

Team Storyboards Round 1

Nelson OAT



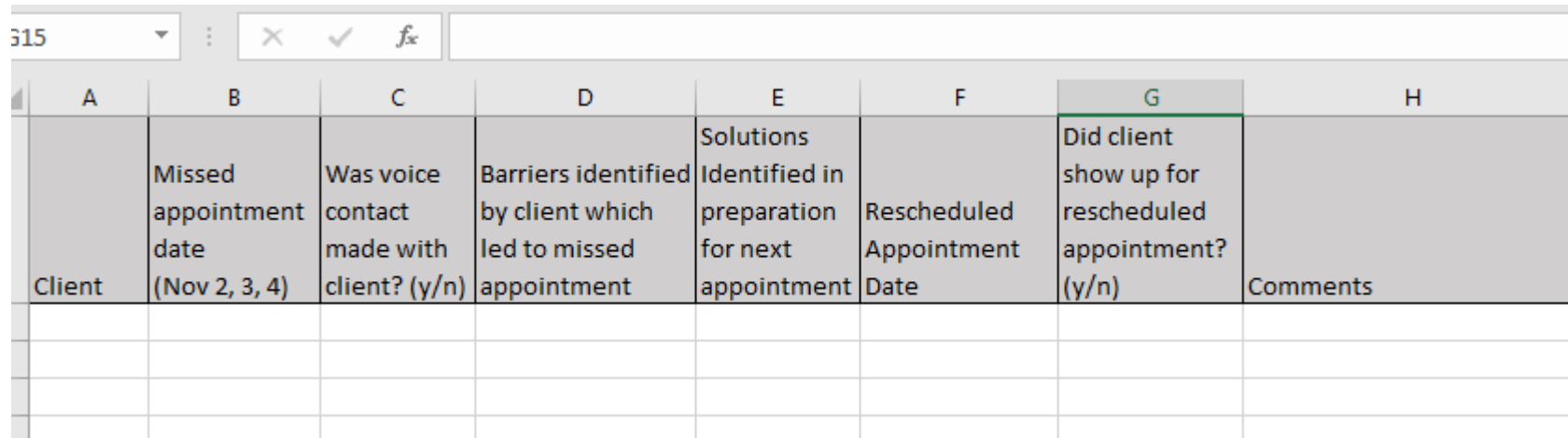
- Tara Gostlin- Nurse prescriber, and prescribed safe supply
- Diane Riley-MOA
- Mike Vance- Physician
- Jennifer Vince-Team Lead
- Observe a 25% increase in the number of individuals maintaining an active OAT prescription ≥ 90 days by January 31, 2023

Change Ideas & PDSA's

- Follow up with clients who have missed provider appointments at Nelson OAT Clinic. OAT Nurse will follow up with up to 5 clients who miss appointments on Nov in effort to identify any barriers they experienced that led to the missed appointment, and to collaboratively problem solve/identify solutions to help them get to their rescheduled appointment. Goal is to reschedule clients

Next Steps / Results

- Share your progress so far
 - First week 3 clients missed appointment, no one reschedules
 - Second week 6 clients missed appointment, 3 rebooked
 - Use of an EXCEL document to track information



The image shows a screenshot of an Excel spreadsheet. The spreadsheet has a header row with columns labeled A through H. The data rows are currently empty. The header row contains the following text:

A	B	C	D	E	F	G	H
Client	Missed appointment date (Nov 2, 3, 4)	Was voice contact made with client? (y/n)	Barriers identified by client which led to missed appointment	Solutions Identified in preparation for next appointment	Rescheduled Appointment Date	Did client show up for rescheduled appointment? (y/n)	Comments

Knowledge Gaps

- Lessons Learned
 - Major barriers included inability to contact clients by phone, clients not accept or return calls
 - Need to check contact info on regular basis
 - Need to ensure we have alternate contact if they are likely to encounter barriers in communication
- Can you identify any existing knowledge gaps that you've encountered as you've worked through your first change ideas?
 - Process of registration, documentation Meditech vs. Profile vs. Spreadsheet

Team Contacts

- Nelson MHSU 250-505-7248

Salmon Arm OAT Clinic

Dr. Darren Lorenz – OAT Prescriber

Barbara Grimes – OAT RN - *Counselling, Relapse Prevention Support, Treatment Referrals, Pharmacy Notifications*

Jenny Nanaquewitang – OAT MOA - *Clinic Operations, Urine Screens, Communication, Data Entry, Pharmacy Notifications, Facilitate Virtual Resources*

Janet Keats – Team Lead

David Parmenter – Manager

AIM Statement: By February 2023, the Salmon Arm OAT clinic will observe a 30% improvement in retention for OAT clients living in rural communities.

