



**LOUD in the ED**

BC PATIENT SAFETY & QUALITY COUNCIL

# Learning Session 5

## Celebration & Sustainment

**Wednesday, February 10, 2021**  
**1200 – 1300 PST**

Funded by:



Ministry of  
Mental Health  
and Addictions



BRITISH COLUMBIA  
CENTRE ON  
**SUBSTANCE USE**  
networking researchers, educators & care providers

# We Are Recording!

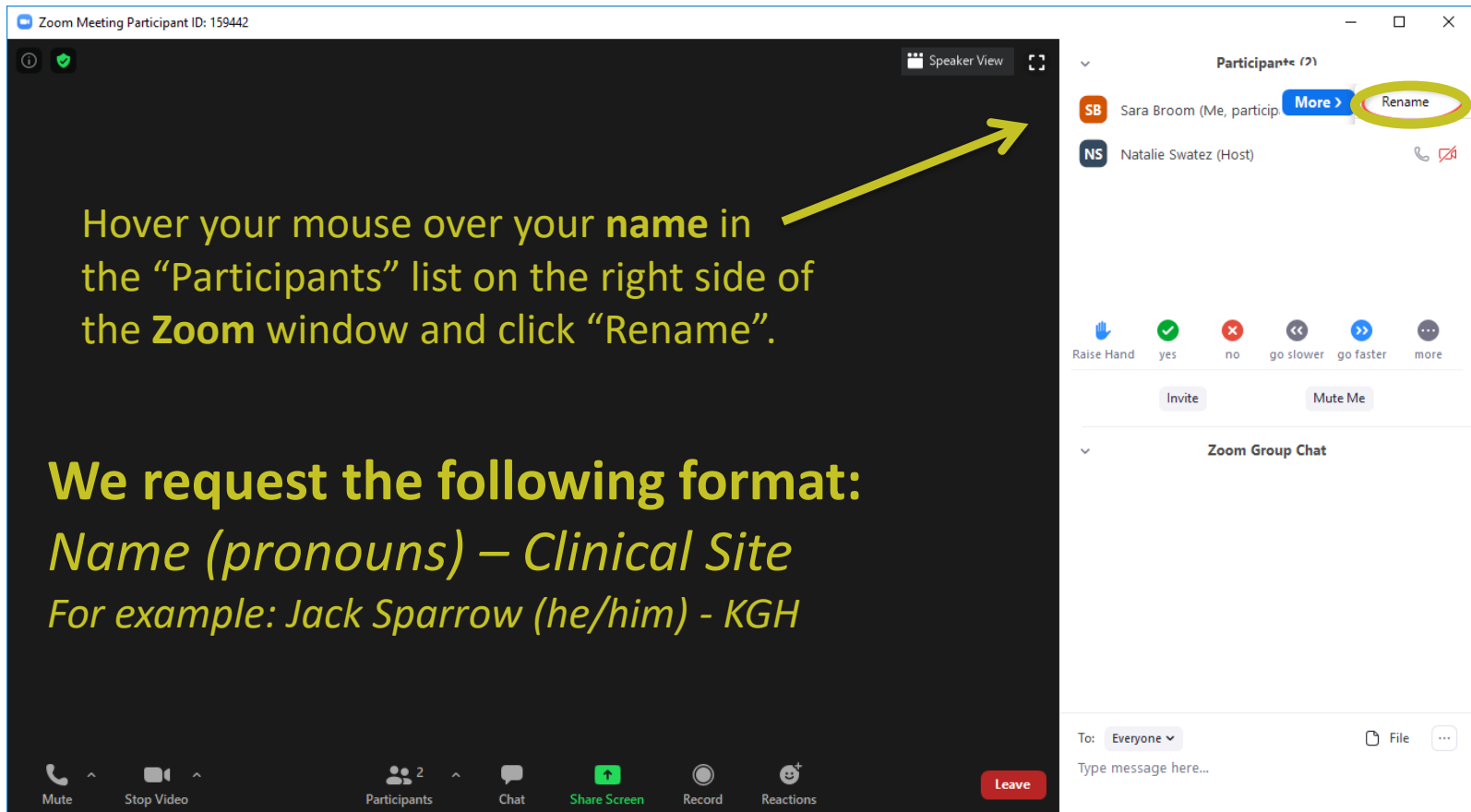


*Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate learning as part of the Learning about Opioid Use Disorder in the Emergency Department (LOUD in the 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](mailto:loud@bcpsqc.ca)*





# Change Your Name on Zoom



Zoom Meeting Participant ID: 159442

Speaker View

Participants (2)

- SB Sara Broom (Me, participant) **More >** **Rename**
- NS Natalie Swatez (Host)

Raise Hand yes no go slower go faster more

Invite Mute Me

Zoom Group Chat

To: Everyone File

Type message here...

