

DESCRIPTION

Needs of patients requiring care for addictions and substance use are increasing in volume and complexity. The population of Humber River Health's (HRH) Chemical Dependency Program (CDP) consists of individuals with complex medical, social, and mental health needs, who frequently have trouble accessing community-based services and/or primary care, often while experiencing concurrent disorders (i.e., experiencing both mental health and substance use concerns simultaneously). HRH recognized the need to adapt programming to optimize treatment, experience, and outcomes. This initiative also aligned with two of the organization's strategic pillars—to advance the empowerment of our people and patients, and to foster innovation, research, and academics.

OBJECTIVE

Optimize programming to better meet needs of HRH's patients, in accordance with guiding principles (partnerships, low barrier access, patient-centered care, harm reduction approaches, and empowerment) by end of March 2024.

ACTIONS TAKEN

The team formulated guiding principles and developed a driver diagram to identify and prioritize change ideas and define the program scope.

There were seven sub-initiatives:

- Implement internal knowledge hub
- Launch a standardized assessment protocol
- Connections Clinic pilot—facilitate transition from Emergency Department (ED) to CDP
- Implement Naloxone kits
- Add Sublocade as a treatment option
- Update/implement order sets related to alcohol use disorder and opiate use disorder
- Implement a resource for families, caregivers, health partners focusing on their wellness

Figure 1. Overview of the sub-initiatives implemented in this initiative.

