LOUD in the ED

BC PATIENT SAFETY & QUALITY COUNCIL

Learning Session 5

Celebration & Sustainment

Wednesday, February 10, 2021
1200 – 1300 PST

Funded by: British Columbia Ministry of Mental Health and Addictions

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

We Are Recording!

Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate learning as part of the Learning about Opioid Use Disorder in the Emergency Department (LOUD in the ED) initiative. This session is being recorded and will be shared on the BCPSQC website. Breakout room discussions will not be recorded. We ask that you refrain from identifying patients, specific team members or offering any other personal information. If you have further questions, please contact the Project Team at loud@bcpsqc.ca

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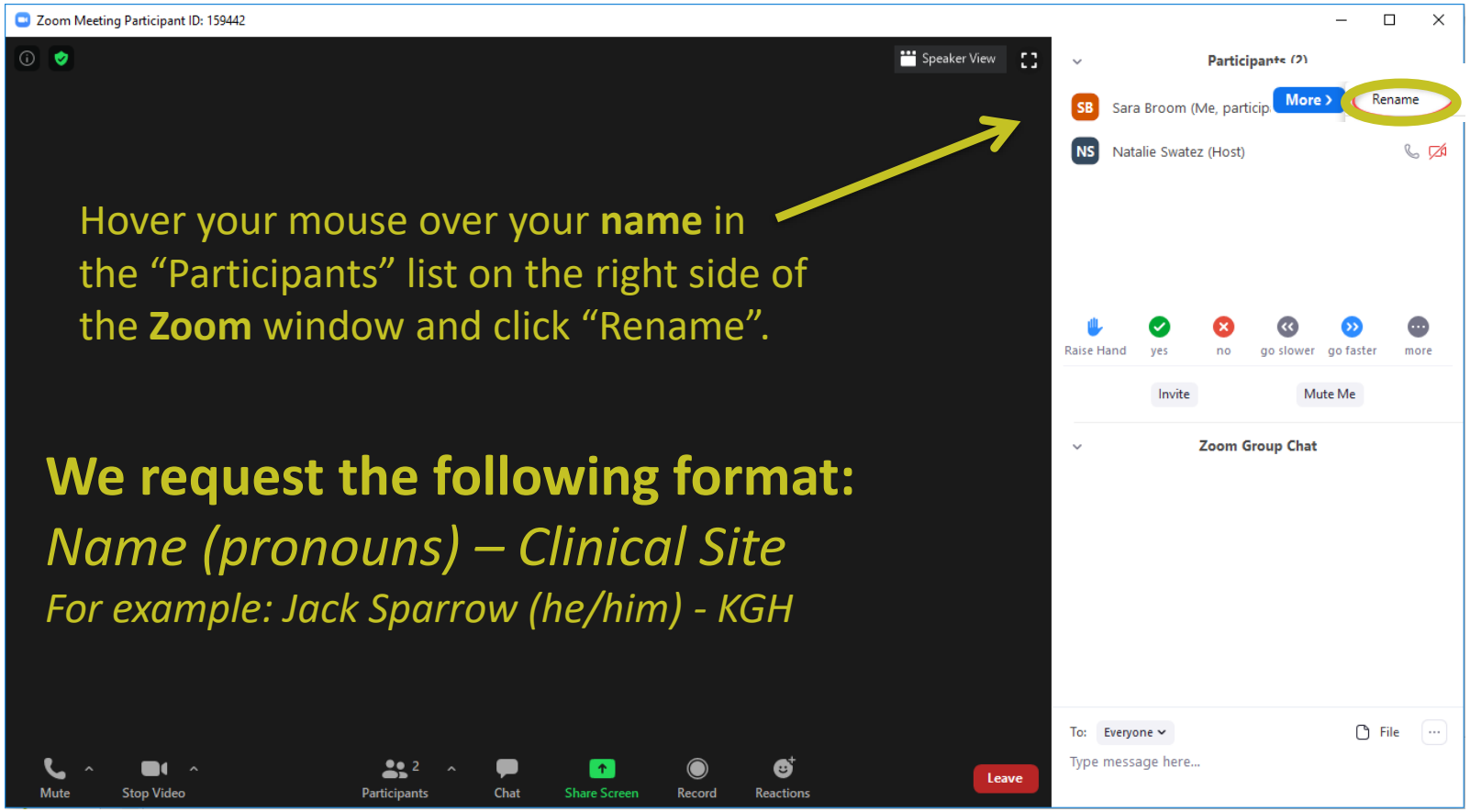
Change Your Name on Zoom