Mute Stop Video Participants Chat Share Screen Record Reactions Leave

Hover your mouse over your name in the “Participants” list on the right side of the Zoom window and click “Rename”.

**We request the following format:**  
*Name (pronouns) – Clinical Site*  
*For example: Jack Sparrow (he/him) - KGH*



# Chat Box!

The image shows a Zoom meeting window with a black background. In the center, the text "Say hello and ask questions!" is written in yellow. A yellow arrow points from this text down to the "Chat" icon in the bottom toolbar, which is also circled in yellow. Another yellow arrow points from the text to the chat box on the right side of the window. The chat box is highlighted with a yellow border and contains the text "Type message here...". The meeting title is "Zoom Meeting Participant ID: 159442". The bottom toolbar includes icons for Mute, Stop Video, Participants (2), Chat, Share Screen, Record, Reactions, and Leave. The right sidebar shows "Participants (2)" with Sara Broom (Me) and Natalie Swatez (Host), and "Zoom Group Chat" with a "To: Everyone" dropdown and a "Type message here..." input field.





# 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



# Polls

What is your clinical role?

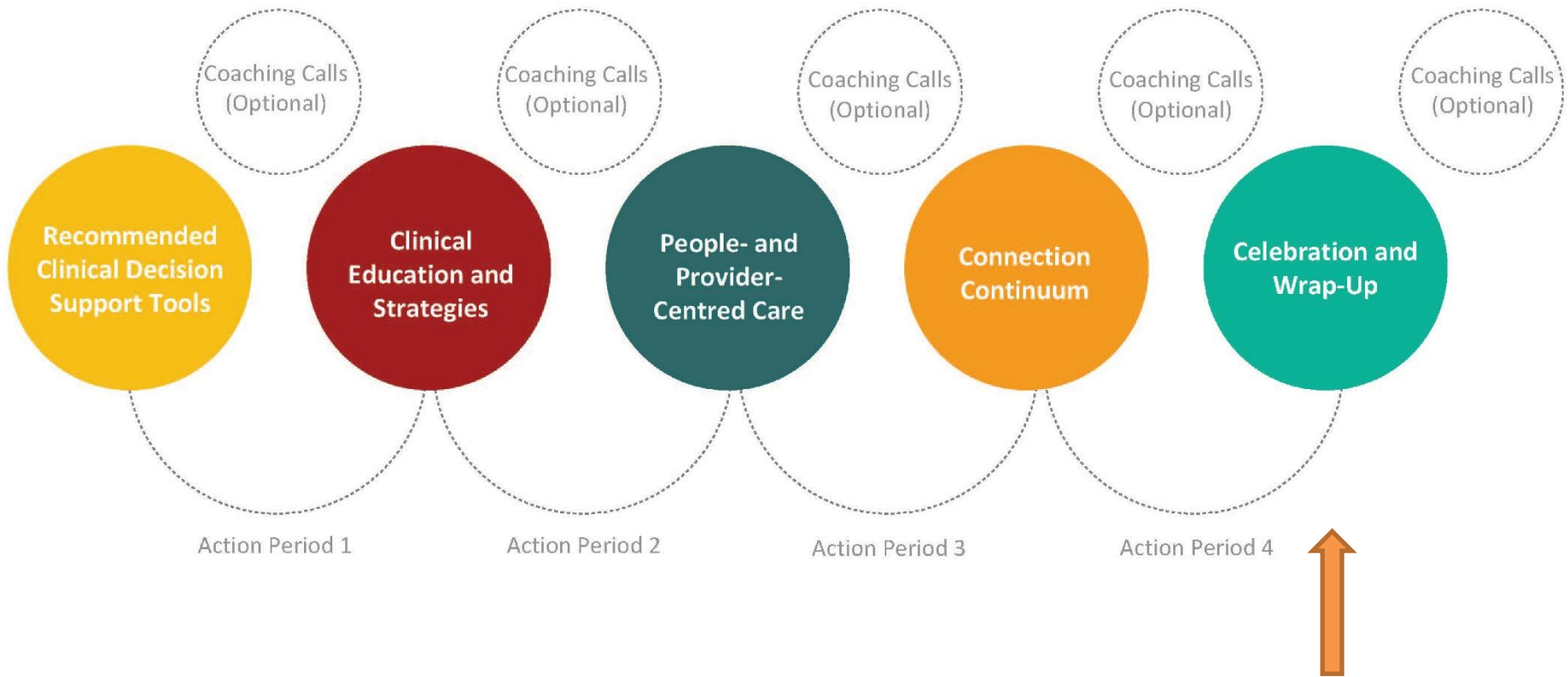
Which region do you work in?

