HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Institute for Healthcare Improvement

Embedding Harm Reduction Principles in Health Care Settings Implementation Guide

June 2022

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A. What is Embedding Harm Reduction Principles in Health Care Settings?

Harm reduction refers to interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely. Embedding harm reduction principles within HIV clinics has been associated with better client outcomes.

B. Target Population

Embedding harm reduction principles and strategies in all aspects of a clinic's work can benefit all clients but is likely to be particularly useful for clients who actively use substances or have a history of a substance use disorder (SOD).

C. Core Elements of the Intervention

This implementation guide builds on the article, "Harm Reduction in Healthcare Settings," published in the *Harm Reduction Journal* in 2017[1]. The journal article includes a comprehensive review of the existing literature and in-depth qualitative interviews with 23 patients and 17 staff members from an HIV clinic in the United States to describe harm reduction principles for use in health care settings. The following six core principles, including core elements and approaches, are listed below.

1. Humanism

- Core Elements
    - Clinic staff value, care for, respect, and dignify all clients as individuals.
    - Recognizes that people do thing for a reason and that harmful behaviors likely provide some benefit(s) to the individual.
    - These benefits must be assessed, understood, and acknowledged to develop an understanding between benefits and harms.
    - Understanding why a client makes a decision is empowering to providers.
- Approaches
    - Moral judgments are not made against clients. They do not produce positive health outcomes.
    - Grudges are not held against clients.
    - Services are user-friendly and responsive to clients' needs.
    - Providers accept clients' choices.

2. Pragmatism

- Core Elements

[1] Hawk, M., Coulter, R.W.S., Egan, J.E. *et al.* Harm reduction principles for healthcare settings. *harm reduction Journal* **14,** 70 (2017). https://doi.org/10.1186/s12954-017-0196-4

    - None of us will ever achieve perfect health behaviors.
    - Health behaviors and the ability to change them are influenced by social and community. norms
    - Behaviors do not occur within a vacuum.
- Approaches
    - Abstinence is neither prioritized nor assumed to be the goal of the client.
    - A range of supportive approaches is provided.
    - Care messages should be about actual harms to clients as opposed to moral or societal standards.
    - It is valuable for providers to understand that harm reduction can present experiences of moral ambiguity, since they are essentially supporting individuals in health behaviors that are likely to result in negative health outcomes.

3. Individualism

- Core Elements
    - Every person presents with his/her own needs and strengths.
    - People present with spectrums of harm and receptivity and therefore require a spectrum of intervention options.
- Approaches
    - Strengths and needs are assessed for each client, and no assumptions are made based on harmful health behaviors.
    - There is not a universal application of protocol or messaging for clients. Instead, providers tailor messages and interventions for each client and maximize treatment options for each client served.

4. Autonomy

- Core Elements
    - Though providers offer suggestions and education regarding clients' medications and treatment options, individuals ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities.
- AIs embodied in the following approaches:
    - Provider-client partnerships are important, and these are exemplified by patient-driven care, shared decision-making, and reciprocal learning.
    - Care negotiations are based on the current state of the client.

5. Incrementalism

- Core Elements
    - Any positive change is a step toward improved health, and positive change can take years.

    - It is important to understand and plan for backward movements.
- Approaches
    - Providers can help patients celebrate any positive movement.
    - It is important to recognize that at times, all people experience plateaus or negative trajectories
    - Providing positive reinforcement is valuable.

6. Accountability without Termination

- Core Elements
    - Clients are responsible for their choices and health behaviors.
    - Clients are not "fired" for not achieving goals.
    - People have the right to make harmful health decisions, and providers can still help them to understand that the consequences are their own.
- Approaches
    - While helping clients to understand the impact of their choices and behaviors is valuable, backwards movement is not penalized.

Embedding These Principles into All Aspects of the Clinic

CQII offers the following guidance on how these six principles might be incorporated into all aspects of the work at the clinic. When these separate elements are combined and consistently implemented, the resulting combined benefits are greater than the sum of its constituent parts.