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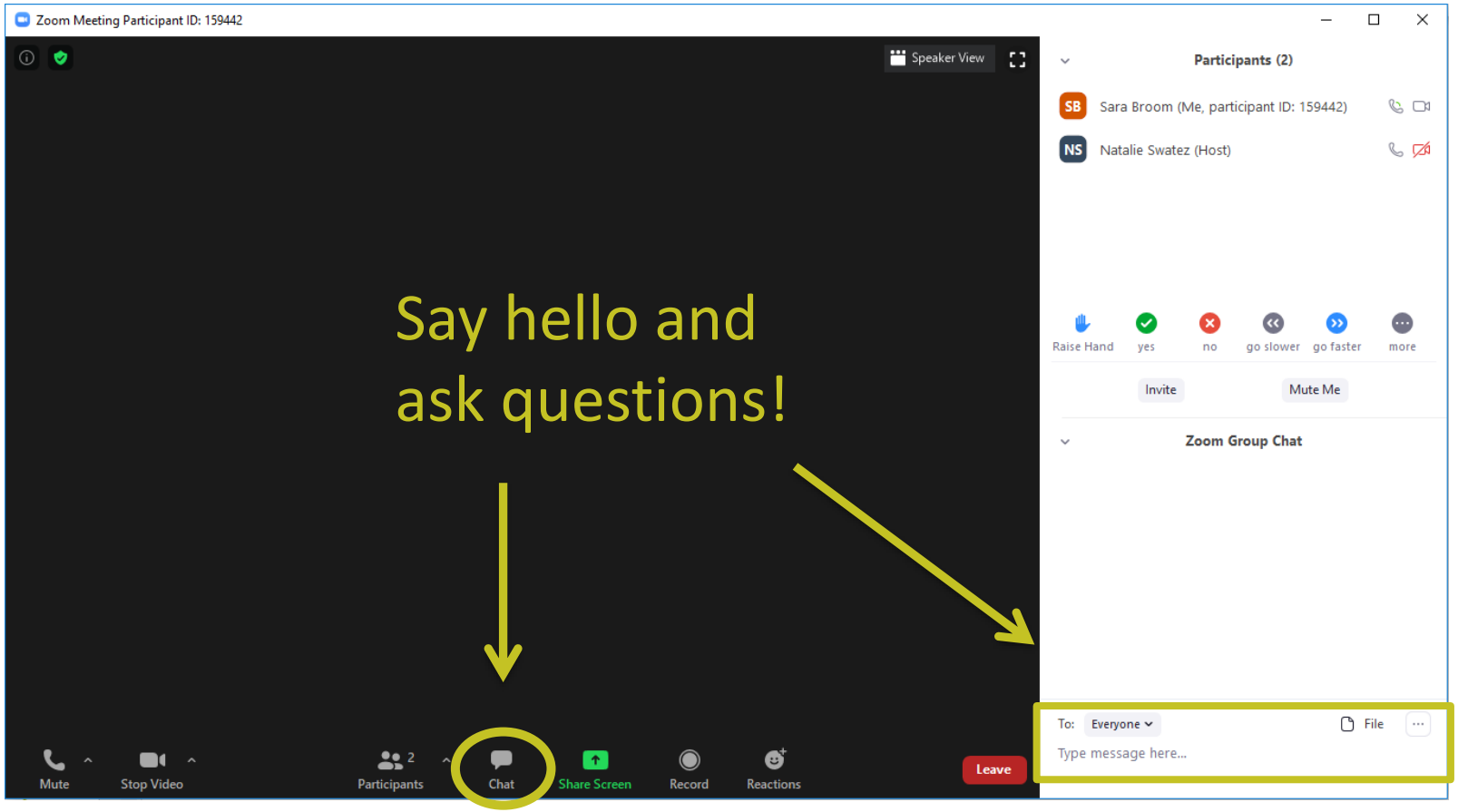
Chat Box!



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Your LOUD in the ED Team

Amanda Giesler, Clinical & Internal Engagement Lead

BC Center on Substance Use

Kate Harris, Leader

BC Patient Safety & Quality Council

Alvina Ng, Clinical Project Coordinator

BC Center on Substance Use

Katie Fajber, Project Coordinator

BC Patient Safety & Quality Council

Mirelle Dillon, Project Manager

Overdose Emergency Response Center

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Polls

What is your clinical role?

Which region do you work in?

Where are you calling in from today?

How many LOUD events have you participated in?

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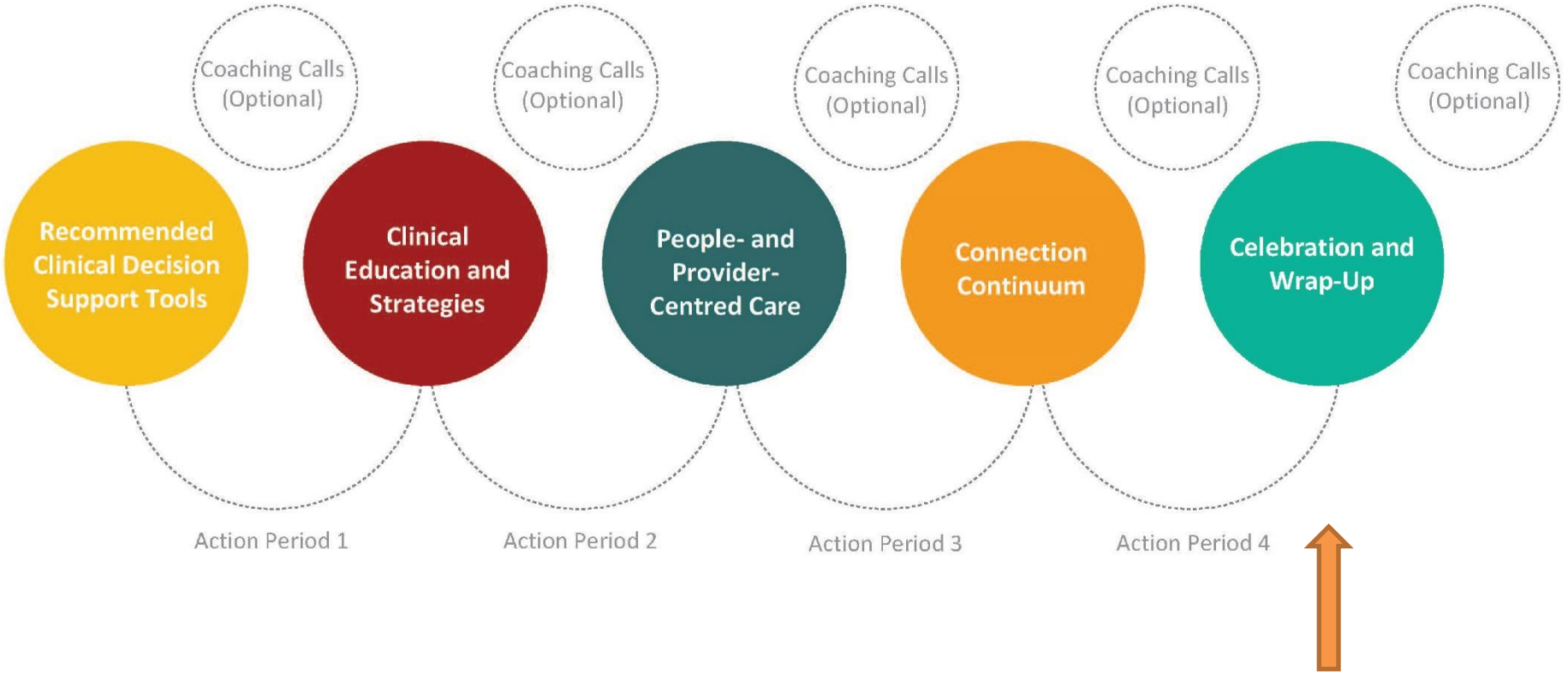
Project Overview & Timeline