Where are you calling in from today?

How many LOUD events have you participated in?



# Project Overview & Timeline





# 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





# BC PATIENT SAFETY & QUALITY COUNCIL

Working Together. **Accelerating Improvement.**



# 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.*



# 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



# 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



# 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

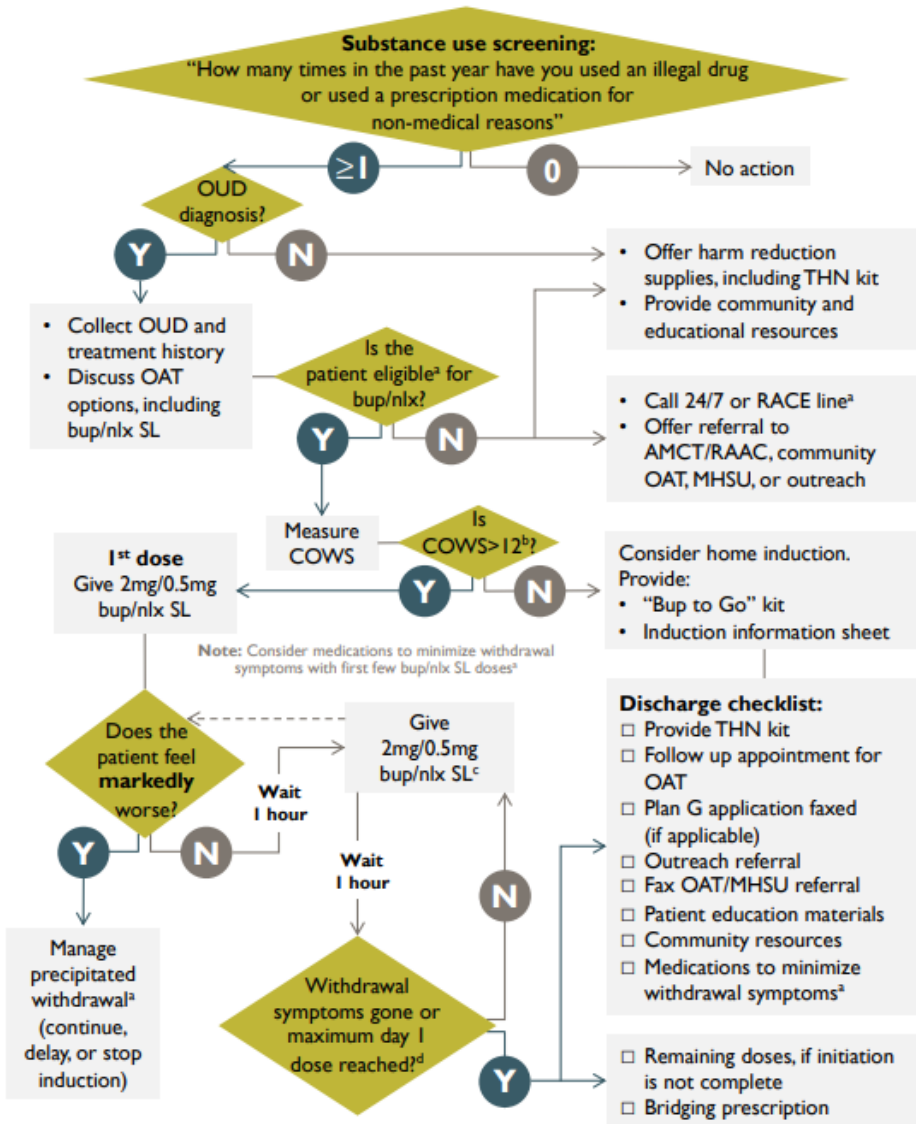




# Emergency Department Buprenorphine/naloxone Induction: Decision Support Tool



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



## Abbreviations on overleaf.

<sup>a</sup>See overleaf; <sup>b</sup>If COWS is approaching >12, consider waiting to allow an ED induction; <sup>c</sup>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; <sup>d</sup>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.

