

▶ AIM STATEMENT

► BACKGROUND/PROBLEM

Integrating ketamine-assisted therapy into our mental health treatment program provides the following benefits:

- **IMPROVED PATIENT OUTCOMES:** Rapid and long-lasting improvement in depressive symptoms, making it an attractive option for patients who have not responded well to traditional treatments. Patients can experience greater self-efficacy.
- **REDUCED HOSPITAL ADMISSIONS AND READMISSIONS:** Can potentially reduce the number of emergency department (ED) visits and hospital admissions for patients with depression.
- **POSITIVE ROI:** The cost of ketamine-assisted therapy is low compared to traditional and conventional treatment options for depression.

Ketamine-assisted therapy requires the following resources:

- **STAFFING:** Requires a team of professionals, including psychiatrists, physicians, nurses, and counselors. Proper training to ensure the safe and appropriate use of ketamine.
- **EQUIPMENT:** The equipment required for ketamine-assisted therapy is minimal but requires adequate monitoring. Basic monitoring and resuscitation equipment should be available during each therapy session.
- **PROTOCOL & NH POLICY:** A protocol & NH policy has been developed outlining eligibility criteria, patient selection, dosing, and the overall treatment plan.

► PATIENT EXPERIENCE FEEDBACK

Dear Dr. Jakubec,

Dear Dr. Jakubec,

I came into contact with the programme through referral from Dr Abu (psychiatrist), after being diagnosed with severe depression and anxiety. The symptoms started after a trial of discontinuation of my SSRIs, and became impossible to manage, and treatment resistant with renewed use of SSRIs and anxiolytics.

Going into the programme I was guardedly optimistic; I had read of some positive results from research on ketamine infusions. The results of the treatments far exceeded my expectations. After the first treatment my score on a depression scale significantly dropped. The score further dropped after the second treatment and after the third treatment both my anxiety and depression had decreased to low levels. To say that I am impressed by this treatment is an understatement. After years of difficult to manage depression symptoms that eventually

Reading the research on ketamine treatments, my experience is not uncommon. Furthermore, compared to classic SSRIs and anxiolytics, ketamine has negligible side-effects. Ketamine also appears to treat depression at the source, supporting brain recovery with an apparent long-term effect. My own experience supports this, with no relapse between treatments.

From my personal experience I can say that the ketamine treatments have helped me resolve psychological issues that were not manageable, even with significant amounts of anxiolytics and anti-depressants; A dramatic improvement from a substance that has no side-effects.

I have also noticed that it is possible to direct the intention of the ketamine treatment. As I received more treatments I became more experienced in directing the treatment; setting goals and fine tuning treatment parameters. This would mean that further follow up sessions periods of time may be beneficial.

I would like to end this letter by saying that I am very grateful to Dr. Jakubec for spearheading this programme. I have benefited from it greatly and believe that controlled psychedelic drug treatments, such as ketamine infusion, are "the way of the future", and psychotherapy our attention and support.

Sincerely,

Jaap Kalkman



► **PEER SUPPORT GROUP**

Laura was instrumental to the coordination & co-facilitation of the patient peer support group (virtual & face to face.)

Group participants reported increased self management skills & decreased isolation.



► BARRIERS & CHALLENGES

Currently the ketamine infusion out patient services are not part of a program, Dr. Jakubec and a nurse are running it

