Quality Improvement Points Harm Reduction to Best Practices

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3:30-5:00PM
Presentation Objectives:

• Identify the principles of Harm Reduction
• Assess barriers to following evidence based practices in a Syringe Services Program
• Understand the Plan, Do, Study, Act QI methodology
• Identify tools to conduct a QI project
Principles of Harm Reduction

Accepts, for better or worse, that illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

https://harmreduction.org/about-us/principles-of-harm-reduction/
Principles of Harm Reduction

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

https://harmreduction.org/about-us/principles-of-harm-reduction/
Principles of Harm Reduction

Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

https://harmreduction.org/about-us/principles-of-harm-reduction/
Principles of Harm Reduction

Affirms drug users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

https://harmreduction.org/about-us/principles-of-harm-reduction/
Syringe Services Program (SSP) Measurable Outcomes

- Reduces HIV, Hepatitis B, and Hepatitis C infections
- Reduces overdose deaths
- Increases entry into SUD treatment programs
- Reduces needlestick injuries amongst first responders
- Prevention saves money

www.cdc.gov/hiv/risk/ssps.html
Bloodborne Infectious Disease Prevention Programs or Syringe Service Programs (SSP)

The Board of Health must consult with the following before establishing an SSP:

- Law enforcement
- Prosecutors
- Substance abuse treatment providers
- People in recovery from Substance Use Disorder (SUD)
- HIV and Hepatitis C advocacy groups
- Residents of the health district
Bloodborne Infectious Disease Prevention Programs or Syringe Service Programs (SSP)

SSPs must provide the following services on-site services if resources allow:

• Screening
• Education
• Referral

Ohio Revised Code 3707.57
Ohio Syringe Service Programs

- Athens
- Brown
- Cuyahoga
- Darke
- Franklin
- Gallia
- Greene
- Hamilton
- Butler
- Clermont
- Jefferson
- Lucas
- Montgomery
- Scioto
- Stark
- Summit

Source: Harm Reduction Ohio

Ohio Syringe Programs Map

[Map showing the locations of Ohio Syringe Service Programs in various counties]
Best Practices

Begin with a Needs Assessment:

- Service delivery models
- Site location
- Hours of operation
- Staffing
- Funding
- Stakeholders
- Politics
- Standard Operating Procedure
- Supplies
- Disposal
- Data Collection, Reporting
Community Leadership Stakeholders

- Healthy Lucas County- Community Health Improvement Plan
- Toledo-Lucas County Health Department Strategic Plan
- University of Toledo Medical Center Ryan White Program
- Mental Health Recovery Services Board of Lucas County
Community Partners

• Lucas County Opiate Coalition
• University of Toledo Human Trafficking and Social Justice Institute
• Lucas County Human Trafficking Coalition
• University of Toledo Opioid Task Force
• Lucas County Sheriff’s Office Drug Abuse Response Team (DART) Collaborative
• Regional HIV Prevention Community Planning Group
Northwest Ohio Syringe Services

Services Provided On-site:

- SBIRT, Motivational Interviewing and DAST-10
- Human trafficking screening
- Syringe exchange, including using supplies and biohazard containers
- Safer injection education
- Injection site review
- Rapid HIV and Hepatitis C testing
- Hepatitis A Immunization
- Pregnancy testing
- Safer sex education (including PrEP) and supplies
- Narcan training and kits
- Drug checking education and fentanyl test strips
Northwest Ohio Syringe Services

First Year Outcomes

• Open 6 hours a week at 2 fixed locations
• Engaged 191 unduplicated participants
• 406 return visits
• Collected 11,472 used syringes
• The most syringes returned by a participant in one visit= 525
Northwest Ohio Syringe Services

Participants were provided with:

- A total of 19,578 new syringes
- 547 fentanyl test strips
- 286 clients received Narcan and were trained how to use it
- 64 referrals to substance abuse treatment

Participants reported:

- Saving 88 lives with the Narcan NS kits provided by NOSS
- 79% turned in <5 syringes during intake
- 99% reported injecting more than 1x/day
Clinical findings:

- **2** new cases of Hepatitis C were identified
- **4** participants identified as being HIV positive during intake
- **2** participants identified as pregnant and both engaged in substance abuse treatment
- RN observed signs of severe infection in **5** participants
  - **3** followed through with emergency services and later reported being diagnosed with endocarditis
- **22** referrals were made to human trafficking direct service providers
  - **20%** identified as commercial sex workers
  - **<5%** identified as having been labor trafficked
  - **<5%** identified as having been sex trafficked
Quality Improvement (QI)