## Patient Eligibility for Buprenorphine/naloxone

1. Presence of an opioid use disorder ≥12h heroin, oxycodone, hydromorphone
2. Informed consent ≥24h slow-release oral morphine; confirmed, suspected, or uncertain fentanyl
3. In moderate withdrawal (COWS>12) 24-72h methadone
4. Adequate time since last opioid use to prevent precipitated withdrawal

## 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**  
Call 778-945-7619 (24 hours a day, 7 days per week)



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

## 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; **OUDD:** 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

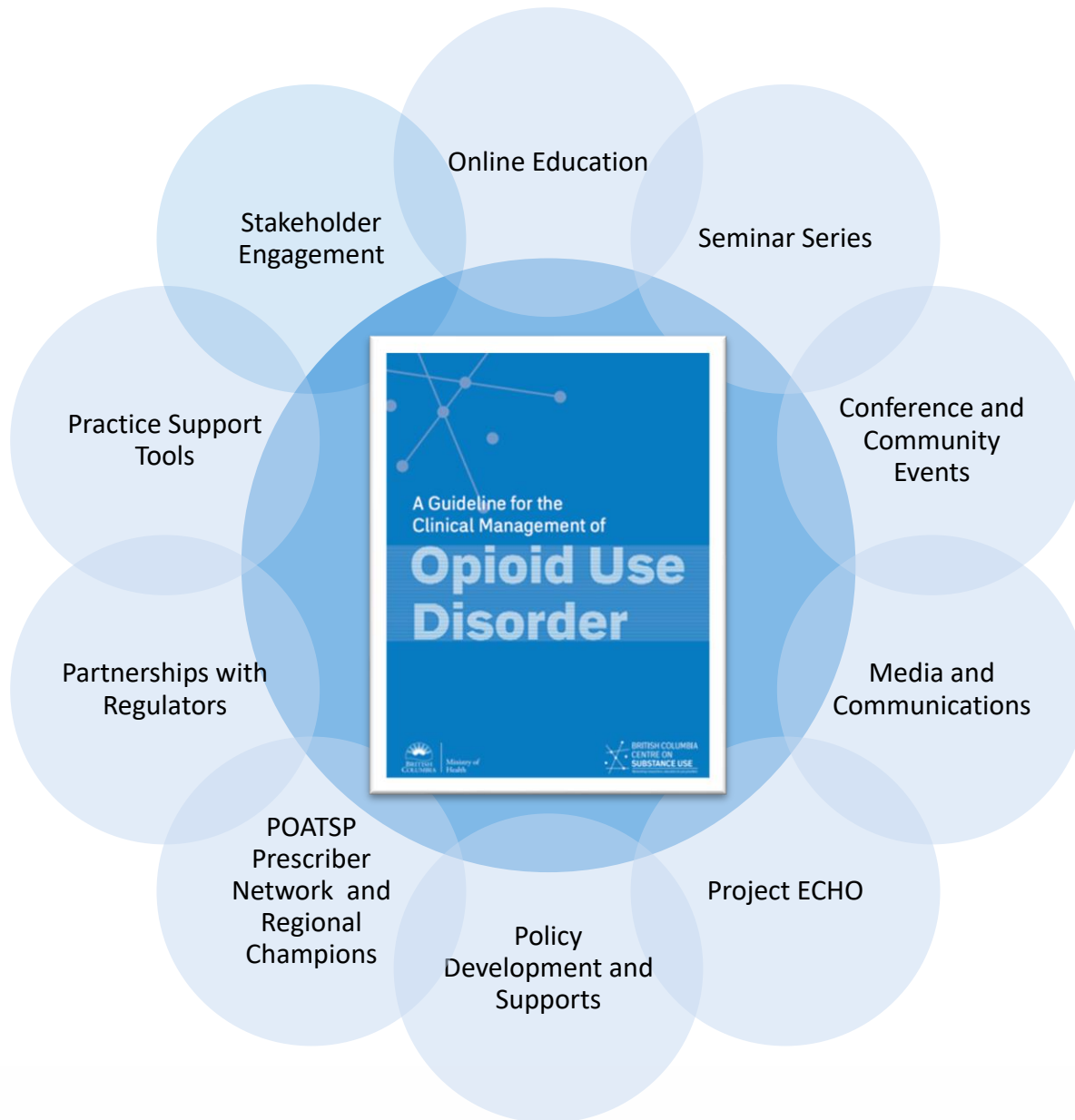
*Bridging community and ED care*



# Current State: LOUD in ED

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





Provincial  
**Opioid  
Addiction**  
Treatment Support Program

ONLINE COURSE

[ubccpd.ca/poatsp](http://ubccpd.ca/poatsp)

**UBC CPD**



CONTINUING PROFESSIONAL DEVELOPMENT  
FACULTY OF MEDICINE



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# Learning Hub Course

[Start Course](#)

[Course Overview](#)


[My Grades](#)


[Contact Info](#)

 [Manage Course](#)



## Buprenorphine-naloxone (suboxone)

 eLearning Course

 30 minutes

 Clinical

This course is designed to provide health care providers in different clinical settings (ie. primary care, emergency department, urgent care centres) with an understanding of buprenorphine-naloxone (suboxone) pharmacology and how to support patients starting this medication both in clinical settings and with to-go kits. This is not comprehensive training on how to prescribe buprenorphine-naloxone; clinicians who wish to prescribe outside of ED settings need to take the Provincial Opioid Addiction Treatment Support Program through UBC CPD online learning. There will be some regional variation in practices and procedures- please consult your site-specific protocols for details.







