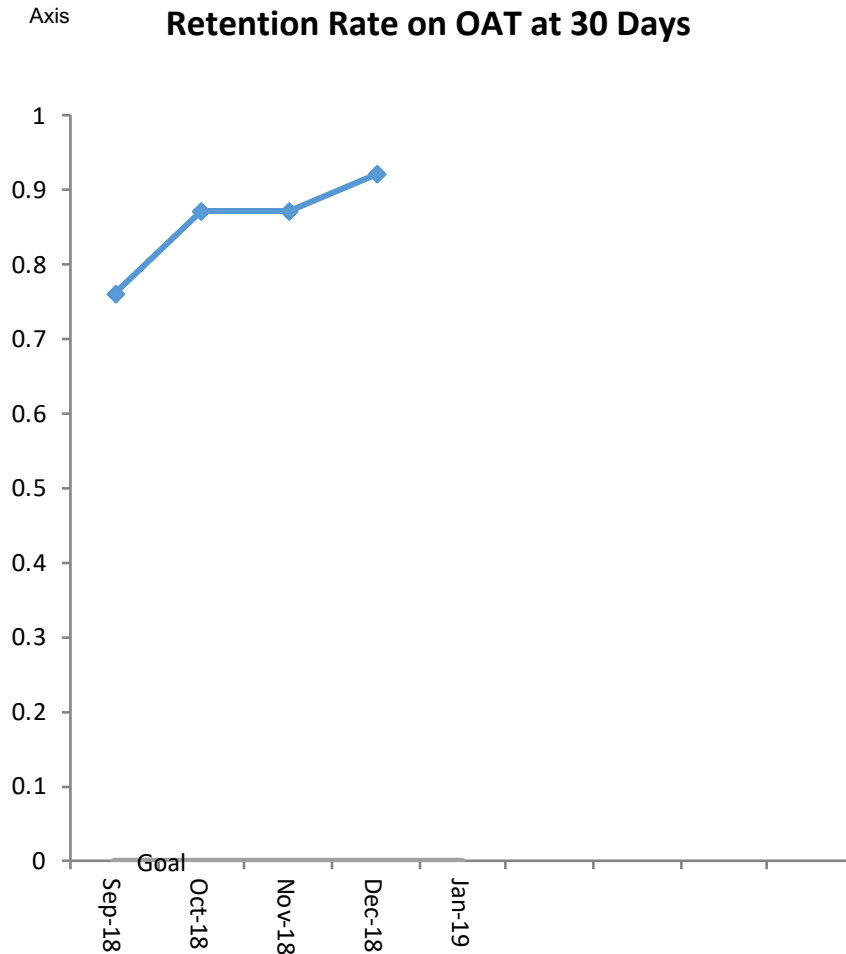
- ▶ Engaged key stakeholders
- ▶ New workflow - iOAT CLW reviews daily list from pharmacy or clinicians send electronic task for individuals who have missed 2 doses of methadone or 1 dose of kadian; phones/outreaches
- ▶ Tracked:
 - ▶ Number of clients daily with missed doses/contact success rate
 - ▶ Amount of time spent doing this work
 - ▶ Retention Rate at 30 and 90 days
 - ▶ THN kits dispensed
 - ▶ Client satisfaction survey
 - ▶ Staff satisfaction

1. No clear missed dose protocol

▶ Tracked:

