Initiation of Suboxone® in Alberta Emergency Departments

A walk down memory lane!

February 17, 2021

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Director Emergency Services Network IH

Interior Health
Every person matters

Traditional Territory Acknowledgement:

I would like to recognize and acknowledge that I’m presenting and living from the traditional territory in Alberta of Redwood Meadows and Tsuut'ina Nation **where we live, learn, collaborate and work together.**

Agenda

- Share the Alberta journey addressing the Opioid crisis
- Setting the stage
- Why, what, how, when
- Lead, guide, influence the content
- Bring best practice and evidence
- Reviewing our current state
- Determine inclusion/exclusion criteria/scope for the emergency departments
- Priority setting
- Developed a framework of consensus provincially for all EDs

Ready… set…. Go….

Background

Who is the Emergency Strategic Clinical Network (ESCN)

Why

- What
- How
- When

Lead, guide, influence the content

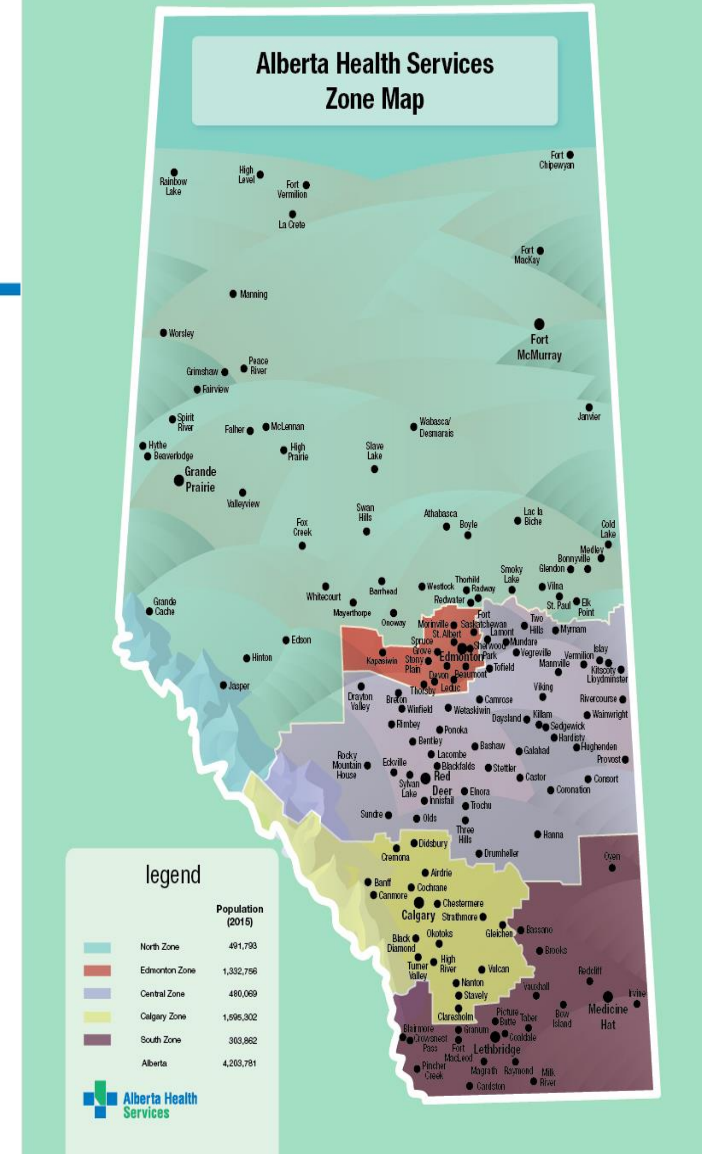
- Bring best practice and evidence
- Reviewing our current state
- Determine inclusion/exclusion criteria/scope for the emergency departments
- Priority setting
- Developing a framework of consensus regionally for all EDs

Ready… set…. Go….

Alberta Health Services

Alberta Health Services

- Alberta Health Services (AHS)
  - 1 health authority
  - 5 zones
- 103 ED's and 6 UCC
- Total ED visits in 2018/19 2.4M



Alberta Health Services

What is the Emergency Strategic Clinical Network (ESCN)

Provincial governance

Networks of people who are passionate and knowledgeable about specific areas of health (ED), challenging them to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.

Mission

- The Emergency SCN's mission is to support quality patient and family centred emergency care driven by education, innovation and practice changing research through collaboration.

Vision

- Build an inclusive network that supports the advancement of evidence informed emergency care for all Albertans.

Suboxone (Bup/nal) Initiation in the Emergency Department

Why are we focusing on Bup/nal Initiation in the ED?

- STAT: within 30 days of death, patient visited an ED
- Referral rates to ODP <1% from the ED
- In 2018, an average of two individuals died every day in Alberta from an apparent accidental opioid overdose (Alberta Health 2018).
- The rate of emergency department (ED) visits related to opioid use and substance misuse increased by 58% per cent from Jan. 1, 2015 to Mar. 31, 2018 (Alberta Health 2018). In EDs across Alberta, two standardized ICD-10-CA codes (T40 & F11) are used whenever possible for all patients that present with opioid-related concerns.

Alberta Health Services

What did we do?

The ESCN implemented a provincial wide strategy to screen and initiate bup/nal for eligible emergency patients.

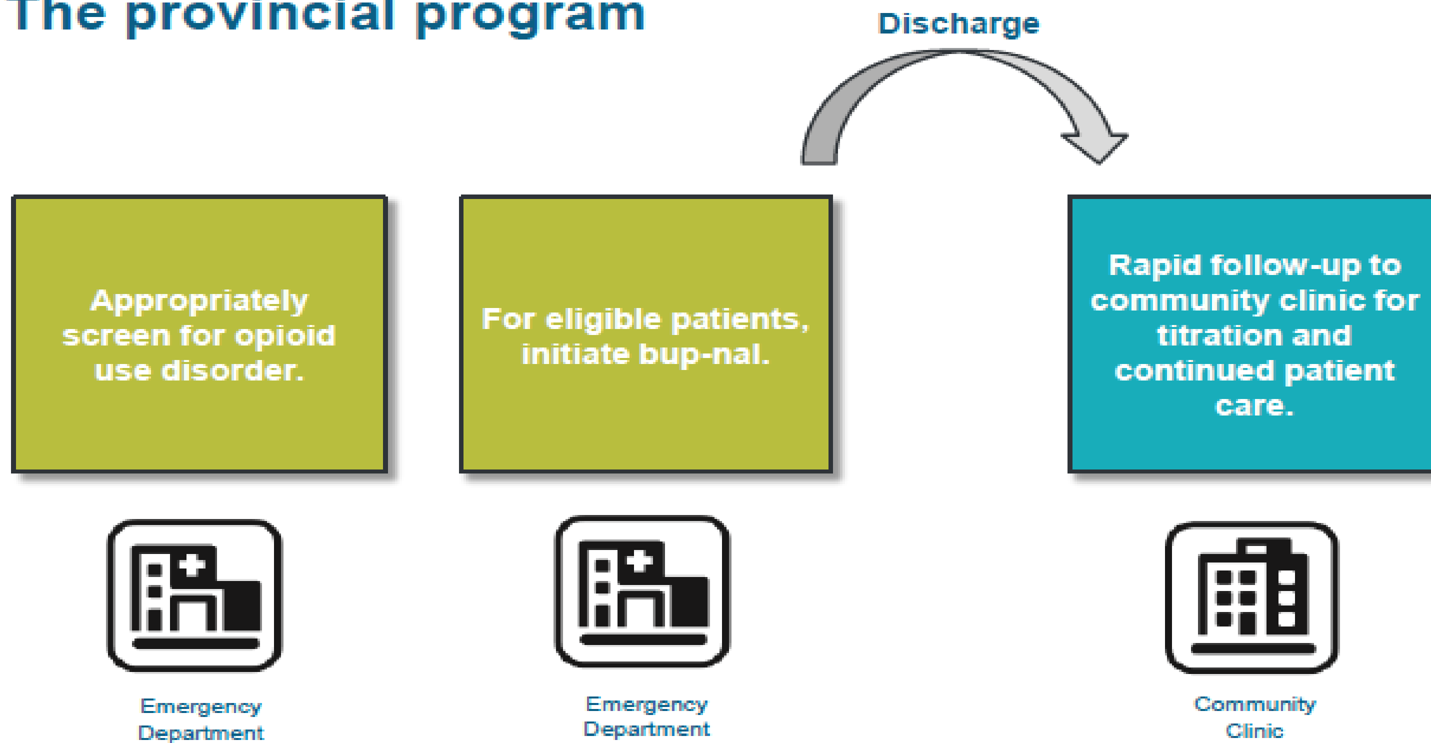
The treatment program involves 3 steps:

