

STARTING A RAAM CLINIC

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INTRODUCTION

While no two RAAM clinics are established in exactly the same way, referring to proven processes and procedures will streamline an organization's efforts to take a clinic from idea to inception. The information in this section provides a step-by-step guide of how to set up a well-functioning, evidence-informed RAAM clinic in your community.

RAAM CLINIC IMPLEMENTATION

While planning and setting up a RAAM clinic, it is a good idea to review the [RAAM Clinic Quality Targets](#) and think about how the clinic can be designed to facilitate meeting these quality targets. Throughout the planning process, decision makers should consider the accessibility, physical safety, and comfort of the clinic space; the suitability of the EMR for collecting and extracting data; clinic processes that will best facilitate client engagement, smooth care transitions, and staff convenience; and a staffing complement that will ensure that clients' needs can be comfortably met.

The following implementation checklist should be considered when developing a RAAM clinic.

RAAM CLINIC IMPLEMENTATION CHECKLIST¹

ASSESS POTENTIAL FOR RAAM CLINIC PROGRAM

Identify key partners for development of site	<ul style="list-style-type: none"> <input type="checkbox"/> Local leadership for potential RAAM clinic <ul style="list-style-type: none"> • Organizational lead as well as relevant department manager <input type="checkbox"/> Leadership from relevant community partners (local hospital leadership, local community health organization leadership, WMS manager, shelter leadership, ED leads, etc.) <input type="checkbox"/> People with lived/living experience of substance use <input type="checkbox"/> Other appropriate partners
Identify local priorities for addiction treatment	<ul style="list-style-type: none"> <input type="checkbox"/> Identify needs of local community <input type="checkbox"/> Identify existing services and what gaps the RAAM clinic is intended to fill
Identify location for clinic	<ul style="list-style-type: none"> <input type="checkbox"/> Clinic space can be in hospital, community agency, withdrawal management services, primary care (e.g., family health team, community health centre) <input type="checkbox"/> Clinic location should be easily accessible by transit and free from physical barriers (e.g., stairs, narrow hallways) <input type="checkbox"/> Must have RAAM clinic-specific signage and hours posted <p>*See space requirements below</p>
Gain support from organization leadership	<ul style="list-style-type: none"> <input type="checkbox"/> For hospital settings, this would include the hospital CEO, emergency department chief, chief of psychiatry, nursing educator, etc. <input type="checkbox"/> For community settings, this may include the executive director, clinical program director, etc. <input type="checkbox"/> Leadership must be supportive of idea, as well as allocation of space, staffing, hours of operation
Identify operations leadership of RAAM clinic	<ul style="list-style-type: none"> <input type="checkbox"/> Individual(s) responsible for the day-to-day management of the RAAM clinic

DEVELOP LOCAL RAAM CLINIC PROGRAM

Identify and set up space	<ul style="list-style-type: none"> <input type="checkbox"/> Note Ontario's accessibility² requirements <input type="checkbox"/> Create a welcoming and pleasant waiting area <input type="checkbox"/> Include a reception desk with appropriate technology <input type="checkbox"/> Include a private assessment space for clinician
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¹ Adapted from materials provided courtesy of Health Sciences North.

² For information about Ontario's accessibility laws, please visit <https://www.ontario.ca/page/about-accessibility-laws>.

RAAM CLINIC IMPLEMENTATION CHECKLIST (CONT.)

DEVELOP LOCAL RAAM CLINIC PROGRAM (CONT.)	
Secure necessary technology	<ul style="list-style-type: none"> <input type="checkbox"/> Have easy access to a private washroom <input type="checkbox"/> Computers with cameras and microphones <input type="checkbox"/> Printers <input type="checkbox"/> EMR <input type="checkbox"/> Scheduling software <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Access to Connecting Ontario <input type="checkbox"/> Access to OTN <input type="checkbox"/> Billing software (suggested)
Develop policies, protocols, supplies, and forms	<ul style="list-style-type: none"> <input type="checkbox"/> Job descriptions (see RAAM Clinic Human Resources) <input type="checkbox"/> Onsite medications (see Clinic Supplies) <input type="checkbox"/> Harm reduction supplies (see Clinic Supplies) <input type="checkbox"/> Evaluation forms and surveys (see Data Collection and Reporting) <input type="checkbox"/> Intake forms and agreements (see Resources Specific to First Clinical Visit) <input type="checkbox"/> Lab requisitions (see Resources Specific to First Clinical Visit) <input type="checkbox"/> Assessment forms (see Resources Specific to First Clinical Visit and General Clinical Resources) <input type="checkbox"/> Client handouts (see General Clinical Resources) <input type="checkbox"/> Discharge guidelines (see Transition Planning) <input type="checkbox"/> Administrative and clinical policies (see Clinical and Administrative Policies) <input type="checkbox"/> Medical directives (see Clinical and Administrative Policies)
Determine hours of operation	<ul style="list-style-type: none"> <input type="checkbox"/> RAAM clinic should be able to accommodate clients within three days of referral/decision to attend <input type="checkbox"/> Prescriber must be available during all drop-in hours, either in person or virtually
Hire staff	<ul style="list-style-type: none"> <input type="checkbox"/> RAAM clinic staff must be able to fill the following functions, as resourcing permits: <ul style="list-style-type: none"> • Prescribing • Counselling • Peer support • Harm reduction support • Referral/system navigation

