

BOOST

 BEST PRACTICES IN ORAL OPIOID AGONIST THERAPY
COLLABORATIVE



Interior Health

Welcome to the Interior BOOST Collaborative Preparation Webinar

*****Please type your name and location in the chat*****

Tuesday, June 14th , 2022

The session will be recorded for educational purposes—if there are any concerns with this, please send a direct message to Angie Semple/CfE BOOST (host)

Land Acknowledgement

We would like to begin by acknowledging that the land on which we gather is the traditional, ancestral, unceded and occupied homelands of the Coast Salish peoples, including

the seven Interior Region First Nations, where we live, learn, collaborate, and work together. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.

We also want to acknowledge that others may be joining from different traditional homelands today.

This acknowledgment is a reminder of the discriminatory, racist, and colonial practices that have had a lasting legacy, and continue to create barriers for Indigenous peoples in the healthcare system.



**Substance Use and
Addictions Program**



BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS



***THANK YOU
TO ALL OUR FUNDERS AND PARTNERS,
INCLUDING
CLIENT PARTNERS AND FAMILY VOICES***

Please familiarize yourself with the

Zoom Control Panel



Chat or ask questions using the chat function

Participants 2 Chat Share Screen Record

Invite Mute Me Raise Hand

Chat

To: Everyone

Type message here...

File ...

Make sure you chat to all participants

Use the "raise hand" feature to notify the host that you would like to be unmuted

Click "participants" and "raise hand" on the right-hand side of the screen

Polls

Morning Impressions

00:00:07 | 3 questions | 0 of 1 (0%) participated

1. Please provide an overall rating of "Current State of the Opioid Crisis" (Rating Scale: 1 = Unsatisfactory, 3 = Satisfactory, 5 = Exceptional) (Single Choice) *

0/0 (0%) answered

1	(0/0) 0%
2	(0/0) 0%
3	(0/0) 0%
4	(0/0) 0%
5	(0/0) 0%

2. Please provide an overall rating of "OAT Practice Guidelines Update" (Rating Scale: 1 = Unsatisfactory, 3 = Satisfactory, 5 = Exceptional) (Single Choice) *

