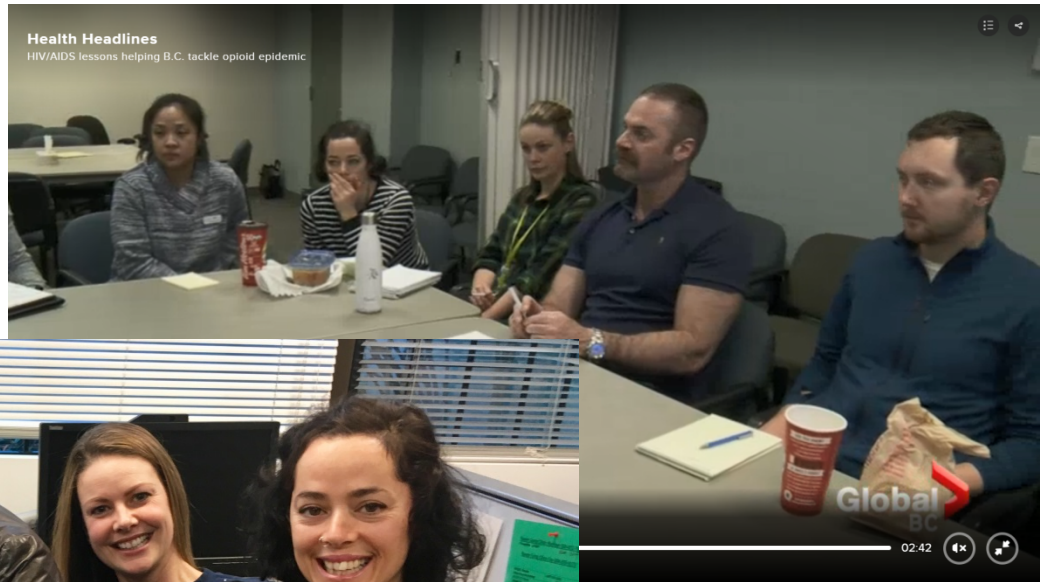


BOOST Collaborative

Learning Session 2 Storyboard Template Instructions

- Use this template as your guide. Have fun and be creative. Your storyboard will be posted at LS2 for other teams to view.
- 1) **For your 5-minute Storyboard Presentation:** 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, tools, etc.).

Raven Song Primary Care



Your Collaborative Team

- Raven Song Community Health Clinic, Primary Care Team
- Cole Stanley (MD), Tamara Mackie (LPN), Tracy Vernelli (RN), Vicki Klassen (MD), Dirk Coetsee (MD), Andriy Nokhrin (LPN), Jaime Kirschner (RN), Jill Vergera (CA)
- Primary Care High Needs & Stabilization Clinic
- 2450 Ontario Street Vancouver, BC
- Support clients with complex care needs, such as addiction and chronic disease.
- A health care team of doctors, nurse practitioners, social workers, a dietitian and nurses is available to work with clients to address their health issues.
- We are particularly concerned with the gap in health status for certain populations and reducing health inequities by creating more equitable conditions and opportunities for everyone.

Aim Statement

- *We aim to provide care using a team approach that is culturally competent, trauma-informed, guidelines-based, and consistent in order to achieve:*
- *75% reduction in the proportion of patients with missed doses*
- *90% of clients on oOAT retained on therapy for greater than 3 months*
- *50% average increase in quality of life as scored using the 10 question PROMIS instrument*
- *What aspect of care are you trying to improve?*
 - *Treatment Retention and Optimal Dosing*
 - *Quality of Life and Bundle of Care*
- *Why is this important to do now?*
 - *In 2016, a public health emergency was declared in British Columbia due to a dramatic increase in opioid-related overdose deaths*
 - *Several targeted services were launched in response, but the number of opioid-related overdose deaths remains well above historical averages*
 - *Evidence shows a significant proportion of individuals with opioid use disorder (OUD) will see improved outcomes with appropriate doses of oral opioid agonist therapy (oOAT) such as methadone, buprenorphine/naloxone or slow release oral morphine (SROM)*

