



ACTION PERIOD GUIDE

Action Period 2: Education Pathways & Learning

Learning Outcomes:

After participating in Action Period 2, participants will be able to:

1. Identify buprenorphine/naloxone education opportunities available to them.
2. Identify incentives and opportunities to encourage members of their emergency department team to enroll in these educational programs
3. Plan how to leverage these education programs to bolster quality and capacity in their emergency department setting

Your Action Period Work:

Learning sessions mark the beginning of a new LOUD in the ED Action Period. Each Action Period contains both required and/or optional activities, as well as some individual and some team activities – please adapt them to work best for your working style. This Action Period requires you to complete the Provincial Opioid Addiction Treatment and Support Program (prescribers) *or* the Provincial Health Services Authority Learning Hub Course (nurses) to support the education and training aspects of suboxone implementation in your ED.

Questions? Reach out to loud@bcpsqc.ca

IMPORTANT: The Action Period 2 activities are due to loud@bcpsqc.ca by **Friday, January 15, 2021** to ensure you get credit and can access funding towards the completion of the LOUD in the ED education opportunities.

Activities for this action period:

1. Provincial Opioid Addiction Treatment Support Program (Required for Prescribers – 5-6 hours)
2. Learning Hub – Buprenorphine/Naloxone Training (Required for Nurses – 30 minutes)
3. Case Study (Optional group activity – 30 minutes)

Coaching Webinars:

Coaching calls are optional one-hour sessions to dive deeper into content and offer opportunity for more discussion with the LOUD project team and faculty. During the informal webinars you can ask questions, share your experiences or talk through a tricky situation your team may be experiencing.

There will be two coaching sessions in this action period:

1. **Monday, November 16 @ 1200-1300** – Emma Garrod and Amanda Giesler (Education Strategies)
2. **Tuesday, November 24 @0900-1000** – Christine Rutherford, Dr. David Stoll and Andrew Kerr (Practical Implementation Strategies)



Resources:

All resources for this Action Period guide and more can be found at bcpsqc.ca/resource/loud. All of these activities may be shared with your entire ED team, beyond those that are participating in this initiative.

Activity 1 (Required for Prescribers): Provincial Opioid Addiction Treatment Support Program *(est. time: 5-6 hrs)*

Purpose

The Provincial Opioid Addiction Treatment Support Program (POATSP) is a free online certificate program which provides specialized addiction medicine training to health care practitioners involved in the care and treatment of patients with Opioid Use Disorder (OUD). This comprehensive online program aligns with the provincial evidence-based care guidance, [A Guideline for the Clinical Management of Opioid Use Disorder](#). Each team member will benefit from the course content of POATSP regardless of their position within the ED and can be completed at their own pace.

By the end of this individual educational activity, teams will be able to:

- Define and establish a diagnosis of OUD.
- Describe the importance of OUD care in acute care hospital, settings, including EDs.
- Evaluate a patient with OUD and provide patient-centred care.
- Provide safe treatment of OUD with buprenorphine/naloxone.
- Write a safe and clear prescription or order for treatment initiation or maintenance.
- Provide trauma-informed care to people with OUD.
- Educate patients about harm reduction.
- Manage precipitated withdrawal.

Activity Resources

POATSP <https://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/>

Instructions

The LOUD in the ED initiative is able to offer sessional funding for prescriber participation in POATSP. There are 45 spots available for five hours of sessional funding to complete the online training. In order to access this funding, participants must complete the following steps:

1. Complete the short application (2 minutes) to submit your interest in receiving LOUD funding. <https://survey.bcpsqc.ca/surveys/LOUD-POATSP-Funding>
2. Upon submission of this short survey, our LOUD project team will be in touch with you regarding your next steps. Prescribers enrolled in LOUD in the ED should complete this short interest application before **November 20, 2020** in order for your seat to be prioritized.
3. Successful applicants will receive an email notification with this course link: <https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program>



4. Learners will register in the oral opioid agonist treatment stream and complete the modules highlighted above to receive their certificate.
5. Learners will submit their certificate of completion to the loud@bcpsqc.ca by January 15th, 2021 to receive payment.

