

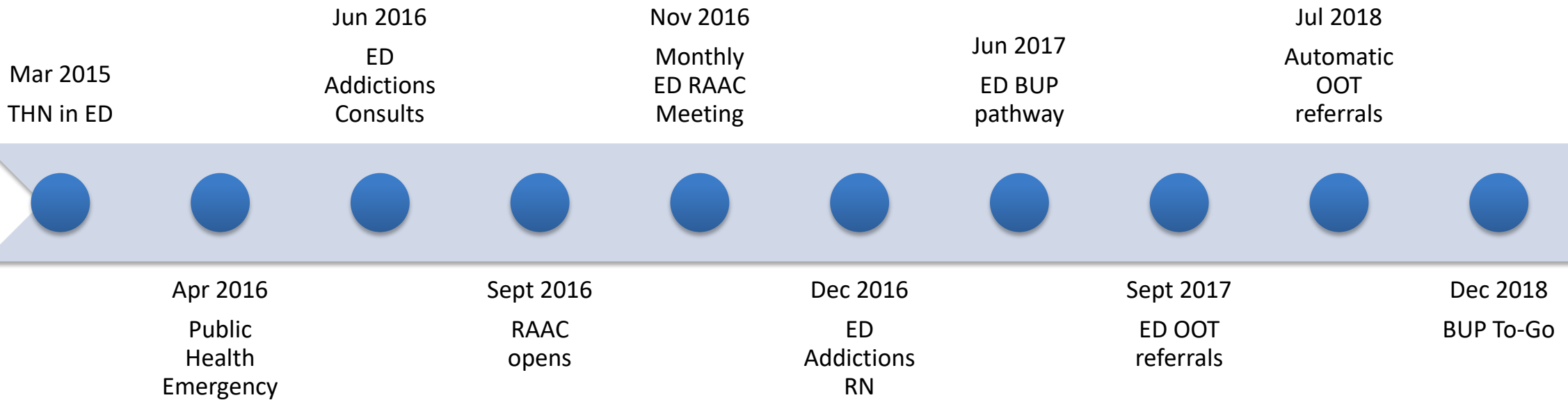
Better care for people who use opioids

One ED's journey:
St. Paul's Hospital (SPH)

Andrew Kestler, MD
&
very big team of amazing people



SPH ED Services for PWUD



THN: take-home naloxone

RAAC: Rapid Access Addictions Clinic

BUP: Buprenorphine/naloxone

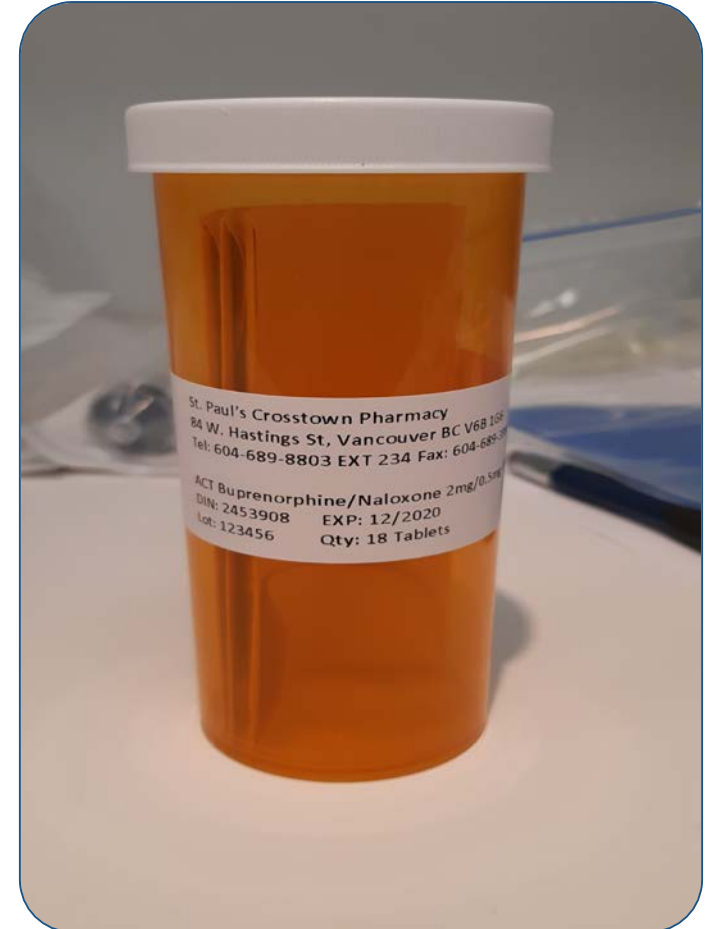
OOT: Overdose Outreach Team

Increasing emergency department based opioid agonist therapy initiation

QI Project: Sept 2019

AIM

To double dispensing of buprenorphine/naloxone to-go (BTG) starter packs at St. Paul's (SPH) Emergency Department (ED) from 5 to 10 packs/month by May 31, 2020 to help more people who use opioids start a life saving treatment