Describe your Population of Focus

- Individuals in the Vancouver community who have been diagnosed with OUD
- High risk populations (e.g. those on long-term opioid therapy for chronic non-cancer pain) and the community's most marginalized and vulnerable
- Population of focus – data clean-up
 - As of Feb 11 QI refresh date, POF baseline estimate is 457, while there are now 387 with 304.0 in Problem List
 - Updated list for all prescribing MRP's to improve client retention. List included graphs for clients with active OAT Rx, active OAT Rx with recent start date entered, Active Rx and most recent start date entered that requires review (EMR bug) and clients with retention greater than 3 months
 - Compared list of clients with active prescriptions between January and February, to see who dropped off over the month. 181 clients with active OAT Rx in our system as of Jan 4. As of Feb 11 there were 26 clients that no longer had an active Rx, equalling approximately 85% "retention" at one month

Changes Tested

- What small tests of change have you tried?
 - *Daily reminder calls for methadone coming due, by LPN usually*
 - *Printed PROMIS forms and a short questionnaire about start dates was created to be handed out to ORT walk-in clients.*
 - *Tracked missed dose faxes from clients pharmacies*
- What were you measuring?
 - *Bridging Rx's with no missed dose between Rx*
 - *PROMIS useful for guiding interventions, referrals and engagement through clients voiced opinion*
 - *Pharmacies reliability to report missed doses*
- Did you implement them?
 - *Reminder calls worked well fro clients to get to clinic for Rx refill and offered time for case management*
 - *Printed PROMIS handouts given to clients to complete during scheduled clinic ORT as well as form for client to fill in the length of time they have been on OAT with their most recent start date*

Lessons Learned

- Share your progress so far- what have you learned about your POF, partnerships, etc.
 - *By adopting, abandoning and adapting PDSA cycles our team is learning to define the gaps in our OAT retention and how we can improve our communication and approach with clients in order to improve clients success*
 - *Expanding our BOOST team and regular meeting intervals to increase the spread of successful changes within the clinic*
- Share any lessons learned or opportunities for improvement you encountered
 - *Although we have seen improvements with calling clients with upcoming Rx expiration dates, we noticed with the current rotation with our nursing staff that we have not able to reliably sustain this process*
 - *We have achieved success with handing out the PROMIS questionnaire and start date form for clients to complete*
 - *Receiving faxes for missed doses allows us to identifying clients that consistently miss doses and how we may be able to offer more support to these clients to be more successful with adhering to OAT*
- How did you address these?
 - *Pilot project “Blue pod” will test the reminder calls for Methadone coming due for consistency*
 - *Consistency in handing out PROMIS and start date forms*
 - *Improvement with communication between clinics and pharmacies has been identified as an issue that needs to be looked at on a larger scale*

Looking forward...

- What is next?

- *We have expanded our team again and added additional disciplines*
- *Time allotted to BOOST team member schedules for meetings every 2 weeks to stay on track and allow for more rapid test changes*
- *When testing a new change, assigning the appropriate person/ discipline to the task*
- *Reviewing clients with expired prescriptions as a means to look at why the client may be disengaged from care. Can be seen as a form of case management and assist with supports the client may need*
- *Blue team begins making Methadone Rx reminder calls for consistent results*
- *Getting creative with gathering information on ways we can contact the client*
- *Continue giving PROMIS scale handouts and start date forms to clients*
- *Future discussion regarding integrating accurate pharmacy missed dose faxes into client care.*
- *Ongoing updates to OUD forms including 304.0 code, completed PROMIS scales, accurate start dates*
- *Addressing ORT clients that are not assigned to an MRP at the clinic*
- *Discussion around adding “Declined” options for bloodwork, PROMIS scale (EMR team)*
- *Adding pharmacy information and Social work to clients Care Team list*
- *Discuss reintegrating peers and perhaps have a peer join the Raven Song BOOST team*