1.Screen – appropriately screened patients for opioid use disorder in the ED

2.Initiate- initiate bup/nal for eligible patients in ED

1.Follow up - provide rapid follow up at a community clinic for future dosing and care

What are the expected outcomes?



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Emergency Strategic Clinical Network™

The Why… What are the expected outcomes?

- Enhanced access to evidence-based care
- Improved patient experience and quality of life
- Better coordination of care from ED to community services
- A standardized approach provincially
- Decreased morbidity and mortality

Suboxone (Bup/nal) Initiation in the Emergency Department Project Objectives

Objectives	
1	Develop program (model) for initiating bup-nal in EDs in Alberta.
2	Implement program and develop clinic referral pathways in all cities and towns across Alberta that have an ED/UCC.
3	Inform and guide the project with research from a systematic literature review.
4	Integrate the project with the larger context of the opioid crisis response in Alberta.

Strong Project/Change Management Key to success!

Project Management

- PROSCI- ADKAR
- Early adopters
- Time: 8 weeks
- Constraints
- Acceptance criteria
- Risks
- Dependencies
- System/project risks
- In scope /out of scope
- Project deliverables/milestones
- Stakeholders
- Financials
- **Project governance**

Change Management

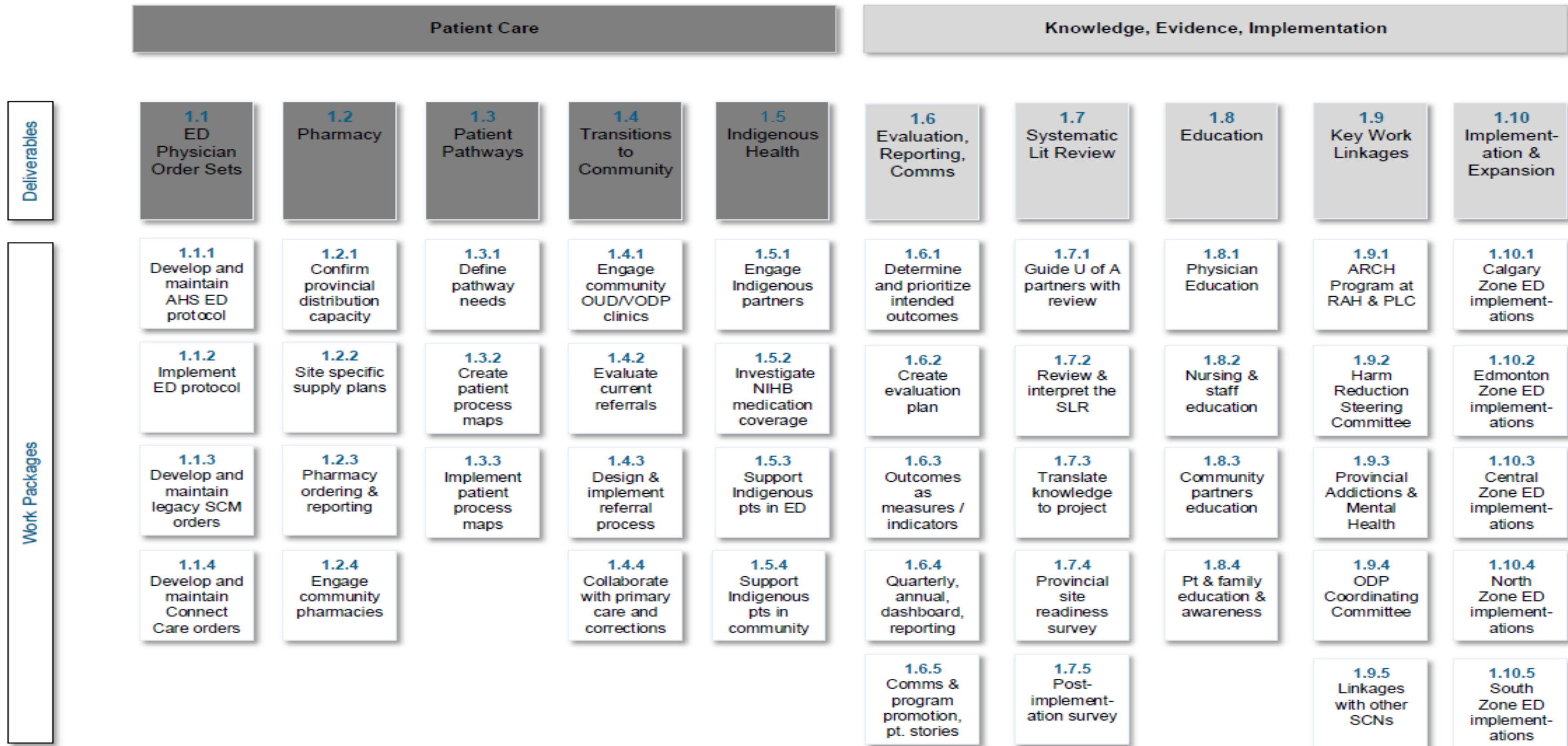
- The project integrates the ProSci® change management methodology with a traditional project management approach.
- The ADKAR® model (Awareness, Desire, Knowledge, Ability, and Reinforcement) is used to structure the implementation process of the bup-nal initiation program in each ED where addictions assessment and treatment, this medication, and the referral pathways are new to almost all physicians, nurses, and staff in the department.