**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](http://www.bccsu.ca/24-7).

**CALL 778-945-7619**

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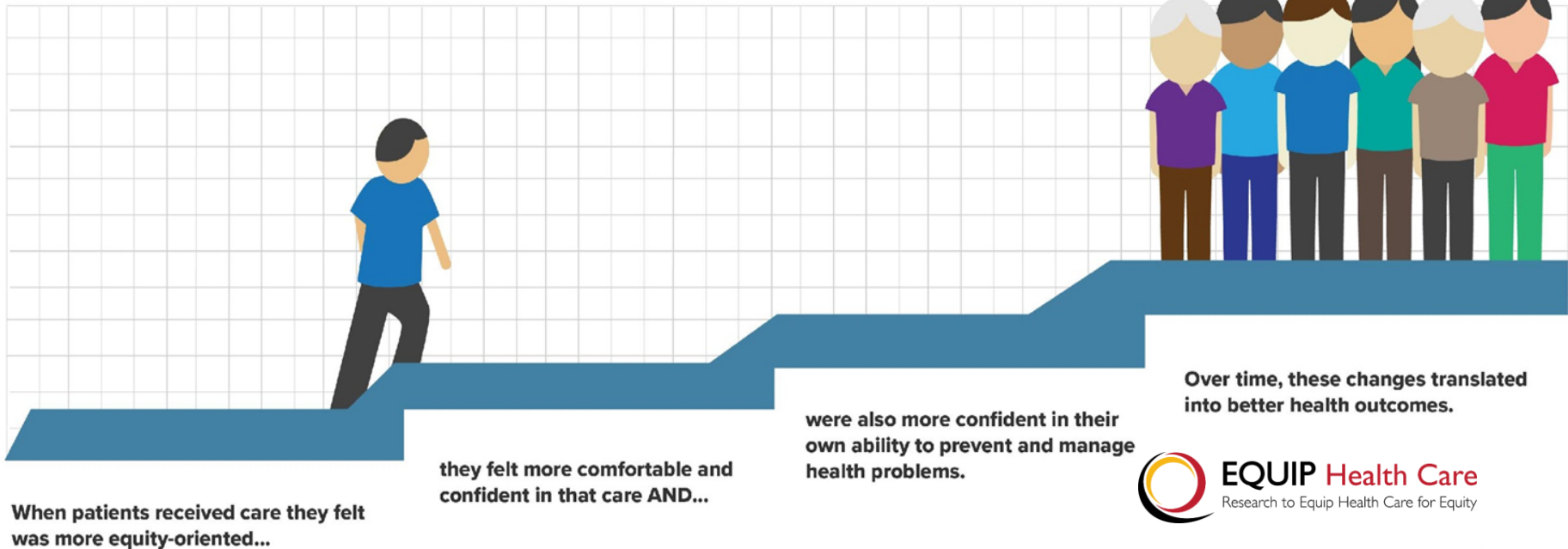


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# Equity Oriented Care is Part of the Path to Better Health

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.



For more information please visit: [www.equiphealthcare.ca](http://www.equiphealthcare.ca)



# Health Equity Toolkit

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



## TOP 10 THINGS

### Your Clinic, Practice or Department Can Do To Create a Welcoming Environment

- Display words or phrases in local languages & dialects** (Ciao, Hola, Greetings, Welcome)
- Begin and end every phone call with "Thank you for calling"** (THANK YOU)
- Provide coffee, water or to patients while they wait**
- Create a separate waiting area for families, women or elders**
- Display poster and signs conveying that patients deserve to feel welcome**
- Display local art**
- Ask patients about basic resources like food, clothing and shelter**
- Have a support in your wait**

How to cite this document  
 EQUIP Health Care. (2017). Top 10 things your clinic, practice or department can do to create a welcoming environment. Retrieved from [www.equiphealthcare.ca](http://www.equiphealthcare.ca)  
 Version 1 December 2017

### EQUITY TALK POCKET CARDS

*Small changes in the way you speak to a patient can make a big difference!*

Version 1 December 2017

### Responding To Discrimination In The Workplace

There isn't a right or wrong way to respond to a racist, sexist, or other discriminatory comment. We all learn by speaking out and finding what feels comfortable for us.