Change Ideas & PDSA's

Change Ideas:

Sicamous OAT clients are offered their appointments by telehealth on Friday mornings from 930-1130 am weekly.

Measurement:

We measured retention by considering:

1. Clients to stay on their medication
2. Clients who keep their appointments
3. Clients who maintain a therapeutic medication level

How many PDSA cycles have you completed?

We did one cycle, modified the plan and are currently running our second test cycle which runs September 16, 2022 through to November 28, 2022.

Next Steps / Results

Outcomes of changes tested:

In our original testing, we did not provide enough of a window to capture the data we wanted. Our second testing captures all Sicamous clients during a 10 week period that more satisfactorily provides the measurement we are looking for.

Changes Implemented:

Sicamous telehealth is in place. Data at the end of testing will reflect if telehealth availability impacts retention.

Lessons Learned:

Concrete data has made us more aware that what we perceive as a welcoming change isn't necessarily true for the clients.

Challenges:

This project is labour intensive so the learning often feels overshadowed by the demands.

Successes:

We have a more solid foundation to plan and test for Enderby telehealth when it becomes available.

What is next?

We do not have another change idea to test at this time.

Knowledge Gaps

Can you identify any existing knowledge gaps that you've encountered as you've worked through your first change ideas?

Our BOOST coach has provided good supports and solid directions.

Team Contacts

Salmon Arm OAT Clinic (250) 833-4177

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Janet.Keats@interiorhealth.ca

David.Parmenter@interiorhealth.ca

10th Street Clinic

AIM STATEMENT

Increase attended OAT clinic appointments to 80% by February 1, 2023

OUR TEAM

- Becky Brohman, RN/Nurse Prescriber
 - Full time Mon-Thurs/Fri
 - Covers all tasks related to clinic and patient care
- Dr. Mike Van Vliet
 - Available in person on Wednesdays (clinic day)
 - Available by phone or text every other day
- Meghan Edwards, MOA
 - Shared with a busy Nurse Practitioner Practice
 - Covers all admin tasks, assists with patient care
- Karen Leman, MHSU Team Lead/Acting Manager
 - Steers the ship

Change Ideas & PDSA's

CHANGE IDEAS

- Format our appointment reminder text message to reflect the same format as other automated text reminders sent out by IHA departments.
- Send notices to pharmacy to request they advise patient of upcoming appointment date/time
- Connect with patient in multiple ways, via phone, text, or pharmacy reminder

COMPLETED PDSA CYCLES

- Attendance details will be captured for November 23 clinic to complete PDSA1.

Next Steps / Results

LESSONS LEARNED

We discovered that for a few of our target patients, we did not have up to date contact information and/or permission to speak to their family/supports. This created a gap in our ability to contact for appointment reminders, especially if the patient wasn't due to pick up at pharmacy before the next clinic date.

This led into our planning for another change idea, which is to create a process to maintain client contact information. This will allow us to have up to date contact information for each patient, as well as an alternative contact or back-up plan for appointment reminders if the patient does not have a telephone of their own.

RESULTS

The data collected at our November 23 clinic will be used to show our results.

Team Contacts

- Becky Brohman:

- Rebecca.Brohman@interiorhealth.ca
- 250-304-1284

- Meghan Edwards:

- Meghan.Edwards@interiorhealth.ca
- 250-304-1284

- Karen Leman, Castlegar MHSU Team Lead/Acting Manager:

- Karen.Leman@interiorhealth.ca
- 250-304-1846

Kelowna OAT



Team Storyboards Round 2

A large, stylized graphic in a darker shade of blue, centered on the slide. It depicts a person with their arms raised in a 'V' shape, with a circle above their head, all enclosed within a large, curved, open-bottom shape. The text is overlaid on this graphic.