0/0 (0%) answered

End Poll

MEETING AGENDA

- Interior BOOST Overview
- Reporting platform & IH EMR reports
- Aim statements

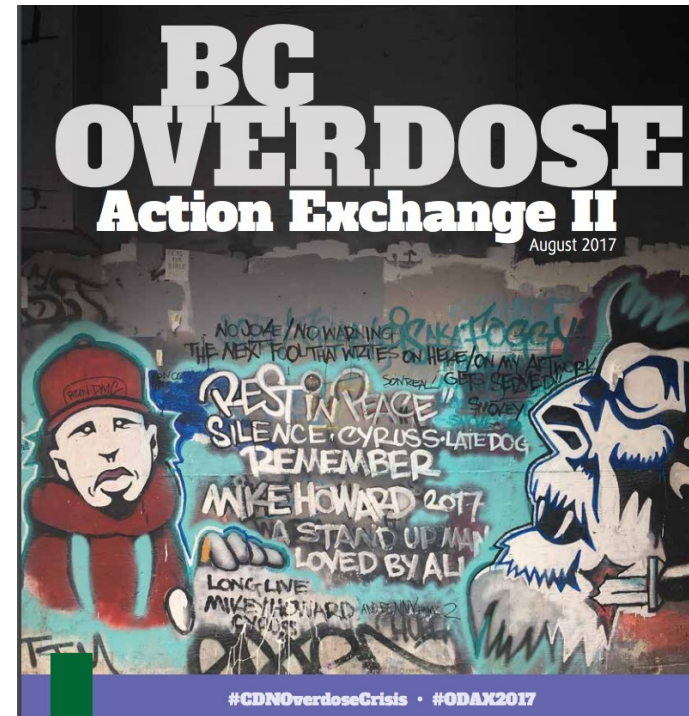
Interior Health Authority

59 Incorporated Municipalities



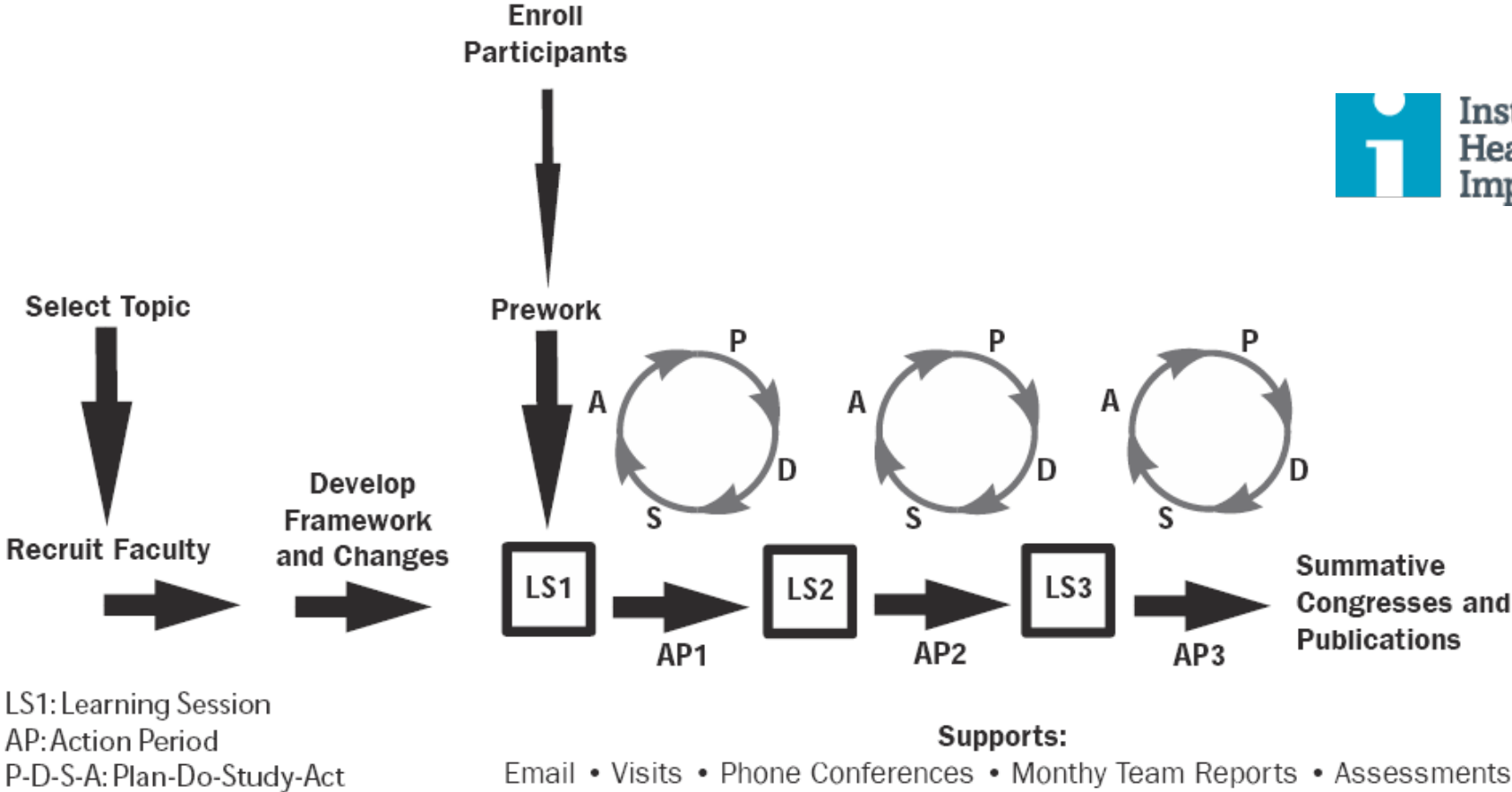
What can we do about the OD crisis?