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Agenda

Time	Topic	Presenter
12:00	Welcome & Territorial Acknowledgement	Project Team/All
12:10	Thanks from the BCPSQC	Christina Kraus
12:15	Project Recap	Kate & Amanda
12:25	Project Highlights	Kate & Amanda
12:35	Stethoscope Draw	Katie Fajber
12:40	Group Discussion	All
12:50	Thanks from the BCCSU	Cheyenne Johnson
12:55	Closing, Reminders & Thanks	Project Team/All

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BC PATIENT SAFETY & QUALITY COUNCIL

Working Together. Accelerating Improvement.

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Aim Statement

To improve the experience of OUD care in the ED for people and providers, and to reduce the morbidity and mortality for persons with OUD in the ED by improving access and quality to evidence informed care, including the process and access to buprenorphine-naloxone.

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COVID-19 Context

- Highest rates of overdose ever during the months following the onset of the pandemic
- Multiple factors:
  - Changes to the drug supply
  - Limitations to existing community supports
  - Social distancing
  - Additional demands on the healthcare system

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Current state: LOUD in ED

- Targeted enrollment launched before the dual public health emergency was declared
- Distribution list and website leveraged to communicate emerging data and protocol around OUD care
- Shifting Ministerial priorities delayed OUD guideline development and approval process
- ED teams adapting to new COVID-19 guidelines, isolation and testing

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Thank you to our Faculty!

Representing expertise from across BC and in Addiction Medicine, Emergency Medicine and Nursing, Pharmacy and People with Lived or Living Experience:	
Andrew Kestler	Caleb Siegler
Cindy San	Emma Garrod
Erika Kellerhals	Guy Felicella
Hanke de Kock	Jane Mushta
Jason Wale	Laura Shaver
Melissa Allan	Sharon Vipler
Shawn Wood	Reija Jean

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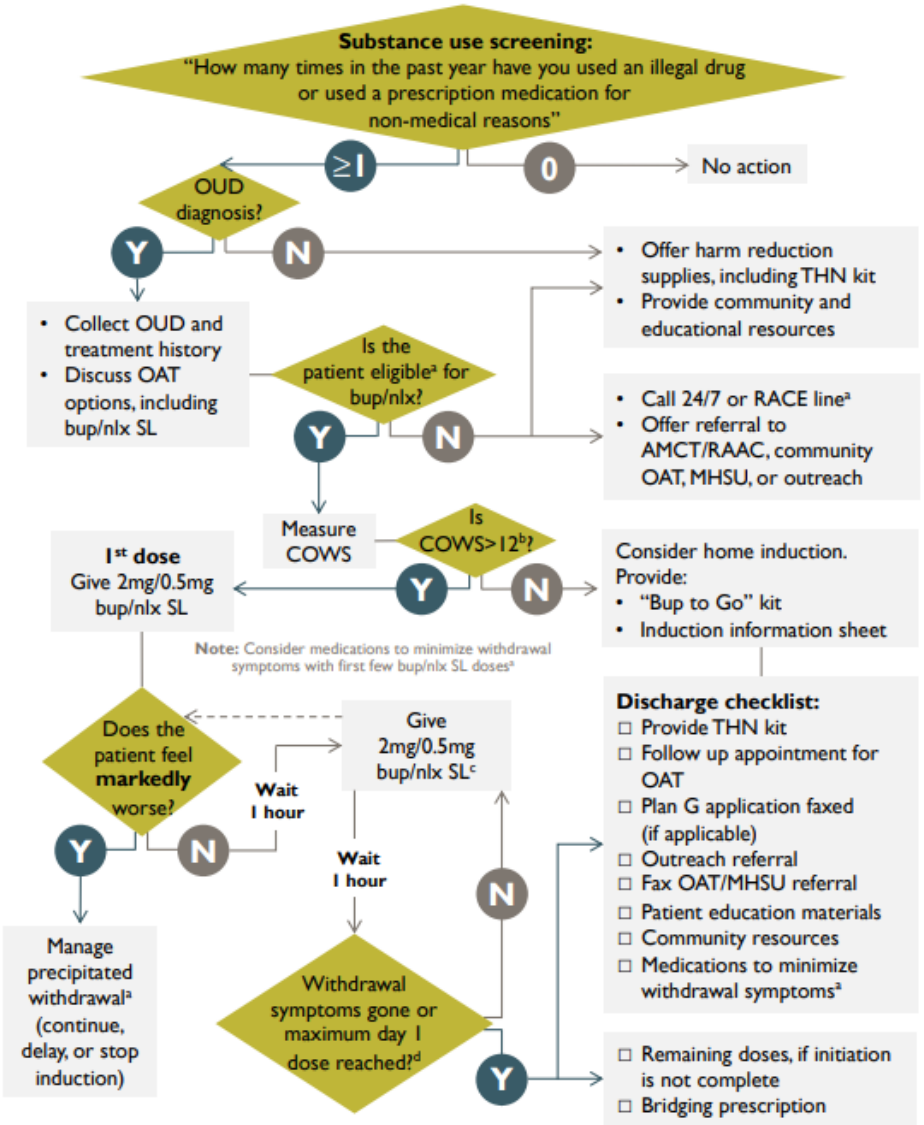
Emergency Department Buprenorphine/naloxone Induction: Decision Support Tool

LOUD in the ED

To be used in conjunction with hospital-approved pre-printed order sets for buprenorphine/naloxone induction