Required Modules for Certificate and Sessional Payment

	ORAL OPIOID AGONIST TREATMENT TRAINING	
	COMMUNITY SETTINGS	ACUTE CARE SETTINGS (HOSPITALISTS AND ED)
1: Overview of Opioid Use Disorder	X	X
2: Trauma Informed Care	X	X
3: Triage, Assessment and Treatment Planning	X	X
4: Urine Drug Testing	X	X
5: Harm Reduction	X	X
6: Health Promotion for People with OUD	X	
7: Methadone - Pharmacotherapy	X	X
8: Methadone - Safety	X	X
9: Methadone - How to Write a Prescription	X	X (optional)
10: Buprenorphine + Naloxone - Pharmacotherapy	X	X
11: Buprenorphine + Naloxone - Induction	X	X
12: Home Induction of Buprenorphine + Naloxone	X	X
13: OAT Continuing Care	X	
14: Transitions between Opioid Agonist Treatments (Optional)	X (optional)	X (optional)
15: OAT and Pregnancy	X	
16: Buprenorphine + Naloxone - How to Write a Prescription	X	X
17: Slow Release Oral Morphine (SROM)	X	X (optional)
18: Polysubstance Use while on OAT	X	
19: Comparing Methadone and Buprenorphine + Naloxone	X	X
20: Youth with Opioid Use Disorder	X	
21: Strategies to Prevent Diversion	X	
22: Treating Opioid Use Disorder - Rural Context (Optional)	X (optional)	X (optional)
23: Opioid Use Disorder and Acute Care Hospital Settings		X
24: Buprenorphine/naloxone in Acute Care Hospital Settings		X
25: Injectable OAT (iOAT)	X (optional)	



Activity 2 (Required for Nurses): Learning Hub – Buprenorphine-Naloxone (Suboxone) Training *(est. time: 30 minutes)*

Purpose

This course has been designed within the Provincial Health Services Authority (PHSA) Learning Hub to provide health care providers in different clinical settings (e.g., 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 the comprehensive training on how to prescribe buprenorphine/naloxone (this is contained within the POATSP). It is worth noting that contents within this course may be subject to regional variation in practices and procedures. Any allied health member may complete this course as well (i.e pharmacists, social workers etc).

Activity Resources

Learning Hub: Buprenorphine-naloxone (suboxone) <https://learninghub.phsa.ca/Courses/20551>

Instructions - Individual Activity

1. Nursing team member to register and complete the buprenorphine-naloxone (Suboxone) course on PHSA Learning Hub.
2. Team member to forward the certificate of completion to the loud@bcpsqc.ca by Friday, January 15, 2021 to earn an entry in the draw for a one of ten stethoscopes being offered as a prize through the LOUD in the ED initiative. Please use subject line "LOUD Prize Draw" when submitting your certificate.
3. Nurses may also complete the POATSP from Activity 1 above (<https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program>) for an additional entry into the draw.

Activity 3 (Optional): Case Study + Guidelines *(est. time: 30 min, additional time may be needed to review current guidelines)*

Purpose

If your team has additional time this action period, we invite the teams to become familiar with the provincial guidelines developed for disorder OUD, as well as to revisit the Decision Support Tool (DST) your team worked with during Action Perion 1 (attached)

Provincial evidence-based guidelines are developed for all health care providers who are involved in the treatment of patients with opioid use disorder. The use of buprenorphine/naloxone is strongly endorsed as the preferred first-line treatment when opioid agonist therapy is being considered for the treatment of opioid use disorder. With the greater incorporation of evidence-based medicine principles into the treatment of opioid use disorder through adherence to data-driven therapeutic guidelines, there is substantial potential to reduce the burden of disease and health and social service costs associated with untreated opioid use disorder.



