

RAAC St. Paul's Hospital

- We are the **Rapid Access Addiction Clinic** at St. Paul's hospital.
- Team members: **Sam Gill** (Clinical Nurse Leader), **Dr. Mark Mclean** (Medical lead RAAC), **Brynn Grierson** (Patient care manager), **Demian Young** (RAAC Social worker –filling in for **Kaye Robinson**), & **Juanita Maginley** (Addiction assessment Nurse at RAAC)
- RAAC is a low-barrier outpatient addiction treatment clinic with specialized addiction medicine/nursing, and complimentary social work/peer navigator/psychiatry/chronic pain/hepatitis C support. Our mandate is stabilization and transition/linkage to primary care. We provide service free of charge and we have no set catchment (anyone welcome).
- We work out of St. Paul's hospital on the 2nd floor of the Burrard building, directly above the Emergency department. We share our space with the Mental Health & Wellness clinic, which is a separate program.
- Population of focus: anyone with an untreated addiction, not already attached to addiction medicine in community.



Aim Statement

By January 2020 we aim to improve 30-day adherence to treatment to 90% at RAAC by following up on Pharmanet at 7 days & 30-days post-treatment start evidenced by having an active OAT script by any physician (not necessarily only RAAC)

- We are trying to accomplish increased adherence to OAT
- We are aiming to improve medication compliance
- This is important because in the midst of an opioid crisis, it is known that people who are on OAT are at less risk of overdose/death than people who are not



Describe your Population of Focus

- RAAC clients who are seeking treatment for an opioid use disorder (and are actively engaged in treatment at RAAC).
 - From that population we have selected patients who are new starts/re-starts to focus in on
- Our last POF was 668 and there were 45 known new starts/re-starts for that month



Changes Tested

- Changes tested:
 - Daily updates to tracking list (using the OUD query). Tracking list reviewed daily in morning team huddle, encouraging team to innovate and share change ideas to overcome barriers to OAT adherence; also keeping a weekly tracker in the RN office to review progress in real-time
 - Changing pre-booking rules to protect more meeting time in the mornings to review our new starts/7-day adherence rates
 - Adding BOOST QI coach to morning huddles biweekly –aimed at increasing team buy-in and participation
 - Added ‘QI update’ as a standing item to our monthly interdisciplinary team meeting –where we review stats relative to our aim statement
 - Added client survey (optional) –for clients doing OAT re-starts in clinic (qualitative data/thematic analysis)
- We measured:
 - OAT adherence for all new starts/re-starts at 7 days and again at 30 days post-treatment start



Share your progress so far:

- OAT adherence tracking tools

Adherence rate (%) at 7d	Adherence rate (%) at 30d	Last update:	Start of a new month	Start of a new week					
65.5 (57/87)	56.4 (44/78)	16-Aug-19							
Start Day	Start Date (MRSD)	PID (Master ID)	OAT TYPE	7 days post-start	7 Day Adherence (Y/N)	30 days post-start	Adherence (Y/N)	Gender-if identified(M/F)	Notes
Monday	6-May-19	332000	Suboxone (bup/nal)	13-May-19 N					First rx filled, none subsequently
Monday	6-May-19	1467983	Suboxone (bup/nal)	13-May-19 Y					
Monday	6-May-19	332000	Suboxone (bup/nal)	13-May-19 N					
Tuesday	7-May-19	139414	Methadone	14-May-19 Y					?Tapered off methadone -only prescribed clonidine at 30
Wednesday	8-May-19	447035	Suboxone (bup/nal)	15-May-19 N					Did not fill script
Wednesday	8-May-19	1228615	Suboxone (bup/nal)	15-May-19 Y					
Friday	10-May-19	1228615	Suboxone (bup/nal)	17-May-19 N					Transferred to South MHSU, ct elected to d/c OAT
Friday	10-May-19	226915	Kadian	17-May-19 Y					
Monday	13-May-19	1473516	Suboxone (bup/nal)	20-May-19 Y					
Monday	13-May-19	388965	Suboxone (bup/nal)	20-May-19 Y					
Tuesday	14-May-19	702671	Kadian	21-May-19 Y					
Tuesday	14-May-19	1559886	HDM	21-May-19 Y					Now on Kadian -continues to adhere
Wednesday	15-May-19	98578	Methadone	22-May-19 Y					
Thursday	16-May-19	1055636	Methadone	23-May-19 N					Never filled the script
Thursday	16-May-19	1055636	Methadone	23-May-19 N					Same as above
Saturday	18-May-19	333531	Methadone	25-May-19 Y					
Monday	20-May-19	365760	Suboxone (bup/nal)	27-May-19 Y					
Wednesday	22-May-19	1467703	Suboxone (bup/nal)	29-May-19 N					
Thursday	23-May-19	223447	Methadone	30-May-19 Y					
Thursday	23-May-19	99942	Suboxone (bup/nal)	30-May-19 Y					
Saturday	25-May-19	263524	Kadian	1-Jun-19 N					
Monday	27-May-19	1503454	Suboxone (bup/nal)	3-Jun-19 Y					
Monday	27-May-19	729039	Kadian	3-Jun-19 Y					
Tuesday	28-May-19	1443819	Kadian	4-Jun-19 N					
Tuesday	28-May-19	1103700	Methadone	4-Jun-19 N					
Tuesday	28-May-19	702671	Kadian	6/4/2019 N					
Wednesday	29-May-19	258915	Kadian	6/5/2019 N					
Thursday	30-May-19	1128742	Suboxone (bup/nal)	6/6/2019 Y					
Thursday	30-May-19	868126	Kadian	6/6/2019 Y					
Sunday	2-Jun-19	899119	Methadone	6/9/2019 Y				M	
Wednesday	5-Jun-19	1318485	Kadian	6/12/2019 Y				M	
Wednesday	5-Jun-19	734296	Kadian	6/12/2019 N				F	
Wednesday	5-Jun-19	1569834	Suboxone (bup/nal)	6/12/2019 Y				F	No PHN so not able to check Pnet, adherence noted as pe
Thursday	6-Jun-19	1128742	Methadone	6/13/2019 Y				M	
Friday	7-Jun-19	258915	Kadian	6/14/2019 Y				M	
Saturday	8-Jun-19	1555791	Methadone	6/15/2019 Y				F	
Saturday	8-Jun-19	882166	Kadian (SR0M)	6/15/2019 Y				M	