- Engage peers in program development and leadership
- Address contamination of the drug supply
- Support appropriate pain management therapies
- Build on the success of Overdose Prevention Sites
- Expand and improve addiction treatment
- Align law enforcement efforts with public health
- Reform drug laws
- Address structural barriers and upstream factors
- Counter stigma against people who use drugs
- Implement targeted research, surveillance and evaluation initiatives



<http://www.bccdc.ca/resource-gallery/Documents/bccdc-overdose-action-screen.pdf>

What is a Structured Learning Collaborative?



PREPARATION

Gap in Care

A clear gap between evidence and current practice is observed



WORKING GROUP MEETING

Expert ideas shape the shared aims, measures, and evidence-based change ideas

Participants

Sites form improvement teams and begin to align their aims with the shared Collaborative aims



LAUNCH

First in-person meeting provides an orientation to aims, methods, and expectations

Prep



ACTION PERIODS 1/PREP, 2, 3, 4 & 5

Teams plan and test changes using PDSA cycles, measure progress, and participate in activities (monthly coaching calls, 1:1 coaching on monthly quality reports, website, site visits, etc.)



LEARNING SESSIONS 1, 2, 3, 4 & CLOSING CONGRESS

In-person learning, sharing, networking and planning events



COMMUNITY OF PRACTICE (SUSTAINABILITY)

Additional activities designed to help teams stay connected, sustain performance improvements, and continue to progress towards improving care

