

BOOST Collaborative

Learning Session 2 Storyboard Template Instructions

- Use this template as your guide. Have fun and be creative. Your storyboard will: 1) act as a guide for Storyboard rounds; and 2) be posted at LS1 for other teams to view.
- 1) Fill in the template as you like and email to lbeamish@cfenet.ubc.ca **by Monday, March 12th**
 - 2) Arrange any extra materials that compliment your storyboard (e.g., photos, forms, data, graphs, tools, etc.).

Your Collaborative Team

- The Portland Hotel Society Primary Care Team: Nurses Sarah Foster and Kathryn Campbell, with help from clinic MOAs.



Aim Statement

- For our project we are focusing on our clinic at 350 Columbia Street in the DTES. We have 2 physicians and 2-3 nurses seeing up to 50 patients a day, 5 days a week. We provide access to low barrier primary care services, as well as access to OAT and iOAT. The majority of our patients have complex health challenges, including addiction and mental illness, that are exacerbated by homelessness and extensive histories of trauma.



- Our aim is to have 80% of our POF at an optimal therapeutic dose of OAT by June 2018.

Describe your Population of Focus

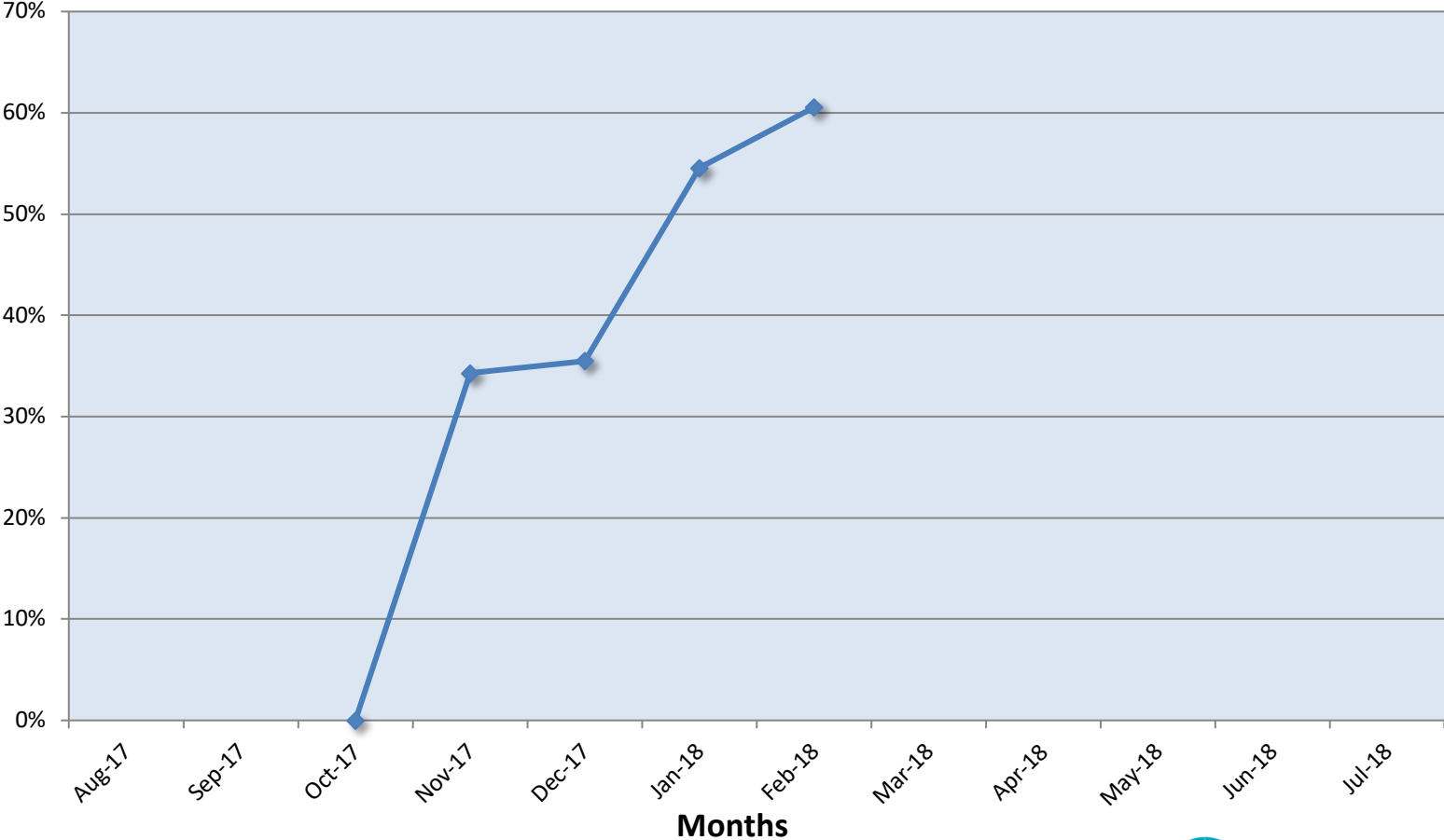
- We have chosen 50 of the most frequent patients at our clinic who are currently on a sub-therapeutic dose of OAT.
- We have expanded our focus to also include outreach to patients that regularly miss their OAT doses (monitored through missed dose fax alerts from pharmacies).