Vernon OAT Clinic

DMHSU

September, 22, 2022

OAT-Meal Cookies

Physicians- Dr. M. Hill, Dr. P. Nagra

Nurse Practitioner: NP. D. Ansdell, NP. Amy Sousa

Team Lead: Jennifer Glen

Nurse Prescriber: Kyle Boulton

OAT Nurse: Samaya Bouchard (Maternity leave)

Prescribed Safe Supply Nurses: Aleasha MacDonald, Nadina Hadzikadunic

Community Support Worker: Sonya McMahon

MOA: Michelle Newall

Admin: Chelsey Fagerholm





OAT-Meal Cookies

Raisins of Ideas and PDSA's

PDSA's Cycles Ran:

- 1) Pharmacy Communication
- 2) Missed dose follow up

Future Change Ideas:

- Create a process to maintain updated contact information
- Create a process about how to get to appointment reminders to clients with no contact information
- Identify client barriers to access services and try to eliminate or overcome these
- Create a process for outreach to marginalized clients to promote connection to desired services



First batch of cookies

Completed the pharmacy PDSA

- Objective was to work with pharmacies to provide all client's with appointment reminders and increase OAT appointment attendance.
- Outcome was mixed; some pharmacies liked being notified about client's appointments whereas other pharmacies did not want to participate in providing appointment reminders.
- Tried switching to focus only on client's that the OAT clinic could not reach i.e. no phone and no fixed address.



Second batch of cookies

Still working on our missed dose PDSA cycles

- Objective was to connect with client's to prevent dose reduction or discontinuation from too many missed days.
- We found that clients didn't appreciate a call for one-two missed dose so we changed it to following up after three consecutive missed doses and/or an actual dose reduction
- The focus of the follow up was then to offer support and dose titration before their next scheduled appointment.



Missing ingredients

- How do you support clients who have no fixed address and no phone?
- How do you support clients to prevent dose reduction or discontinuation, while maintaining autonomy?
- How do you manage clients primary care needs?



Team Contacts

Team Lead: Jennifer Glen
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Nurse Prescriber: Kyle Boulton
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OAT Nurse: (on maternity leave)
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Prescribed Safe Supply Nurses: Aleasha MacDonald & Nadina Hadzikadunic
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Community Support Worker: Sonya McMahon
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MOA: Michelle Newall
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OAT Bombs

- KAREN MILLER: MHSU TEAM LEAD
- TAMMY MCLEAN: NURSE PRACTITIONER
- KRISTY GOOSNEY: REGISTERED NURSE/NURSE PRESCRIBER
- SAMI SYSKAKIS: REGISTERED NURSE/OAT OUTREACH
- ALEXIS MELVILLE: REGISTERED NURSE/OAT OUTREACH
- MICHELLE LESSARD: OAT OUTREACH
- SARAH TILLEY: SUBSTANCE USE CONNECTIONS CLINICIAN
- CYNTHIA ROBERTSON: MEDICAL OFFICE ASSISTANT
- KALSIE CAVAGHAN: QUALITY IMPROVEMENT COACH
- MICHAEL SMITH: PEER VOICE

Aim Statement:

- Observe a 75% increase in client OAT participation by January 31, 2023.

Change Ideas & PDSA's

- ▶ What small change ideas have you tested? What were you measuring?
 - We made a referral form targeted towards gathering information to better contact or locate the client for an intake appointment.
- ▶ How many PDSA cycles have you completed?
 - We have completed one PDSA cycle so far.

Next Steps / Results

- ▶ Progress to date:
 - We utilized the new referral form for a PDSA cycle of 4 weeks. The data collected showed that the referral form made no improvement in intake attendance.
- ▶ Lessons learned
 - Our direct relationships with clients and occasional willingness to sacrifice personal time to make time for clients is more effective than the referral to identify client barriers and strengths.
- ▶ What is next?
 - We plan to trial a supportive program where our OAT Outreach team delivers medication to targeted clients that are otherwise unlikely to pick up their doses to increase stability and decrease the amount of restarts by 30%.
 - Daily deliveries will be done from Tuesday to Friday for two weeks at a pre-determined place. For the next two week period deliveries will be done on Tuesday, Wednesday, and Friday with verbal reminders to pick up at the pharmacy on other days.
 - The hope is that as clients stabilize on their dose they will become more independent in picking up their doses.

Knowledge Gaps

- ▶ Can you identify any existing knowledge gaps that you've encountered as you've worked through your first change ideas?
 - We need to have a better knowledge base of how other sites have advocated and created positive changes in regards to continued barriers of delivery of care (i.e. car utilization , long term staffing increase, physical barriers of limitations in workplace room)
 - What boundaries are other programs utilizing for the frequent no shows, no check-ins, limited communication scenarios, when clients don't reach out until the end of the day before the weekend in crisis due to not having an active prescription?
 - Where is the data that had previously been collected going to or being presented to? What was the intent of this data collection? Is it being used to advocate?