Deliverable Categories

Deliverables Categories
1.1 - ED Physician Order Sets
1.2 - Pharmacy
1.3 - Patient Pathways
1.4 - Transitions to Community
1.5 - Indigenous Health
1.6 - Evaluation, Reporting & Communications
1.7 - Systematic Literature Review
1.8 - Education
1.9 - Key Work Linkages
1.10 - Implementation & Expansion

Work Breakdown Structure (WBS)

The chart below outlines the project WBS broken down into 43 individual work packages.



Implementation Tracker

Buprenorphine/Naloxone (Bup-Nal) Initiation in Emergency Departments

Emergency Department - Implementation Checklist

Version 1.0, July 2018

Emergency Department (ED) – Project Implementation Checklist

ED Implementation Site:	
Date File Last Updated:	

This checklist is informed by the ProSci ADKAR® Change Management Model
https://www.prosci.com/adkar/adkar-model

Item #	Item Description	Comments	Completed
Awareness – Identify stakeholders, share rationale for change			
1	For implementation team, identify site ED physician champion(s)		☐
2	For implementation team, identify site ED administrative key contact (Executive, PCM, or UM)		☐
3	For implementation team, identify site ED nursing key contact (CNE or other)		☐
4	For implementation team, identify site ED pharmacy key contact		☐
5	For implementation team, identify site ED social work key contact		☐
6	ESCN Senior Provincial Director to connect with site Senior Operating Officer regarding project		☐
7	ESCN to introduce awareness materials to the implementation team. Also introduce policies x3.		☐

Resource allocation

Funding source: $580k over 2 years

Alberta Health Ministers Opioid Emergency Response Commission (MOERC)

HR Resources

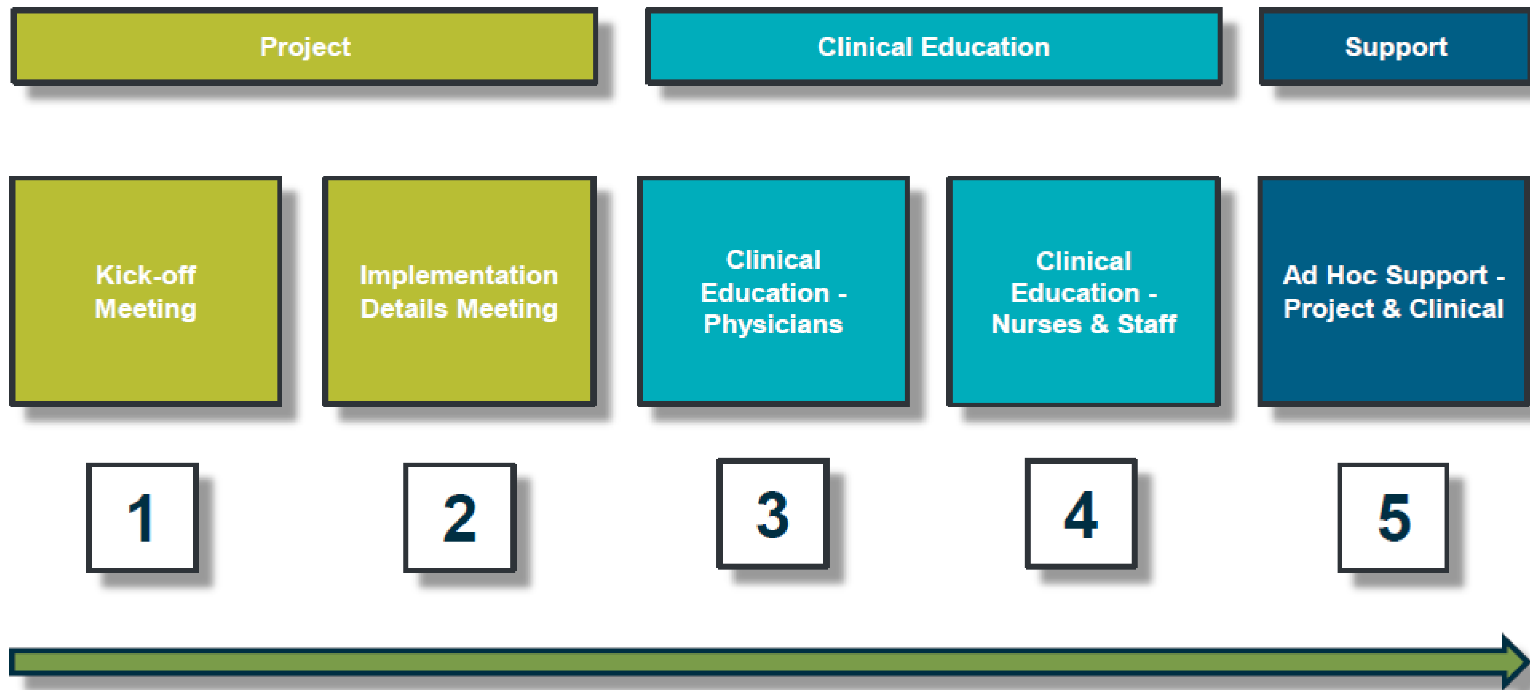
- One temp FTE Transformational Lead- Emergency nurse
- One temp FTE Senior Project Manager
- Five Emergency Physicians- train the trainer in each zone
- Data Analyst temporary FTE 2 years - evaluation
- Pharmacy – consult
- Expert Working group AMH + ED

Other Resources

- Educational Materials in the ED for staff
- Educational Materials for patients
- CME development AMH
- Pharmacy dispensing (to go packs) on discharge

Milestones

ED implementation meeting milestones



- Local physician champion
- Administrator
- Clinical Nurse Educator or RN
- Pharmacy representative
- Social worker (if available)