1. Clinic Leadership (Staff, Board, and Client Counsels)

- Clinic board of directors (or similar) receive a foundational training on harm reduction and make embedding harm reduction principles in all aspects of the clinic's work a strategic priority.
- Clinic leadership receive extensive training on implementing harm reduction principles and develop plans to embed harm reduction in their areas of work.
- Clients serving on the board, client counsels and/or other positions of leadership receive training on harm reduction.

2. Clinic Mission, Vision, and Approach

- Review all written materials related to the clinic's mission, vision, purpose, values, and approach to determine the extent to which they align with the six harm reduction principles.
- If the clinic is part of a larger organization or network, review materials at this level as well
- Update all written materials as needed to better align with these principles.

3. Staff Roles and Responsibilities

- Review position descriptions to determine the extent to which they align with the six harm reduction principles
- Update and improve position descriptions to both better align to these principles with the workflow of the clinic, position requirements, and roles/tasks of the position.
- For each position description, decide if experience using harm reduction strategies is required and, if so, describe the requirements.

4. Interviews to Fill Positions at the Clinic

- As part of the interview process for all positions at the clinic, applicants should be assessed about their openness to using harm reduction principles and their knowledge and experience using harm reduction principles and strategies.
- For positions at the clinic that require both openness to using harm reduction principles and experience using harm reduction principles and strategies, assess for this experience and for their insights on practicing harm reduction.

5. Professional Development of Clinic Staff

- Continually assess staff on:
    - Openness to harm reduction principles
    - Knowledge of harm reduction strategies
    - Practical application of harm reduction strategies at the clinic

- Provide ongoing training and support on harm reduction principles and strategies.
- Embed support of harm reduction principles into protocols for:
    - Staff supervision
    - Case conferencing
    - Staff meetings
- Include use of harm reduction principles and strategies as part of both formal and informal performance reviews.

6. Reception and Waiting Room

- Review (at least annually) the following to determine the extent to which they align with the six harm reduction principles.

    - Client flow (client enters the clinic through seeing a provider)
    - Client flow (client finishes seeing a provider through leaving the clinic)
    - Policies and procedures related to:
        - Receiving/welcoming clients
        - Signing-in
        - Filling out needed forms

- Asking and answering questions (pre and post visit)

- Update (at least annually) to better align with the six harm reduction principles and to align with actual practice at the clinic.

7. Intake and Assessments

- Review (at least annually) the following to determine the extent to which they align with the six harm reduction principles.

  - Workflow for intake
  - Workflow for assessments (including client self-care plan)
  - Policies and procedures related to intake and assessments
  - Intake Form - extent to which the wording and tone of questions in the intake form:
    - Demonstrate that abstinence is not assumed to be a goal
    - Provides a range of options and approaches to care
    - Demonstrates that knowing about client behaviors will allow for better planning with the client
    - and patient

  - Assessment(s) - extent to which the wording and tone of questions in each assessment:
    - Demonstrate that abstinence is not assumed to be a goal
    - Strengths and needs are assessed for each client, and no assumptions are made based on harmful health behaviors
    - Demonstrates that knowing about client behaviors will allow for better planning with the client

8. Develop and Review/Modify Care Plans (including Self-Care Plans)

- Review (at least annually) the following to determine the extent to which they align with the 6 harm reduction principles.

  - Workflow for care plans
  - Policies and procedures related to developing, reviewing. and modifying/updating care plans
- Care Plan Forms - extent to which the wording and tone of questions in each care plan:

  - Demonstrate that abstinence is not assumed to be a goal
  - Provides a range of options and approaches to care
  - Includes options for clients who actively use substances

- Demonstrates that clients ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities
- Shows concern for potential harm and works with clients to reduce harm
- Celebrates both large and small successes and steps
- Does not penalize clients for lack of movement toward their stated goals

9. Visits with Health Care Providers

- Review (at least annually) the following to determine the extent to which they align with the six harm reduction principles.