**Before responding consider...**

- Goals:** Do you just want to stop the behaviour or to educate the person?
- Tone:** If you want someone to listen, try to use a conversational & non-confrontational tone. Tone is as important as what you say.
- Relationship:** What you say will be different with a family member vs. a stranger.

**While responding...**

- Express your feelings:** "I don't like the hearing room's optics, should that sign be moved to address the issue with the respect that it deserves."
- Disagree:** "I disagree with what you just said."
- Point out policies or standards:** "What you just said could be considered discrimination. I think you should stop."
- Assume:** "So, are you saying that all Indigenous people live on government handouts?"
- Meddle:** "Well, maybe people? Do you really think so?"
- Exaggerate:** "It sounds like you think no Indigenous people pay taxes. Did you know that Indigenous people actually start pay?"

## Promoting Health Equity – Harm Reduction

A Tool for Primary Health Care Organizations and Providers working with individuals

- Harm reduction is**
- A philosophy and a set of programs & services
  - Focusing on preventing the harms of substance use,
  - not reducing substance use per se
  - Viewing substance use as a health issue
  - An evidence based response
- Practicing harm reduction means**
- Accepting people as they are
  - Avoiding judgement
  - Emphasizing the dignity of each person
  - Being compassionate
  - Challenging the policies and practices that cause unnecessary harm – like criminalization of drug use, refusal of medical care, lack of adequate housing

**Examples Include:**

- Managed alcohol programs
- Having water available at parties
- Safe ride programs
- Opioid substitution therapy
- Supervised injection
- Safer injecting and smoking supplies
- Naloxone
- Needle exchange
- Living Wages
- Safe Housing

## Top Things

### Any Provider Can Do To Support People Experiencing Violence

Usually you do not know if a person has a history of, or is currently experiencing violence. Trauma-and-violence-informed care is an appropriate approach to use whether or not you know. Good care does not require a disclosure of such experience; the goal is safe care for all.

- Signs that a person may be experiencing violence**
- Injuries | Mental health symptoms | Alcohol/drug misuse | Financial strain | Recent separation
  - Client cancels visits, uses health services more frequently, or defers to partner in visit
  - Partner or parent is always present; answers for client.

