

## Opioid Addiction Recovery Services (OARS)

### Partnership between Battle River Treaty 6 Health Centre and Prairie North Health Region

Dr. Erin Hamilton-OARS Physician  
 Jessica Gardiply-OARS Case Manager  
 Kent Lindgren-OARS Outreach Worker

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## Battle River Treaty 6 Health Centre

- \* OARS fall under Battlefords Family Health Centre (BFHC- Primary Care), and Wellness.
- \* BFHC is a primary health centre in North Battleford, Wellness is the on reserve mental health and addictions department.
- \* Provides core clinic space in downtown, and management of non-physician staff.

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## OARS

- \* Began accepting transfer methadone clients in October 2015. New starts began in April 2016.
- \* Currently at 45 active clients, and 35 on wait lists.
- \* Staff consists of 0.1 FTE physician, 0.5 FTE Case Manager, and 0.2 FTE Outreach Worker
- \* Clinic open 13.5 hours per week.

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## Partnership

- \* BRT6HC and PNHA have long standing partnerships in different departments.
- \* Both saw a need, and committed to creating solutions. Commitment was demonstrated through operation and funding of the program.
- \* Partnership serves to bring our strengths together- high level of clinical services with integrated indigenous knowledge of health.

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## Prairie North Health Region

- \* For PNHA aspect of partnership, OARS falls under Primary Care department.
- \* Responsible for funding of physician time, and Case Manager position.
- \* Was the lead for the Rapid Process Improvement Workshop.

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## Partnership

- \* Team holds quarterly meetings with inclusion of pharmacist, Directors and Managers.
- \* OARS clinic shares physical space with Battlefords Sexual Health Clinic, including harm reduction program.

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## Rapid Process Improvement Workshop-RPIW

- \* OARS began through a week long Rapid Process Improvement Workshop.
- \* Brought invested staff and community members together for intensive design work
- \* Team consisted of future clinic staff, client representatives, staff from partner departments and agencies, and facilitators.

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## Client Involvement

- \* Before the RPIW, staff gathered opioid therapy clients receiving services out of health region to survey for design of program.
- \* Brought together 40 different people on treatment or with a family member on treatment.
- \* Client involved in the RPIW was integral to the way we designed services.

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## RPIW

- \* RPIW consisted of:
  - \* forming the team,
  - \* assigning roles,
  - \* creation of work standards and clinic processes,
  - \* designing the space,
  - \* And performing multiple trials.
- \* All work necessary to begin operating was completed in a week, with ongoing changes as needed.
- \* Did things fast without overthinking.

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## Lessons Learned

- \* Weekly huddle with set agenda and time frame allows designated work and team discussion that is focused and client centred.
- \* Weekly huddle includes pharmacist via phone which is highly recommended.



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## RPIW

- \* Client involvement challenged how we work and view our role as professionals (professionals can have stigmatizing thoughts and behaviours).
- \* Brought us continually back to the client as the central figure.
- \* Many months of meetings were held previously, but the intensive week allowed large volume of work to be done, with a deadline.

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## Lessons Learned

- \* Designated week long RPIW process allowed design and implementation to move forward with purpose.
- \* Huge amount of work done in a week, following a Plan, Do, Check, Act cycle.
- \* Allowed the right people in the room, who were able to come to a consensus.
- \* Client involvement has been integral. Made us challenge thinking and keep the client at the centre of our work.

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## Lessons learned

- \* Suboxone starts have been smoother when first dose is given in clinic.

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## Thank you OARS

Opioid Addictions Recovery Services  
306-441-3142

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