BOOST Collaborative

Team:
Mark McLean, RAAC Physician Lead
Brynn Grierson, Patient Care Manager
Sam Gill, Clinical Nurse Lead
Suzana Prasad, Addiction Assessment Nurse
Sam Ledrew, Program Clerk

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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

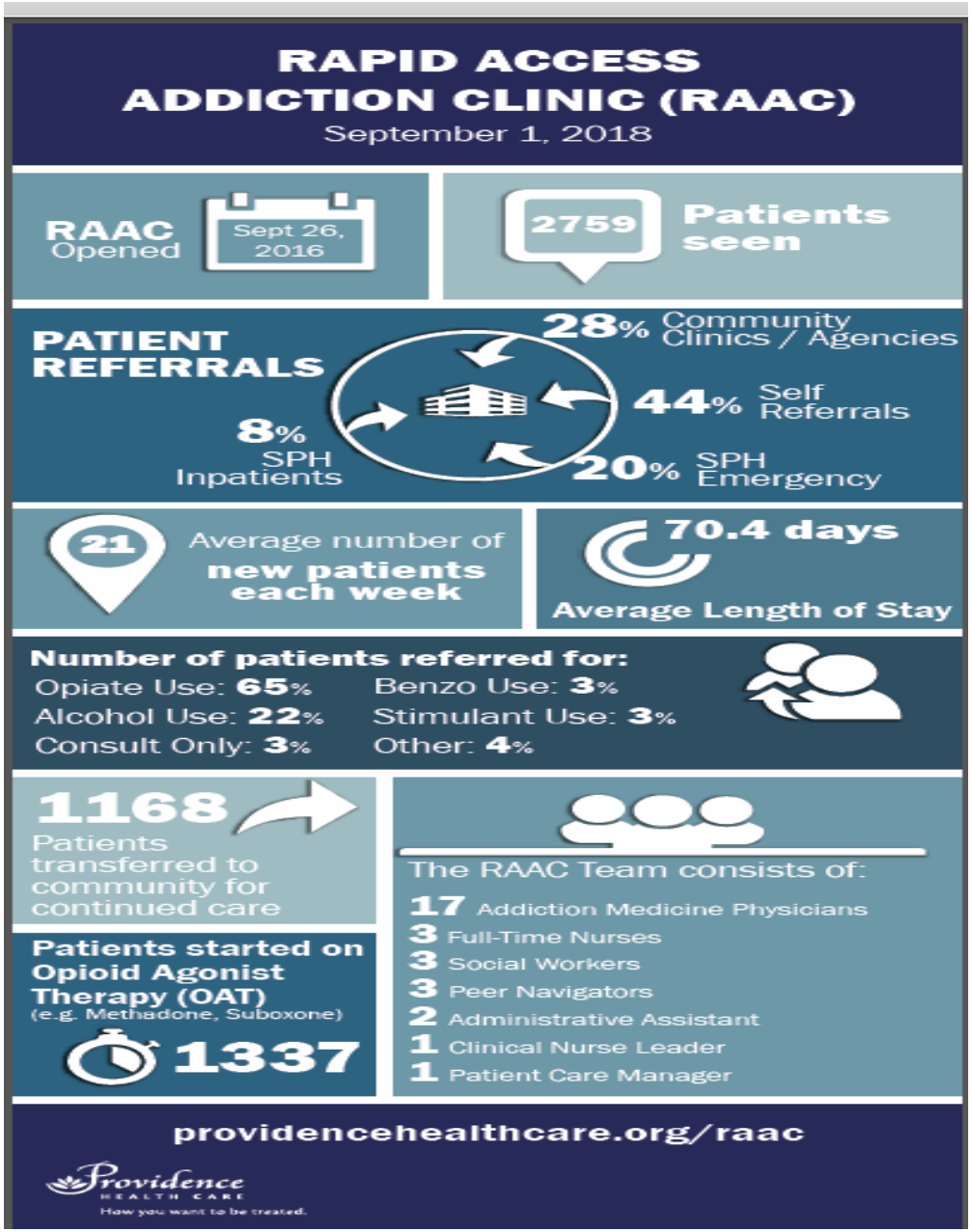
Who do we serve?

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?



Working on BOOST QI: AIM#1

Follow up on individuals most at risk (ie. risk of being lost to care) and offer to re-engage them in care

AIM:

- Aim #1 – Identify clients who start OAT and follow those clients for compliance with treatment by utilizing pharmanet. Attempting to contact those clients most at risk.

POF:

- Clients recently started on oral OAT at the RAAC

Changes Tested:

- Obtaining consent for follow up as part of our intake process
- Grouping clients by length of OAT treatment and categorizing clients who repeatedly miss doses at pharmacy (identifying objectively who is missing doses allows us to focus our resources more efficiently on those who need the most support).
- Obtaining up to date contact information on those who say they are NFA

AIM#2

Refine our model of care to improve client experience and decrease likelihood of clients being lost to care by creating a more sophisticated transfer process

AIM:

- Aim #2 - To discharge 75% clients to a long-term community provider within one visit of them being medically cleared for transfer/to update our database within a week of clients connecting to a long-term community provider.

POF:

- Clients who are “ready for discharge” or discharged but whose status have not been changed in our systems

Changes Tested:

- Clear flags in EMR to communicate readiness for transfer
- Weekly query in database to keep an accurate list of discharges
- Triaging visits and reconnecting clients to their usual providers when they are connected elsewhere
- Monthly meeting to discuss strategy for maximum efficiency of transfers
- Meet every morning where challenging cases/events can be debriefed as a team

Lessons Learned

- We need more stakeholders within our team to make our flow process more consistent/efficient
- Attention to detail is very important, but not always easy to maintain when working in such a fast-moving environment
- Our queries need to get smaller/focus on those who actually miss doses (?most objective measure of risk for disengagement)
- Maintenance of data makes for better continuity of care
- Real-world challenges (ie. resource shortages, talking about transfers are difficult conversations to have on a regular basis, etc)

Looking forward…

- Recruiting more team members to be involved in QI work
- Prioritizing and working more continuously towards meeting our mandate
- Working on expanding clinic hours and/or program expansion
- Re-evaluate our roles and assign roles for efficient flow
- Tackling system-wide gaps with innovation and advocacy

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How to contact us

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