  - Workflow for visits with providers
    - By provider role (e.g., nurse, primary care physician, therapist, etc.)
  - Policies and procedures related to provider visits
    - By provider role (e.g., nurse, primary care physician, therapist, etc.)

10. Visits with Case Managers, Peer Health Educators, and Others

- Review (at least annually) the following to determine the extent to which they align with the six harm reduction principles.

  - Workflow for visits with case managers, peer health educators, and/or other members of the care team.
    - By provider role (e.g., case manager, health educator, peer navigator, etc.)
  - Policies and procedures related to provider visits.
    - By provider role (e.g., case manager, health educator, peer navigator, etc.)

11. Follow-Up with Clients

- Review at least annually with each client to determine the extent to which the services and supports they have received align with the six harm reduction principles (See Section J. Data Collection and Reporting).
- Follow-up directly with any client that has reported that one or more of the six harm reduction principles has not been followed.
- As needed, follow-up with staff and modify policies and procedures within the clinic to better meet the needs of clients.

12. Communications (Formal, Virtual, and In-Person) to Clients

- Review (at least annually) formal, virtual, and in-person communications (including standard emails, reminders, intake forms, care plans, etc.) for adherence to the six harm reduction principles.
- Update messages as needed to better adhere to these principles.
- Inform staff and clients (as needed) of changes in messaging to better adhere to these principles.

13. Signage and Other Aspects of the Look and Feel of the Clinic

- Review (at least annually) formal signage (including posters, bulletin boards, etc.) for adherence to the six harm reduction principles.
- Update signage as needed to better adhere to these principles.
- Inform staff and clients (as needed) of changes in signage to better adhere to these principles.

D. Adaptable Elements of the Intervention

This intervention is based on the article, "Harm Reduction in Healthcare Settings," published in the *Harm Reduction Journal* in 2017[2]. The journal article includes six core harm reduction principles that should all be embedded into the work of the clinic. While the six harm reduction principles should be followed, exactly how each of these can be best implemented within a Ryan White HIV/AIDS Program-funded clinic have not been thoroughly tested. Because of this, CQII recommends trying to implement the core elements as outlined in this implementation plan, while noting any adaptions you make and then using continuous quality improvement methods to improve over time.

Should you see improved results from one or more adaptations, CQII would be interested in hearing about the adaptations made and the results achieved (see section on contact information in this guide).

E. Length of Time the Intervention is Delivered to Each Client

This intervention involves virtually all aspects of a clinic's work, including all direct-facing work with clients. It is not time-limited but is thoroughly integrated into how the clinic works with clients.

F. Staffing Requirements/Roles and Responsibilities

All staff within a clinic have an ongoing role in embedding harm reduction principles into all aspects of their day-to-day work. In addition, clinics should designate a **harm reduction lead/champion.** This person, generally a doctor, nurse, or social worker, is responsible for ensuring ongoing training of all clinic staff, ensuring the implementation of all six harm

[2] Hawk, M., Coulter, R.W.S., Egan, J.E. *et al.* Harm reduction principles for healthcare settings. *harm reduction Journal* **14,** 70 (2017). https://doi.org/10.1186/s12954-017-0196-4

reduction principles throughout the clinic, and continually improving the use of the six harm reduction principles at the clinic.

G. Staff Training

Effectively embedding the six harm reduction principles into all aspects of a clinics design and work requires ongoing training of all staff. This ongoing training (at least annually and as part of orientation for new staff) should at a minimum include:

- Six core principles of harm reduction
- Detailed presentation and discussion on how harm reduction principles are embedded into all aspects of the clinic's work
- Motivational interviewing (for any staff with direct contact with clients)
- How the clinic is assessing the extent to which it adheres to the six harm reduction principles
- Clinic's current plan for improving its adherence to the six harm reduction principles

H. Resources Required for Implementing the Intervention

- Clinic leadership fully supports the use of harm reduction and are active champions for its use throughout the clinic.
- Ongoing staff training on harm reduction (See Section G. Staff Training).
- Use of this implementation guide.
- A review of all client-facing forms (paper and electronic) to ensure they align with the principles of harm reduction.
- A method for assessing the extent to which the clinic has successfully embedded harm reduction principles throughout the clinic (See Section K. Accessing Fidelity to the Intervention).
- A method for assessing the extent to which embedding harm reduction principles throughout the clinic improves viral suppression rates (See Section J. Data Collection and Reporting).