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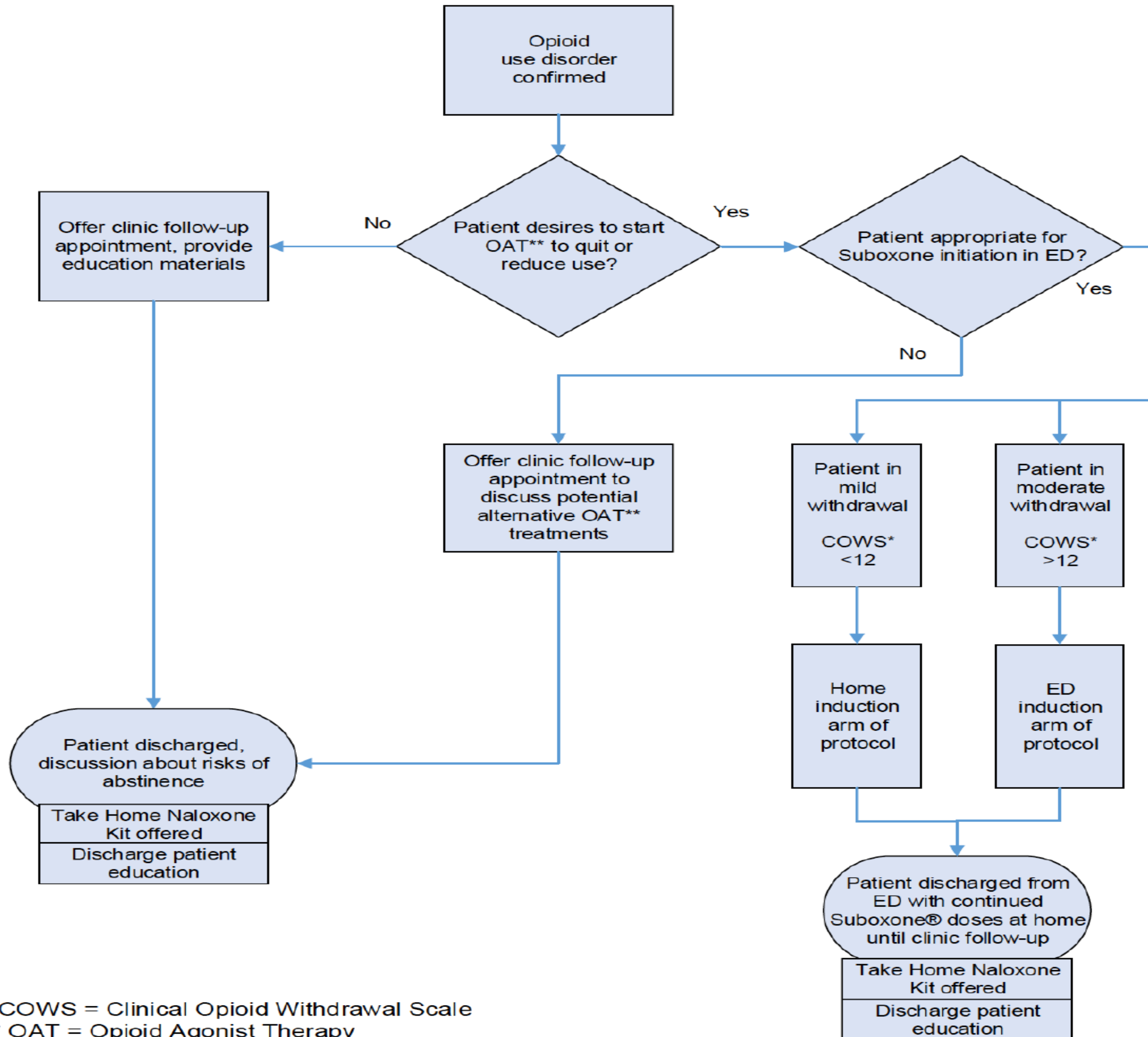
Inspiring solutions. Together.

Suboxone® in Emergency Departments in Alberta Project

Map A - High Level Overview Process

(v2.0) 24-Jul-2018



ED-Buprenorphine/Naloxone Protocol Master Checklist

1. Patient identified by MRP/RN/TLC as potentially having opioid use disorder **AND** patient willing to start opioid agonist therapy (buprenorphine-naloxone)

2a. Ensure **ALL** inclusion criteria met

- Age 18+
- Suspicion of opioid use disorder
- Patient willing to engage in buprenorphine/naloxone

2b. Ensure **NO exclusion criteria**

- Allergy to buprenorphine or naloxone
- Being admitted for medical/psychiatric concerns
- Clinical signs of sedative/depressant impairment or intoxication
    - Do not use EtOH level in isolation
- Currently prescribed or using methadone (see above) or buprenorphine-naloxone

- **Pregnancy** – these patients **are not excluded** from taking buprenorphine/naloxone but requires expert consultation or opinion to guide dosing. Consider Addictions RAAPID consult (09:00-17:00 M-F) or discussion with OB-GYN on call.

3. Calculate COWS score [see attached scoring guide] Score:_______

4. Determine time since since last opioid use

    - At least **12 hrs** since last **short acting opioid** (e.g. Heroin, fentanyl, crushed OxyContin®, Percocet®)
    - At least **24 hrs** since last **long acting opioid** (e.g. PO OxyContin®, Hydromorph Contin®, OxyNeo®)

- At least **72 hrs** since last **methadone** dose

Record opioid(s) last used: _______________

Record time opioid(s) last used: _______________

5. Sufficient time since last opioid use AND COWS score ≥ 12 → **Continue to ED INDUCTION order set**

Insufficient time since last opioid use and/or COWS score <12 → **Continue to HOME INDUCTION order set**

6. Discharge:
   - provide discharge counselling (see Appendix B/C)
   - choose clinic and provide appointment time
   - provide Naloxone kit
   - detach and give patient information sheets

Monitoring:

- Assess and document COWS score prior to first dose and then q1h
- Inform MD if signs of precipitated withdrawal*
- One hour after second buprenorphine/naloxone dose, inform MD for possible patient discharge

Induction orders:

- Buprenorphine/naloxone **2mg/0.5mg i SL** x 1 dose witnessed
    - Nurse to observe all buprenorphine-naloxone doses, ensure taken sublingually, tablet dissolves.
    - NPO for 5 minutes after tablet dissolving
- Reassess COWS at 1 hour

mg **ii SL (total 4mg/1mg)** witnessed

Symptomatic medication orders can be added at physician discretion (e.g. diphenhydramine, NSAIDs, clonidine, etc.)

At Discharge:

- Buprenorphine/Naloxone 2 mg/0.5 mg i SL x two doses dispensed **to take at home dispensed from Pyxis/pharmacy**
    - Physician to provide dosing instructions
- Discharge counselling from MD and nurse → **see discharge instructions/checklist**

*precipitated withdrawal: Patient complaining of marked worsening symptoms of opioid withdrawal within 30 minutes of the first dose of buprenorphine-naloxone

Home Induction Checklist and Order Set

Checklist:

- COWS < 12 confirmed
- Counselling done regarding buprenorphine-naloxone home administration →

  See Appendix C
- Patient provided information for follow-up appointment
- Buprenorphine/naloxone 2 mg/0.5 mg i SL x four (4) doses dispensed
  - Physician to provide home dosing instructions
- Choose clinic and fax consult sheet

Discharge instructions/checklist

Physician:

- Patient counselled on next dosing of buprenorphine/naloxone
- Consider prescription for other symptomatic medications (e.g. clonidine) and recommending other OTC medications
- Patient Information Sheet detached
  - ED induction → Appendix B
  - Home induction → Appendix C
- Instruct patient to return to E.D. if symptoms acutely worsen or feel unable to manage

Nurse:

- Naloxone kit given to all patients
- Ensure all COWS scores documented
    - Pre-induction
    - 1 hour post-induction
- Patient Information Sheet reviewed and given to patient
- Review of harm reduction practices
    - Use clean supplies
    - Do not use drugs alone
    - Take naloxone/overdose response kit with you
    - Use smaller test doses if still using
    - Provide information for supervised consumption sites

Resources- Electronic and Paper

Clinical Opiate Withdrawal Scale

Last Name (Legal)		First Name (Legal)
Preferred Name ☐ Last ☐ First		DOB(yyyy-Mon-dd)
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown		

Important – Form is used for regular and downtime use.
Bold and italicized fields contain critical data elements that **must** be reconciled for downtime.

