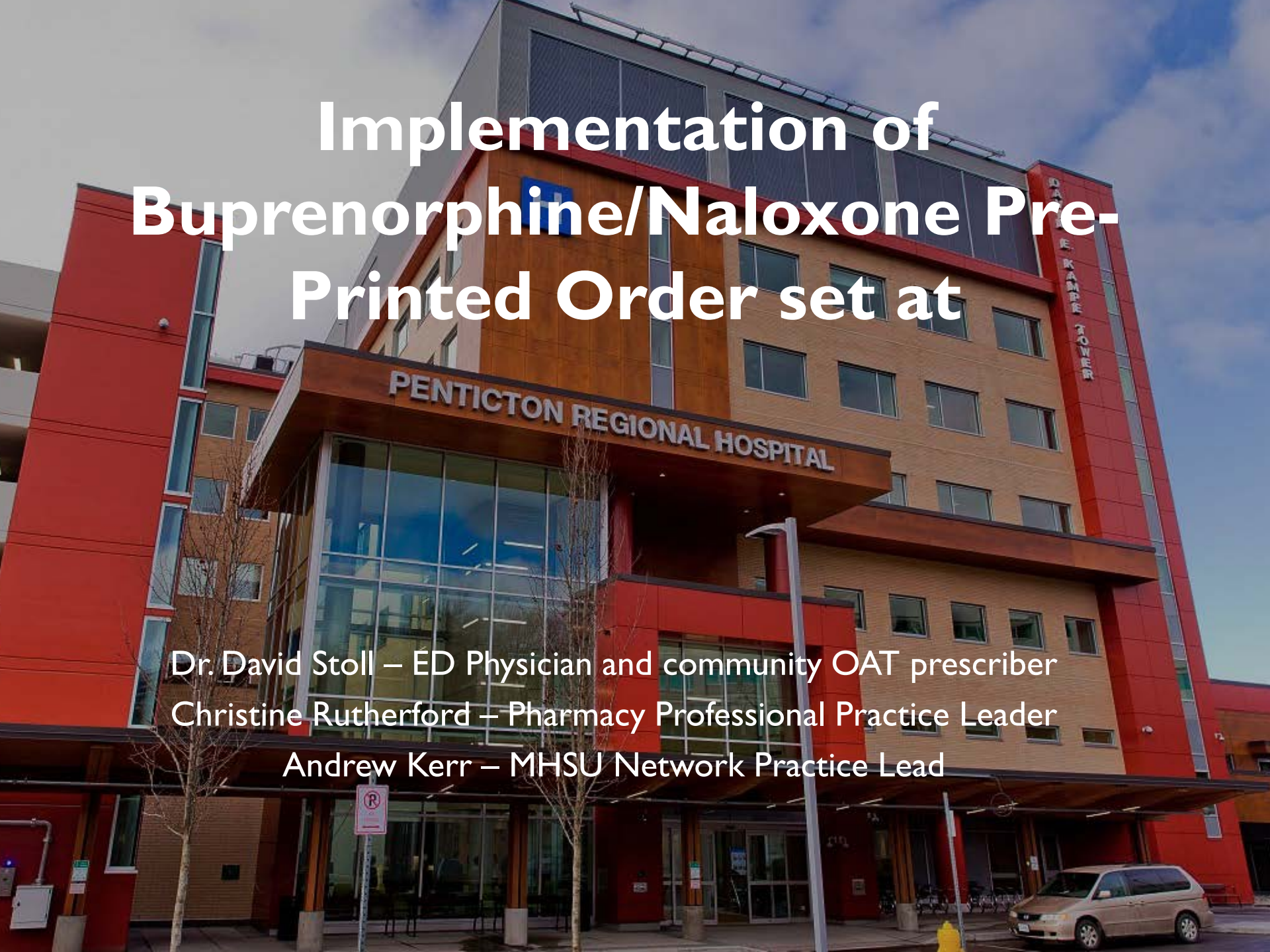


Implementation of Buprenorphine/Naloxone Pre- Printed Order set at

Dr. David Stoll – ED Physician and community OAT prescriber
Christine Rutherford – Pharmacy Professional Practice Leader
Andrew Kerr – MHSU Network Practice Lead