I. Implementation

Because this intervention requires embedding harm reduction principles and elements throughout the clinic (vs. a single intervention), CQII recommends implementing in stages. Each clinic's actual implementation plan will be different, but the core pieces of this implementation plan are listed below.

- Develop a draft flow chart to visualize:
    - Client experience at your clinic once you have fully embedded harm reduction principles throughout your clinic from first hearing about your clinic, to arranging an appointment and the first visit all the way to achieving viral suppression.

What will it look and feel like from the client point of view? What will be different?
    - Staff experience at your clinic once you have fully embedded harm reduction principles throughout your clinic. How will staff be trained and supported in adopting harm reduction principles? How will their interactions with clients be different? What else will have changed for staff?

- Develop a draft iterative work plan to have harm reduction principles fully embedded at the clinic in between 6 months to 1 years. Among the items to be included in the work plan are the following:

    - How the clinic will apply harm reduction principles to every practice and process throughout the clinic (e.g., intake forms, surveys, case conferencing, client care plans, etc.).
        - CQII recommends starting with "low-hanging fruit," the places within the clinic where harm reduction principles can most easily and quickly be embedded.
        - CQII recommends holding off on going beyond planning for services and supports within your clinic that might be harder to embed harm reduction principles until your clinic has successfully implemented these principles in one or more areas of your clinic.
    - How the clinic will train staff on embedding harm reduction principles.
    - How harm reduction principles will be integrated into the electronic medical record and/or related systems.
    - How the clinic will keep track of timelines/schedules for case conferences.
    - How the clinic will assess the effectiveness of embedding harm reduction principles.
    - How the clinic will continually improve the effectiveness of embedding harm reduction principles.
        - How the clinic will continuously get feedback from clients and staff on what is (and isn't) working.
        - How the clinic will continuously improve the system, process, procedures, and forms used based on the feedback from clients and staff.

- The next step of the implementation plan is based on what you have learned from the previous step (regardless of what your draft iterative work plan says).

CQII recommends that clinics test the core elements of harm reduction with a small number of clients before scaling up to the entire clinic. This evidence-based approach to implementation makes it more likely this intervention will become well integrated into the overall workflow of the clinic, make the change process easier for clinic staff, and result in better outcomes for clients.

Implementation Example

(An approximately 6-month, full-scale implementation for embedding harm reduction principles throughout the clinic)

- **Month 1. – Harm Reduction Training for all Staff**
    - Some staff will require a brief foundational training while other staff will require more comprehensive training. Following the training, staff should be led through facilitated discussions on how they might embed harm reduction principles into their day-to-day work processes.

- **Months 2-3. Embedding Harm Reduction Principles in the Intake and Orientation Process for New Clients**
    - Clinic staff reviews every strategy, process, and document used during intake and orienting a client to your clinic to determine how harm reduction principles can be more fully embedded.
    - CQII recommends testing ideas with a small number of clients and/or staff and refining them based on feedback received before implementing clinic-wide. This can be done through a series of planned Plan, Do, Study, Act (PDSA) cycles.

- **Months –3-4. Embedding Harm Reduction Principles into the Client Visit (From sign-in/registration, to the client care plan, through leaving the clinic)**
    - Clinic staff reviews every strategy, process, and document involving a client to determine how harm reduction principles can be more fully embedded.
    - CQII recommends testing ideas with a small number of clients and/or staff and refining them based feedback received before implementing clinic-wide. This can be done through a series of planned PDSA cycles.