For each item, check (✓) the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Reason for this assessment	Time *(hh:mm) 24hr*
Resting Pulse Rate ____________beats/minute *Measured after patient is sitting or lying for one minute* ☐ 0 pulse rate 80 or below ☐ 1 pulse rate 81 - 100 ☐ 2 pulse rate 101 - 120 ☐ 4 pulse rate greater than 120	**GI Upset** *over last 1/2 hour* ☐ 0 no GI symptoms ☐ 1 stomach cramps ☐ 2 nausea or loose stool ☐ 3 vomiting or diarrhea ☐ 5 multiple episodes of diarrhea or vomiting
Sweating *over past 1/2 hour not accounted for by room temperature or patient activity.* ☐ 0 no report of chills or flushing ☐ 1 subjective report of chills or flushing ☐ 2 flushed or observable moistness on face ☐ 3 beads of sweat on brow or face ☐ 4 sweat streaming off face	**Tremor** *observation of outstretched hands* ☐ 0 no tremor ☐ 1 tremor can be felt, but not observed ☐ 2 slight tremor observable ☐ 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* ☐ 0 able to sit still ☐ 1 reports difficulty sitting still, but is able to do so ☐ 3 frequent shifting or extraneous movements of legs/ arms ☐ 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* ☐ 0 no yawning ☐ 1 yawning once or twice during assessment ☐ 2 yawning three or more times during assessment ☐ 4 yawning several times/minute
Pupil size ☐ 0 pupils pinned or normal size for room light ☐ 1 pupils possibly larger than normal for room light ☐ 2 pupils moderately dilated ☐ 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** ☐ 0 none ☐ 1 patient reports increasing irritability or anxiousness ☐ 2 patient obviously irritable or anxious ☐ 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *if patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* ☐ 0 not present ☐ 1 mild diffuse discomfort ☐ 2 patient reports severe diffuse aching of joints/muscles ☐ 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** ☐ 0 skin is smooth ☐ 3 piloerrection of skin can be felt or hairs standing up on arms ☐ 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies*	Total Score ____________ Total score is the sum of all 11 items

Alberta Health Services

Buprenorphine/Naloxone (Suboxone®) Initiation Emergency Department, Adult Orders Set

Select orders by placing a (✓) in the associated box

Last Name (Legal)	First Name (Legal)
Preferred Name ☐ Last ☐ First	DOB (dd-Mon-yyyy)
PHN / ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown	

The Opioid Use Disorder Telephone Consultation Line is available 0800-2000 hours daily including weekends and statutory holidays

Ensure ALL three inclusion criteria met:

- Age 18 years old and older. If the patient is under the age of 18, consider calling the Opioid Use Disorder Telephone Consultation Line OR discuss with an Addictions and/or Pediatric consultant.
- Suspicion of opioid use disorder
- Patient willing to engage in buprenorphine/naloxone

Exclusion Criteria

- Allergy to buprenorphine or naloxone
- Being admitted for medical/psychiatric concern
- Severe liver dysfunction
- Currently prescribed or using methadone or buprenorphine/naloxone
- Clinical signs of sedative/depressant impairment or intoxication (*DO NOT use EtOH level in isolation)

Priority

☐ Provide naloxone kit and associated teaching at soonest opportunity

Pregnancy

Pregnant patients ARE NOT EXCLUDED from taking buprenorphine/naloxone but will likely benefit from expert consultation or opinion to guide dosing, other management considerations, and follow-up. Opiate withdrawal is a risk to the fetus and may increase the risk of spontaneous abortion / premature labour, or other complications. Consider calling the Opioid Use Disorder Telephone Consultation Line or discuss with the OB-GYN consultant on call or providing consultation.

Prior to initiating buprenorphine/naloxone

1. Determine TIME since LAST opioid use:

- Initiate buprenorphine/naloxone at least 12 hours since last Short Acting Opioid (e.g. fentanyl, heroin, crushed OxyContin®, Percocet®)
- Initiate buprenorphine/naloxone at least 24 hours since last Long Acting Opioid (e.g. PO OxyContin®, Hydromorph Contin®, OxyNeo®)
- Initiate buprenorphine/naloxone at least 72 hours since last methadone dose

2. Determine initial Clinical Opiate Withdrawal Scale (COWS) score:			
Patient Care Patient Care Assessments ☐ Perform Clinical Opiate Withdrawal Scale (COWS) score now. See form 20900. IF, sufficient time since last opioid use AND COWS score greater than or equal to 12 → **Continue to ED INDUCTION orders** IF, insufficient time since last opioid use and/or COWS score less than 12 → **Continue to HOME INDUCTION orders**			
Prescriber Name	Prescriber Signature	Date *(dd-Mon-yyyy)*	Time *(hh mm)*

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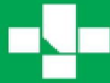
Resources



POLICY

TITLE
PSYCHOACTIVE SUBSTANCE USE

SCOPE	DOCUMENT #
Provincial	HCS-33
APPROVAL AUTHORITY	INITIAL EFFECTIVE DATE
Clinical Operations Executive Committee	December 16, 2013
SPONSOR	REVISION EFFECTIVE DATE
Senior Program Officer, Population & Public Health Senior Program Officer, Addiction & Mental Health Provincial Services	TBD
PARENT DOCUMENT TITLE, TYPE AND NUMBER	SCHEDULED REVIEW DATE
Not applicable	March 23, 2023

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

DRAFT: For Endorsement

Alberta Health Services (AHS) is committed to supporting individuals, families, and communities who are impacted by **psychoactive substance** use. Psychoactive substances includes a whole class of substances, legal or illegal (including controlled drugs such as alcohol, tobacco and prescription drugs). This policy is intended:

- To clarify the responsibility of **health care providers** to provide **patients** who use psychoactive substances, whether or not the patient meets the criteria for diagnosis of a substance use disorder, with accessible, equitable, non-judgmental, compassionate, and evidence-based care that promotes a **recovery oriented approach,** and is respectful of individual rights and dignity;
  - The responsibilities of health care providers to the patient, as outlined in this policy, extend to **family** members when appropriate.
- To support ongoing quality improvement in health outcomes using best evidence, systematic monitoring, evaluation, and **knowledge translation**; and

DRAFT

Resources

Emergency Department Induction Orders

Patient Care

Patient Care Assessments

- ☐ Perform Clinical Opiate Withdrawal Scale (COWS) score prior to first dose and then once again after 1 hour. See form 20900.
- ☐ Inform MD if signs of precipitated withdrawal (Patient complaining of marked worsening symptoms of opioid withdrawal within 30 minutes of the first dose of buprenorphine/naloxone)
- ☐ One hour after second buprenorphine/naloxone dose, inform MD for possible patient discharge

Medications

Central Nervous System Agents

IF sufficient time since LAST opioid use AND Clinical Opiate Withdrawal Scale (COWS) is greater than or equal to 12, give:

- ☐ buprenorphine/naloxone 2 mg/0.5 mg SL 1 tab sublingually once witnessed. Dose 1 to be given only if sufficient time since LAST opioid use AND Clinical Opiate Withdrawal Scoring (COWS) score is greater than or equal to 12. Nurse to observe all buprenorphine/naloxone doses to ensure taken sublingually and tablet dissolves. Patient to stay NPO for 30 minutes after tablet dissolves.

