Shifting Tides: Developing Standards of Care for Residential Treatment to Enhance Quality of Care
New Port Residential Treatment Centre
New Port Centre

Our Mission
Together as an addiction treatment community we offer an opportunity for clients who are seeking healthier lives to make life-changing decisions.

Our Vision
Niagara Health System’s Addiction Services strives to be a leader in addiction treatment by providing a compassionate environment, and empowering individuals with a holistic approach to healing.
Standards of Care for Residential Treatment

- Our framework and philosophy of care
- Trauma-Informed organizational care: a means to safety and trauma sensitive care
- Referral/intake process; Non-violent pending charges, Secured housing for new referrals, Assessment phase
- Standards of Care for Addiction Counsellors and Addiction Workers
- Transfer of Accountability
- Departmental Safety Inspections
- New Port Client Package
- Quality Assurance
- Privacy/Confidentiality
- Power Differential & Stigma
- Early transitioning auditing form
- Providing care “IN’ relationship “WITH” others
Changes to Intake Role

- Intake role was rotating between 4 staff which led to disconnection with referrals

- Frustrations between staff fluctuating between intake role and addiction counsellor

- Led to one staff becoming permanent to create a consistent connection with outside agencies and with staff at New Port
New Port Centre
1750 Longfellow Street, Niagara Falls, ON L2E 3S2
Tel: (905) 372-3111 Fax: (905) 372-3114
info@newportcentre.on.ca

ADMISSION INFORMATION

General Admission Information

Refer to the admission service and accepted treatment procedures shown below for additional information. Patients are required to complete an admission form, and provide all necessary medical information upon admission. The following information must be provided:

- Patient's name
- Date of birth
- Home address
- Phone number
- Emergency contact information
- Insurance information
- Current medications
- Allergies
- Medical history
- Social history

A complete referral must include all of the following:

1. New Patient Admission Form
2. Physical Examination

The following forms are required to be completed by the patient:

- Patient Registration Form
- Consent Form
- Informational Booklet
- Medication List
- Allergy Information
- Alcohol and Drug Assessment Tool (ADAT)
- Substance Abuse Assessment Tool (SAAT)
- Mental Health Screening Tool
- Social Work Assessment

The New Port Centre is a non-residential treatment program that focuses on alcohol and drug addiction. Patients are required to complete a 30-day program prior to discharge. Patients who are referred to the New Port Centre must undergo a comprehensive assessment to determine their readiness for treatment. A complete referral must include all of the above information.

Information For People On Methadone/Suboxone

Patients are required to bring their daily Methadone or Suboxone prescription with them to the assessment appointment and to complete the 30-day program under the supervision of a New Port Centre pharmacist. Methadone or Suboxone must be taken under the supervision of a New Port Centre pharmacist.

Information For Prescribing Physicians

If a patient's urine is sent for analysis multiple times without a new prescription, the patient is not considered to be actively participating in the program. If you have any questions or concerns, please contact the New Port Centre at info@newportcentre.on.ca or call (905) 372-3111.

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A Healthier Niagara
Extraordinary Caring. Every Person. Every Time.

7
New Intake Forms

- Reviewed old intake forms when treatment standards were developed

- Reviewed criteria for admission and match for service (legal history/pending charges and NFA resolved)

- Added additional trauma assessments based on research with what clients were presenting when coming to New Port in conjunction with GAIN assessment
# LEC-5

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event, check one or more of the boxes to the right to indicate that (1) it happened to you personally, (2) you witnessed it happen to someone else, (3) you have heard about it happening to a close family member or close friend, (5) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responders), or (6) you have experienced it. Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