- **Months 5-6. Embedding Harm Reduction Principles into Engaging New Clients and Follow-Up with Clients (Post Visit and In-Between Visits, Case Conferencing, Etc.)**
    - Clinic staff reviews every strategy, process, and document involved in client work between visits to determine how harm reduction principles can be more fully embedded.
    - CQII recommends testing ideas with a small number of clients and/or staff and refining them based feedback received before implementing clinic-wide. This can be done through a series of planned PDSA cycles.

CQII anticipates that most clinics will continue iterating and improving upon their processes and forms, especially in the first 6 months after implementation and as the clinic begins to see the results of its efforts (See Section J. Data Collection and Reporting). On at least an annual basis, the entire process should be reviewed and adjusted as needed to improve outcomes for clients.

J. Data Collection and Reporting

CQII recommends clinics develop systems to collect and analyze the following data.

Process Measures

- % of clients that agree or strongly agree that providers at the clinic value, care for, respect, and dignify me as an individual
- % of clients that agree or strongly agree that at this clinic abstinence is neither prioritized nor assumed to be the goal of each patient
- % of clients that agree or strongly agree that at this clinic providers recognize my unique needs and strengths
- % of clients that agree or strongly agree that at this clinic I am able to make my own choices about medications, treatment, and health behaviors based on my abilities, beliefs, and priorities
- % of clients that agree or strongly agree that at this clinic providers make me feel that any positive change is a step toward improved health, and positive change can take years.
- % of clients that agree or strongly agree that at this clinic I am responsible for my choices and health behaviors, and I will not be "fired" for not achieving my goals.

Outcome Measures

- % of clients that are active substance users with improved viral suppression rates within 6 months
- % of clients that are active substance users that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

K. Implementation in Action: Sun River Health

While it might be hard to measure, choosing to change an organization's culture can have a huge impact on clients. Sun River Health's aim statement as part of the create+equity collaborative was to increase the viral suppression rate for clients with substance use disorder (SUD) by 15 percent by integrating a harm reduction approach into primary care, prescribing ART, and retaining these patients in care. The harm reduction intervention was selected because it focuses on how to better engage with patients and is universal—touching every facet of patient care. Given that many staff members are in contact with clients, Dr. Aarathi Nagaraja, medical director of HIV and hepatitis programs, and Lisa Reid, vice president of grant funded clinical services, wanted an intervention that would unify the staff to better serve this client population.

Sun River Health is a federally qualified health center with over 40 locations, serving more than 245,000 clients throughout the Hudson Valley, New York City, and Long Island. Sixteen sites provide integrated HIV/hepatitis C services. While the intervention specifically targeted two sites in the Bronx that served a large number of clients with SUD and had low rates of viral suppression, the intervention extended beyond these sites.

At the same time that Sun River was implementing harm reduction, it was working with Language of Caring, which partners with health care organizations to infuse compassion and

effective communication in all interactions with clients, families, and coworkers. The program focuses on communication skill-building and culture building. Leadership and staff at Sun River were already invested in culture change.

A driver diagram was developed to initiate the harm reduction intervention process. This provided clarity to the intervention team and also served to excite staff about harm reduction. Clients were also involved in the implementation. Focus groups were conducted at each implementation site and clients appreciated being asked to provide feedback on the care they were receiving.

Sun River worked with the Harm Reduction Coalition to implement the intervention, receiving training support and resources. They also received support from the AIDS Education and Training Center serving their jurisdiction. Because it is difficult to set up stand-alone training in busy clinics, Sun River integrated training into existing training activities. Training was held at staff meetings, lunch and learns, and during grand rounds. In addition, Sun River holds an annual conference for staff and harm reduction training was conducted during the conference.

According to the intervention team, there has been a big change in client interactions—you can hear the difference. Staff are more aware of the language they use, such as not using stigmatizing terms like "addict." They are also focusing on recovery and adherence in exchanges with patients. Change is also visible. One of the sites had a very small, drab waiting room. Staff started an educational group for clients that also included art activities. The group sessions provide an opportunity to further engage with patients. The group became very popular with clients and now some of the art decorates the waiting room.