AND THEN,

Reassess Clinical Opiate Withdrawal Scale (COWS) after 1 hour, if NO signs of precipitated withdrawal, give:

- ☐ buprenorphine/naloxone 2 mg/0.5 mg SL 2 tabs sublingually witnessed (total of 4 mg/1 mg). Dose 2 to be given only if at 1 hour following dose 1, COWS remains same or improves and patient shows NO signs of precipitated withdrawal. Nurse to observe all buprenorphine/naloxone doses to ensure taken sublingually and tablet dissolves. Patient to stay NPO for 30 minutes after tablet dissolves.

Discharge Instructions/Follow Up

After the second dose is given, provide 3 additional doses for patient to take home.

- ☐ buprenorphine/naloxone 2 mg/0.5 mg SL 1 tab sublingually every 1 hour PRN (total of 6 mg/1.5 mg). 3 tabs to be dispensed for patient to take home. Ensure associated counselling/patient teaching.

- ☐ Provide and give Emergency Department Buprenorphine/Naloxone Initiation Patient Information Sheet: Discharge Instructions.
- ☐ Confirm discharge counselling done as per Patient Information Sheet by MD and nurse.
- ☐ Patient to return to ED if symptoms acutely worsen or feel unable to manage.
- ☐ Provide naloxone kit and associated teaching to patient at soonest convenience. Review harm reduction practices: use clean supplies, do not use drugs alone, use smaller test doses if still using, provide information for supervised consumption sites.
- ☐ Confirm Fax/Referral Sheet sent to Opioid Use Disorder Treatment Clinic. Patient provided information for follow-up appointment.

Resource: Referral Pathway Development

Buprenorphine/Naloxone (Suboxone®) Initiation in Emergency Departments/Urgent Care Centres Referral

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
Personal Health Number	ULI ☐ Same as PHN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X)	

This form is used to refer patients from Emergency Departments/Urgent Care Centres (EDs/UCCs) to Opioid Use Disorder (OUD) Treatment Clinics or Primary Care Clinics.

For the list of clinic referral options, please see the clinic contact information and locations provided with this referral. Patients discharged from the ED/UCC can present to a clinic the next business day without a booked appointment. Patients referred to the **Virtual Opioid Dependency Program** (telemedicine) will be contacted by phone within **24 hours** of discharge.

Once a clinic has been selected, and all sections below have been completed, please fax this form to the clinic. Include a copy of the ED chart and the Clinical Opiate Withdrawal Scale(s) (COWS).

Emergency Department/Urgent Care Centre		
Encounter Date *(yyyy-Mon-dd)*	Patient Primary Phone Number	Alternate Phone Number
Clinic Information		
Name of Clinic referred to		
ED/UCC Treatment Information		

☐ ED Induction

Total buprenorphine/naloxone dose given in ED/UCC
2mg/0.5mg i SL x ______ doses Time *(24hrs)*: __________

Total buprenorphine/naloxone dose given to go:
2mg/0.5mg i SL x ______ doses

☐ Home Induction
2mg/0.5mg i SL x ______ doses given to go

Name of Referring Physician/Nurse Practitioner	Signature	Date *(yyyy-Mon-dd)*

Referral is the Key!!- 86% of patients not admitted

- Make it simple and accessible
- Make it part of the ED work flow
- Give them the tools that are needed to be successful- focus on transitions of care- strong partnerships required
- Rural vs Regional vs Urban
- Pathway development for every 104 EDs and 6 Urgent Care Centres
- 1 800 AMH consult line
- Referral within 24 hours to a community services – agreements to have openings at the clinics
- Remote ODP clinic- Dr. Nathaniel Day and team
- Serviced 88 EDs and First Nations
- Started as a pilot in 2016
- Keep patients in their community

Resources

Education- why the ED
Monthly newsletter – On the road with Keysha and Ken
Emergency Department: The 24/7/365-Day Option to Fight the Opioid Crisis-CAEP
https://www.youtube.com/watch?v=XxNwwioqTlA&t=2460s
Dr. Gail Dinofrio – Yale University

Patient Education handouts – patients with lived experience
Fresh Start Recovery Centre

Every ED and PCN waiting room
https://ahamms01.https.internapcdn.net/ahamms01/Content/InSite_Videos/SCN/tms-scn-ems-bup-nal%20emergency-department-waiting-room-video.mp4

Conferences -Banff Rural Emergency conference 2018 – Simulation with actors
Accredited CME
Publications

Evaluation What gets measured gets done…

Reporting: 2020-2021 Q1
(May 2018/19 – June 2020/21)

Buprenorphine/Naloxone Initiation in Emergency Departments in Alberta – Evaluation Report

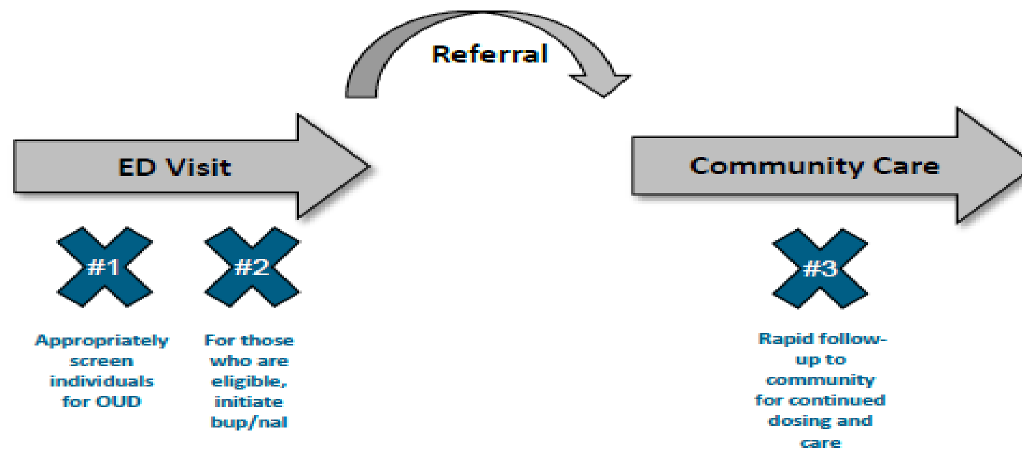
Reporting: 2020-2021 Q1 Period
(May 2018/19 – June 2020/21)

Introduction

In October 2017, the Emergency Strategic Clinical Network™ (ESCN) received funding from the Alberta Health Minister's Opioid Emergency Response Commission (MOERC) to deliver an Emergency Department (ED) project in response to the opioid crisis in Alberta.

In March 2018, the Canadian Research Initiative in Substance Misuse (CRISM) released an evidence-based National Guideline for the Clinical Management of Opioid Use Disorder. This guideline strongly advises opioid agonist treatment with bup/nal as the preferred first-line treatment for opioid use disorder (OUD) whenever possible.[1] Bup/nal helps reduce cravings and withdrawal symptoms, which results in reduced morbidity and mortality.

Bup/nal has been available in Canada for over ten years and is today prescribed in community clinics for the management of OUD. However, it has not commonly been available in EDs in Alberta even though many patients who live with OUD present to EDs with opioid-related concerns.



