

Three Bridges Primary Care



TBR BOOST TEAM

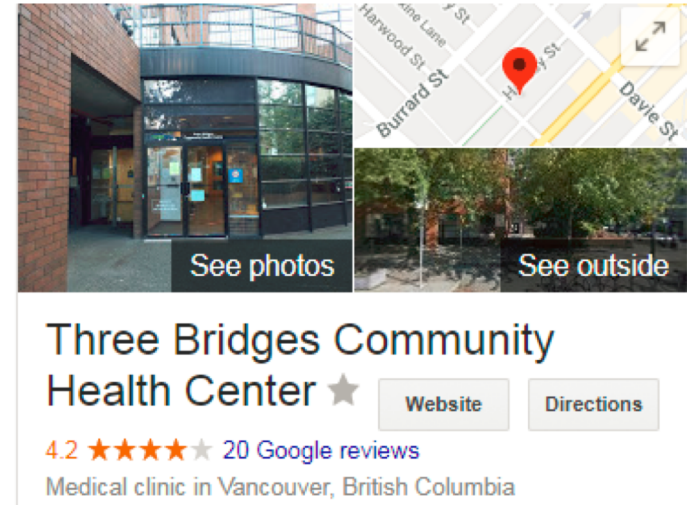
MD- Todd Sakakibara

CSC- Sarka Zarsky

LPN- Mhairi Anderson & Steve Kendall

RN- Lauren Chant

- Three Bridges Primary Care is now located near Hornby and Davie
- We offer Primary Care services for complex patients
- We are home to 6 CSCs, 1 CLW, 2 SW2s, 4 LPNs, 5 RNs, 10 MDs.
- We serve the top 5% of complex clients
- Same mandate as DCHC, Pender & RSG.
- We are also home to the Trans Specialty Care program.
- We have 4.2 stars on Google Reviews- basically we are awesome!



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Aim Statement

- What are you trying to accomplish?
 - Update Dr. Sakakibara's patient population to align with best practice – including bloodwork, vaccinations and updating database.
 - Use the BOOST OUD query to reduce missed doses, improve engagement and reduce dose reductions/restarts by 80%
- What aspect of care are you trying to improve?
 - Reduce missed doses & restarts
 - Improve engagement in OAT induction
 - Improve retention on OAT through improved titration & follow-up
- Why is this important to do now?
 - Reduce unnecessary dose reductions/restarts which are dangerous
 - Better engage clients onto OAT and improve health outcomes and reduce OD risk

Describe your Population of Focus

- #1) All Dr. Sakakibara's patient with a diagnosis of OUD and seen at least twice in the last year.
- #2) All patients on opioid agonist therapy for opioid use disorder at Three Bridges CHC

#1 Dr. Sakakibara's Clients

	Pop of Focus	Engagement	OAT Access	OAT Active	Optimal Dosing	Retention	Average PROMIS
Oct	68	44	39	38	21	25	29
Mar	64	50	50	50	29	50	29
Jun	65	57	57	57	51	56	29
Sep	54	53	49	44	24	42	31

- POF changed from n=68 to n=64 to n=65 to n = 54 (MOGEs)
- 98% of POF have engaged in care in the last year
- 95% of those with an active prescription have been retained on OAT >90 days
- 55% of POF have “Optimal” dosing but 98% are on an appropriate dose
- Continuing to work on improving access to and retention on OAT
- PROMIS to be re-administered to clients



#2 Reduce dose reductions/restarts

Aim: By December 31, 2018 we will reduce dose reductions and restarts due to missed doses by 80%

POF: All people active on OAT

Plan: BOOST OUD query will be used 3X per week and reviewed by the nursing team.

Do: The nursing team will identify people whose scripts are coming due and call them to remind them of their appointment. The team will identify people whose scripts are past due and will identify an action plan.

Study: In the month prior to this PDSA cycle (August) there were 20 restarts or dose reductions.

So far since the PDSA cycle was started there have been 13 restarts or dose reductions. However, this month may be too early to really see an impact as we have just started.

#3 Task RNs to follow up on missed doses

RNs were surveyed on their experience:

- There is sometimes a delay between when the missed dose is tasked and when an RN can review it. By then, they have either missed three doses and need a restart (too late to intervene) or they are back to getting their dose and it wasn't an issue.
- Patients are often impossible to get a hold of d/t no phone, phone NIS, clients don't answer
- Clients rarely if ever call back when messages are left
- No one felt that this intervention had any significant impact on increasing client engagement in care or building rapport

Recommendations: Leave messages at clients pharmacy for those without phones

Lessons Learned

#1 Data clean-up for Dr. Sakakibara's clients

- Catching people up on blood work and vaccination requires persistence but we have increased vaccination rates from 30% to 67%

#2 Dose reduction/retention plan

- Working as a team to review the OUD query makes for reasonable workload. (phone calls, reviewing chart etc)

#3 Tasking RNs to follow up on 2 or more missed doses was not successful with the vast majority of these notifications being unfollowable/unsuccessful. RN feedback was that time was better spent on other tasks.

Act: stop this intervention and refocus time on using the BOOST OUD query

WE HAVE MOVED

Three Bridges Primary Care

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