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| **Outpatient Withdrawal Management (OWM) Services (7.5 FTEs)** | |
| Indicator | April 1, 2023 to June 30, 2023 |
| Please describe any significant changes that have taken place this reporting period with regards to these services e.g. changes to service models, service delivery partner changes, new services implemented, etc. | * OWM services now include Managed Alcohol Programming, to utilize OWM alcohol use disorder expertise, to support more clients’ stabilization of alcohol use via MAP. * One team has embedded Peers into their OWM program as a pilot, which is going very well. * Referrals have really ebbed and flowed through the year. A few teams have experienced this last reporting period as a slower period. * There have been some challenges with casual RN coverage, which is being mitigated with cross training; every team cross trained several casuals which helps with coverage and has had the added results of sharing ideas and program improvements across services. * Most teams have had consistent permanent staff this period. * Virtual OWM on call coverage for evenings is now under one team instead of shared by all 4 teams; this has greatly increased efficacy and efficiency. * Many OWM nurses have completed the nurse prescribing course and are able to prescribe OAT. * Local OWM teams continue to build relationships and partnerships with community partners to foster smooth referral processes across organizations/ services. |
| Success stories? Please share any client, program, or operational successes. | * With the addition of MAP to OWM service provision, we have seen success at stabilizing clients with MAP. * Clients have expressed appreciation at having an option to receive services in their home. * Being a community MHSU service, OWM has the increase of ease to support clients being referred to ongoing substance use services post OWM. * An “older youth” who came to us via Foundry, was referred to SU Connections and after multiple attempts and a slow build on engagement was able to connect the youth to OWM. Following completion, the youth was then connected to Youth Day Treatment program and has completed and now continues to be followed by a SU Counsellor and Peer Support Worker. They have since gone back to work and are working on completing their high school degree. This journey highlights the benefit of a full continuum of care available in community and the importance of the hand over from one team to the next in the client’s journey. * OWM has seen successful in supporting clients who were initially referred to OWM, but would be better supported by another MHSU service, to navigate the system, initiate internal referrals or referrals to partner agencies, etc. OWM is able to practice aligned with “every door is the right door”. * OWM teams also work closely with Nurse Prescribers and other members of MHSU services so are able to support clients across teams, providing team based care-combining OWM with other MHSU services. * OWM is supported by IH Virtual Addiction Medicine (VAM) prescribers , this partnership/team based care model continues to function well for IH to meet the needs of clients across the region in a timely manner. * Many clients who complete OWM are referred by IH services such as: Emergency Departments, Access, Substance Use counselling, ITT & the Integrated Crisis Response team. * Many clients who complete OWM go onto other MHSU services for ongoing care such as: Intensive Case Management team, Integrated Treatment team, SU Counselling and Treatment and bed based Treatment/ Supportive Recovery services. |
| Quality Improvement: How is your HA addressing access and utilization for this service? | * Local OWM Team Leads and Clinicians continue to build strong relationships across IH MHSU services (Access, SU Connections, ICRT, SU Counselling and Treatment, etc.) and non-IH organizations/community partners to increase referrals and improve referral pathways. * Posters & OWM cards have been distributed in Emergency Departments, doctors offices & other partner agencies. * Clients have the ability to self refer by email, phone call or even text message, whichever way they feel most comfortable. * Our regional MHSU Network team is working with the IH Communications team to use social media and other IH campaigns (e.g. substance use, treatment, and alcohol use awareness) to engage more referrals into OWM. * Our regional MHSU Network team is working with clinical and operational leadership to consider ways to leverage the clinical expertise to service more client presentations (e.g., we will consider clients under 19 now and will offer MAP as a service within OWM). |
| Please describe any new or ongoing system level barriers or challenges impacting these services in your region. | * OWM is available in our 4 largest communities, we are considering how to improved OWM service access for rural communities. * Lack of attachment to a primary care providers may prevent referrals (regular family practitioners are more likely to refer people to OWM than walk in clinics) and barriers for follow up care when exiting the OWM program. * IH MHSU wait times (e.g. Treatment and Counselling) can prevent smooth transitions to care in some areas; counselling teams are very busy and often under resourced. * Vacant positions and high turnover in other care areas like the Emergency Departments results in continually re-educating needing to occur about the services and referral pathways. * IH OWM requires clients to have a person to support them for the first 72hrs of their planned withdrawal; this can pose a barrier to people accessing the service despite efforts to include non live-in supports like a neighbor or staff from a supportive housing building. * Natural disasters such as wild fires and floods have created complexities with people accessing or beginning their care with OWM. * A lack of Peer Support Worker and Social Worker positions embedded in OWM to support with short-term follow up and relapse prevention and provided better bridging to ongoing care is a challenge. |
| Please describe the impact of funded services on communities (including clients, family, and support systems). (Please provide as fulsome a response as possible, including any evaluation or other data if available) | * Clients have reported they would have had to quit there job if it was not for the OWM programme. * OWM Clinicians appreciate being able to provide more autonomy and control to clients (i.e. decide how & where they want to withdraw in a safe and controlled environment) and believe this is more then bed based services are able to do. * OWM is a discreet service, decreasing barriers for some people who would be otherwise be reluctant or fearful to access services. |