Patient Eligibility for Buprenorphine/naloxone

1. Presence of an opioid use disorder
2. Informed consent
3. In moderate withdrawal (COWS>12)
4. Adequate time since last opioid use to prevent precipitated withdrawal

≥12h	heroin, oxycodone, hydromorphone
≥24h	slow-release oral morphine; confirmed, suspected, or uncertain fentanyl
24–72h	methadone

Medications to Minimize Withdrawal Symptoms

Prior to the first dose or during the first few doses of bup/nlx SL, consider providing:

- Acetaminophen
- Clonidine
- Dimenhydrinate
- Ibuprofen
- Loperamide
- Ondansetron

Managing Precipitated Withdrawal During Bup/nlx Induction

1	2	3	4
Explain to the patient what has occurred	Discuss the options below for management	Obtain informed consent for the agreed-upon option	Offer non-opioid adjuncts to treat withdrawal symptoms

Option 1: Continue induction
1. Administer additional doses of 2mg/0.5mg bup/nlx SL every 1–2 hours
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

Option 2: Delay induction
1. If patient chooses to continue, consider waiting a few hours to allow full agonist to clear opioid receptors before administering the next bup/nlx SL dose
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

Option 3: Stop induction
1. Provide reassurance that symptoms will resolve as opioid withdrawal runs its course

Addiction Medicine Specialist Consultation

24/7 ADDICTION MEDICINE CLINICIAN SUPPORT LINE

24/7 Addiction Medicine Clinician Support Line
Call 778-945-7619 (24 hours a day, 7 days per week)

RACE

RACE line
Call 604-696-2131 (Monday–Friday, 8.00am–5.00pm, excluding statutory holidays)

Abbreviations on overleaf.
[a]See overleaf; [b]If COWS is approaching >12, consider waiting to allow an ED induction; [c]Once the patient reaches 6mg/1.5mg bup/nlx SL, their COWS has consistently decreased, and there is no sign of precipitated withdrawal, it may be appropriate to increase to 4mg/1mg bup/nlx SL per hour; [d]Bup/nlx SL can be titrated up to a total first day dose of 12mg/3mg to 16mg/4mg bup/nlx SL. In some instances, it may be appropriate to exceed 16mg/4mg bup/nlx SL based on patient comfort and clinical discretion.

Abbreviations
AMCT: addiction medicine consult team; **bup/nlx SL**: buprenorphine/naloxone sublingual; **COWS**: Clinical Opiate Withdrawal Scale; **ED**: emergency department; **MHSU**: mental health and substance use; **N**: no; **PRN**: *pro re nata* (as needed); **q1h**: quaque hora (every hour); **OAT**: opioid agonist treatment; **OUD**: opioid use disorder; **RAAC**: rapid access addiction clinic; **RACE**: Rapid Access to Consultative Expertise; **THN**: take-home naloxone; **Y**: yes.

Main Drivers of Change

Clinical Decision Support Tools

Developing best practices to inform order sets and guideline development

Clinical Education and Strategies

Current trainings, culture change and opportunities

People and provider centered care

Stigma, engagement and access

Connection continuum

Bridging community and ED care

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Current State: LOUD in ED

- Shift from a collaborative model to an Action Series
- Relaunched in October 2020
- Each driver central to an action period
- Final action period

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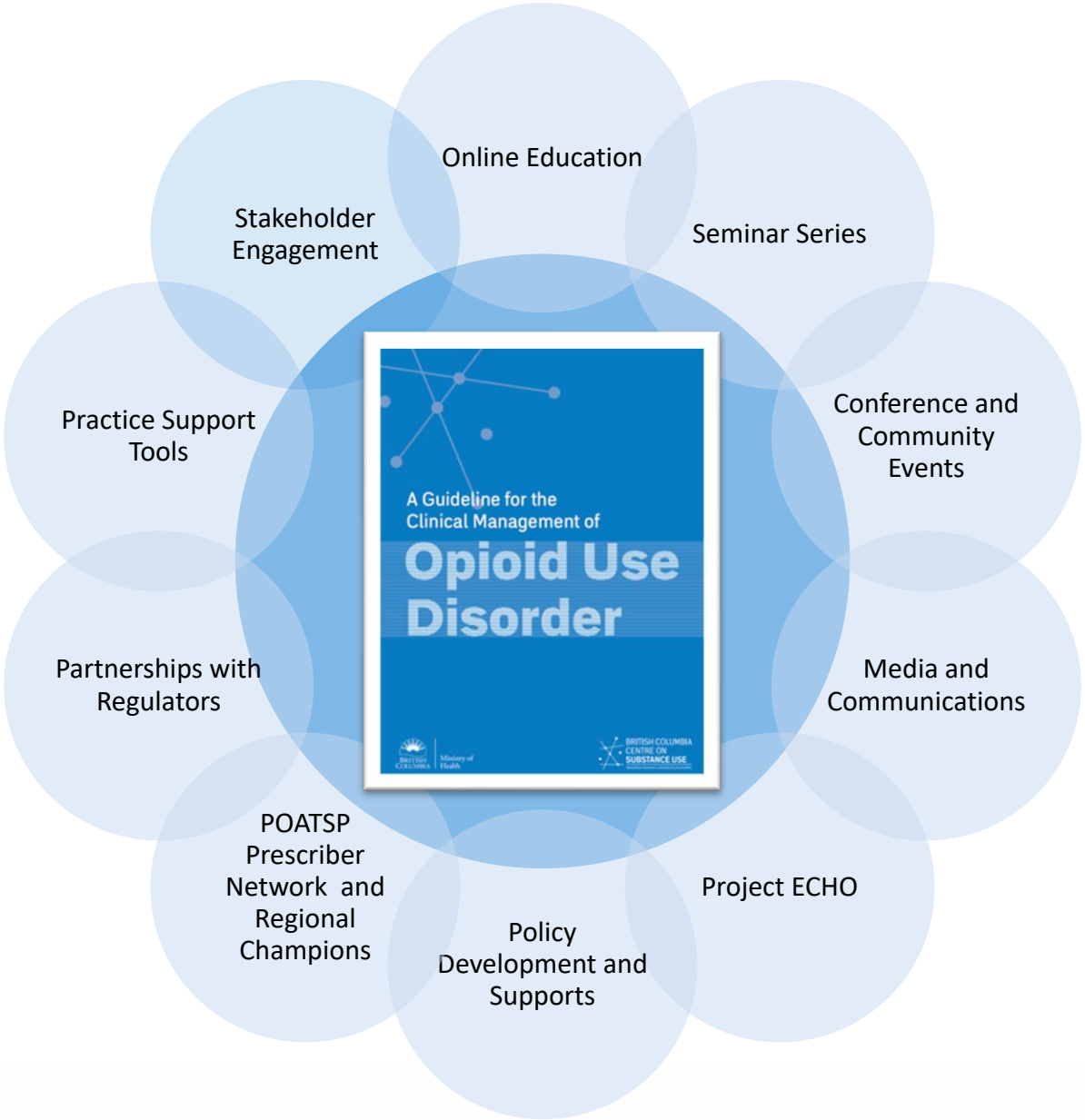