Accomplishments

- BUP Learning Hub course launched by Emma Garrod
- RN & MD training increased
- IT setbacks (Cerner) overcome
- Patient survey completed

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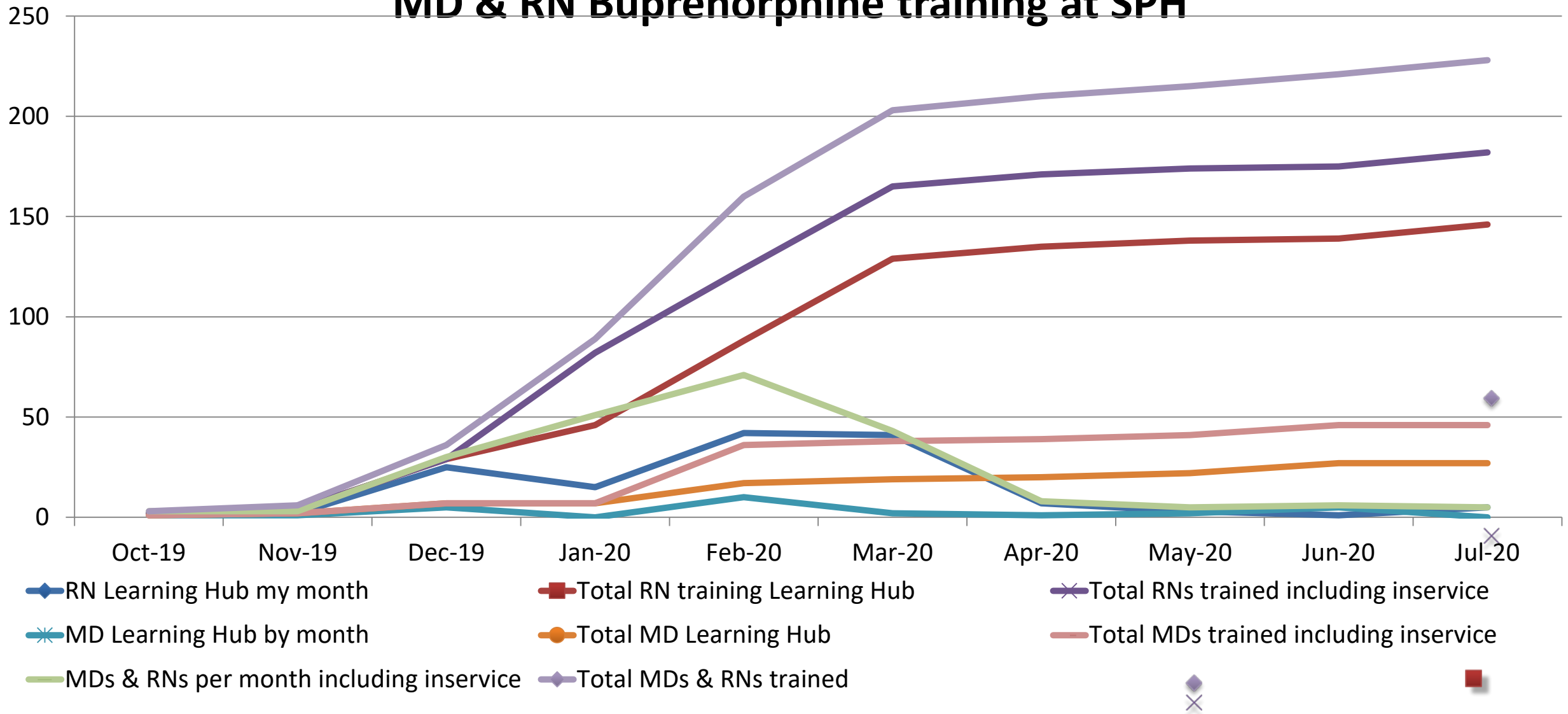
Buprenorphine-naloxone (suboxone)

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.