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

Disclosures

- * Dr. Stoll
 - * Worked for the Medical Arts Research Group (no studies or payments for addiction work)
 - * Works for Martin Street Outreach Centre
- * Christine Rutherford, Andrew Kerr
 - * Interior Health employees

Objectives

Learn about how Penticton Regional Hospital has:

- * Identified the need to develop a Pre-Printed Order Set (PPO)
- * Engaged local physicians
- * Created the PPO
- * Supported the education of physicians and staff

Increasing OD activity

NEWS

Penticton averaging a drug overdose per day, prompting renewed calls for overdose prevention site

Shelby Thom 2019-11-18

FEATURED

Valley hits a grim milestone in overdose crisis

RON SEYMOUR Oct 21, 2020

Overdoses spike in South Okanagan

Interior Health warns that a drug called purple down may be connected

Nov. 5, 2020 12:00 a.m. / [NEWS](#)

Interior Health issues overdose, fentanyl alert for Penticton

11/24/2020

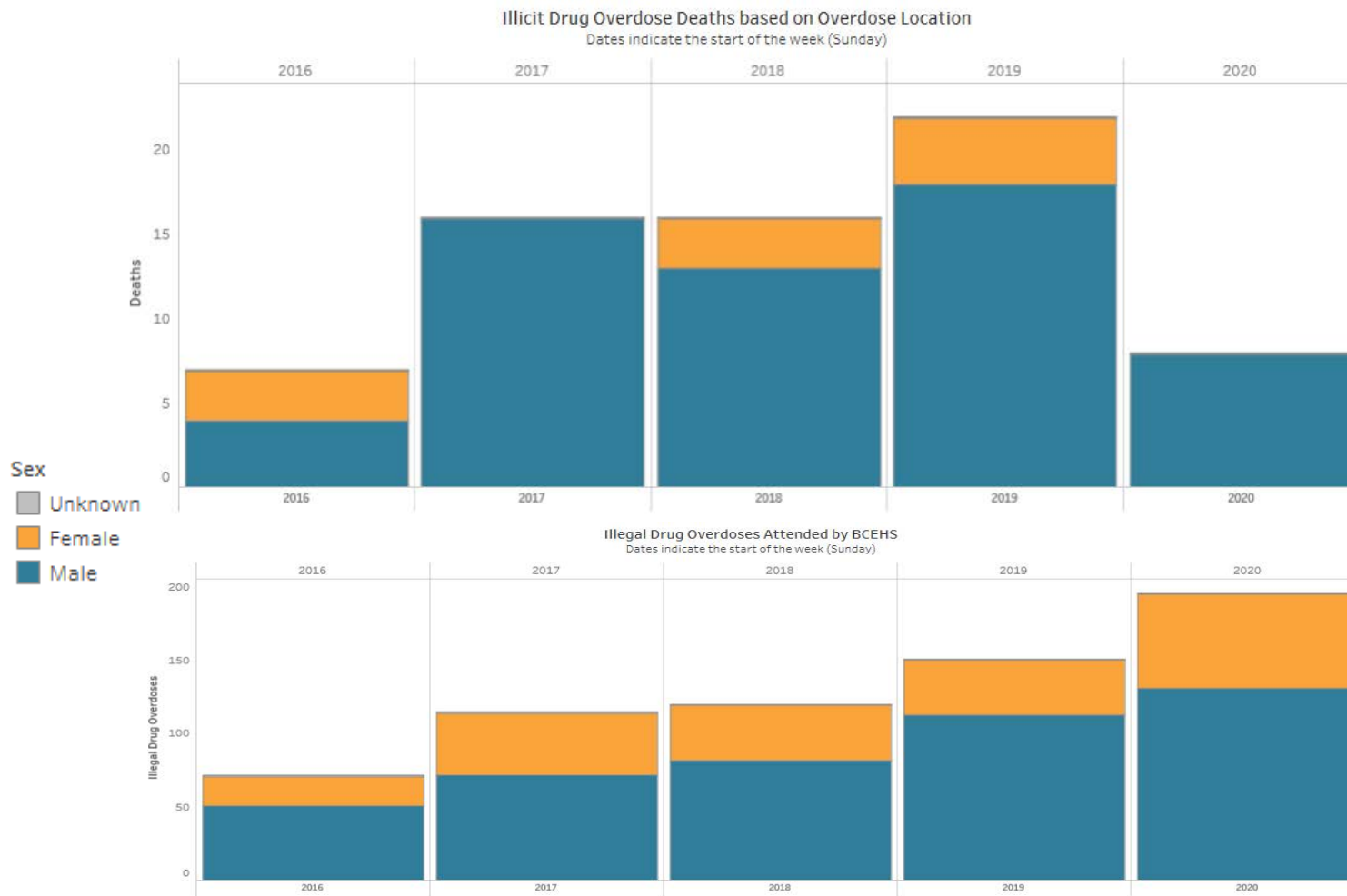
Fentanyl contaminated stimulants a possible factor in Penticton's April overdose spike: Interior Health