Activities are less frequent and more self-directed

QUALITY IMPROVEMENT COLLABORATIVE

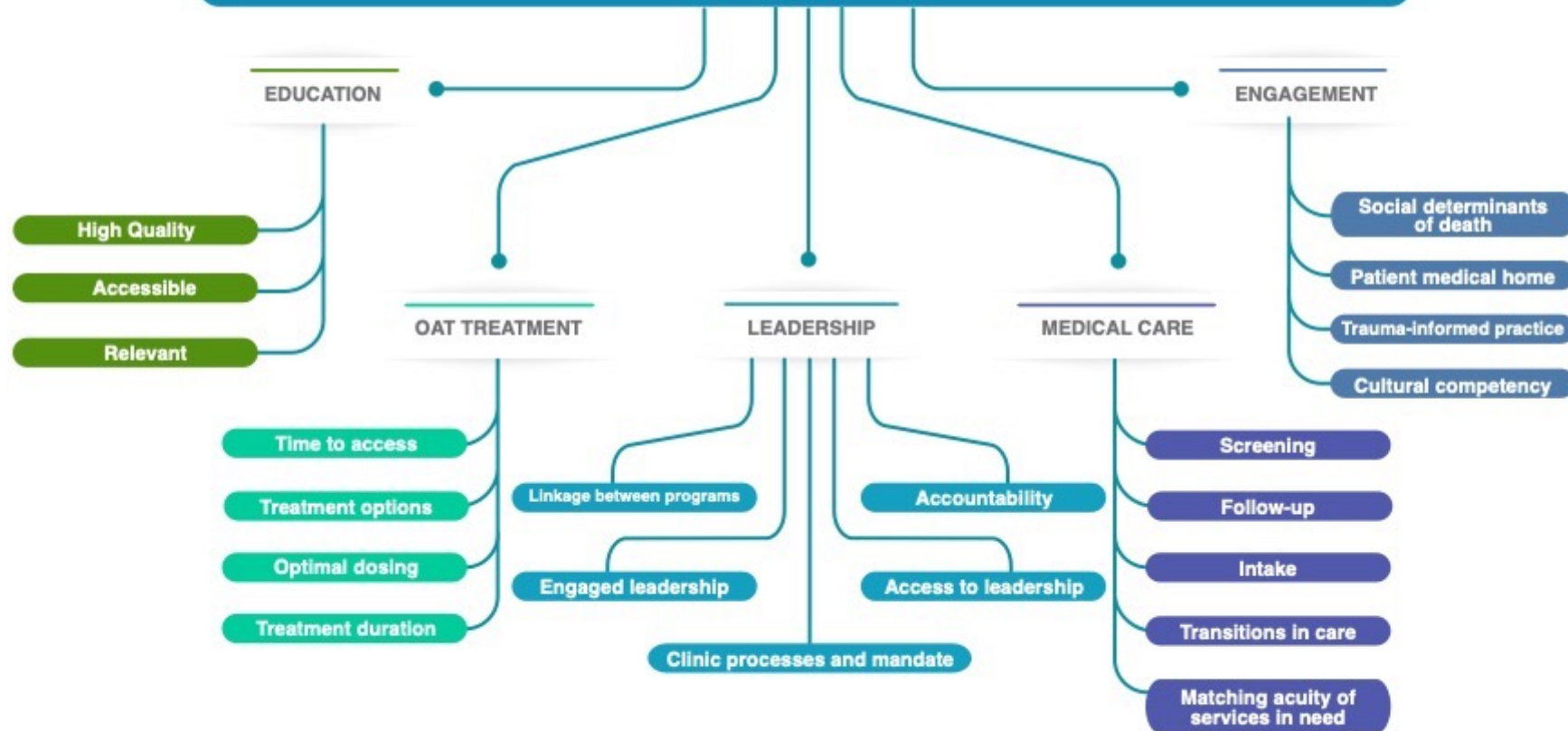
BOOST AIM STATEMENT

By February 2023, the aim of the Interior BOOST Collaborative is to provide equitable access to integrated, evidence-based care to help out population of clients living with OUD achieve:

- *95% of clients have an OAT prescription*
- *95% of those clients with an active OAT prescription will be retained on therapy for more than 3 months*
- *100% of teams have a process to monitor and incorporate the client voice*

By February 2023, the aim of the Interior BOOST Collaborative is to provide equitable access to integrated, evidence-based care to help our population of clients living with OUD achieve:

- 95% of clients have an active OAT prescription
- 95% of those clients with an active OAT prescription will be retained on therapy for greater than 3 months
- 100% of teams have a process to monitor and incorporate the patient voice



→ PRIMARY DRIVERS

→ AIMS

→ SECONDARY DRIVERS

BOOST CORE MEASURES

#	Core Measure	Definition/Numerator	Denominator	Target
1	Population of Focus (POF)	Clients diagnosed with an opioid use disorder and receiving OUD care from the participating team.	N/A	N/A
2	Active OAT prescription	Clients with a current OAT prescription that has an end date of the same day or a later date regardless of dose.	POF	95%
3	Retention on OAT for >3months	Clients with an OAT prescription for an uninterrupted period of 3 months or greater.	POF with an RX start date of 3 months or greater	95%
4	Patient Voice Process	Participating teams with a regular and ongoing process in place to capture the patient voice.	Total number of participating teams	100%

REPORTING METRICS

Reporting period 1: July 1 - September 30, 2020 (submitted on 29-SEP-2020 09:54:09)

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Team Meetings Changes and Improvement Activities **Core Measures**

POF (clients diagnosed with OUD and receiving OUD care from your team)

POF Male

POF Female

POF Non-Binary

of Clients with active Rx

of Clients with active Rx who have been at your clinic for longer than 3 months

of Clients retained on OAT >= 3 months



% of Clients with active Rx

Team Reporting - IHATEST

Reporting period 1: May 1 - May 31, 2022

[< Back to Main Menu](#) [Save](#)

Team Meetings Changes and Improvement Activities **Core Measures**

[View PSDA checklist](#)

What changes did your team test using PSDA cycles during this reporting period, and which ones did you adopt/implement?

[Delete](#) [+ Add Change](#) [Cancel](#)

<input type="checkbox"/>	List of changes tested	Number of PSDA cycles run	Adopted/implemented
--------------------------	------------------------	---------------------------	---------------------

Considering the changes listed in the question above, please complete the following fields to plan your sustainability and spread activities:

In order to sustain improvements, has your team developed materials in any of the following categories as part of implementation of the changes? Select from the options below:

- Staff orientation and training
- Education
- Communication
- Measurement
- Documentation
- Other:
- None

Please upload any relevant materials used by your team that may be helpful to share (e.g. SOP or other documents):

[+ Add Attachment](#)

No attachment saved.