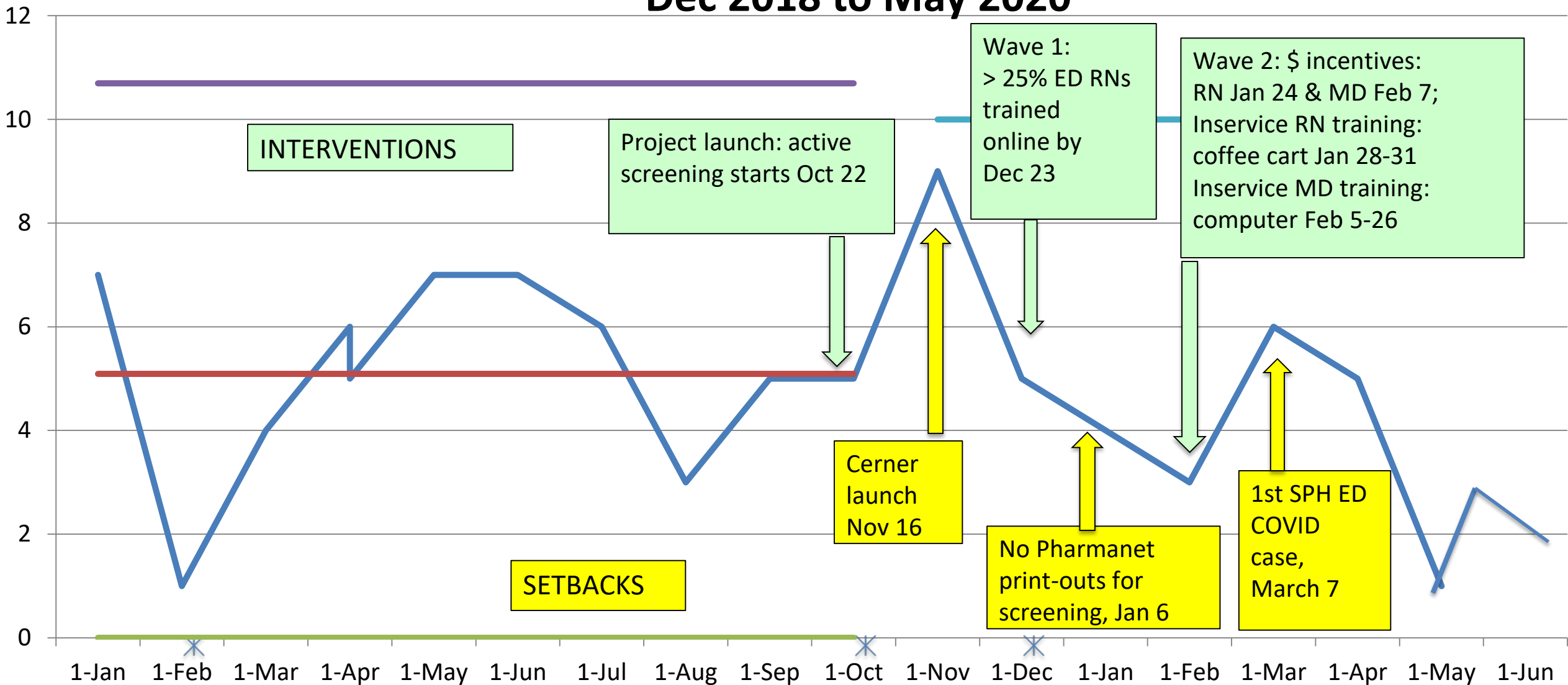
Access Dates	No end date
Target Audience	Nurses, pharmacists, prescribers, other health care staff supporting patients on buprenorphine-naloxone.
Course Length	30 minutes
Course Code	20551