Contact for More Information:
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anagaraja@sunriver.org
Lisa Reid, VP of Clinical Services
lreid@sunriver.org
Sun River Health
https://www.sunriver.org/

Implementation Staff
The following staff members participated in implementing this intervention.
Aarathi Nagaraja, MD
Lisa Reid, VP of Clinical Services
Mary Correa, Sr. Director
DaniChen, Clinical Program Coordinator
Sarah Usher, HCV Coordinator
Medesa Garrett, HCV Coordinator,
Ashley Hall, Adherence Educator
Elizabeth Pizarro, Adherence Educator
Carl Tyler, Adherence Educator

L. Assessing Fidelity to the Intervention

Harm reduction, including the six core principles and many of the core elements is evidence-based. It is worth noting that there is still limited evidence to demonstrate fidelity to the six principles and core elements will result in better viral suppression rates for the target population.

M. Suggestions for Improving Effectiveness

As you begin embedding harm reduction principles throughout your clinic, it is likely beneficial to conduct brief surveys of participating clients and staff to assess their satisfaction, identify areas for improvement, and solicit ideas for improvement. Monthly surveys (taking 5 minutes or less to complete) for the first 6 months of implementation and then quarterly or semiannual surveys thereafter (questions could be embedded into a larger survey) can help ensure that staff and patients are seeing value in embedding harm reduction principles.

As you identify an area for an improvement on a change idea you think might benefit from the improvement, unless you have a high degree of belief that the change idea will result in improvement, CQII recommends that you test the change idea at the smallest increment possible. This could be testing the change idea for one client as you jointly develop their care, testing the change idea with one client who has disengaged from services, or testing the change idea for a revised form with one participating staff member. As you develop evidence these small tests of change appear to be working (with or without modifications) you can scale them up over time to be a formal part of your practice.

N. Tips and Tricks

- The definitions and approaches outlined in the Harm Reduction Principles for Health Care Settings article can be used to develop assessments for both providers and clients to better understand the extent to which each principle has been successfully applied within the clinic.
- Implementing these harm reduction principles effectively takes time, testing, and refining before going to scale, using continuous quality improvement methods.
- Effective implementation often involves culture change at the clinic and helping providers identify and address their own biases.
- **ECHO Collaborative** **video presentation on harm reduction principles**

O. Contact information

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Q. Appendices

I. Harm Reduction Interview

Appendix I. Harm Reduction Interview

Sun River Health
Aarathi Nagaraja
Medical Director of HIV and Hepatitis Programs

Lisa Reid
VP of Grant Funded Clinical Services

FQHC (federally qualified health center) system with over 40 locations, serving more than 245,000 patients throughout the Hudson Valley, New York City, and Long Island. Sixteen sites have integrated HIV/HCV. Also have integrated MAT and behavioral health

Aim Statement: by June 2022 increase the viral suppression rate for patients with SUD by 15 percent by integrating harm reduction approach into primary care, prescribe ART, and retain those patients in care by above 90-95%.

What motivated your organization to pick this intervention? Who was involved in the decision (i.e., were patients involved) ?

Sun River had recently merged with an organization so were going through the process of integrating programs and standardizing the processes. Viral load suppression across sites was a big issues. Sites were struggling in NYC. Analyzed data to figure out why region had lower viral loads. Bronx has highest poverty index, MH and SUD rates. Made sense in addressing SUD. For the CQII collab selected SUD affinity group.

Needed to train ourselves on how to engage the population. Looked at a couple of interventions. HR was more universal. In clinics, there are multiple people that are touching patient, coming into contact. Needed something that would change the culture. Harm reduction unified everyone.

What were your steps to implement it? Did you follow the steps in the guide or were there modifications from the beginning, or at some point?

We charted our own course for a bit (the guide was not available until a few months in)

Looked to AETC for training and resources. Looked to our MAT program. Did this when trying to determine how to approach this.

Used resources/support from Harm Reduction Coalition works with NYS and CQII (Alan Clear). Very useful resources

Got a copy of CQII Intervention guide and shared with team members.