'We have two public health emergencies going on at the same time,' said Dr. Karin Goodison.

May. 12, 2020 12:00 a.m. / [NEWS](#)

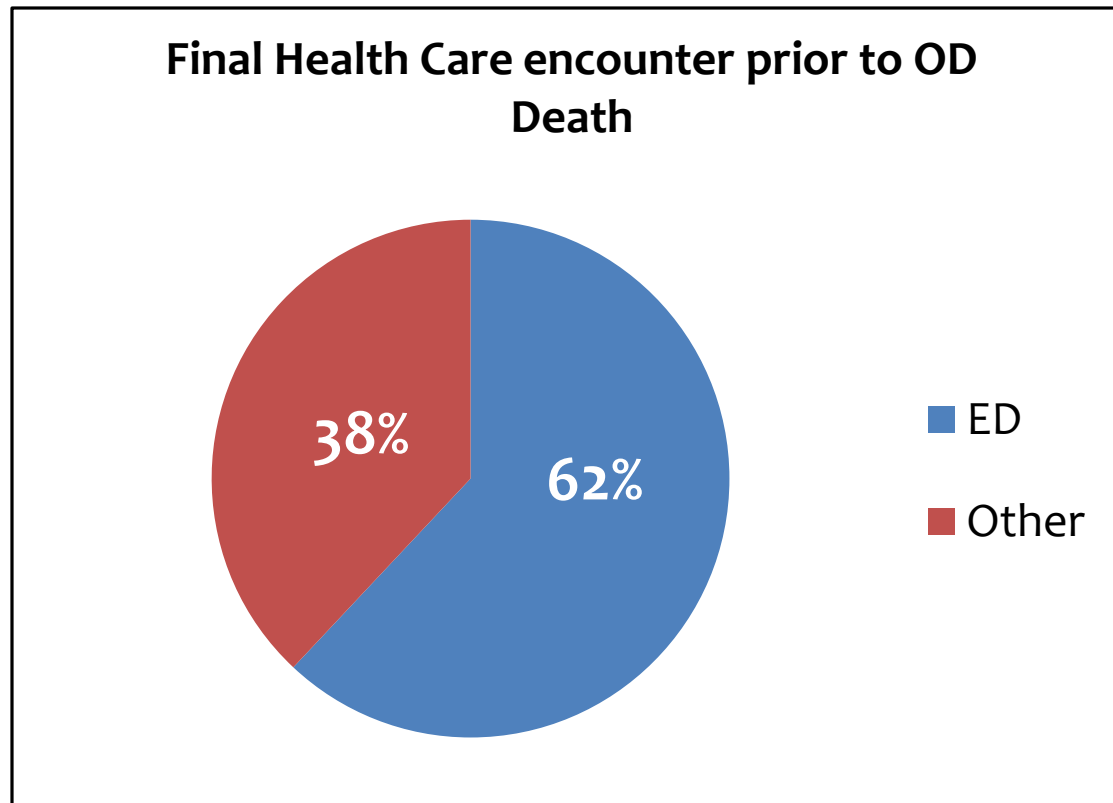


Penticton community OD epidemiology



Interior Health OD Death Chart Review

- * Reviewed charts of 270 people who died from overdose
- * Note: Preliminary result, further analysis being completed