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Provincial

Opioid Addiction

Treatment Support Program

ONLINE COURSE

ubccpd.ca/poatsp

UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

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Networking researchers, educators & care providers

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Learning Hub Course

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24/7 ADDICTION MEDICINE CLINICIAN SUPPORT LINE

Telephone consultation for physicians, nurse practitioners, nurses, mid-wives, and pharmacists providing addiction and substance use care.

Available 24/7, 365 days a year. More info at www.bccsu.ca/24-7.

CALL 778-945-7619

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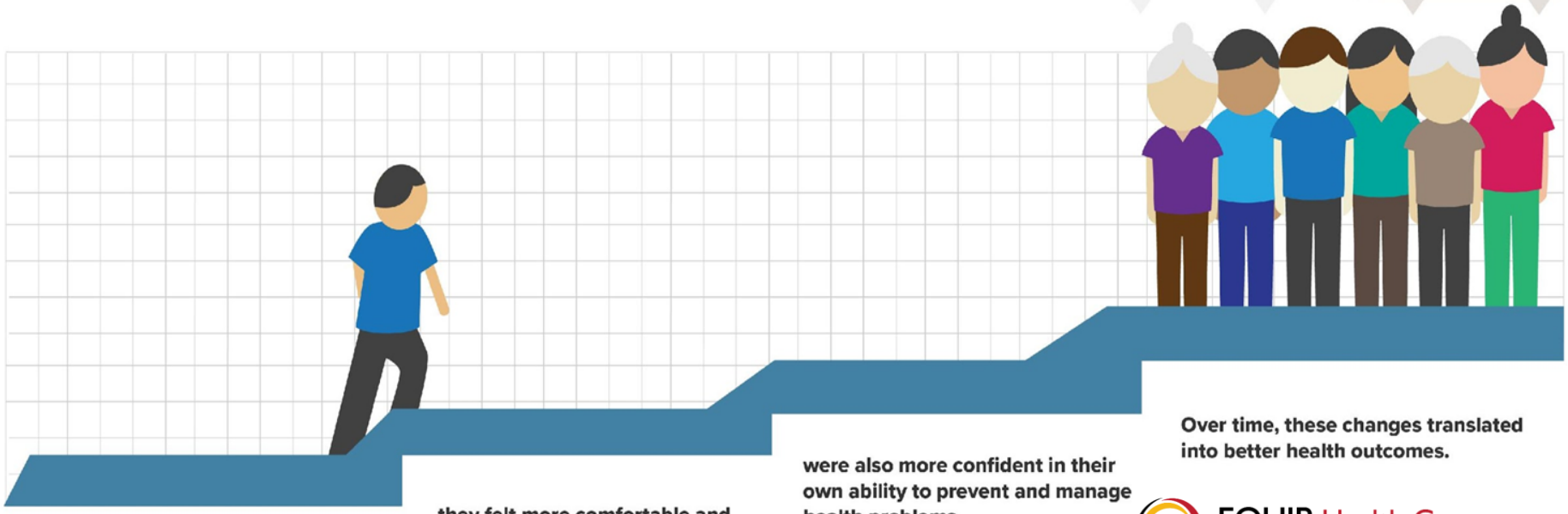
Equity Oriented Care is Part of the Path to Better Health

Using longitudinal data from 395 patients, EQUIP is one of the first studies to show **a path between equity-oriented care and better patient health outcomes over time.**



When patients received care they felt was more equity-oriented...

they felt more comfortable and confident in that care AND...

were also more confident in their own ability to prevent and manage health problems.

Over time, these changes translated into better health outcomes.

