

Opioid Treatment Options

Redesigning the Clarence Valley Opioid Treatment Service



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CASE FOR CHANGE



To start treatment
Delay exposes patients & community to harm for longer. Impacts on health, child safety, homelessness and legal issues.



70% of patients stable and ready for GP care
Only 1 patient transferred to GP in 2018

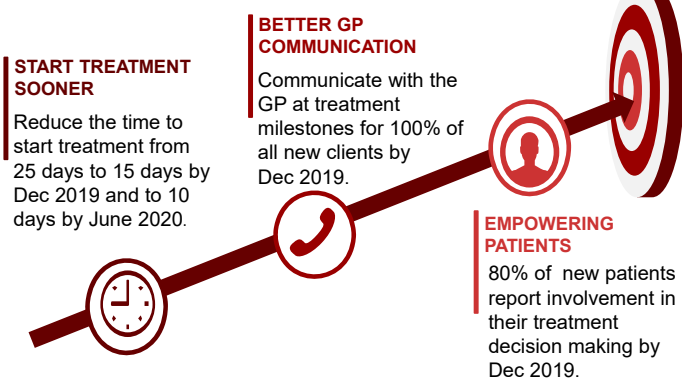
Opening 2020 Clarence Correctional Centre



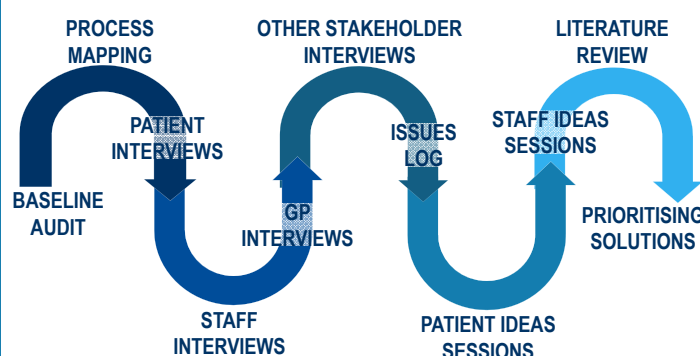
Transfers from custody have priority access to treatment, creating further delays.

GOAL

Provide people of the Clarence Valley Opioid Treatment Service with responsive and coordinated care that is collaborative and supports long term change.



METHOD



RESULTS

FIRST STEP – first contact to start of medication.



- Patient has intake with experienced clinician at first contact to increase physical and psychological safety.
- Processes redesigned to reduce admission hurdles from 7 to 3.
- Patients now registered at first contact and appointments scheduled.
- Waiting time benchmarked at 15 days.

Outcomes

- Waiting time objective achieved. Variations to KPI easily identified e.g. available medical hours.
- New patients surveyed reported **overall satisfaction with new service** at 88%.

Literature review Design Consultation Education Testing (PDSA) Launch Evaluate

MY CARE PASSPORT – Promoting shared decision making



- Design & develop a “roadmap” that identifies pathway back to community focussed on what matters most to the patient.
- GP involvement in care team clearly identified to patient.
- Shared decision making training & framework trialled in the opioid treatment service.

Outcomes

- Draft for trial using Plan Do Study Act Cycle underway. Commence use Jan 2020.

Literature review Design Consultation Education Testing (PDSA) Launch Evaluate

PEER SUPPORT



- Patient identified need for lived experience support.
- Peer support options explored.

Outcomes

- Peer initiated social group started after meeting at solutions workshop.
- Co-designed Peer worker role. Developed to support First Step and commence 2020.

Literature review Consultation Framework Opportunistic patient developed social group One on one peer

QUICK WINS



- Case Manager of the Day on display in the waiting room - to improve communication with patients.
- More appointments for new clients as a result of process review.
- Medication induction on a Monday only. Reduced clinician stress on weekends.
- Increase to dosing times allowing greater flexibility for patients. Patient requested.
- Patient centred Intake form developed by clinicians.

ACKNOWLEDGEMENTS

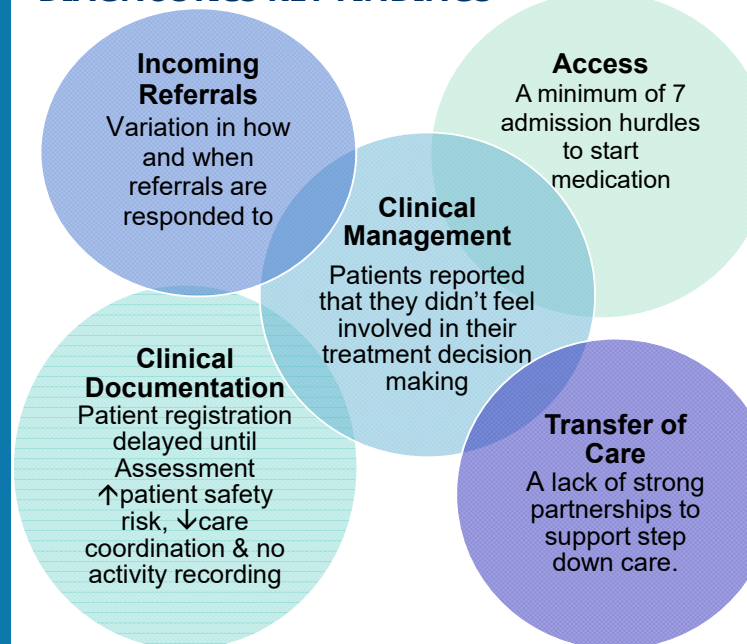
The patients and staff at Clarence Valley Opioid Treatment Service
Project team & Steering committee members
Deidre Robinson, Authorising Sponsor



CONTACT

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DIAGNOSTICS KEY FINDINGS



PLANNING & SUSTAINING CHANGE

- New processes in First Step are now business as usual.
- Clinical Care Coordinator position approved for trial in 2020 to manage First Steps & engage with primary health.
- Wait time benchmark has been included in reportable KPIs for the service.
- Patient Reported Experience Measures at 2 weeks and 6 monthly to ensure we continue to meet objectives of the redesign.
- Social group, owned and run by patients for patients.
- Evaluation of the solutions will be undertaken from October 2020 to provide feedback by Dec 2020.

CONCLUSION - SPREAD

- Solutions from this project are transferable to the 4 other opioid treatment services in NNSWLHD.
- Experience Based Co-Design in action, showcasing the importance of ongoing patient involvement through every step.
- Lessons learned from the redesign process will be developed in further projects undertaken by NNSWLHD Mental Health Drug & Alcohol services.