<table>
<thead>
<tr>
<th>Event</th>
<th>Niagara Falls Me</th>
<th>Witnessed It</th>
<th>Learned About It</th>
<th>Part of Your Job</th>
<th>Experienced It</th>
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<tbody>
<tr>
<td>1. Natural disaster (for example, flood, hurricane, tornado, earthquake)</td>
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<td>2. Physical assault or injury</td>
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<td>3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)</td>
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<td>4. Exposure to death or serious illness (for example, dengue fever, cholera)</td>
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<td>5. Exposure to toxic substances (for example, dangerous chemicals, radiation)</td>
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<td>6. Physical illness (e.g., cancer, AIDS, stroke, heart attack, diabetes)</td>
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<td>7. Assault or rape (for example, being held, threatened, attacked with a knife, gun, bomb)</td>
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<td>8. Sexual assault or rape (for example, being held, threatened, attacked with a knife, gun, bomb)</td>
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<td>9. Suicide or homicide (for example, you or a loved one was killed by a gun, knife, or bomb)</td>
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<td>10. Other (specify)</td>
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<td>11. Grief (for example, losing children, siblings, friends, person of great significance)</td>
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<td>12. Life-threatening illness or injury</td>
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<td>13. Severe physical suffering</td>
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<td>14. Severe emotional stress (for example, feeling hopeless, overwhelmed, overwhelmed, overwhelmed)</td>
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<td>15. Running emotional death</td>
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<td>16. Severe injury, illness, or death you were exposed to in your job</td>
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Please complete Part 2 on the following page.
Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score 0 to 20

While you were growing up, did any of the following happen?

1. Did a parent or other adult in your household ever... 
   - Ever hit you, hurt you, or threaten you? 
   - Did you feel scared or threatened? 
   - Did you feel angry or vengeful? 
   - Did you feel worried or anxious? 
   - Did you feel confused or puzzled? 
   - Did you feel isolated or abandoned? 
   - Did you feel hopeful or optimistic? 
   - Did you feel loved or supported? 

2. Did a parent or other adult in your household ever... 
   - Ever hit you, hurt you, or threaten you? 
   - Did you feel scared or threatened? 
   - Did you feel angry or vengeful? 
   - Did you feel worried or anxious? 
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3. Did a parent or other adult in your household ever... 
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   - Did you feel worried or anxious? 
   - Did you feel confused or puzzled? 
   - Did you feel isolated or abandoned? 
   - Did you feel hopeful or optimistic? 
   - Did you feel loved or supported? 

4. Did your mother or father ever... 
   - Ever hit you, hurt you, or threaten you? 
   - Did you feel scared or threatened? 
   - Did you feel angry or vengeful? 
   - Did you feel worried or anxious? 
   - Did you feel confused or puzzled? 
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5. Did you ever feel... 
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   - Did you feel loved or supported? 

10. Did a household member go to prison? 

   - Yes 
   - No 

   New sum of your "Yes" answers: __________ This is your ACE Score

   NOVEMBER 2017
Pre Admit Connection

- Created new intake process with scheduling face to face or OTN for more complex clients when needed instead of just phone interview for pre admit.
- Medical collaboration developed with New Port nurse practitioner. More involvement pre admit with intake coordinator meeting clients in settings such as Mental Health, surgical floors, detox and OTN
- Matching clients with appropriate counsellor when they come to New Port pre admit
- Continuing collaboration with WMS pre treatment stays to ensure client safety and stability prior to admission
- Setting up connections with outpatient services providers ie: OTN psych consult, Hep C clinic, RAAM clinic and Niagara Eating Disorders outpatient program
Building Connections with the Standards of Care

- Why the changes needed to be made
- Clients and situations were changing
- Drug use and types
- Criminal activity increasing
- Overdose increase, trauma
As a whole we were struggling

- Low retention

- Increase in conflicts / more police presence

- Poor feedback from clients, key complaint more 1:1

Standards of Care for addiction counsellors were developed to build and strengthen connection and improve quality of care.

Introduced the Working Alliance Inventory to access perceptions of care and connection between client and case manager.
**NEW PORT CENTRE**

**CLIENT SATISFACTION QUESTIONNAIRE – CSQ-8**

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinion, whether they are positive or negative. Please answer ALL of the questions. We also welcome your comments and suggestions. Thank you very much, we really appreciate your help. CIRCLE YOUR ANSWER:

1. **How would you rate the quality of service you have received?**
   - 4-Excellent
   - 3-Good
   - 2-Fair
   - 1-Poor

2. **Did you get the kind of service you wanted?**
   - 1-No, definitely
   - 2-No, not really
   - 3-Yes, generally
   - 4-Yes, definitely.