[1] Wood E, et al. (2018) CRISM national guideline for the clinical management of opioid use disorder. Canadian Research Initiative in Substance Misuse, Retrieved from: https://crism.ca/projects/opioid-

Evaluation

The Emergency Strategic Clinical Network™ (ESCN) has implemented a province-wide strategy to appropriately screen for opioid use disorder (OUD) and initiate the medication buprenorphine/naloxone (bup/nal) for eligible patients in emergency departments (EDs). The roll-out of the program began in May 2018 and by June 2020, it was live at 108 EDs/urgent care centres (UCCs) across the province. One new site (Queen Elizabeth II Hospital, Grande Prairie) went live during the 2020-2021 Q1 period. 25 (23%) of participating sites were able to report evaluation data. These 25 sites received 84% of opioid-related presentations provincially during this reporting period. Reporting sites since project start are:

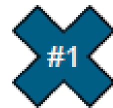
- North East Community Health Centre (Pilot)
- Grey Nuns Community Hospital (Pilot)
- Rockyview General Hospital (Pilot)
- Foothills Medical Centre
- South Health Campus
- Sheldon M. Chumir Health Centre
- Red Deer Regional Hospital Centre
- Sturgeon Community Hospital
- Chinook Regional Hospital
- University of Alberta Hospital
- Misericordia Community Hospital
- Strathcona Community Hospital
- Royal Alexandra Hospital
- Peter Lougheed Centre
- Edson Healthcare Centre
- Medicine Hat Regional Hospital
- South Calgary Health Centre
- Fort Saskatchewan Community Hospital
- Westview Health Centre – Stony Plain
- Leduc Community Hospital
- Devon General Hospital
- East Edmonton Health Centre
- Pincher Creek Health Centre
- Northern Lights Regional Health Centre
- Queen Elizabeth II Hospital

Eligibility of patients given bup/nal in ED for follow up transition

Within the ESCN program, eligibility for follow up transition is defined as occurring when a patient who presents to the ED is initiated on bup/nal during their emergency visit and discharged from ED. Patients with other dispositions such as admissions, transfers, and left without treatment are excluded from the following analysis because there is no development of an outpatient follow up plan. Of the 1,941 ED visits where bup/nal tablets were given, 1,225 (63%) led to discharge and eligibility for community follow-up.

Descriptions of the disposition codes counted as discharged are listed in Appendix II.

Data collected



# of opioid-related ED visits

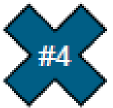
Data Source: National Ambulatory Care Reporting System (NACRS)
Data Collection: Administrative Data

# of ED visits where bup/nal tablets are given

Data Source: PYXIS, Sunrise Clinical Manager (SCM)
Data Collection: Administrative Data

# of discharged patients continuing to fill OAT prescriptions 30-days post their index ED visit

Data Source: Pharmaceutical Information Network (PIN)
Data Collection: Administrative Data



# of referrals received at community clinics

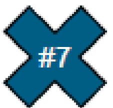
Data Source: Community Clinics
Data Collection: Manual Data, Aggregate reporting

# of ED patients attending first community follow-up appointment

Data Source: Community Clinics
Data Collection: Manual Data, Aggregate reporting

Provincial pharmacy utilization of bup/nal

Data Source: Alberta Health Services Pharmacy Services
Data Collection: Administrative Data



# of patient safety events related to bup/nal

Data Source: Reporting & Learning System for Patient Safety (RLS)
Data Collection: Administrative Data

Table 4. YTD Age group demographics (KPI #1 and #2).

	All opioid-related ED visits			ED visits where bup/nal was given		
Age Group	**Frequency (%)**			**Frequency (%)**		
	2018/19	**2019/20**	**2020/21**	**2018/19**	**2019/20**	**2020/21**
<10	1 (0%)	14 (0%)	3 (0%)	0 (0%)	0 (0%)	0 (0%)
10-19	66 (4%)	218 (3%)	52 (2%)	4 (1%)	29 (2%)	1 (0%)
20-39	1163 (64%)	4191 (61%)	1366 (65%)	181 (64%)	843 (62%)	180 (61%)
40-65	536 (29%)	2234 (32%)	628 (30%)	84 (30%)	436 (32%)	101 (34%)
>65	55 (3%)	265 (4%)	56 (3%)	14 (5%)	53 (4%)	15 (5%)
TOTAL	**1821**	**6922**	**2105**	**283**	**1361**	**297**

Table 7. YTD Canadian Triage Acuity Scale (CTAS) (KPI #1 and #2).

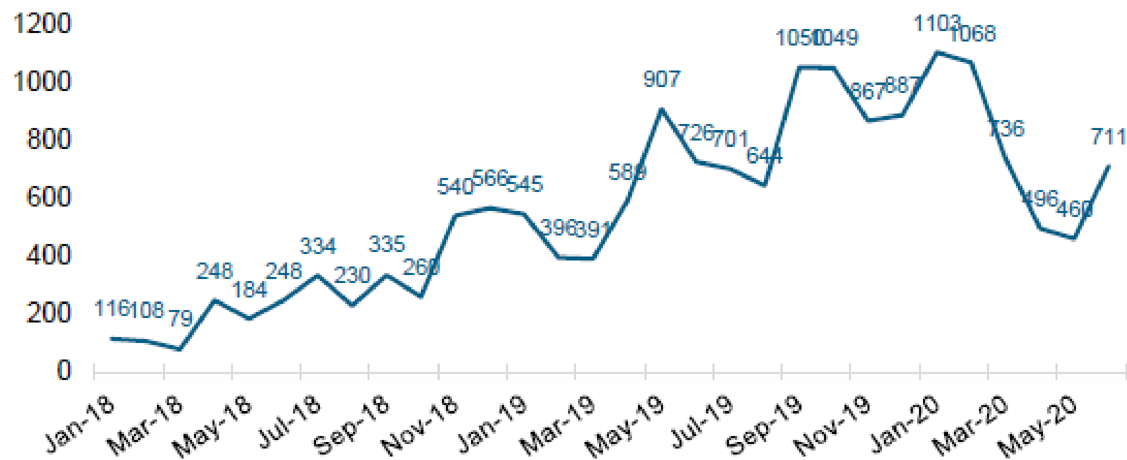
	All opioid-related ED visits			ED visits where bup/nal was given		
CTAS Level	Frequency (%)			Frequency (%)		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Level 1 - Resuscitation	92 (5%)	393 (6%)	175 (8%)	3 (1%)	29 (2%)	4 (1%)
Level 2 - Emergent	842 (46%)	2852 (41%)	976 (46%)	91 (32%)	434 (32%)	97 (33%)
Level 3 - Urgent	638 (35%)	2630 (38%)	731 (35%)	132 (47%)	638 (47%)	150 (51%)
Level 4 – Less Urgent	211 (11%)	839 (12%)	170 (8%)	47 (17%)	191 (14%)	36 (12%)
Level 5 – Non-Urgent	37 (2%)	187 (3%)	45 (2%)	10 (4%)	64 (5%)	10 (3%)
Unknown	1 (0%)	21 (0%)	8 (0%)	0 (0%)	5 (0%)	0 (0%)
TOTAL	1821	6922	2105	283	1361	297