Principles of QI

• Customer focused (internal and external)
• Improvement is an ongoing process
• Focus on Systems not people
• Decisions are made based on facts and data
• Improvement decisions are made by full team, regardless of organizational rank
QI Methodologies

QI Approach

- There is no single one-size-fits-all approach to quality improvement.
- You may be Familiar with:

  - Plan-Do-Study-Act
  - Six Sigma
  - Kaizen
  - Lean
QI Methodologies

QI Approach

• All of these methods at their core are essentially the scientific method focused on business processes

• Observation (Is there a problem?)
• Research (Is there data to support the observation?)
• Hypothesis (What and how will a change occur?)
• Experiment (Change Intervention)
• Analysis (What Happened?)
• Conclusion (Was it successful?)
Plan, Do, Study, Act (PDSA)

**Step 1:** Identify & Select Problem
**Step 2:** Analyze the Problem & Causes
**Step 3:** Generate Potential Solutions
**Step 4:** Select & Plan

**Step 5:** Implement Test
**Step 6:** Study the Results

**Step 7:** Fully Implement Successful Solution & Standardize or return to planning
First Year Barriers to Best Practices

Fishbone Diagram

Communication

Primary direct report for NOSS staff unclear
Unclear expectations for staff
Unclear goals/program direction
Inconsistent communication
No database/program
Update missing
Group email sent, not sent to everyone consistently
Info/program updates at random
Required representation not consistently communicated to direct-service staff
Who is responsible for site sourcing/planning?
Clients unclear what to do when they enter

Process

New responsibilities assigned w/o direction, planning, or perceived benefit
Unclear goals/program direction
New student training/shadowing time (MSNs, MDs, BSNs)
Intake
Lack of engagement or direction
for clients often self-directed
Often last stop in the process

Materials

No database
Current forms: not sure what is needed, what can be discarded or changed
Qualtrics continue or stop using?
No master staff calendar
Supply organization/distribution
Multiple stocksheets
Handling time:
detergent supplies

Cause

People

No greeter/receptionist
Staff do not feel valued
Staff did not feel empowered to own/change processes
Fewer clients at St. Pauls location (generally)
Client factors
Presented to leave early
Clients show up late
Attention open
Sick
Group of clients
Sick

Effect

Clinic Flow/Efficiency

Layout of Facilties

Available Client Room
Challenging floor layout
Cultural sensitivity
Difficult to find NOSS staff

Supply Room availability

Staff recruitment/retention
Regular data collection/reporting
Blanket Contract

No master staff calendar

Revised 12-4-18
Step 1: Identify and select problem

Problem/Opportunity Statement: Program Operations are Under-developed and Inefficient.

AIM Statement:
To increase the number of people utilizing the NOSS Clinic by improving the efficiency of the clinic and visitor experience.

Data Collection:
Time Study, Satisfaction Survey, Incident Reports

If/Then Statements:
19 improvement theories of change
Current State Process Map

[Talk box: clients enter New → Directed to nurse (if staff available to clients) → Wonder until find staff → Nurse available/assigned → Collect info on all 5 steps on checklist

At any point if there is a backup, the steps below might be completed by intern, etc.

- Collect demographics
- Give SW overview
- Barriers to treatment
- Focus on treatment
- Referrals for housing, inpatient, etc.

SW completes SBIRT + responsibilities

- Armored trafficking screen
- Pentyl test strips
- Referrals for housing, inpatient, etc.

Client leaves

Go to SW for intake training

- Give Program overview
- Provide intake card + info on it (must bring back each time)

Go to 3rd party training

- Collect demographics
- Give SW overview
- Barriers to treatment
- Focus on treatment
- Referrals for housing, inpatient, etc.

Client leaves

Referral to hosp

Setup/Teardown

- To be cont.
- To be cont.

E-mail
Current State Process Map

NOSS Clinic QI Project: Current Client Flow/Process Map

**Start:** Clients Enter NOSS Site

- Client Greeted By 1st Available Staff Member
- Client Requires RN Services
  - Yes, RN Available
  - No, Seeking Narcan Only
  - Client opts to receive training only
- Directed to RN for Check-In
- Client Counts and deposits syringes
- Directed to Waiting Area
- SW Available
  - SW Not Available or Client ignores SW
  - No, Seeking Narcan Only
- TLCHD Social Worker
  - Begins Checksheet
  - SW Performs Intake and Needs Assessment form
  - Provides Fentanyl Test Strips
  - Conducts DAST-10
  - Human Trafficking Screening
  - Discusses Harm Reduction Strategies
  - Provides Program Orientation
  - Provides Program Referrals
  - Gives Narcan Training

**TLCHD Nurse**
- Begins Checksheet
- Conducts Verbal Needs Assessment
- Inspects Injection Sites
- Provides Pregnancy testing
- Inspects Disease Testing:
  - Provides Safer Sex/PreExposure (PrEP) Education
- Provides Medical Referrals as Needed

**TLCHD Nurse (Return)**
- Nurse prepares/ provides injection supplies
- Nurse provides HIV/ Hep C test results and counseling

**DUTIES:**
- Duties are grouped by staff member and may occur in varying orders. Optional duties may be taken on depending on staff/intern/volunteer availability.