Contact Information

▶ Mail: Kiro Wellness Centre
3-1500 Columbia Ave
Trail, BC
V1R 1J9

▶ Phone: 250-364-6262

▶ Fax: 250-364-6257

▶ Office Hours:
Monday – Friday
08:30 - 16:30

▶ E-mail:

- Tammy.Mclean@interiorhealth.ca
- Kristy.Goosney@interiorhealth.ca
- Stamatina.Syskakis@interiorhealth.ca
- Alexandria.Melville@interiorhealth.ca
- Cynthia.Robertson2@interiorhealth.ca

Lillooet/Lytton/Ashcroft (LLA)

LLA stands for Lots of Luck Always!

- LLA TEAM: Christina Keyes, Senior Lead/Sponsor; Marcia Gofsky, Team Leader in Training; Greg Smith, Senior Clinical Champion; Dr. Miller, Clinical/Technical Expert &/Or Process Expert; Kalsie Cavaghan, Quality Improvement Coach; Shari Tonkin, MHSU Nurse
- Aim statement: Improve the number of clients retained on OAT ≥ 90 days to 95% by Feb 1, 2023

Change Ideas & PDSA's

- The first change idea we are currently testing is providing standardized education to all OAT staff regarding the use of Sublocade.
- So far, we have completed 2 PDSA cycles for this change and will be reviewing the data to determine our next steps.

Next Steps / Results

- Progress so far: we have had 8 new clients start on Sublocade since starting this PDSA
- Lessons Learned: Feedback from our pharmacy partners is that switching clients over to Sublocade has helped free up space to allow pharmacists to spend more direct time with clients; We also learned that some pharmacies weren't prepared for the sudden increase in Sublocade prescriptions and because they didn't have enough stock on hand, some clients were delayed starting on this new prescription
- Next change idea: We are currently exploring what will fit best in this community right now

Knowledge Gaps

- How do we shift focus to a new change idea when one we are working on appears to be effective, but may not be viable for practice right away?
 - E.g. Challenge in Ashcroft is getting clients started on OAT, and need to focus on this before we can look at retention. So while we have information that shows our change idea regarding Sublocade may lead to improvement in retention, it likely isn't helpful when we have individuals who are having difficulty getting started in the first place.

Team Contacts

- Christina Keyes (Senior Leader/Sponsor) christina.keyes@interiorhealth.ca
- Greg Smith (Senior Clinical Champion) donald.smith@interiorhealth.ca
- Dr. Miller (Clinical Expert) – 250-256-1345 (Ashcroft); 778-209-0237 (Lillooet)
- Zahria McCabe (Admin/Front Desk Support) zahria.mccabe@interiorhealth.ca
- Marcia Gofsky (Team Leader) marcia.gofsky@interiorhealth.ca
- Shari Tonkin (MHSU Nurse) shari.tonkin@interiorhealth.ca

Merritt OAT Team

Merritt is Marvelous

- Team Members: Christina Keyes (Senior Lead/Sponsor), Marcia Gofsky (Team Leader in Training), Greg Smith (Senior Clinical Champion), Dr. Sodenberg (Clinical Expert), Kalsie Cavaghan (Quality Improvement Coach), Christine Schnurr (MHSU Nurse)
- Aim statement: By February 1, 2023, 70% of clients referred to OAT will remain connected to service for 12 weeks or more

Change Ideas & PDSA's

- We are currently testing our first change idea which is providing standardized education to all OAT staff regarding the use of Sublocade.
- So far, we have completed 2 PDSA cycles for this change and will be reviewing the data to determine our next steps.

Next Steps / Results

- Progress so far: we have had 8 new clients start on Sublocade since starting this PDSA
- Lessons Learned: Feedback from our pharmacy partners is that switching clients over to Sublocade has helped free up space to allow pharmacists to spend more direct time with clients; We also learned that some pharmacies weren't prepared for the sudden increase in Sublocade prescriptions and because they didn't have enough stock on hand, some clients were delayed starting on this new prescription; increasing numbers of persons on Sublocade injection appears to be decreasing the need for appointments at the OAT clinic
- Next change idea: Establish a process for reminding clients about scheduled clinic appointments

Knowledge Gaps

- How might we design a PDSA to test the idea of outreach if we do not have the resources in our clinic to provide this on an ongoing basis, but we think it is important for client success?

Team Contacts

- Christina Keyes (Senior Leader/Sponsor) christina.keyes@interiorhealth.ca
- Greg Smith (Senior Clinical Champion) donald.smith@interiorhealth.ca
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- Marcia Gofsky (Team Leader) marcia.gofsky@interiorhealth.ca
- Christine Schnurr (MHSU Nurse) christine.schnurr@interiorhealth.ca