BOOST Collaborative

Team: Mark McLean, RAAC Physician Lead
Sylvia Lai, Patient Care Manager
Nancy Chow, Clinical Nurse Lead
Jennifer Funo, Addiction Assessment Nurse

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Your Collaborative Team

Mandate: The RAAC is a low-barrier outpatient clinic providing short-term outpatient clinical treatment for people living with substance use.

The RAAC also provides consultation for community providers on challenging cases.

Goals: To stabilize patients of their addiction and connect patients to treatment programs and primary care in the community.

Services: Addiction medicine (including OAT starts and switches, alcohol management, benzo tapers), assessment and screening for iOAT, bridging scripts, HCV/HIV screening, groups, treatment applications, financial aid applications, access to shelters, access to Van Detox, linkage to community providers

Team: Addiction specialists, Nurses, Social Workers, Peer Navigators

RAAC Team

Who do we serve?

Clinic is located on the 2nd floor of Burrard Building- above the SPH ED

Referrals source:

- SPH ED
- AMCT (SPH inpatient units)
- Community (Family MDs, CHCs, Detox, VCH Mental Health Team, ICY, POS, etc)
- Self

How have we been doing so far?

RAPID ACCESS ADDICTION CLINIC (RAAC)

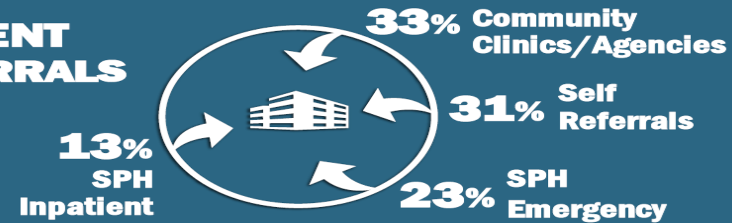
(Dec 6, 2017)

RAAC Opened

Sept 26, 2016

1429 Patients seen

PATIENT REFERRALS



33% Community Clinics/Agencies

31% Self Referrals

23% SPH Emergency

13% SPH Inpatient

15 Average number of new patients each week

41.18 days Average Length of Stay

Number of patients referred for:

Opiate Use 55%
Benzo Use 3%
Alcohol Use 27%
Stimulant Use 3%
Consult Only 5%
Other 7%

469 Patients transferred to community for continued care

Patients started on Opioid Antagonist Therapy (OAT)
(e.g. Methadone, Suboxone)

380

The RAAC Team consists of:

15 Addiction Medicine Physicians
2 Full-Time Nurses
2 Social Workers
3 Peer Navigators
1 Administrative Assistant
1 Clinical Nurse Leader
1 Patient Care Manager

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How you want to be treated.

Working on BOOST QI: AIM#1

Improve engagement of referred patients who presented in ED with opiate overdose, intoxication, or withdrawal

AIM:

By October 1st 2018, we aim to decrease the number of clients lost to care when referred from SPH ED to RAAC or community provider by 50%

POF:

Patients with OUD presenting in ED with a primary diagnosis of opiate overdose, opiate intoxication, and opiate withdrawal

Changes Tested:

- Tracking ED referrals
- ED Addiction Assessment Nurse to triage patients and coordinating patient for community care (RAAC or community providers)
- Referral to OOT
- Obtain monthly report of activities

AIM#2

Assess the effectiveness of OAT, in particular, SROM as treatment for clients with severe opiate use disorder.

AIM:

By October 1st, 2018, we aim to have 75% of clients initiated on SROM to be on stable on therapeutic dose

POF:

Clients with OUD initiated on SROM

Changes Tested:

- Tracking patients on SROM via EMR
- Monitor stability via client reports, UDS results, and scripts
- Monitor lost to care- missed doses, missed appointments

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AIM#3

Improve continuity of care in community for clients stable on SROM

AIM:

By October 1st, 2018, we aim to have 75% of clients stable on SROM at RAAC transferred to appropriate community providers.

POF:

Clients stable on SROM, ready for discharge from RAAC

Changes Tested:

- Assess discharge rate of clients stable on SROM
- Build list of community providers to target support and referral source
- Develop education team to build community capacity for SROM provider
- RAAC to provide support to community provider via consults

Lessons Learned

- We need to dedicate time for QI (regular meetings)
- Shifting workload to ensure time for QI
- Data tracking is essential, data retrieval is a challenge!
- Collaborative team work and communication
- Patient-centered model of care to be upheld (what is important to the client at the time)

Looking forward…

- Focus on Lost to Care patients, how to track, how to support, who do we get involved
- Development and fostering community partnership
- Work on larger systems and database to support initiative (ie. Pharmanet)

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How to contact us

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