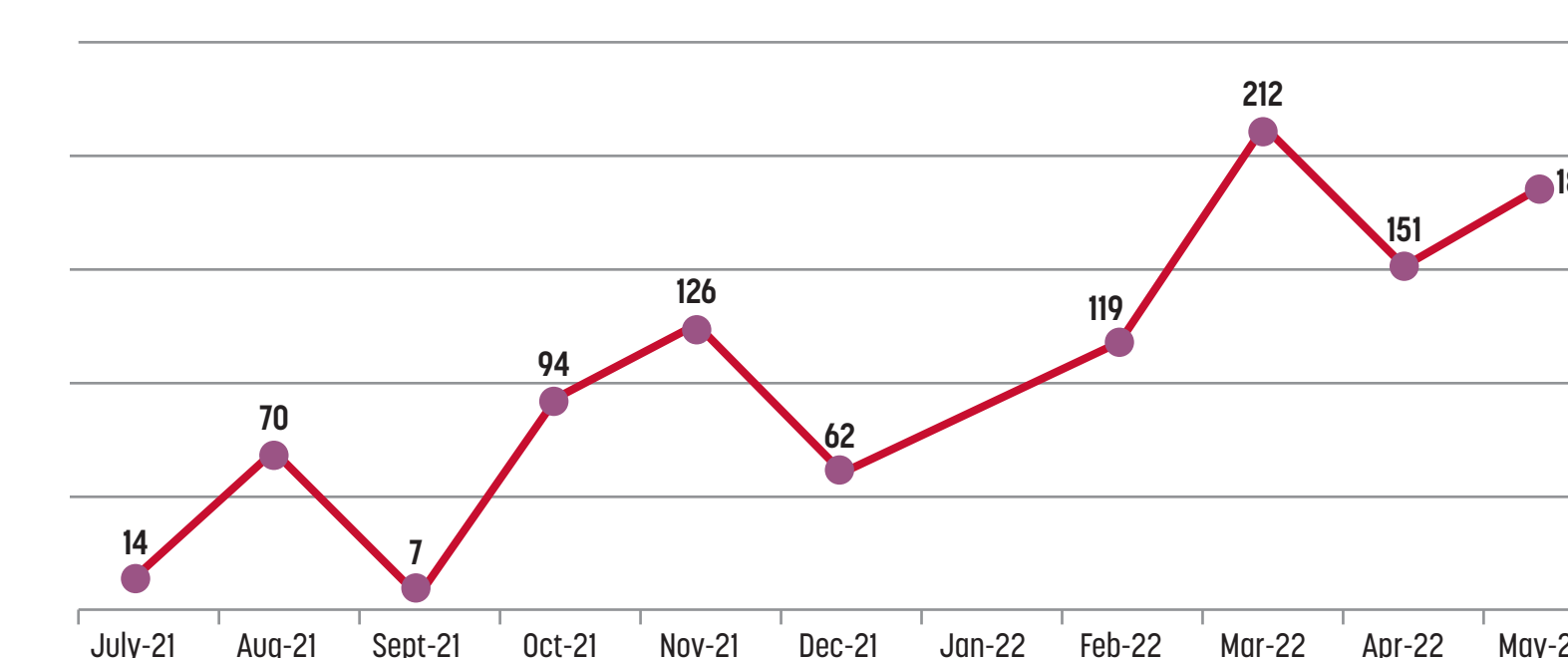
- Dr Jakubec's capacity
- Operating room booking clerk retires Mar 16 2023
- No dedicated clerk/office staff
- Part time nurse available Mondays
- Infusion room/service available Wednesdays; but no nurse available that day