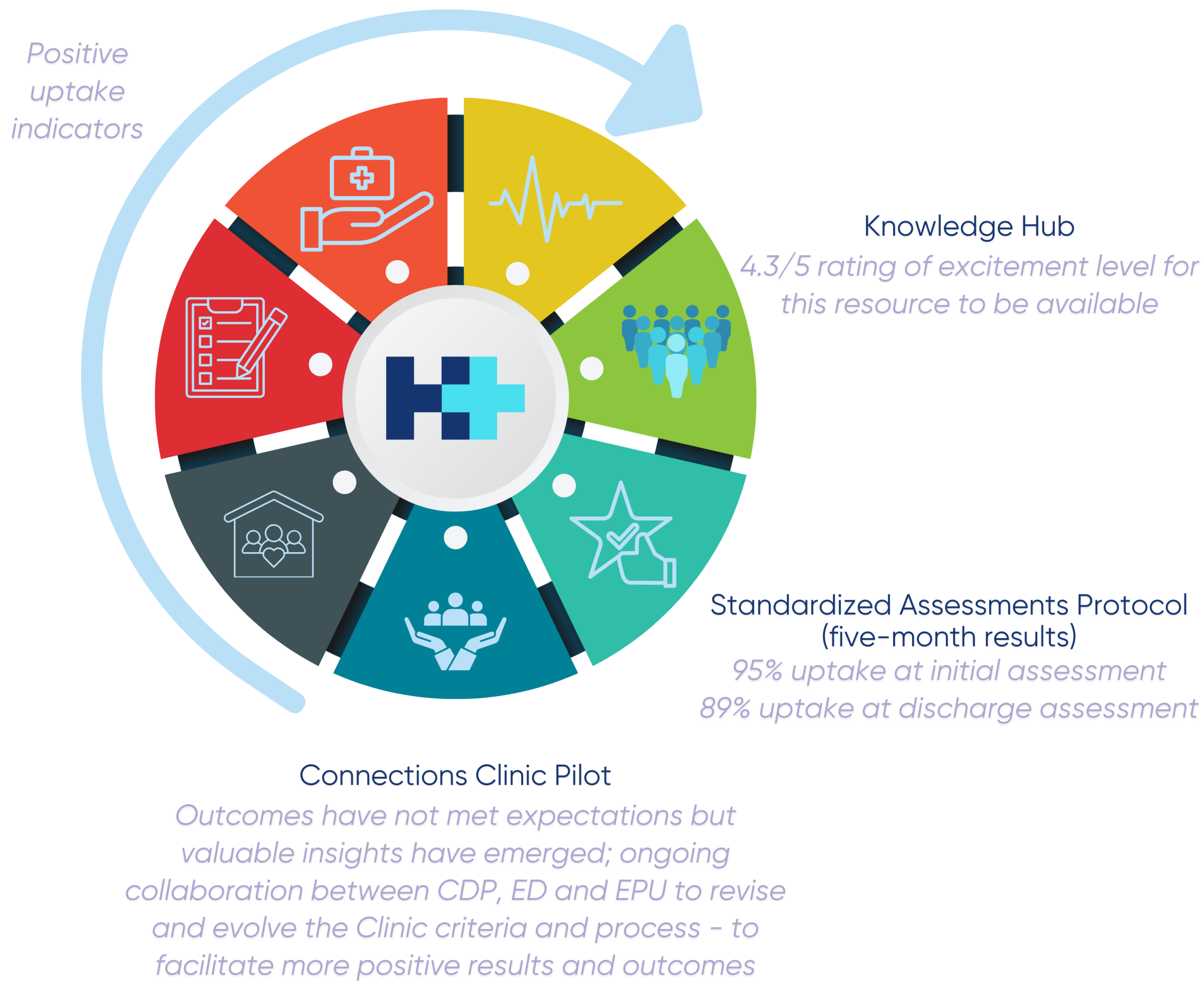
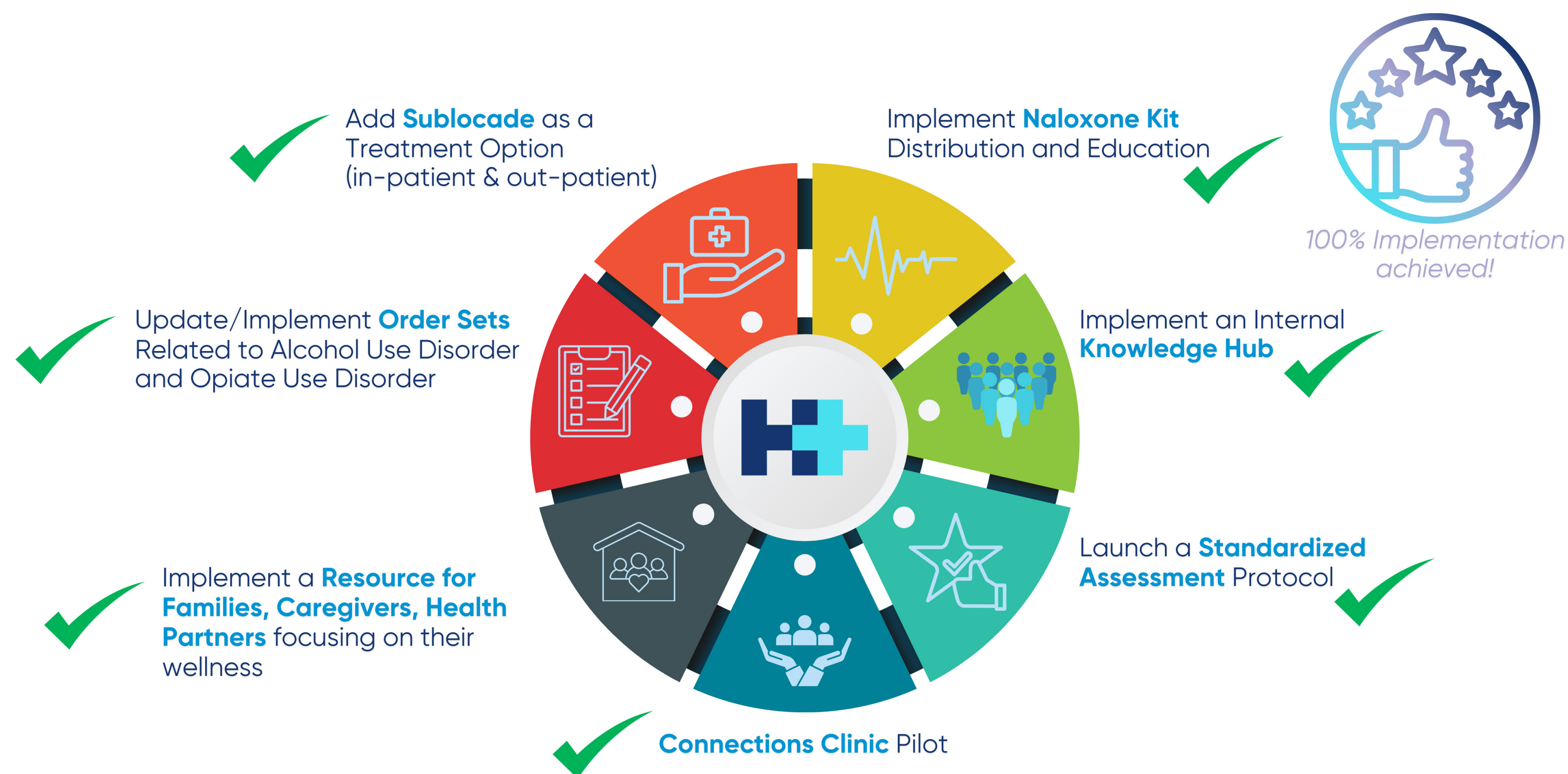


Figure 2. Highlights of some of the outcomes and results.