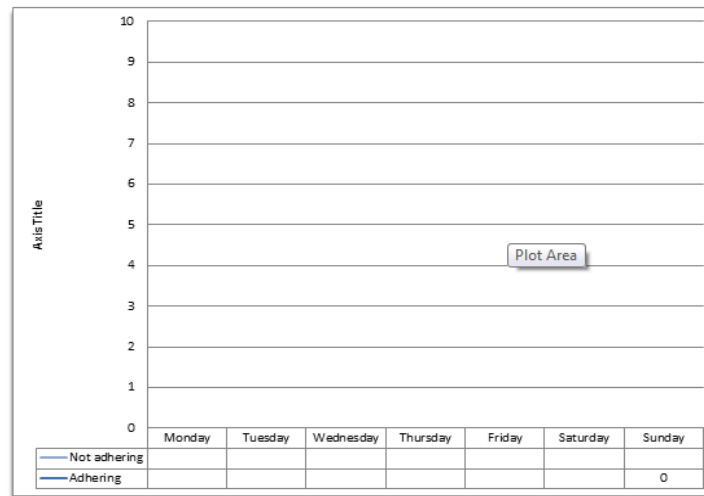
Share your progress so far:

- OAT adherence tracking tools



OAT STARTS LAST WEEK

Aim statement: By January 2020 we aim to improve treatment adherence to 90% at RAAC by following up on ~~pharmacist~~ at 7 days & 30 days post-treatment start evidenced by having an active OAT script by any physician (not necessarily only RAAC)



Paris ID:

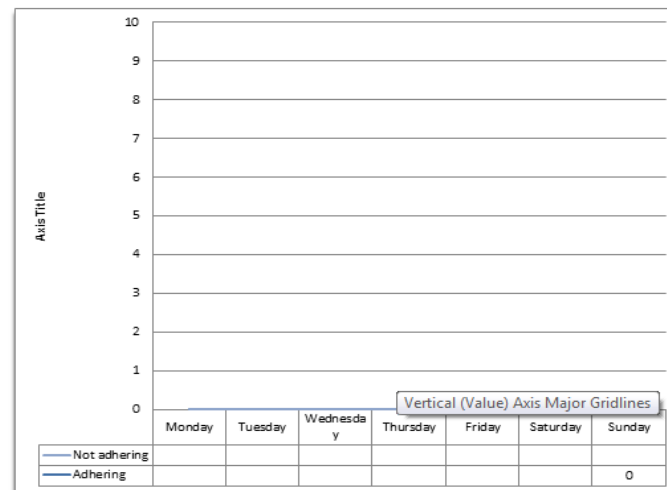
Share your progress so far:

- OAT adherence tracking tools



OAT ADHERENCE THIS WEEK

Aim statement: By January 2020 we aim to improve treatment adherence to 90% at RAAC by following up on ~~pharmacist~~ at 7 days & 30 days post-treatment start evidenced by having an active OAT script by any physician (not necessarily only RAAC)



Paris ID:

Share your progress so far:

- Client surveys –main reason include homelessness/DWI dosing/meds not covered

RAAC

SURVEY OF EXPERIENCE

What is the number one reason why you did not continue to take the medication prescribed to you at RAAC?

What supports can RAAC provide that would help you to remain on the treatment prescribed?



Lessons Learned

- Share any lessons learned or opportunities for improvement you encountered
 - Taking on a project like this requires time/resources but it is important that we do so
 - Increasing awareness is a good start but there is more to be done to reach our aim (ie. Change ideas engagement with staff and clients alike, etc)
 - Not all clients are motivated to stay on OAT
- How did you address these?
 - With time, persistence & delegation of tasks –it is still evolving
 - Surveys have helped us understand causes for lack of continuation on OAT but not all of the issues can be addressed at our level (ie. Housing)
 - Looking ahead we want to be creative in how we address things and reduce barriers to medication for our clients
 - We also need to find ways to engage clients who are not motivated towards abstinence in meaningful ways



Looking forward...

- We have work to do to reach our target of 90%
- We have staff turnover so we will need to work on increasing participation from other team members



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