EQUIP Health Care
Research to Equip Health Care for Equity

For more information please visit: www.equiphealthcare.ca

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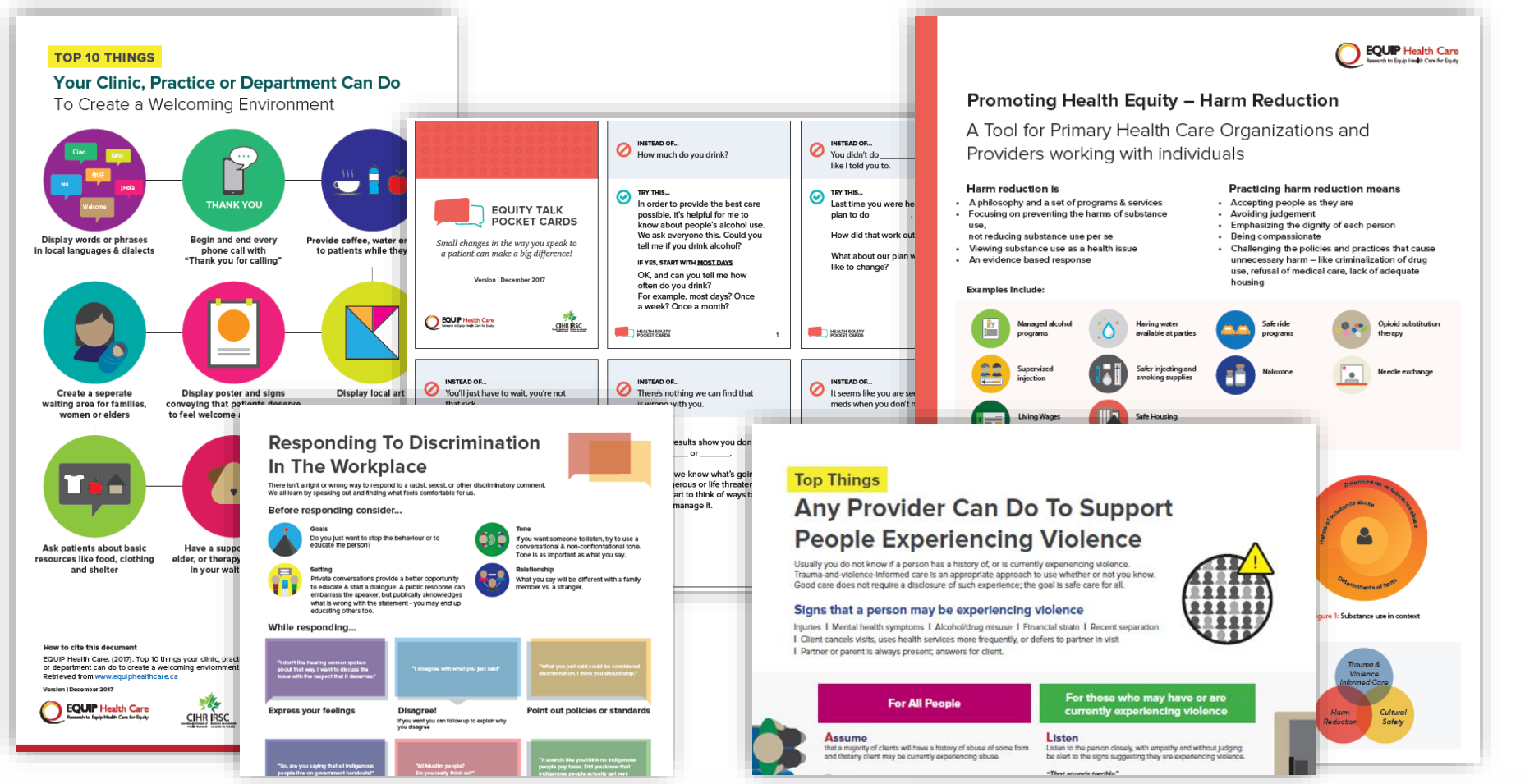
Health Equity Toolkit

The Health Equity Toolkit is available at https://equiphealthcare.ca/toolkit/

EQUIP Healthcare
Research to Equip Primary Healthcare for Equity



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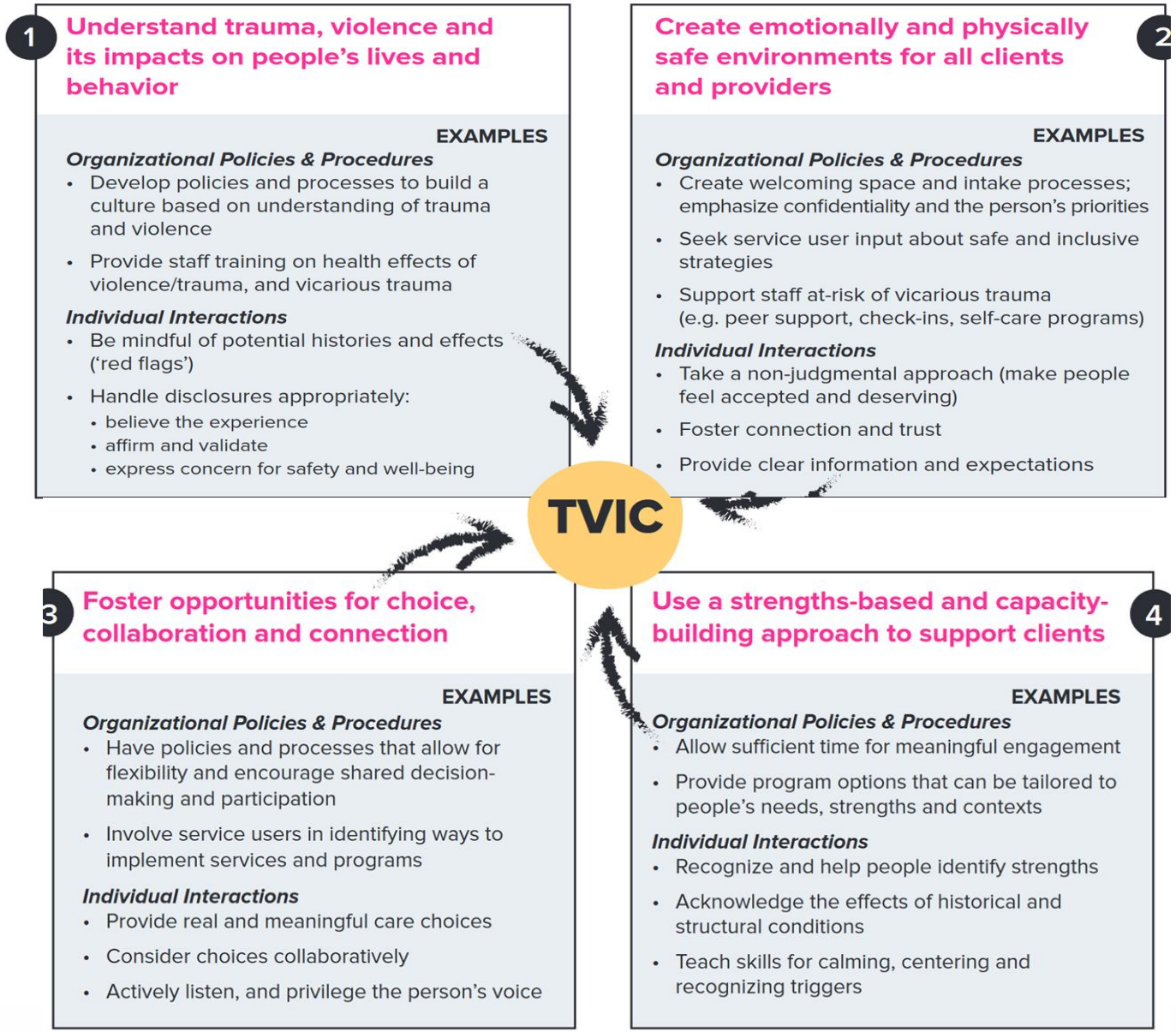