Pharmacy Utilization

AHS pharmacy utilization report

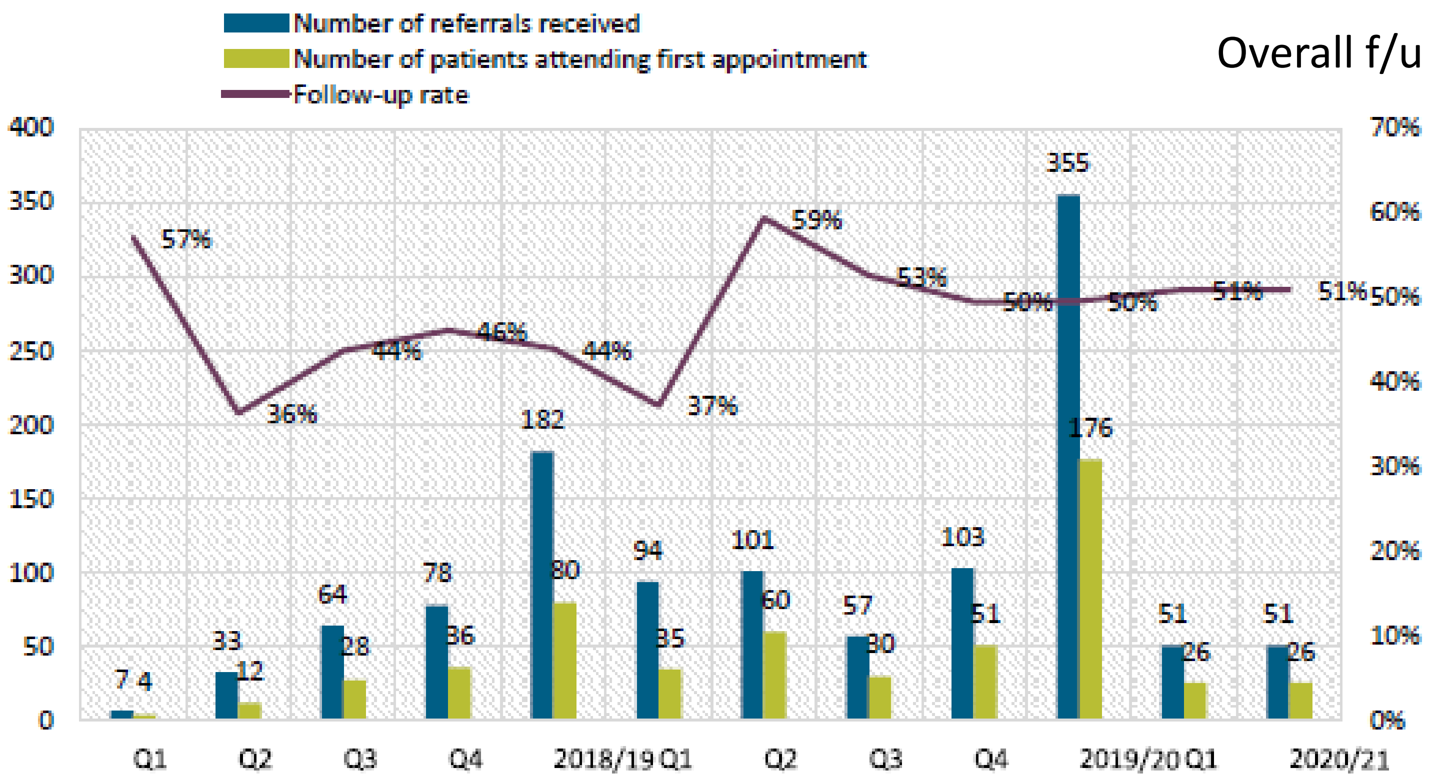
A bup/nal utilization report is provided by Alberta Health Services Pharmacy Services, and is based on pharmacy set-up and restocking at ED sites across the province. A comprehensive list of sites for this report is included in Appendix III.

Figure 9. ED bup/nal utilization, provincial total (KPI #6)



Referral

Figure 7. Number of referrals and patients attending community clinics, by quarter (KPI #4 and #5). See notes below.



Overall f/u rate 48%

ED length of stay

For Q1 of fiscal year 2020/21 fiscal year, length of stay for ED visits given bup/nal and discharged home was 6 hours and 13 minutes, compared to 5 hours and 29 minutes for opioid-related ED visits not given bup/nal and discharged home.

Retention in Tx

Retention in treatment

A proxy measure of whether patients were continuing to fill bup/nal prescriptions after their ED visit was used to identify retention in treatment. Since bup/nal is not the only OAT available for patients, patients who are on or switch to methadone, morphine, or hydromorphone are also considered as retained in treatment. From program start to end of June 2020, 69% (648 out of 944) of patients given bup/nal in ED and discharged continued to fill an OAT prescription 30 days after their index ED visit compared to 34% (1559 out of 4536) of patients not given bup/nal in ED and discharged. This suggests the program is having an impact in initiating patients who would not otherwise be in care on OAT.

Suboxone (Bup/nal) Initiation in the Emergency Department

Why are we focusing on Bup/nal Initiation in the ED?

Many individuals who live with OUD visit emergency departments (ED) because of an overdose, withdrawal symptoms, or other issues related to opioid use.

The Emergency Services Network (ESN) will implement a region wide strategy to screen and initiate bup/nal for eligible emergency patients. The treatment program involves 3 steps:

1. Screen – appropriately screened patients for opioid use disorder in the ED
2. Initiate- initiate bup/nal for eligible patients in ED
3. Follow up- provide rapid follow up at a community clinic or primary care for future dosing and care

(adapted from Alberta Health Services provincial program)

Program Protocol main steps:

SCREEN

1. Screen and identify appropriate ED patients who live with OUD that have a desire to quit or reduce opioid use.
2. Determine sufficient TIME since LAST opioid.
3. Perform the Clinical Opiate Withdrawal Scale (COWS) to determine if patient is in mild (COWS <12) or moderate withdrawal (COWS ≥12).

Program protocol main steps:

INITIATE

IF the patient is eligible for **ED induction** (sufficient time since last opioid use and COWS score ≥ 12) please see the ordered dosing details. Repeat the COWS score after 1 hour. If the COWS remains the same or improves, the next dose can be provided.

During the initiation phase, the clinician must observe for signs of precipitated withdrawal (marked worsening symptoms of opioid withdrawal) and notify the MD/NP

Provide the patient with bup/nal doses to take PRN at home. *IF the patient is eligible for **HOME induction*** (insufficient time since last opioid use and/or COWS score < 12) provide the patient with bup/nal doses to take PRN at home.

Program protocol main steps:

FOLLOW-UP

1. Provide discharge teaching and the applicable Patient Information Sheet
2. Confirm Take Home Naloxone Kit and associated teaching provided
3. Confirm referral form and ED chart is completed and faxed to the selected Opioid Use Disorder Treatment Clinic
4. Provide a copy to the patient

Questions