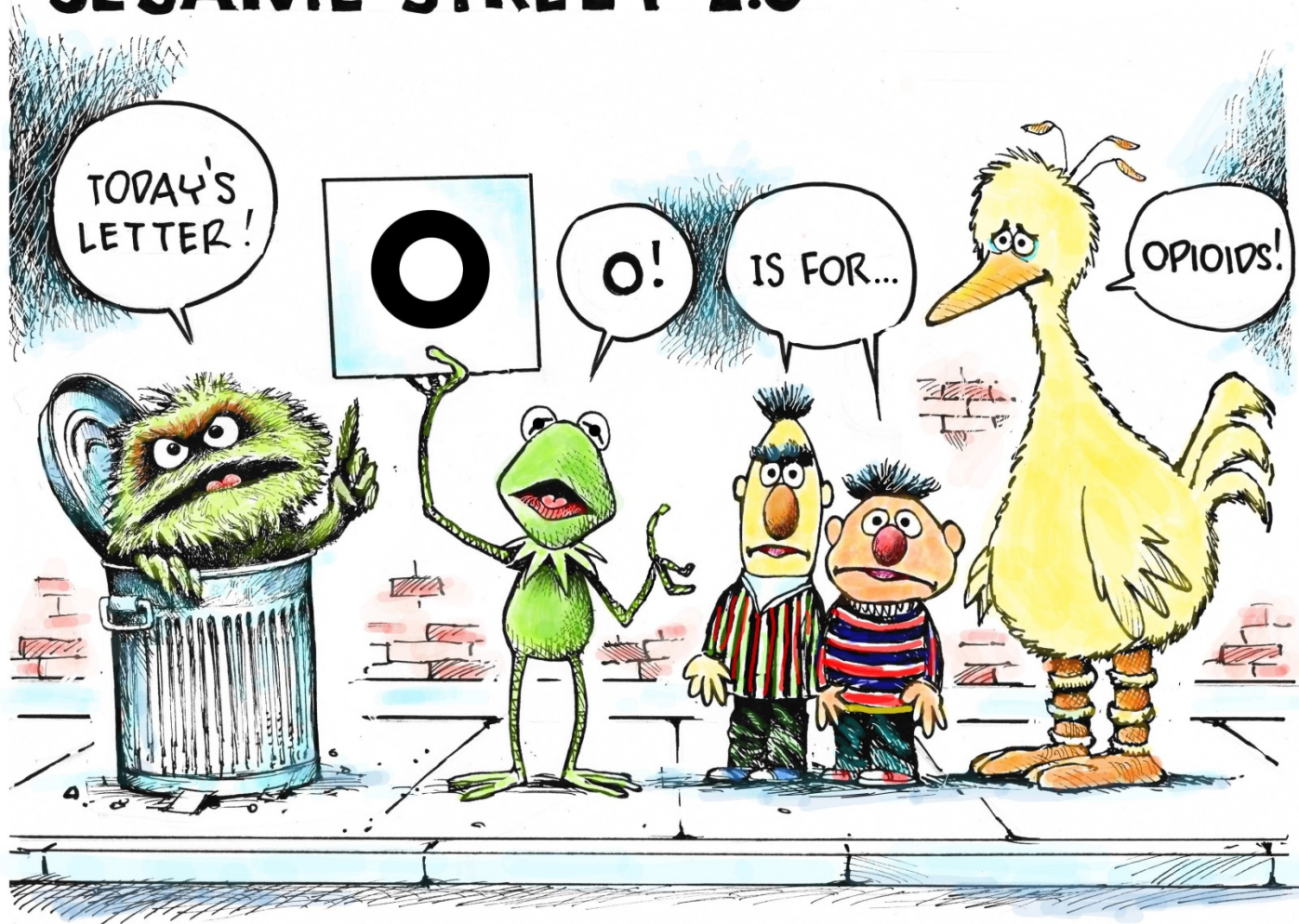
PRH Emergency Department



Physician Engagement

SESAME STREET 2.0

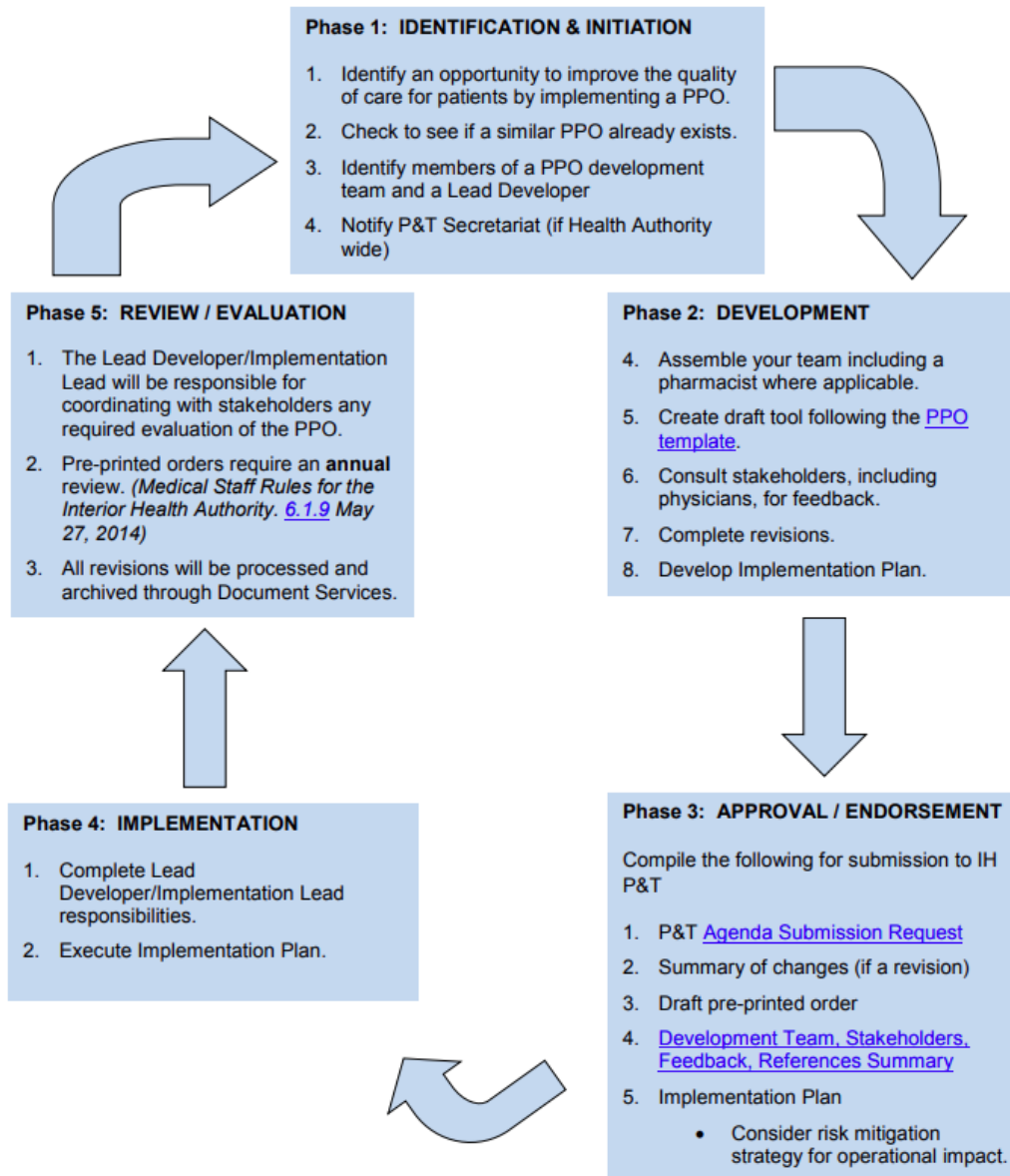
©DAVEGRANLUND.COM



Polling Question

- * Does your facility have an order set in place?
 - * YES – Regional Health Authority PPO
 - * YES – local local hospital PPO
 - * NO – but informal pathway in place (ie: phone a friend)
 - * NO – no local pathway or process.