► TESTS OF CHANGE

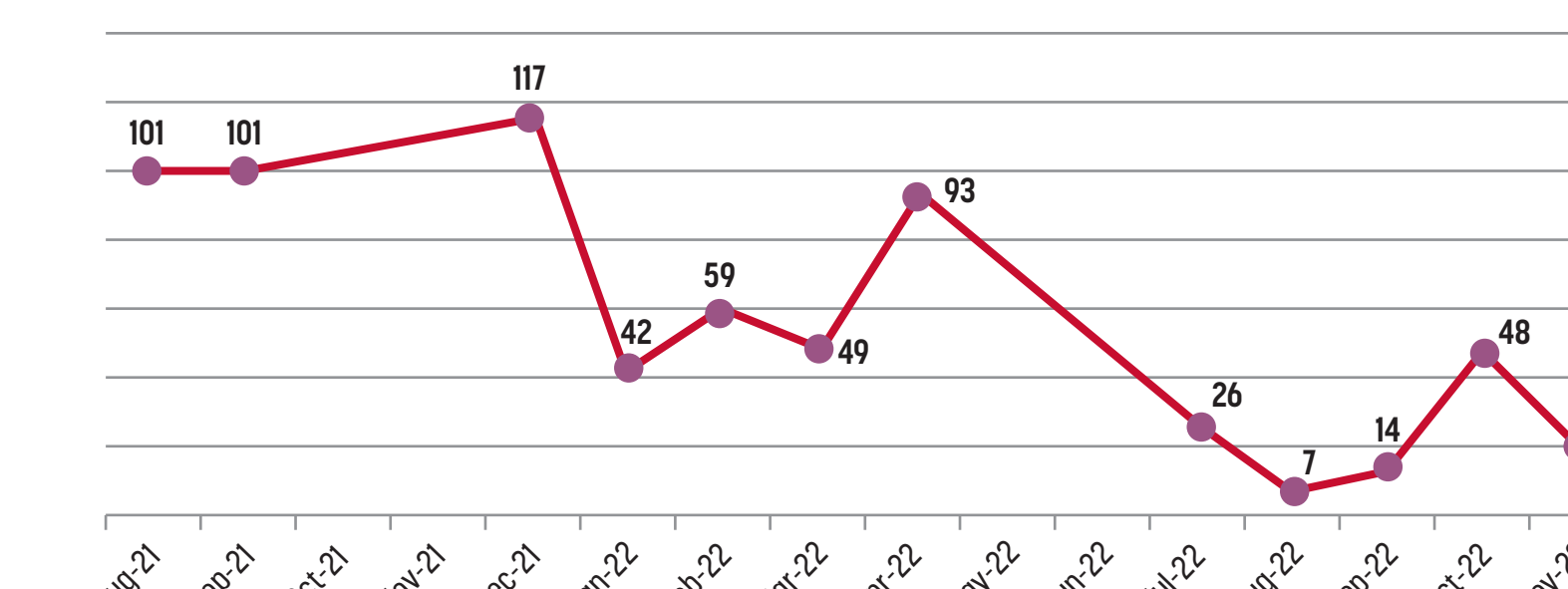


- Initially accepted patient referrals for pain & depression from any physician- this was too much & the process and patient numbers were too complicated to manage with existing available staff/resources/time.
- Second test of change; narrowed the referral process, began to ONLY accept patient referrals from GPs & NW psychiatrist.
- Third test of change; ONLY accepted referrals for depression from GPs & NW psychiatrist Dr. Abu for refractory depression patients.
- Fourth test of change; accept ONLY referrals from Dr Abu NW psychiatrist refractory depression patients

Average wait
time (days)
from referral
date to consult
date June 2021
to May 2022



Average wait time (days) from consult date to first infusion from Aug 2021 to Nov 2022



► UPDATES

OCTOBER 24 2023:

Q1

Dr. Jakubec 2023
BVDH Ketamine
Infusion Data

SUMMARY

Since Last Update

- 11 New Patient Referrals
- 2 Re-Referrals to get back into program

MAY 10 2023:

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- ```

graph TD
 A[47 Patients awaiting contact for initial consult @ Dr. Jakubec] --> B[28 Patients referred Dr. Abu/Psychiatrist and awaiting first infusion (3 of these patients Dr. Jakubec conducted initial intake assessment with)]
 B --> C[4 Waiting to finish their 6 month trial]
 C --> D[15 Patients are on the list requesting 'Top Ups' every 6 months]

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- 47 Patients awaiting contact for initial consult @ Dr. Jakubec
- 28 Patients referred Dr. Abu/Psychiatrist and awaiting first infusion (3 of these patients Dr. Jakubec conducted initial intake assessment with)
- 4 Waiting to finish their 6 month trial
- 15 Patients are on the list requesting 'Top Ups' every 6 months

**PRIMARY EMAIL CONTACT:** Dr. Darren Jakubec - [djakubec@hotmail.com](mailto:djakubec@hotmail.com)

**SECONDARY EMAIL CONTACT:** Lee Cameron - lee.cameron@northernhealth.ca

**TEAM MEMBERS:**

Dr Jakubec, HSA Cormac Hikich BVDH, Dr. Rosemary Abu, BVDH OR booking clerk, OR nurse, (2) patient partners, Laura Patient Peer Advocate, Shawn Arnott, PQI Coach Lee Cameron

**PQI** PHYSICIAN  
QUALITY  
IMPROVEMENT  
An ACC Initiative