These guidelines are set to be updated in 2021 with new content specific for emergency departments. Until then, it is valuable for ED team members to be familiar with this first version and the new section of the new guideline once it becomes available. The drafted DST may help to introduce some of these concepts into your current practice.

Activity Resources

- Opioid Use Disorder Care Guidance <https://www.bccsu.ca/opioid-use-disorder/>
 - A Guideline for the Clinical Management of Opioid Use Disorder
 - Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder
 - Guideline Supplement – Treatment of Opioid Use Disorder During Pregnancy
 - Guideline Supplement – Treatment of Opioid Use Disorder for Youth
- Decision Support Tool (attached)
- Case study and guided questions (in text below)

Instructions

1. Team members to download the published OUD guideline(s) and review the guideline(s) independently, with a partner or as a group.
2. Team members to print off/revisit drafted DST for reference during the discussion.
3. Find time where team members can meet to review the case study and discuss the questions below. Make note of any questions that may arise for your team as you complete the activity. Depending on the size of your group approximately 30 minutes may be enough. You are welcome to complete the activity in smaller groups if it is more convenient for you.

LOUD in the ED: Case Study Discussion

Roger is a 34-year-old construction worker, who presents to your ED for shoulder pain. He appears to be diaphoretic, with enlarged pupils and goosebumps when he removes his shirt for examination. He is unable to describe his pain beyond ‘everything hurts,’ and when asked about medication history states he is using a friend’s ‘pain pills’ that he buys from a buddy on his job site. No acute injury is reported and no physical findings of injury.

- A. *How would you screen this patient for substance use history in your ED? Where does this screening happen – triage, nursing assessment, physician assessment, other?*

Roger discloses that in addition to using his friend’s prescription medication that he can’t recall the name of, he often will finish work and purchase 1-2 points of ‘down’ that he smokes through the evening. He states this routine of using his friend’s pain medication started after the dissolution of his marriage, and that there was no preceding physical injury. The pain medication is no longer enough to ‘hold him’ through the whole day, and he takes them to get through work before he can use ‘the good stuff.’ Roger indicates that this is costing him far more money than he can afford, and he wants to stop using both the pain medication and down. He has never tried to stop before and has not previously told anyone about his substance use.

- B. *What options for care would you discuss with Roger? What would first line treatment for Roger be, according to the BCCSU provincial guidelines?*



After giving Roger all available options, he decides that buprenorphine-naloxone is the best choice for his goals of care. He reports moderate anxiety, nausea, and pain all over. His heart rate is 115, pupils 5mm, mildly diaphoretic, sits still for assessment, and is yawning at times and sniffing, stating 'I think I might be getting a cold; my nose is running a bit.'

- C. What would you give Roger for a COWS score?*
- D. Is it enough to start buprenorphine-naloxone? If yes, how quickly would you be able to get Roger his first dose, so he can start to feel more comfortable?*
- E. Is everyone in your department clear on the process of accessing buprenorphine-naloxone, to reduce the time to Roger receiving his first dose? What is the process?*

Roger receives buprenorphine-naloxone 2mg-0.5mg and instructed to let the medication melt under his tongue. He is told to hold it in his mouth for 10 minutes, to let it fully absorb with no talking.

- F. How often does Roger need to be reassessed?*
- G. If Roger comes to you after half an hour and says he feels a little better and asks for his next dose, how would you respond based on your comfort with buprenorphine-naloxone?*

Roger is reassessed after 1 hour, feels a little better, but is still in withdrawal. He is given another dose of buprenorphine-naloxone 2mg-0.5mg. This continues for 2 more doses, until he has had 8mg-2mg of buprenorphine-naloxone. Roger now reports he is starting to REALLY feel better, but not 100%.

- H. Is the preference in your department to finish a full induction with a patient, or can you send patients home with some doses to continue their induction? What is your personal level of comfort with sending a patient home with this medication?*
- I. What education would you provide Roger with if you did choose to send him home to finish his induction?*
- J. If he finishes his induction in the ED, is your department policy to provide a prescription for the next day? To Go pack? What currently exists for discharge support?*