PPO development process



PPO process

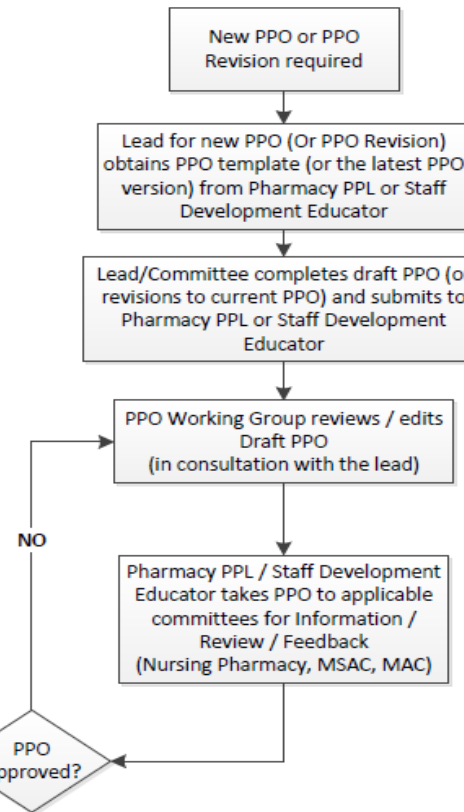
Penticton Regional Hospital Local PPO Development / Revision Process

PRH PPO WORKING GROUP (reports to Nursing Pharmacy Committee:

- Orysya Fetterly, Pharmacy PPL
- Ally Sheridan, Staff Development Educator
- Maureen Spinks, Nurse Manager
- Donnie Fullerton, Nurse Manager
- Pat Breakey, Nurse Manager
- Shelley Smillie, QI Consultant

Pharmacy PPL / Staff Development Educator:

1. informs the lead and PDF version distributed
2. if PPO is a revision, must ensure old versions are removed from circulation and replaced with the new version
3. Health Records (Lisa Ronan) is provided with the PDF copy of all new PPOs



PPO committee

Core Group:

- * ED physicians
- * ED Manager and Director
- * MHSU Manager and Director
- * Pharmacy Practice Lead
- * MHSU Network Practice Lead

Ad-hoc participants:

- * Addictions Medicine Lead
- * Medical Health Officer



**ADULT BUPRENORPHINE-NALOXONE
INDUCTION, STABILIZATION AND
DISCHARGE ORDERS**
Penticton Regional Hospital

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders (☐) require physician/prescriber check mark (☒) to be initiated.