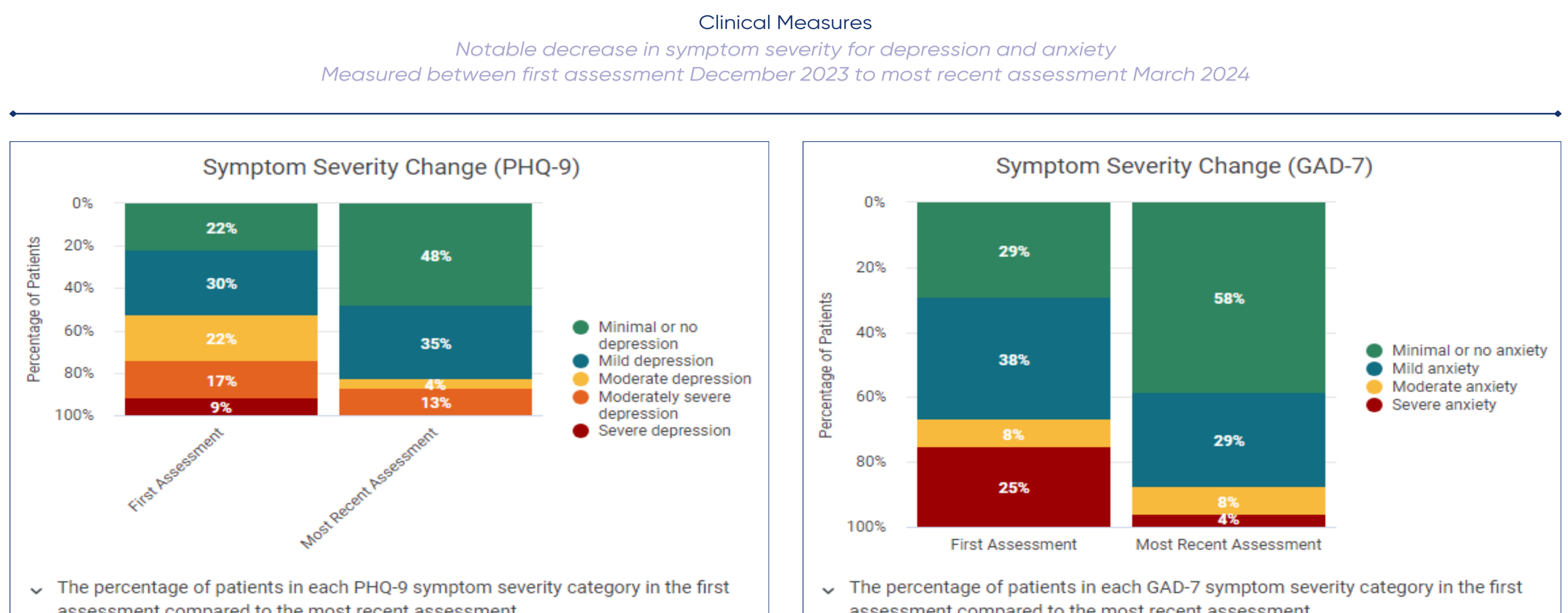


Figure 3. Clinical measures with a notable decrease in symptom severity for depression and anxiety between first and most recent assessment.

SUMMARY OF RESULTS

Given the complexity of factors related to clinical outcomes, preliminary results demonstrated a promising uptake of all but one of the changes implemented, as well as a positive experience engaging in this initiative. A change in scope for the Connections Clinic pilot required the removal of Point of Care testing, creating a barrier to sublocade treatment. Though we introduced a solution for this gap, challenges persist.

LESSONS LEARNED

The strategy to increase ED referral flow was not sustained when staff support decreased. The team is exploring system-based changes for the future.