# 9 Manager, Team Leader, Lead Clinician, Staff Interview Tool

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| **Interviewee and designation:** |  |
| **OST service:** |  |
| **Auditor:** |  |
| **Date:** |  |

### Guidance notes

The following questions relate to sections of the *New Zealand Practice Guidelines for Opioid Substitution Treatment* (Ministry of Health 2014) and the sections in the audit report template. They are a guide only.

We recommend that you tailor these questions to suit the particular situation and add further questions as needed to verify information from other sources and to probe areas of particular concern or interest.

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| **a. Opioid substitution treatment** | |
| How well does the service reflect the principles of the Treaty of Waitangi? Can you provide some examples? |  |
| How well does the service reflect the principles of recovery and harm reduction? Can you provide some examples? |  |
| How well does the service reflect a partnership approach between the client, the specialist service or the primary health care provider and the client’s nominated support people? Can you provide some examples? |  |
| To what extent are the service’s treatment objectives consistent with the objectives set out in section 1.1 *OST Guidelines*? Do you have any further comment to make on this? |  |
| How well does the service provide recovery-orientated treatment? Can you provide some examples? |  |
| **b. Entry into opioid substitution treatment** | |
| Is the service able to commence the comprehensive assessment within two weeks of the client presenting to, or being referred to, the service or any part of the service? Do you have any further comments to make on this process? |  |
| Do all comprehensive assessments include diagnostic criteria and risk-taking behaviours, and do they identify the client’s strengths and recovery capital? |  |
| Does the service work with the client to develop suitable treatment plans? |  |
| How does the service ensure its clients are fully informed about other treatment options? |  |
| How does the service prioritise access to OST? Do you have any comments to make on the service’s inclusion/exclusion criteria? |  |
| How is consent for treatment gathered? |  |
| How does the service ensure its clients are fully informed about the range of OST medications and funding available? |  |
| **c. Stages of treatment** | |
| What processes does the service have to ensure that the client is able to start on OST within two weeks of completing the comprehensive assessment? |  |
| Does the service provide interim methadone or buprenorphine to clients who are unable to be admitted within two weeks? |  |
| What are the strengths and limitations of the service in terms of safety, quality and consistency in practices overall? |  |
| How does the service ensure consistency in relation to assessing their clients’ stability? |  |
| What processes does the service have in place to ensure its clients are seen by their key worker and the prescriber within the timeframes outlined in the *OST Guidelines*? |  |
| How does the service support the transfer of care of stabilised clients to their primary health care provider? |  |
| How does the service ensure prescribing and monitoring is consistent with the *OST Guidelines*? |  |
| How has the service managed OST medication transfers? Do you have any further comments on this? |  |
| How confident is the service that their treatment review practices meet the requirements set out in the *OST Guidelines*? (sections 3.3 and 3.6 of the *OST Guidelines*) Do you have any further comment on this? |  |
| What is the range of the service’s psychosocial interventions (social and psychological)? What do you see as the key strengths and gaps? Are any particular groups missing out? |  |
| How many involuntary withdrawals has the service managed in the last 12 months? Do you have any further comments to make about these? |  |
| What after-care does the service provide for clients who are ending treatment? |  |
| Are there any issues or concerns regarding prescribing, dispensing, monitoring and takeaway medication practices? Have there been any incidents related to these in the past 12 months? |  |
| **d. Safety issues** | |
| Have there been any issues or concerns in the last 12 months related to:   * overdose * substance-impaired driving * drug interactions * QTc interval prolongation?   If so, how were they managed? |  |
| How does the service manage clients who are suspected of driving while impaired? |  |
| How many clients have had their driver’s license revoked due to substance-impaired driving? Do you have any further comments to make on this point? |  |
| **e. Managing dose-related issues** | |
| Have there been any issues or concerns in the last 12 months related to:   * takeaway doses * replacing medication doses? |  |
| **f. Managing clinical issues** | |
| How does the service manage/support clients who are using other substances problematically? Do you have any further comments on sanctions, etc? |  |
| Have there been any issues or concerns in the last 12 months related to:   * clients presenting for medication when intoxicated * managing medication side effects * managing challenging behaviour?   How have these been managed? |  |
| What are the strengths and limitations of the service in providing OST for clients:   * who have co-existing mental health issues * who have co-existing medical issues, including blood-borne viruses * who are in the older age group (ie, 45 years or older) * who are pregnant or breastfeeding * who have chronic non-malignant or acute pain issues? |  |
| Have all clinical staff been trained in HIV and hepatitis C related issues? |  |
| **g. Managing OST transfers** | |
| Do you have any comments in relation to managing the transfer of clients in and out of the service? |  |
| What process is in place for managing clients who are in prison (locally and out of area)? Do you have any comments about how this is working? |  |
| How does the service conduct annual reviews for clients in prison? |  |
| **h. OST in primary health care** | |
| What is the service’s system for managing the annual review of clients who are managed in primary health care? Do you have any comments about this? |  |
| How well does the service support authorised prescribers? |  |
| What systems are in place for ensuring effective communication between authorised prescribers and the service? |  |
| **i. OST and the pharmacy** | |
| How well does the service support community pharmacists? |  |
| What systems are in place for ensuring effective communication between pharmacists and the service? |  |
| **j. The OST workforce and professional development requirements** | |
| Can you outline how the service manages staff orientation, supervision, professional development and training and performance management? |  |
| How does the service manage access to peer-support workers? |  |
| Do you have any comments to make in relation to staffing? |  |
| **k. Administrative expectations of specialist OST services** | |
| Do you have any comments to make in relation to client records? |  |
| Please briefly outline any complaints received about the service in the last 12 months? |  |
| Are there any issues regarding resourcing, senior leadership and governance that the service would like to be considered in the audit? |  |
| Have there been any safety issues over the last 12 months, for example, in relation to:   * staff * clients * prescribing * dispensing? |  |
| What provisions does the service have in place for dealing with civil defence emergencies? |  |
| **l. Prescribing controlled drugs in addiction treatment** | |
| What are the strengths and limitations of the service’s system for authorising prescribers? |  |
| Have there been any issues regarding the authorisation process? |  |
| **m. Interim prescribing** | |
| How does the service ensure that their practices in interim methadone (or buprenorphine) prescribing are consistent with the national guidelines?  Do you have any issues or comments to make on this? |  |