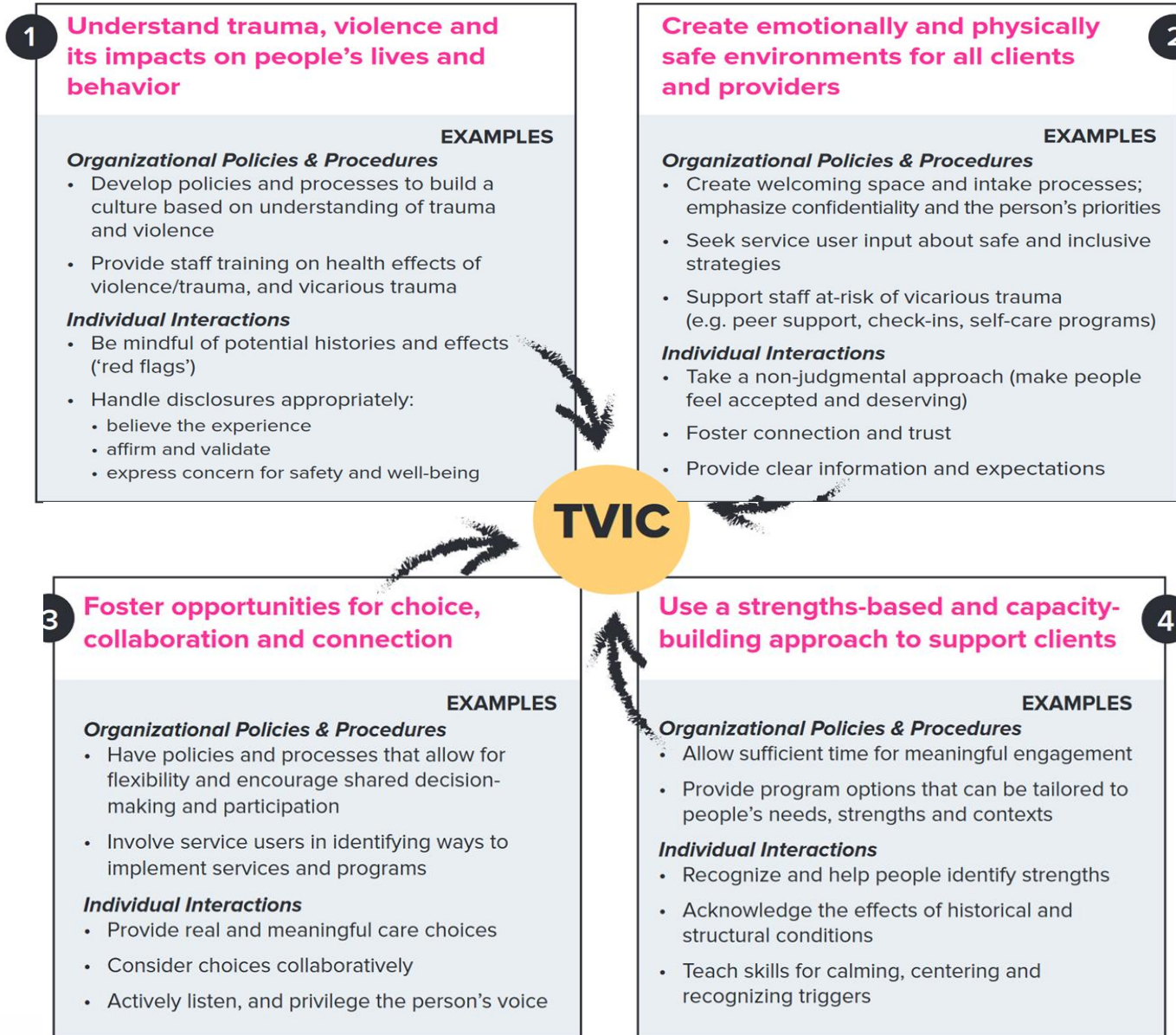
**For All People**

**Assume**  
 that a majority of clients will have a history of abuse of some form and that any client may be currently experiencing abuse.

**For those who may have or are currently experiencing violence**

**Listen**  
 Listen to the person closely, with empathy and without judging; be alert to the signs suggesting they are experiencing violence.  
 "That sounds horrible."





**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

Adapted from Ponice et al. (2016).<sup>24</sup>



## 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow up appointment for OAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan G application faxed (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
Outreach referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Do not have a clear referral process
Fax OAT/MHSU referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient education materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Missing all the patient education materials
Community resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Do not have a list of community resources
Medications to minimize withdrawal symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





# 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*



# 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



# 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

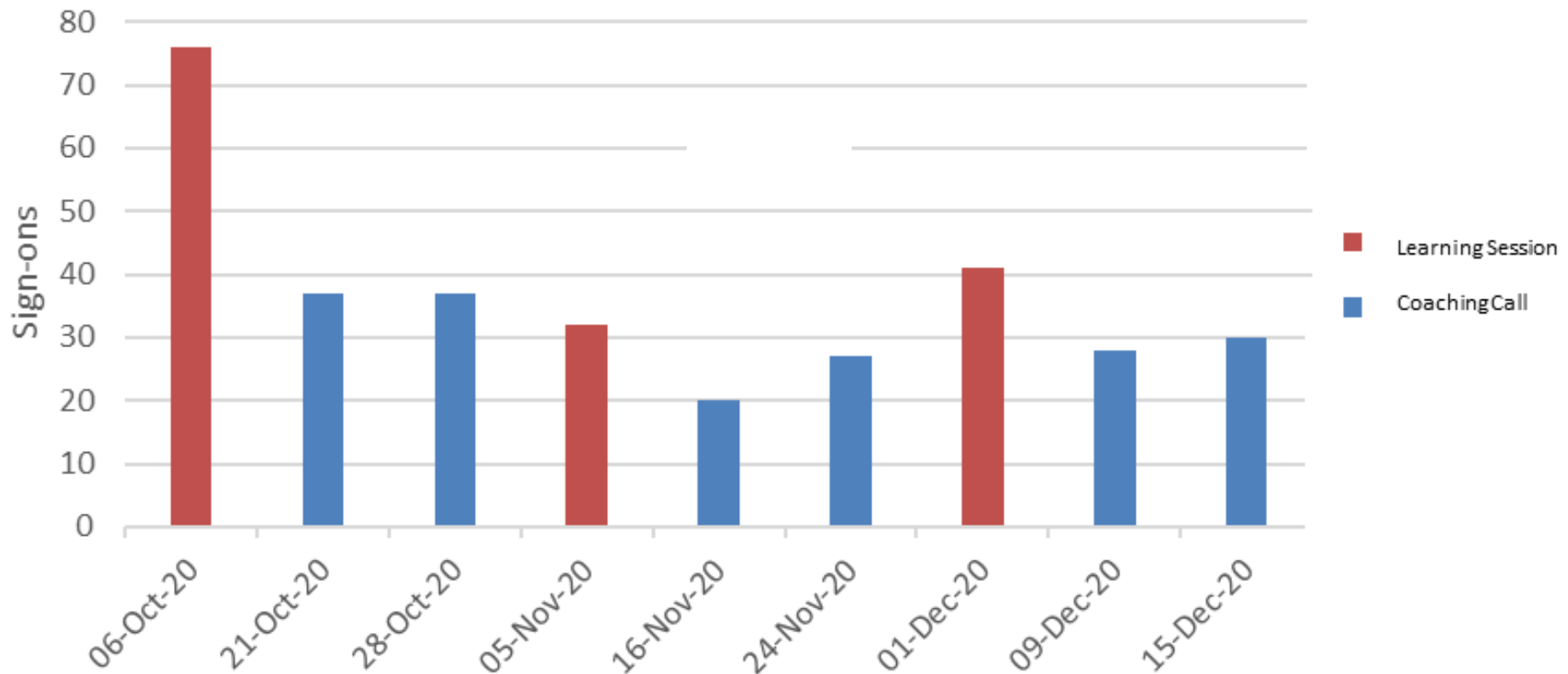
Kellerhaus, Vic Jordan, Chris Kriek & April Price