Adapted from Ponic et al. (2016).[24]

TVIC general guidelines

TVIC Overview Wathen, C.N. & Varcoe, C. (2019). Trauma- & Violence-Informed Care: Prioritizing Safety for Survivors of Gender-Based Violence. London, Canada

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Relationship Effectiveness: The GIVE Skill*

- Used when "getting/keeping the relationship" is the priority
- Could be useful when caring for clients
- GIVE acronym stands for:
  - (Be) Gentle
  - (Act) Interested
  - Validate
  - (Use an) Easy manner

*Source: DBT Skills Training Manual, 2nd edition, by Marsha M. Linehan (2015)

Audit – Discharge Checklist Example

Checklist	In Place	Gap for Future	Priority	Improvement Objectives
Provide THN kit	☒	☐	☐	
Follow up appointment for OAT	☒	☐	☐	
Plan G application faxed (if applicable)	☐	☐	☐	Not applicable
Outreach referral	☐	☒	☒	Do not have a clear referral process
Fax OAT/MHSU referral	☒	☐	☐	
Patient education materials	☐	☒	☒	Missing all the patient education materials
Community resources	☐	☒	☒	Do not have a list of community resources
Medications to minimize withdrawal symptoms	☒	☐	☐	

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OAT Community Resources

BC Center on Substance Use

- POATSP *Resource Page*
- Residential Treatment and Supportive Recovery Services in BC *Resource Page*
- OAT Clinics Accepting New Patients *List*
- OAT Pharmacy *List*
- Licensed Treatment and Recovery Services *List*
- Registered Supportive Recovery Assisted Living Services *List*

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Coaching Calls

Case study: St. Paul's hospital

Micro-dosing and pharmacy

Clinical education spread and uptake

Case study: Penticton ED

Case study: regional response teams and EQUIP

People centered communication

Rural and urban community connections

Case Study: Alberta Health Services Choosing Wisely

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Thank you to our Presenters!

Andy Kestler, Sharon Vipler, Reija Jean & Guy Felicella

Cindy San & Katherin Badke

Emma Garrod & Andy Kestler

Andrew Kerr, David Stoll & Christine Rutherford

Vicky Bungay, Sarah Levine & Team

Mona Kwong & Reija Jean

Aseem Grover, Melissa Allan, Jason Wale, Erika Kellerhaus, Vic Jordan, Chris Kriek & April Price

Heather Hair

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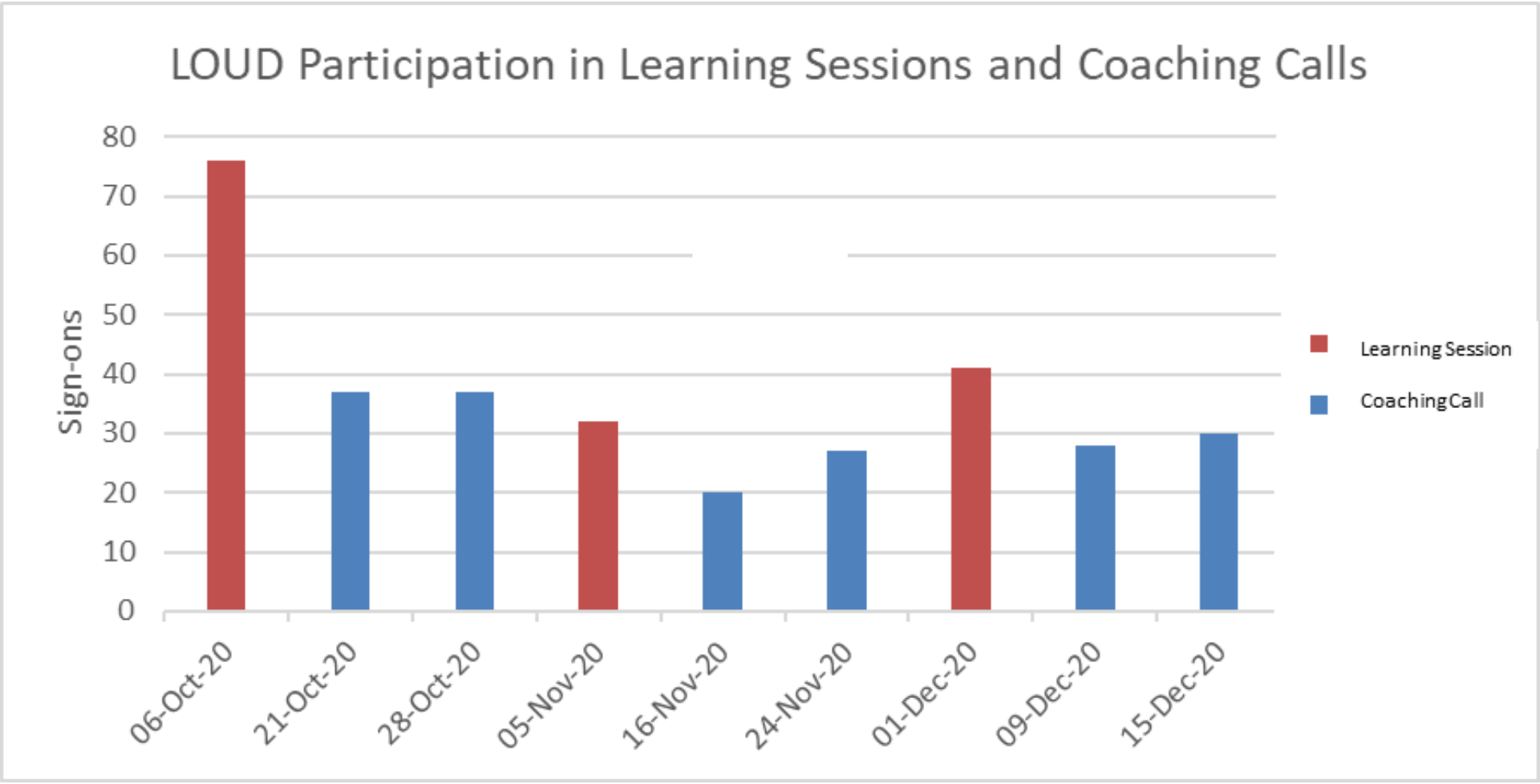
Thank you!!



