

Patient Experience: Substance Use and Addiction Strategy

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Patient Experience



Patient Experience

Empathy, compassion, and respect in every encounter



1. Lead the evolution of patient and family centred care embedding the principles of co-design, where each person is treated with compassion, respect and empathy.

OBJECTIVES

- 1.1 Design and implement a co-design framework to ensure a clear understanding by all staff, patients and families.
- 1.2 Embrace the principles of PFCC with a co-design approach to care planning.

2. Focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

OBJECTIVES

- 2.1 Promote and sustain continuous quality improvement, with focus on our unique patient needs.
- 2.2 Eliminate preventable harm by enhancing our safety culture.
- 2.3 Consistently deliver health services that are effective, well-coordinated and include seamless transitions.

3. Become experts in caring for and supporting patients with complex care needs due to multiple acute and chronic conditions, mental health and addiction issues, and social vulnerabilities.

OBJECTIVE

- 3.1 Enhance, better coordinate and support care for patients with complex health issues who are frequent users of hospital services.

Priorities and Recommendations

Create a unified hospital-wide harm reduction philosophy and culture throughout the organization by:

1. Establishing a sustainable interprofessional model-of-care which is accessible throughout the Hospital.
2. Enhanced staff education and training related to addiction management, treatment, and referral options.
3. Developing tools, resources, and pathways to support evidence informed care.



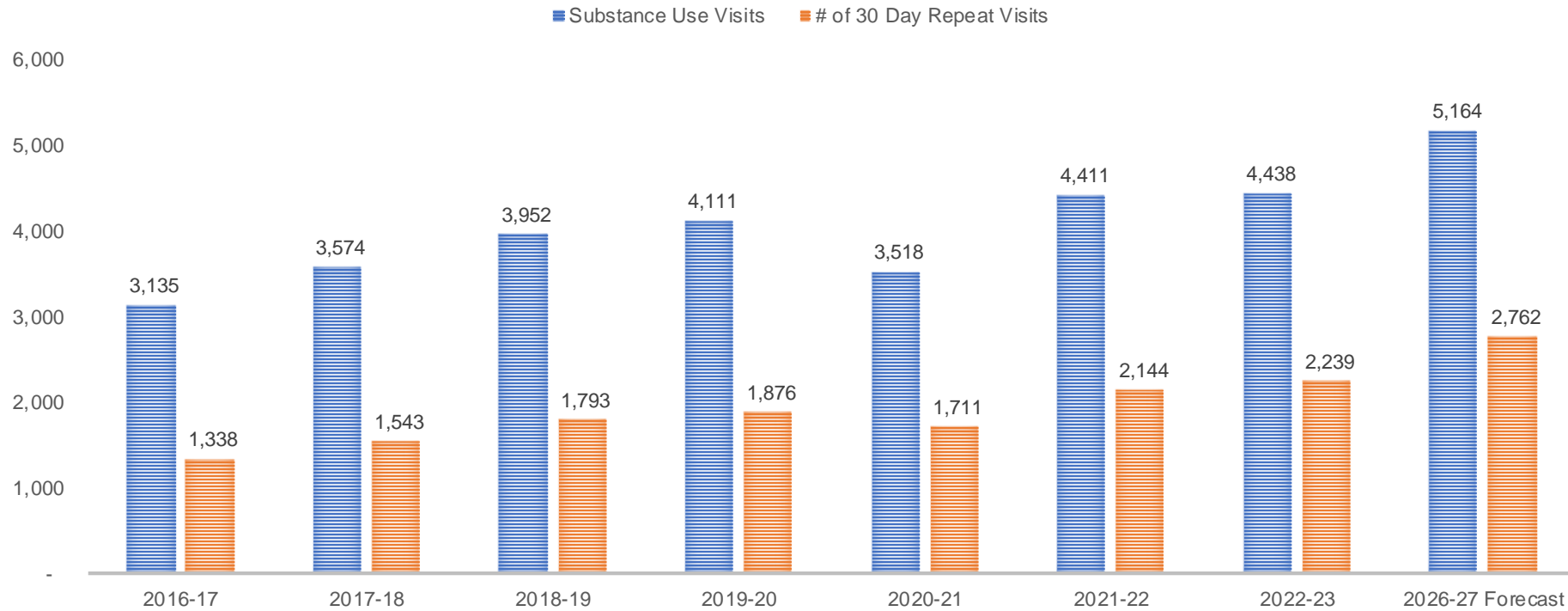
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Current State

