Substance Use Treatment Protocol Development and Organization: Creating Flowcharts to Standardize Care at The University of Colorado School of Medicine’s Addiction Research and Treatment Services Adult Outpatient Program

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BACKGROUND
- ARTS provides substance use treatment to over 1,000 Denver residents daily with only three medical providers on staff.
- Onboarding of new staff can be complicated, time-consuming and still leave new staff feeling overwhelmed.
- Standardization of processes ensures consistent, quality care for patients between providers.

OBJECTIVES
- Update existing ARTS treatment and process protocols.
- Create new protocols for treatment of substance use disorders where none previously existed.
- Organize all protocols into digital, printable flowcharts to enhance ease-of-use for onboarding staff members.

METHODS
- Created written, bullet-point style protocols to meet needs of clinic using both expert opinion of current staff and UpToDate, upload into OneDrive folder.
- Create flowchart template using software Edraw Max with borders, title, legend and “Start” oval.
- Within written protocols, designate each step as a “Process,” “Decision” or unnecessary.
- Insert each protocol into the template using rules outlined in Figure 1 “Flowchart Creation Legend” while standardizing spacing, font.
- Color-code borders appropriately according to use disorder.
- Upload flowcharts into OneDrive folder for review and editing.

RESULTS
- Twenty-seven protocols for use in the Adult Outpatient Program.
- Opioid substance use: 4.
- Benzodiazepine use: 1.
- Cannabis use: 1.
- Alcohol use: 5.
- Nicotine use: 7.
- Clinic protocols: 9.

LIMITATIONS
- Currently in the “design and test” phase of quality improvement: have not yet studied effects of implementation for onboarding or workflow in office.

CONCLUSIONS
- Standardization of evidence-based care improves patient outcomes.
- Using protocols improves the onboarding process of new staff.
- Future studies measuring patient outcomes with staff using flowcharts will be able to determine efficacy of this quality improvement measure.
- Future studies measuring staff’s experience can be used to alter flowcharts to meet clinic’s needs more appropriately.
- If shown to be successful, can publicly disseminate protocol flowcharts to other clinics.

No funding to disclose