3. **To what extent has our program met your needs?**
   - 4-Almost all of my needs have been met
   - 3-Most of my needs have been met
   - 2-Only a few of my needs have been met
   - 1-None of my needs have been met

4. **If a friend were in need of similar help, would you recommend our program to him or her?**
   - 1-No, definitely not.
   - 2-No, I don’t think so
   - 3-Yes, I think so.
   - 4-Yes, definitely.

5. **How satisfied are you with the amount of help you received?**
   - 1-Quite dissatisfied
   - 2-Indifferently or mildly dissatisfied
   - 3-Mostly satisfied
   - 4-Very satisfied

6. **Have the services you received helped you to deal more effectively with your problems?**
   - 4-Yes, they helped a great deal
   - 3-Yes, they helped somewhat
   - 2-No, they really didn’t help
   - 1-No, they seemed to make things worse

7. **In an overall general sense, how satisfied are you with the service you have received?**
   - 4-Very Satisfied
   - 3-Mostly satisfied
   - 2-Indifferently or mildly dissatisfied
   - 1-Quite dissatisfied

8. **If you were to seek help again, would you come back to our program?**
   - 1-No, definitely not.
   - 2-No, I don’t think so
   - 3-Yes, I think so.
   - 4-Yes, definitely.

**Today’s Date:** □  

**□ Male**  
 **□ Female**
Early goal setting with Smart Goals

- Connect with clients day 3 to discuss and commit to their goal
- Promotes working toward an accomplishment
- Builds connection with clients
- Supports connections with other agencies, aftercare a common goal
- Reflect on intake forms to gather information on what supports the clients may need
### Smart Goals - day three of treatment, completed w staff

#### CASE PLANNING WORKSHEET

<table>
<thead>
<tr>
<th>CONCERN/ISSUES TO BE ADDRESSED</th>
<th>SMART GOALS/SPECIFIC STEPS</th>
<th>TARGET DATES</th>
<th>NOTES, COMMENTS, PROGRESS</th>
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<tbody>
<tr>
<td><strong>SMART GOAL:</strong></td>
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<td>Completion: Yes (Y) No (No) Ongoing (O)</td>
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<tr>
<td>Include Person Responsible for Each Activity</td>
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<td>Identify each activity/step that will occur</td>
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Client Signature: ____________________________ Date: ____________________ Staff Signature: ____________________________ Date: ____________________

Review Dates: (1) ____________________________ (2) ____________________________ (3) ____________________________ (OCTOBER 2017)
Preventing for Early Transition

• Ensure safety and reduce risk when a client leaves treatment early

• Completed as a team decision

• Promotes connection with community agencies

• Suicide risk assessment
Early Transition Audit Form - when client decides to leave early

<table>
<thead>
<tr>
<th>Early Transitioning Auditing Form</th>
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<tbody>
<tr>
<td>1. What are the clinical reasons for the early transitioning of this client?</td>
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<td>2. What clinical interventions have been used prior to address the issue(s) leading up to the early transitioning recommendation?</td>
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<td>a. __________________________________</td>
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<td>b. __________________________________</td>
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<td>c. __________________________________</td>
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<td>3. Have you received any consultation or supervision prior to making this decision for early transitioning?</td>
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<td>4. Are there any potential risk factors which could arise as a result of this early transition for the client (risk to self or others, loss of employment or other family losses etc)? How was this assessed?</td>
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Future Enhancements

• Collaborations with academic institutions

• Develop programming structure and scheduling to enhance connections based on the four pillars of programming; mindfulness, relapse prevention/experiential training in impulse control, supportive connections, life and wellness skills

• Shift programming to experiential learning from psychosocial

• Build opportunities for staff to connect with self and model behaviour
“Connections”

New Port Centre Resident experience video