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Revised 1-7-19

TLCHD Opiate Coordinator
- Gives Narcan Training
- Interns/ Volunteers
  - Provides Fentanyl Test Strips
  - Gives Narcan Training

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End: Client Leaves

<table>
<thead>
<tr>
<th>Identified Customers/Stakeholders of Process</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Users</td>
<td>Improved physical health, community inclusion, knowledge of resources, reduced stigma, improved safety</td>
</tr>
<tr>
<td>TLCHD Staff</td>
<td>Staff will have clear direction, support from leadership, and be empowered to improve the experiences of clients. Reduced stress through increased staffing/volunteers.</td>
</tr>
<tr>
<td>Family/Friends of Users</td>
<td>Reduced stigma, improved relationships, improved safety, community inclusion</td>
</tr>
<tr>
<td>Treatment Providers</td>
<td>More referrals from NOSS, healthier participants, active-users more likely to stay engaged due to more appropriate referrals/knowledge of resources</td>
</tr>
</tbody>
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Barriers/Challenges to Completing QI Project

Internal Challenges

- Meeting Frequency
- Staff Availability / Additional Duties
- Staff Apathy

External Challenges

- Clinic Incidents
Identify Potential Improvements

• The Team will develop a centralized supply

• The team will develop standard operating procedures for general Safety, Mental Health Emergency Response, Needlestick, Communication of Clinic Status and Reminders

• The Team will review and revise all forms

• The Team will restructure the clinic space for more efficient flow, safety, communication and peer support.
Immediate Changes

In the interest of staff safety, the following Potential Improvements were made immediately:

Clinic
• Changed physical arrangement and flow of Clinic.
• Poster of Rights and Responsibility.

Policy and Written Paperwork
• Safety Policy was written and implemented.

Supplies
• Change in Centralizing all supplies.
Clinic Rearrangement

Previous Clinic Layout
Talbot Center

- Bathroom
- Nurses Station
- Storage Room
- Social Work Station
- Food and Drinks
- Literature
- Noreen Station
- Door B Entrance
- Storage
- Talbot Center's Facilities

Presented by (Name)
Presented to (Agency)

Date: E-mail

[Diagram of clinic layout]
Clinic Rearrangement

Current Clinic Layout
Talbot Center
Revised Flow/Process Map

NOSS Clinic QI Project: Revised Client Flow/Process Map

Start: Clients Enter NOSS Clinic

Screening Volunteer/Staff Welcomes & Assists Client

Client Counts and deposits syringes

Client Fills Out Supply Form

Client Requires HIV/HEP C Testing

Yes, proceeds to RN For Testing

No

Client Opt for Overdose Response Training & Supplies Only

Interns / Volunteers

Provides Fentanyl Test Strips

Gives Narcan Training

TLCHD Social Worker

Conducts DAST-10

SW Performs Intake and Needs Assessment form

Provides Fentanyl Test Strips

Discusses Harm Reduction Strategies

Provides Program Orientation

Human Trafficking Screening

Provides Program Referrals

Gives Narcan Training

TLCHD Nurse

Gathers Consent & Provides HIV/Hep C testing

Perform's HIV Optical Scan

* Duties are grouped by staff member and may occur in varying orders. Optional duties may be taken on depending on staff/intern/volunteer availability.

Revised 4-26-19
Do Phase

Planned Test

• Planning to test from Mid May to July

Data To Be Collected During Testing Phase

• Number of individuals served
• Staff time allocation
• Clinic Improvement Survey Results
Study & Act

Study Phase

• Review results of Do Phase
  • Problems/Unexpected Observations
  • What worked well/ Was there an improvement?
  • Lessons Learned
  • Further refinement needed?

Act Phase

• Result of Project
• How will it be monitored going forward?
Beyond QI

To Address After the QI Project:

• Collective Impact Grant
  • Expanding Partnerships
  • Needs Assessment

• Opening additional sites

• Expanding Partner Referrals