We tried to implement as many pieces in sequence but brought in other projects within organization

We were also providing training on "Language of Caring" this dovetailed with Harm Reduction. Looked for ways to piggy back on other work

We reached out to trainers.
Looked at each population
Did trainings for providers on Motivational Interviewing
Case managers,
Clinic staff

Looked at ways to permanently embed training. Have a staff member doing training for all staff.

Somethings we did immediately and some things that will be training for all new staff coming through.

All nurses get naloxone training.

Implemented it locally at two sites but also implemented across organization.

If you look at the people who provide care, we also want front desk training, nursing training

What barriers did you experience?

For training, it was allocating time. We used time that was already in place (staff meetings)
Used the organization's annual conference
Used grand rounds.
Had to find the time and plug ourselves in

The pandemic really shifted how people interacted. Didn't have the same structures in place. Had to find other ways.

A lot of turnover in one sight.
Pandemic shifted staffing. For groups that were stable, we kept the momentum.

There are still gaps. Nursing is still a gap.
Nurses play a key position. They are the ones with the most interaction with patients.
Nurses do initial screening.

With new staff, training is centralized

Was there push back from staff? No. NYC has such a high incidence of homeless, mental illness, SUD so providers are hired with expectation they will be doing HIV

Key goal of the HR is to have the communication skills and being able to think on their feet. Like de-escalation. People present at the front desk flipping out. We need to teach people to assess the circumstances.

Competing activities. This was done on top of everything else.
Got HR in existing activities (Grand Rounds, etc.) You need to be prepared to utilize existing activities.

What facilitated the process?

COVID was really helpful. Moved everything to telemedicine. Most patients just had phone contact. Now, with new platform moving to video. Some patients will not have tech to do video.

Patients were very responsive to telemed approach. Also, not as many issues in clinic dealing with patients who were having MH issues.

Getting staff buy in: when we did driver diagram staff were excited about the process. We also had peers in the group. This created positive momentum. We also built in process to get feedback from consumers. Conducted focus groups in both sites. Patients gave really positive feedback. They were really appreciative that we were coming to ask them about the quality of their care. That feedback emphasized that this work was really important.
These activities helped staff be invested in doing the project

Initially there was a lack of clarity but these activities helped us get it.

Core intervention team participate in all the CQII meetings—allow them to get all TA and advice. Also collaborated with other organizations. Helped us stay on track.

Has this intervention been thoroughly integrated into your organization? Were there modifications to your original plans?

HR is a philosophy. You cant just do it once and let go.
We are creating cultural change.
We are having everyone use different terminology (e.g., not using the term addict. Emphasizing recovery). See patients through a different lens

How do we know it has been effective?
Staff are focusing on adherence – not on SUD. Patients who are drinking are still coming in—that is good!. Interactions between staff and patients are changing.
Look at patients beyond their SUD.
Way people see patients and stigmatizing language has changed.
There are little differences. You can hear the difference.

Did training on what words to use (don't call people addicts). Focus on recovery.
Staff are now really attuned to it.

What resources were necessary? Staff, other?

Leadership buy in provided the support. Everyone from top down. Language of caring was rolled down to all staff. Admin from CEO on down support HR and MAT. They see it is a huge need in the community

Staff time
AETC provided the training – free!

What recommendations do you have for other organizations wanting to implement this intervention?

Key point is: core team should have people from all department you want to impact. On the ground positions (mid management).

Important to also have management on team (Dr. Nagaraja). Present it as this is what our team wants to do.

Don't want to be in a silo

Art project: we talked about the environment at the clinic. The waiting room is so tiny. We got the idea of engaging patients through art. What helps you with viral suppression. Did a display in the waiting room. We have several peers that are very artistic. Also had an art therapist.

We now have psycho ed groups.
Had funds for lunch, metro cards.
Had various mediums (painting, collage)
Came up with some great art.
Patients really responded to this.

Psycho Ed group is also way to provide education to patients
More positive ways to educate them about HR

With projects like this it is nice to bring fun things that staff can do to educate patients.
Gives them a nice lunch and a productive outlet
Helps with retention