RAAM CLINIC IMPLEMENTATION CHECKLIST (CONT.)

IMPLEMENT THE RAAM CLINIC PROGRAM	
Establish care pathways	<ul style="list-style-type: none"> <input type="checkbox"/> Establish care pathways with local withdrawal management service, psychosocial services, primary care providers, hospital and emergency services, etc. <input type="checkbox"/> Develop care pathways supported by formal agreements and MOUs where appropriate to ensure smooth transitions <input type="checkbox"/> Take advantage of shared EMRs where possible to flag when internal referrals are made
Launch RAAM clinic program	<ul style="list-style-type: none"> <input type="checkbox"/> Open clinic to the public
Offer training to hospital partners	<ul style="list-style-type: none"> <input type="checkbox"/> Train hospital staff in symptom-triggered treatment of alcohol withdrawal <input type="checkbox"/> Train hospital staff in buprenorphine management of opioid withdrawal <input type="checkbox"/> Train hospital staff in prescribing anti-craving medications for clients with AUD and OUD <input type="checkbox"/> Train hospital staff in dispensing harm reduction supplies and advice <input type="checkbox"/> Add buprenorphine to the hospital formulary <input type="checkbox"/> Create and implement pre-printed orders and treatment for alcohol and opioid withdrawal
EVALUATE THE RAAM CLINIC PROGRAM	
Gather data	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure data gathering meets institutional and regional reporting requirements (see Data Collection and Reporting) <input type="checkbox"/> Collect client feedback on experiences of care (see Data Collection and Reporting for sample client satisfaction surveys)
Check and adjust	<ul style="list-style-type: none"> <input type="checkbox"/> Establish standing meetings with clinic and institution leadership to review what processes are working well and what may need improvement: <ul style="list-style-type: none"> • Review hours of operation and staffing based on demand • Monitor wait times for service • Engage with key partners to identify challenges • Review client feedback

INCLUDING CLIENT PERSPECTIVES

People with lived/living experience of substance use should be involved in RAAM clinic planning to ensure that clinic processes are informed by their priorities and experiences of care. Clients should be given opportunities to provide feedback on their experiences at the RAAM clinic, and this feedback should be used to inform ongoing quality improvement (see [RAAM Clinic Quality Targets](#), Quality Target 12).

LOCAL CONSIDERATIONS

When setting up your RAAM clinic, it is important to consider the unique needs of your community. The following considerations may be relevant:

- Is it easy for clients to get to the RAAM clinic? If not, can virtual/mobile care options be added?
- What are the main organizations that the RAAM clinic will be referring to/from? How can processes be built to facilitate transitions between organizations?
- Are there significant gaps in local services that will influence clinical decisions (e.g., no local withdrawal management services)? How can these gaps be filled or mitigated within existing local resources?
- What are the regional trends in substance use? Do the RAAM clinicians have the necessary expertise to address clients' needs? If not, how can the required skills be developed?

DEVELOPING PATHWAYS AND PARTNERSHIPS

RAAM clinics should exist as part of an integrated pathway for substance use care (see [RAAM Clinic Quality Targets](#), Quality Target 10). As early as possible in planning, start forming relationships with important partners: local primary care organizations such as FHTs and CHCs, emergency departments, hospital inpatient units, addiction consult teams (ACTs), psychiatry, withdrawal management services, Youth Wellness Hubs Ontario (YWHO), cultural services, community-based social service programs, and community-based addiction clinics. Pathways with local addiction treatment clinics may also be helpful for the long-term management of substance use disorders once the RAAM clinic has helped stabilize the client. Clinic processes can be developed that ensure smooth transitions for clients between connected services, and creating connections between clinicians at these services facilitates consultations and referrals. Early outreach will also spread awareness of the RAAM clinic through the community (and thus to the people who would most benefit from it).