MD & RN Buprenorphine training at SPH



Buprenorphine/naloxone To-Go Packs Dispensed at SPH ED

Dec 2018 to May 2020

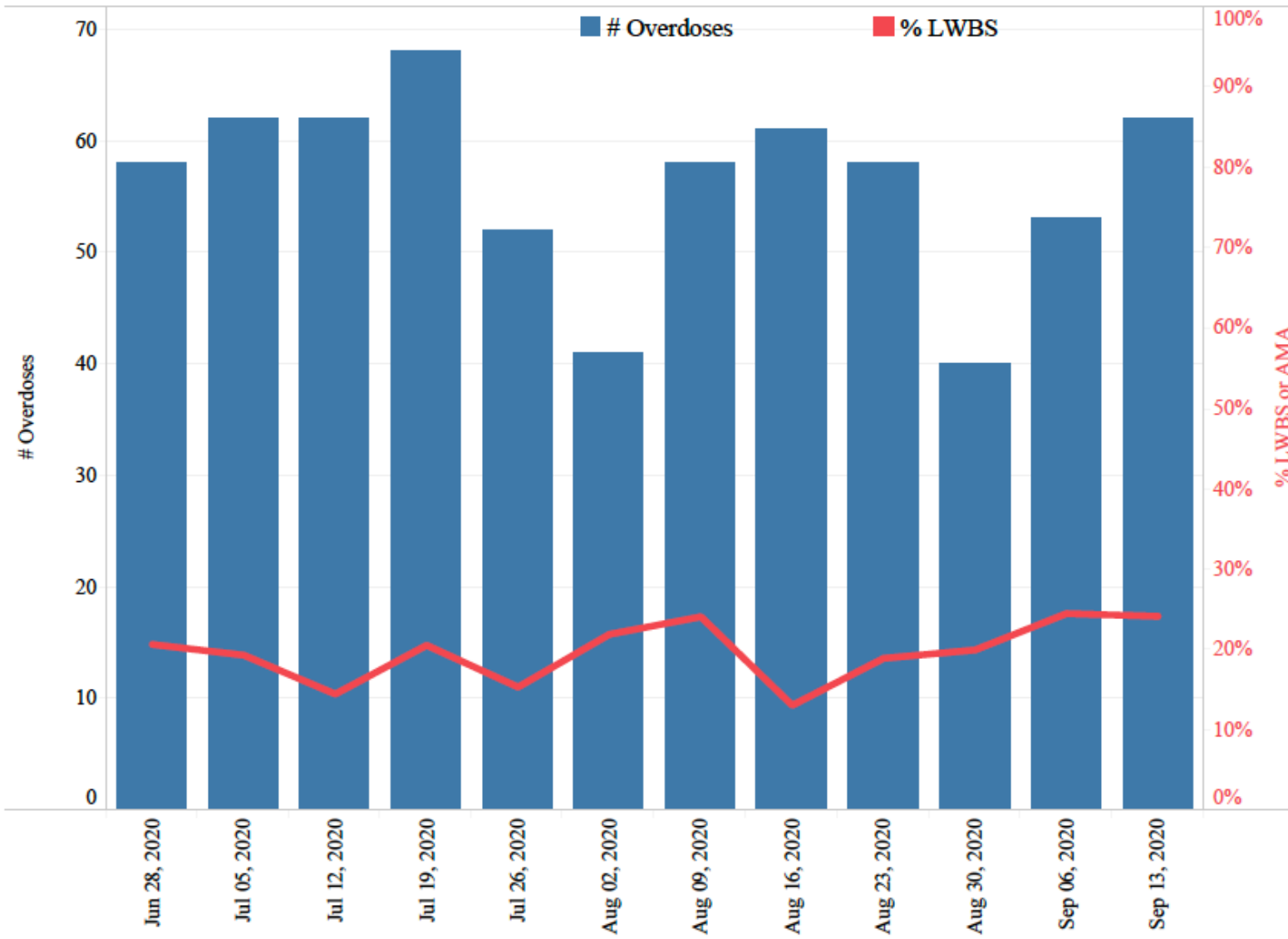


Patient survey: a mixed bag

90 people not currently on OAT

- 79% thought EDs should offer BTG
- 65% felt stigma affected their care
- 27% wanted BTG
- **Quote**
- Do “more of what you are doing” & offer “different treatment for different users”

Number of SPH ED Overdose Visits and % Left Without Being Seen (LWBS) or Against Medical Advice (AMA)



Prepared by Public Health Surveillance Unit, Vancouver Coastal Health

Lessons Learned

- Active patient screening works
- Incentives boost training & in turn, uptake
- Expect disruptions: Cerner, COVID-19



Next Steps

- Services should be comprehensive
 - BTG is not enough
- Expand services at Mt. St. Joseph Hospital
 - Demand may be saturated at SPH
- Act on patient survey
 - Address stigma & offer more choice
- Planned QI measures
 - Electronic screening & reminders
 - More training for staff
 - Patient/peer representative
 - Timely performance metrics

Acknowledgements & Thanks to the Team (over the years)

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