Which method(s) have you used to engage the client and/or family voice for input in your improvement work? Select from the options below:

- Client feedback/comment box



IH EMR REPORTS

Email Listserv

(regular communication)

Send an email to:

BOOSTCOLLABORATIVE@stophiv aids.bc.ca

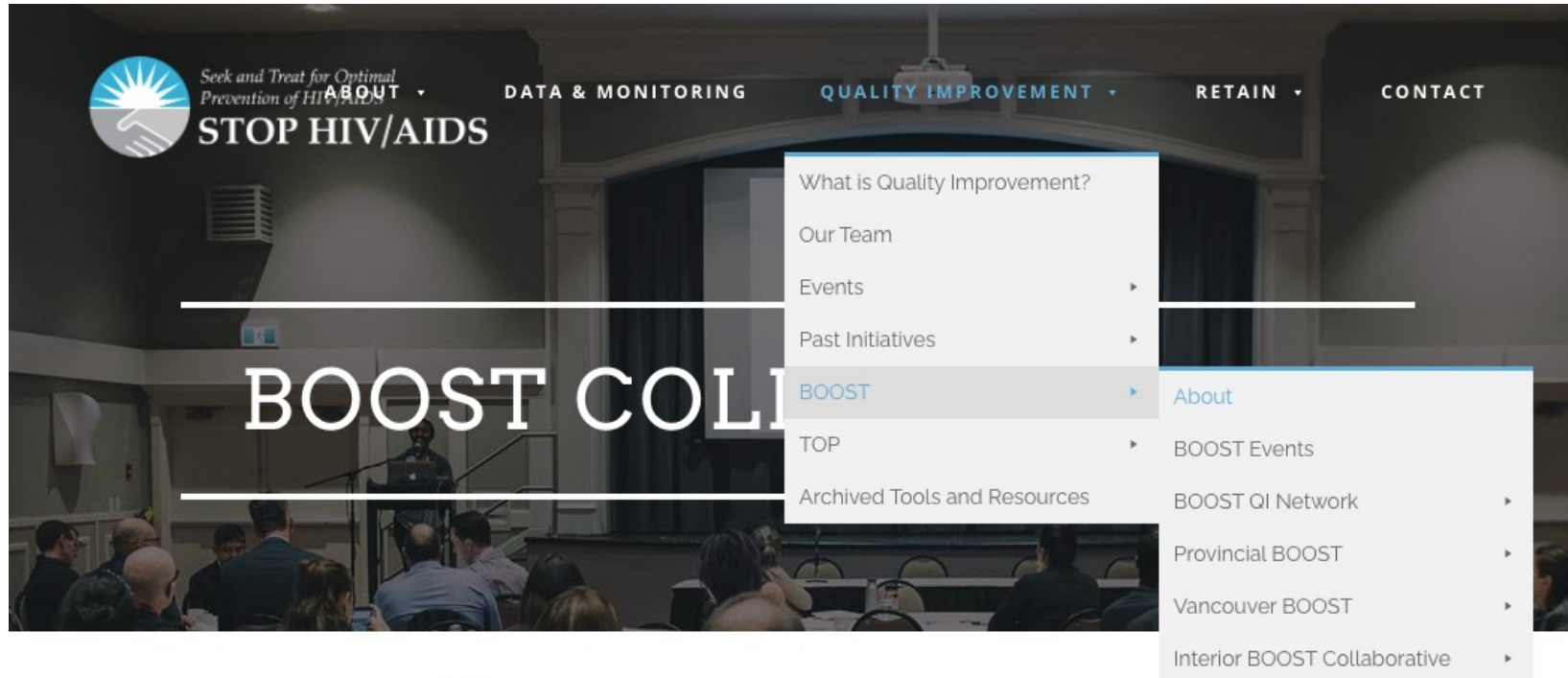


QI Meetings with coaching support *(weekly or bi-weekly)*



BOOST Website

(resource hub)