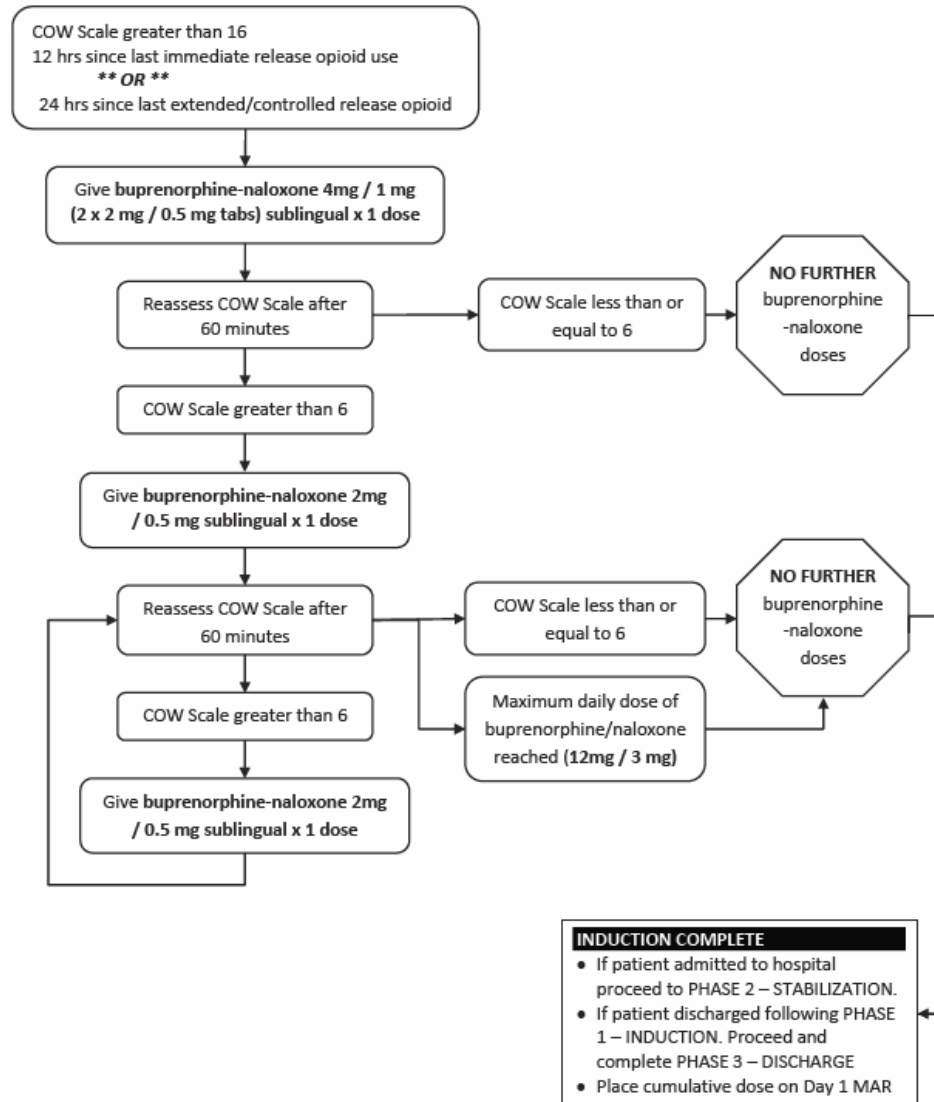
Indications: This protocol is intended for adult patients (18 years or older) with opioid use disorder who are able to provide informed consent. Patients must be in moderate to severe opioid withdrawal evidenced by Clinical Opiate Withdrawal (COW) Scale greater than or equal to 16 with last immediate release opioid use greater than or equal to 12 hours ****OR**** last extended / controlled release opioid use greater than or equal to 24 hours.

Contraindications: This protocol should **NOT** be used for patients with an allergy to buprenorphine or naloxone, severe liver dysfunction (liver enzymes greater than 3 times the upper limit of normal), severe respiratory distress, acute alcohol intoxication or withdrawal, decreased level of consciousness, pregnancy, current methadone or prescribed long acting opioid use. There is a relative contraindication to prescribe benzodiazepines while receiving Buprenorphine-Naloxone.

*****Physician to complete the Buprenorphine-Naloxone Treatment Agreement and Consent Form (#822088)*****

PPO algorithm

PHASE 1 – INDUCTION DAY 1 Medication Administration Algorithm



Discharge Process

- * Referral to Martin Street Outreach Centre
- * Prescription given to the patient – daily dose on discharge prescription is equal to last daily dose received in hospital
- * Monday to Friday (0800-1600) an appointment would be booked for the patient and the discharge prescription written to cover them until their appt
- * After hours, weekends, and holidays the referral is faxed and the patient is given a prescription for a 5 day supply (to allow enough time to establish a follow up appt)
- * Patient receives a Naloxone kit and training

