

SHEWAY

- Sheway Pregnancy Outreach Program
 - Janine Hardial: Senior Clinical Champion
 - Dana Clifford: Quality Improvement Coach
 - Linoy Alkalay: Health Care Worker
- Sheway provides wrap around services to pregnant and post natal women who have substance use issues in Vancouver. The program operates Monday to Friday and includes a da hot lunch program and a medical clinic.
- Sheway currently serves about 250 women and 350 children.



Aim Statement

- We are trying to decrease barriers for our women to access OAT and increase retention of OAT with the goal being 95% of our pregnant and post natal women with OUD diagnosis by July 1st , 2018
 - In July, our retention rates were at 95%. Our new goal is to continue to improve retention and reach 100% by December 2018.
- We are working on diagnosing clients with OUD and having our clinicians use the OUD form consistently
- We are implementing a more assertive work flow for clients who have missed doses of OAT
- We are working on creating a care plan with clients as they start OAT to support them in engaging in care. This includes outreaching to get clients into the clinic, and supporting them in getting to the pharmacy and repeating.

Describe your Population of Focus

- Pregnant and post natal women with opioid use disorder
- Some of our most marginalized unstable clients are women who have lost custody of their children- they are included in our population of focus. These women are at a high risk of mortality.

Changes Tested

- We've cleaned up the data and produced a list of our most marginalized hard to engage clients.
- We began to individually target these clients and plan how to get them on a an optimal dose of OAT and relay that plan to the team.
- We have been trying to monitor the missed doses of OAT as reported by the pharmacies and follow up on those reports.
- We are planning to use the OUD Report weekly as a way to proactively reach clients when their Rx are due, and engage those without a Rx.
- We have organized voluntary meetings with our clients to give us feedback on how we can better support them through this fentanyl crisis

Lessons Learned

- Cleaning up data is time consuming!
- Barriers identified by our clients getting on OAT include homelessness, partner's engagement in care, sex work, and depression among others
- Consistent engagement with clients to increase their dose quickly has been hard to maintain
- Monitoring missed doses based on the pharmacies reports has been unreliable

Looking forward...

- Getting more organized and having an efficient workflow to monitor our higher risk OUD clients more closely

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