[www.stophiv aids.ca/oud-collaborative/](https://stophiv aids.ca/oud-collaborative/)

TECHNICAL DOCUMENTS

(Pre-Collaborative Tools)

MAY 2022

Preparation Resource Manual

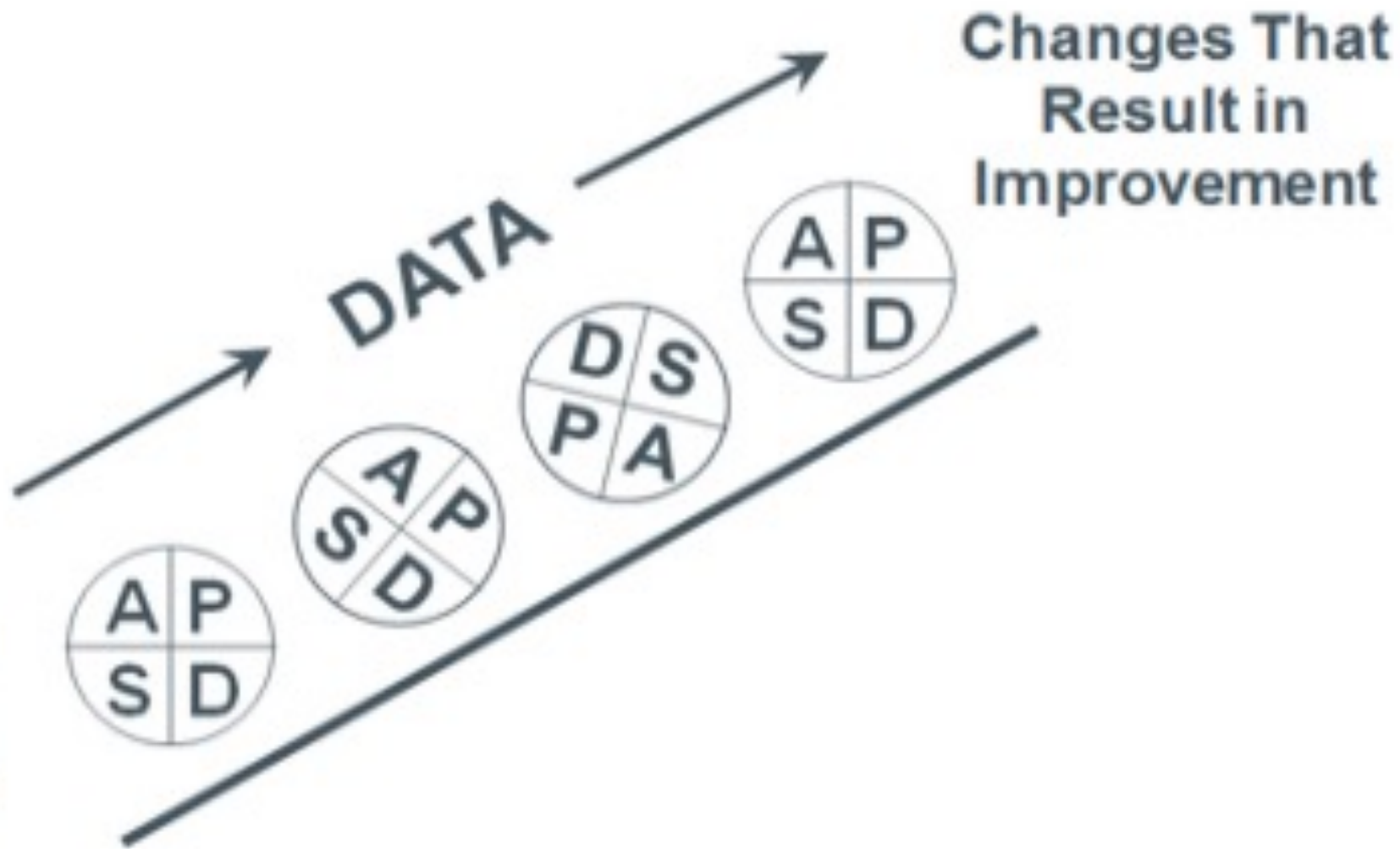
The Preparation Resource Manual contains activities and tips to help your team prepare for successful participation in the BOOST Collaborative

BOOST

BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HEALTH SERVICES

Interior Health

Hunches,
Theories,
and Ideas



Source: *The Improvement Guide*, p. 103

Strengths of your clinic/team

-Hard working

Innovative and Collaborative, dedicated to the work

Nurse prescribers of OAT - number one prescriber in IH is actually a nurse!