TBRHSC - ED SUBSTANCE USE VISITS



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Substance Use and Addictions: Working Groups

Create hospital-wide harm reduction philosophy and culture

1. Model of Care

Goal: Establish integrated sustainable IP model of care which is accessible throughout the hospital.

Root Cause: Lack of consistent and adequate resources (HHR, space), expertise = inconsistent treatment and follow-up.

Project Timelines:

Recommendations/Needs 6 mos

Phase 1 roll-out - year 1

Phase 2 roll-out - year 2

Project Outcomes: Create staffing and care model, to provide consistent, trauma-informed care to patients with substance use and addictions issues.

2. Staff Training and Education

Goal: Enhance staff knowledge and training related to trauma - informed care, addiction management, treatment, and referral options.

Root Cause: Staff don't have the knowledge they need; clinicians are not comfortable with addiction medicine and harm reduction.

Project Timelines:

Recommendations/Needs 6 mos

Phase 1 roll-out - year 1

Phase 2 roll-out - year 2

Project Outcome: Enhanced knowledge and abilities to facilitate consistent care and an improved patient experience.

3. Resource Development

Recommendation: Developing tools, resources and pathways to support best practice.

Root Cause: Outdated/unknown protocols, inconsistent screening, referrals, and processes.

Project Timelines:

Recommendations/Needs 6 mos

Phase 1 roll-out - year 1

Phase 2 roll-out - year 2

Project Outcome: Evidenced-informed standardized patient care with pathways to guide the care team and enhance coordination of care in the right location.



Models of Care

- ▶ Develop an interprofessional team (e.g., medical lead, addiction medicine physician, nursing, peer support, pharmacist, CNS, indigenous care coordinator, and potentially others)
- ▶ Roles and responsibilities of the team may include:
 - ▶ Screening and assessment
 - ▶ Create individualized treatment plan
 - ▶ Medication assisted treatment
 - ▶ Psychosocial Support
 - ▶ Outcome monitoring and evaluation
 - ▶ Education and prevention
 - ▶ Integration of evidence informed practice
 - ▶ Quality improvement



Project outcomes:
Create staffing and care model, to provide consistent, trauma-informed care to patients with substance use and addictions issues.



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Staff Training and Education

- ▶ Three year education plan
- ▶ Year One:
 - ▶ Stop the Stigma campaign:
 - ▶ Person first language
 - ▶ Use various education and communication strategies (e.g., posters, multimedia, e-Learning, etc.)
 - ▶ Utilize and adopt education material from expert organizations
- ▶ Year Two:
 - ▶ Harm Reduction
- ▶ Year Three:
 - ▶ Trauma Informed Care



Project outcomes:
Enhanced knowledge and abilities to facilitate consistent care and an improved patient experience.



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Resource Development

- ▶ Environmental Scan (e.g., patient education, PODS, pre-printed order sets) / TBRHSC focused policy review
 - ▶ Current education material requires update
 - ▶ Pre-printed order sets require update to current evidence:
 - ▶ Clinical Opiate Withdrawal Symptom (COWS) Management Protocol
 - ▶ Clinical Institute Withdrawal Guidelines
 - ▶ Create new order sets to treat people with opioid use disorder (OUD) (e.g., buprenorphine [Subutex]).
- ▶ Resources for staff, physicians, patients, family



Project outcomes:
Evidenced-informed
standardized patient
care with pathways to
guide the care team
and enhance
coordination of care in
the right location.



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Questions

Thank-you



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