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Changes Underway

- Group input around DST contributing to the OUD Guideline Update
- Assembled and piloted BupToGo in several sites
- Commitment and partnerships with other hospitals that already have OUD pathways in place for more intense mentoring and learning

Changes Underway

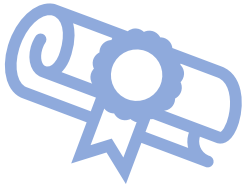
- Large focus on organizational education and spread of OUD knowledge to others
- Targeted educational campaigns around OUD, OAT and resources
- Mindful reviews of patient interactions to look at opportunities for improvement
- Leveraging success for culture change

Changes Underway

- Renewed focus on equity, enhancing access to social determinants of health & optimization of space to support people with OUD
  - More access to community resources (e.g., shelter lists, food)
  - More education around equity, awareness and TVIC for clinicians

Education Programs - Achievement

- Provincial Opioid Agonist Treatment Support Program (POATSP)
  - Funding 45 individuals (34 people have completed to date; 11 people are in progress)
  - Additional funding for 50 individuals (limited to MDs/NPs in acute-care settings)



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Buprenorphine/Naloxone and ED

- LearningHub: Buprenorphine-Naloxone (Suboxone) Certificate
  - 84 Nursing Staff have completed the online course

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Education Programs - Achievement

Outcome:

- Support suboxone implementation in EDs
- Increase quality and capacity in Eds

- Reminder: POATSP - February 16

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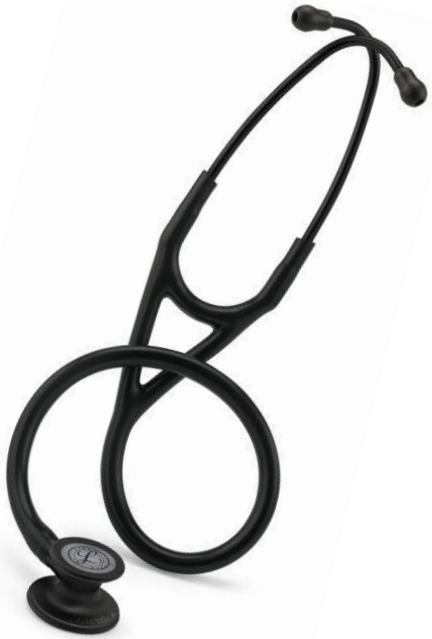
Stethoscope Draw!

Drum roll please…

Total Entries	86
Total Entries by LOUD Participants	17
Total Entries by Staff Outside of LOUD	69
Total Who Completed the Learning Hub Course During this Initiative	79



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Next Steps

- Provincial work

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Next Steps

- Final LOUD Coaching Call Feb 17
- Discussion and reflection to be included in report around systems change
- Survey coming in early March
- Final report prepared for May/June
- Resources hosted on Council website until 2022

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Mark Your Calendar!

Last Coaching Call

Wednesday, February 17 @ 1330-1430

Alberta Health Services & Systematic Change

Heather Hair & Group Discussion

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Discussion Questions

How has your team changed its practice because of LOUD?

What are your next steps?

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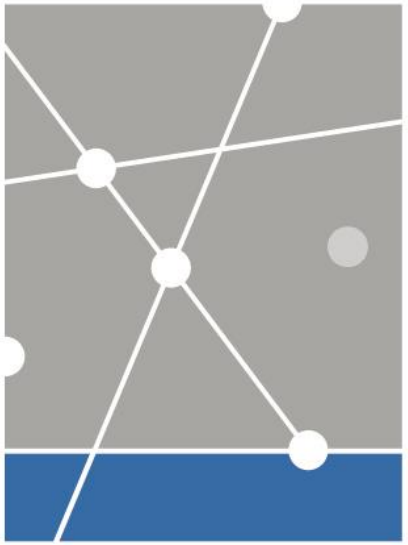

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Networking researchers, educators & care providers

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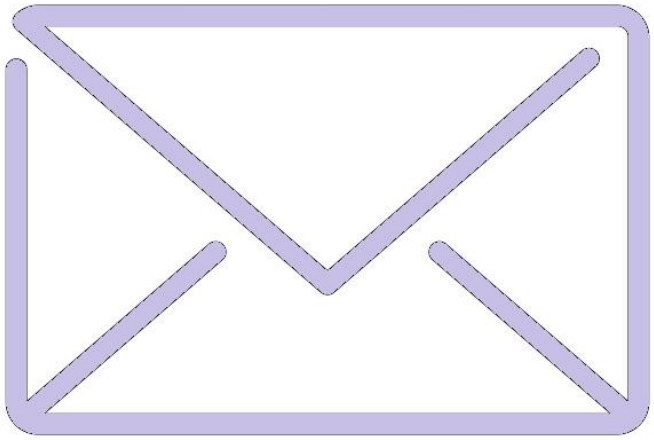
Reminders!

- POATSP registration deadline has been extended to **February 16**
- Invoices due **February 28**
- Please submit your homework ☺



loud@bcpsqc.ca

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Thank you!

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