Heather Hair



# Thank you!!

## LOUD Participation in Learning Sessions and Coaching Calls



# 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

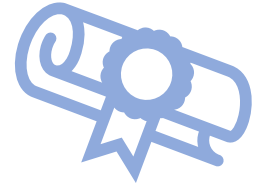
- Large focus on organizational education and spread of OUD knowledge to others
- Targeted educational campaigns around OUD, OAT and resources
- Mindful reviews of patient interactions to look at opportunities for improvement
- Leveraging success for culture change

# 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)





# Buprenorphine/Naloxone and ED

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



# Education Programs - Achievement

## Outcome:

- Support suboxone implementation in EDs
- Increase quality and capacity in Eds
- **Reminder: POATSP - February 16**



# 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



# Next Steps

- Provincial work



# 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



# Mark Your Calendar!

## Last Coaching Call

Wednesday, February 17 @ 1330-1430

Alberta Health Services & Systematic Change

Heather Hair & Group Discussion



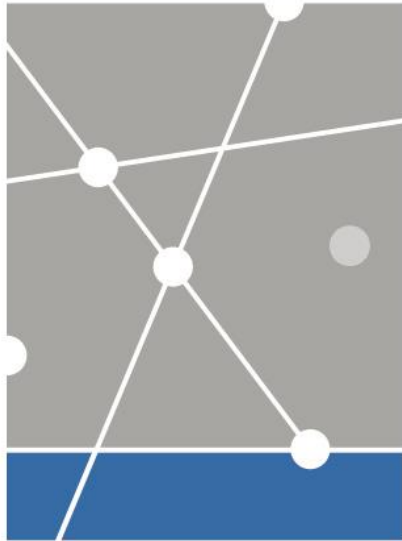
# Discussion Questions

How has your team changed its practice because of LOUD?

What are your next steps?







# BRITISH COLUMBIA CENTRE ON **SUBSTANCE USE**

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*Networking researchers, educators & care providers*

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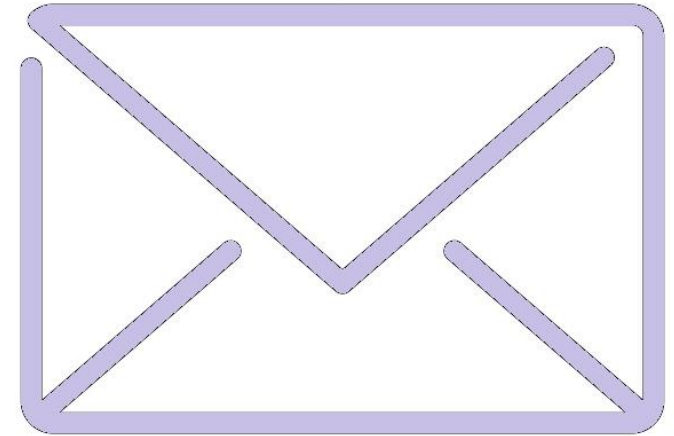


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# Reminders!

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



[loud@bcpsqc.ca](mailto:loud@bcpsqc.ca)



# Thank you!