Changes Tested

- We spent the first few months interviewing participants as they came to the clinic to determine what barriers exist to titrating their OAT dose and what interventions we can implement to assist in their reaching a therapeutic dose. At intake, we asked each participant:
 1. How do you feel on your current dose?
 2. Are you still using? How much?
 3. Do you have any withdrawal? Cravings?
 4. *Explain to client what is an ideal therapeutic dose of OAT (Methadose 60mg/Kadian 400-800mg/Suboxone 16mg) - Would you like to increase your dose? If not, why?*
 5. What, if any, are the barriers to accessing your medication or increasing your dose? (side effects, health concerns, clinic wait times, getting to pharmacy etc.)
 6. How can we help? (reminder calls, shorter wait times in clinic, accompany to appointments or pharmacy)
- We also ran two short PDSA cycles monitoring missed dose alerts from pharmacies: When a patient missed two doses in a row of any OAT, the MOA attempted to contact the patient by phone, outreach workers or alerts to clinic staff. Pharmanet and chart reviews completed for accuracy as well.

Metrics

2.3 Optimal oOAT



Lessons Learned

- We have seen a steady increase in the number of POF patients that reach a therapeutic OAT dose (0% at start to 61% by the end of Feb).
- Feedback gathered from patient interviews:

Barriers

- Withdrawal and cravings (dose is too low)
- Can't get to pharmacy (due to withdrawal, injury, chronic pain, anxiety/depression)
- Can't get to clinic – unstable housing/NFA (miss pharmacy deliveries) or live far away
- Feel judged – “everyone thinks I look like a junkie”
- Don't want to come to DTES – feel triggered
- Clinic is too busy, creates anxiety
- Medications are sedating, don't want to increase

Interventions

- Increase clinic hours
- Reduce wait times
- Pick up Rx at front desk
- Call to remind of Rx renewal
- Prescribe medication for withdrawal while titrating to therapeutic dose
- Rapid dose increases
- Prescribe more carries
- Pharmacy deliveries (3 patients changed to delivery)
- Assist with finding stable housing



Lessons Learned

- Missed Dose Fax Alerts: We determined that the time staff spent monitoring the missed dose faxes and connecting with patients did not create a noticeable effect on outcomes. The data gathered showed that most patients returned to the clinic on their own for script renewal or dose increases.
- We will continue to monitor the faxes for patterns with particular clients that miss frequently and attempt to provide support to them.
- Stats from one PDSA cycle:

38 missed dose faxes received (two days in a row missed)

28 patients called

16 clients reached (directly or message left)

12 phone numbers out of service

26 (68%) patients re-started or renewed script by the end of the cycle.



Looking forward...

- We will finish the last of the patient interviews.
- We identified 6 patients from our POF that are in need of outreach (they frequently have scripts cancelled or have not reached a therapeutic dose of their OAT). We have developed care plans for each of them and are beginning to do more intensive outreach (regular check-ins by phone, connecting with their outreach teams etc.)
- Based on the feedback from patient interviews, we will meet as a clinical team to develop a plan to improve our services (e.g. clinic wait times, providing staff accompaniment etc.).
- Continue to monitor missed dose faxes and identify patients in need of outreach.
- We will run a short PDSA cycle to study our peer program to measure outcomes for having peers accompany patients to appointments.

Contact Information

- Kathryn Campbell kathrync@phs.ca
- Sarah Foster sarahf@phs.ca