Small community - get to know who you are working with

Super passionate about the clients and advocating for clients

Vernon OAT Strengths: innovative, collaborative, client centered

Adaptive to community needs

Adaptive to changing conditions of IH program

Robust program with outreach, nurse prescriber, NP, great admin staff - motivated even with growing pains

Well rounded team. Interdisciplinary

hard working with needs of the clients and community at centre

Innovative

meet clients where they are at

Above and beyond for people we are caring for, even in extreme conditions (with bears!)

Ditto to all these...

3 strengths are that there is passion for this work, being a welcoming and non-judgement, collaboration

Areas for Improvement

Planned reintroduction / expansion to telehealth for our "satellite" communities.

Only have part-time nurse prescriber and no outreach (need more FTE)

Workflows could be improved

Office space planning

Outreach for OAT

Lack of housing

Better partnerships with community partners

Expansion of operating hours.

Limited outreach capacity

More collaboration with management

Increase stigma awareness in ED

Poor transportation options, limited access - how can we get to them more easily

Vernon areas to improve: our limitations are really impacted by our current space, physician recruitment, and staffing levels

Increased ED inductions.

How people with SUD are treated in acute care system

Stigma in communities - how to improve that?

Settling into new role: A lot of change quickly

People banned from all pharmacies - how do they access OAT?

No OPS in the area, no access to true safe supply

3 areas to improve are: capacity of the clinic, education to support 2 new nurses with the training and want to improve the connections with the community partners in this work as well

high risk of burnout. How to support team members

Decrease stigma among community member

Lack of housing options

No area for safe inhalation

Team Aim Statements



- By April 15th, 2019 50% of the detox clients receiving OAT during detox will be linked to a local OAT clinic at discharge.
- 95 % of patients with an active OUD will have a THN kit
- Ensuring that 95% of total active referrals are contacted (phone, email, text, in person) within 3 business days effective immediately.

A) Problem Statement: [Briefly describe why this project is worth pursuing. Consider including qualitative and quantitative data to describe any disparities of your identified subpopulation, benchmarking findings, customer feedback results, etc. Be as concrete as possible.]

B) Goal Statement: [Identify 2-3 concrete SMART objectives for your improvement work. Elements include: what will improve? when will it improve? how much will it improve? for whom will it improve?]

When reviewing the draft Aim Statement, keep the following questions in mind:

- *Does the Aim Statement communicate the scope of your improvement goals?*
- *Is the Aim Statement concrete and detailed?*
- *Is the Aim Statement based on local priorities?*
- *Does the Aim Statement have specific smart objectives?*

Do the objectives in the Aim Statement stretch the site's performance level?

WHAT'S
NEXT?



BOOST COLLABORATIVE TIMELINE OF EVENTS





Regular Meetings

Arrange regular meetings with your site BOOST team & *invite Kalsie to your meeting!*



Bi-Monthly Webinar

Educational Webinar 1
July 19, 2022 8AM – 9AM



Monthly Reporting

Log in details will be sent to team leads later this week
1st report is due July 1st, looking for aim statements to be submitted



Learning Session

Learning Session 1:
September 22, 2022 9-3pm
Virtual event on Zoom



EL

Use it for questions, sharing of information, etc.

Reminders

- ✓ Team LOU
- ✓ Physician LOU
- ✓ Team Roster Sheet
- ✓ Review Prep Manual
- ✓ Set regular meeting time



Think big. Start small.

Seth Godin



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