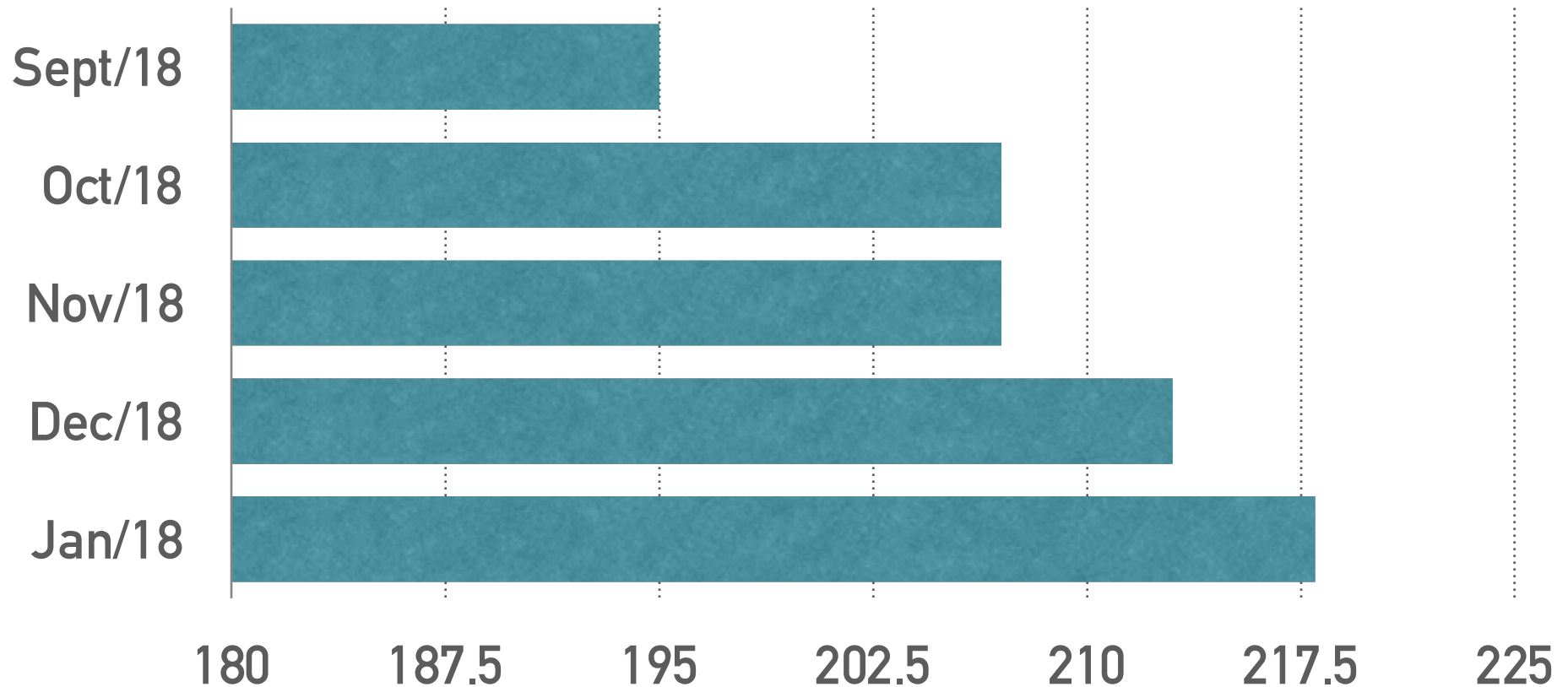
- ▶ Number of clients daily with missed doses:
 - ▶ **0.97 patients/day** (2 missed doses methadone); **62%** successful contact
 - ▶ **1.5 patients/day** (1 missed dose kadian); **59%** successful contact
 - ▶ **0.71 tasks/day**; **90%** successful contact
- ▶ Time spent doing this work: avg. **25 min/day** (CLW)
- ▶ Client Survey: **neutral/positive**; no negative feedback
- ▶ Staff: less pharmacy time, slightly more burden for MD/NP

1. No clear missed dose protocol



1. No clear missed dose protocol

THN Kits Dispensed



2. No tracking of expired OAT Rx

- Daily OUD form - added iOAT CLWs to distribution
- Imminent roll out - apply same workflow for missed doses
- Staffing - biggest barrier

3.No system for identifying clients lost to care

- **241/482** patients with active Rx - **where are the others?**
- OUD panels/clinician - identified **57** clients lost to care
- Met with OOT/Adopted OOT Lost To Care Protocol
- ▶ **GAP HIGHLIGHTED** - need for dedicated outreach staff to work on assertively outreaching and reengaging vulnerable clients at risk of OD/death

Challenges/Barriers

- iOAT Nov/17 (Launch Jun/18)
- DTES 2nd Generation Strategy Jan/18
- Flood Feb/18
- Staffing turnover
- Inadequate resources
- Large POF

Reflections/Learnings

- Metrics are necessary
- Team members WANT to help, if change is from the ground up
- Incremental QI is how we improve care
- Motivated to do more

References and Resources

- **Profile/Intrahealth EMR data**
- **OUD Daily Query**

Thank-You!

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