Sample Rx

B.C. CONTROLLED PRESCRIPTION FORM
Take to pharmacy of choice.
PLEASE PRINT

PERSONAL HEALTH NO. 9010 010 001

PATIENT FIRST NAME John INITIAL Last Doe

ADDRESS NFA STREET

CITY Penticton PROV. BC DATE OF BIRTH 12 / 12 / 69

1. DRUG NAME AND STRENGTH: Suboxone 12 mg SL daily

2. QUANTITY: 60 mg sixty mg

3. DIRECTIONS FOR USE: DWI with CDC Aug 20 / 20 - Aug 24 / 20 (5 days)

NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE

PRESCRIBER'S SIGNATURE Jane Doe

Suite 123 Main Street, Penticton, BC (250) 123-4567

FOLIO

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE SIGNATURE OF DISPENSING PHARMACIST

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

PRESS HARD YOU ARE MAKING 2 COPIES PRINTED IN B.C.

1. DRUG NAME & STRENGTH

Write "buprenorphine/naloxone" and daily dose in milligrams (e.g., 16mg/4mg)

2. QUANTITY

Write the total prescribed dose from start to stop date of the **buprenorphine component only** in milligrams (mg), in both alpha and numeric format

For example, for a 7-day prescription of 16mg/4mg buprenorphine/naloxone per day, "Quantity" equals: $7 \text{ days} \times 16 \text{ mg/day} = 112 \text{ mg}$, and is written both as "112 mg" and "one hundred twelve mg"

3. DIRECTIONS FOR USE

Include the following:

- Daily dose of buprenorphine only in milligrams (mg)
- Sublingual mode of administration (abbreviated SL)
- Once-daily administration
- Prescription start and stop dates (inclusive)
- Total number of days of administration
- Specify if doses are prescribed as DWI or carry
 - If witnessed, write "Daily dispense, witnessed ingestion" (preferred) or "DWI"
- If carry doses are prescribed:
 - Write out schedule for DWI and carry doses
 - Request blister- or compliance-package
 - Witnessed ingestion of first dose must be requested

For example, for a 28-day prescription of 16mg/4mg buprenorphine/naloxone per day, dispensed weekly:
Take 16mg SL daily
DWI first dose, carries for 6 days in blister pkg
Rx: Feb 3 – Mar 2 inclusive (total 28 days)

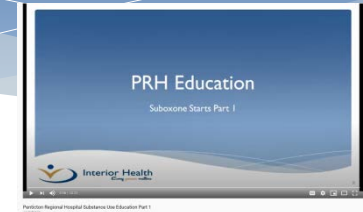
Prescribing reminders:

- Consider discontinuing or decreasing the dose of all benzodiazepines
- Include the start and end dates for the prescription
- Write "Daily witnessed ingestion with closed day carries"
- Daily dose on discharge prescription is equal to the last daily dose received in hospital
- Quantity determined by patient's follow up appointment at Martin Street Outreach Centre

Physician Education & Support

- * Physicians:
 - * IH funding for physicians to complete POATSP
 - * Local Champion Dr. Stoll

Nursing Education



- * Video presentation of content
- * Discussion board for nurses asking things like:
 - * Talk about common myths or misperceptions of people who use substances you've encountered.
 - * What are some strategies to address stigma
 - * What can you do to increase cultural safety for indigenous people when they come to your department?
 - * What are some common challenges that staff have about treating people who use substances in an acute setting?
 - * What can I do to take care of myself and my colleagues?

Implementation Plan

- * Communication with departments and physicians
- * Build order set in Meditech EMR
- * Go-Live date:
 - * Info booth with giveaways / draws
- * Regional PPO being proposed



Action Period 3:

People and Provider Centered Care

Learning Session 3:

Tuesday, December 1 @ 12-1pm

Reija Jean & UBC EQUIP Team

Coaching Call 1:

Wednesday, December 9 @ 3-4pm

Sarah Levine & Co-presenters

Coaching Call 2:

Tuesday, December 15 @ 2-3pm

Reija Jean & Mona Kwong

Every person matters