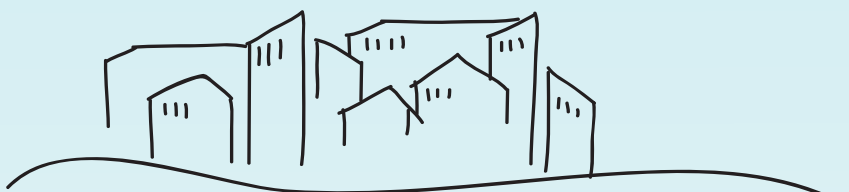


# PATIENT OVERDOSE IN PARK

## what do providers experience?



"I don't just want to save lives, I want to improve the quality of life."

### What To Do Next? Post-Overdose

**DOING**  
Get naloxone kit, get them out the door  
Referral to outreach team

**CONSIDERING**  
Some patients not interested in treatment  
Different population asking for detox help

**WHAT'S IMPORTANT**  
Mental health/addictions treatment  
Options are so siloed  
Huge variability in community supports

**FEELING**  
**HOPELESSNESS** that I can't help  
**WORRY** that this opportunity for treatment won't be taken



### Detox, Stabilization Centre

They don't think there is anything more that can be offered to them

Or are upset by the kind of care they have received so far

Often it's because we don't know what to offer

**DOING**  
Address historical trauma and/or underlying causes

**WHAT'S IMPORTANT**  
Trauma-informed practice must be system-wide

**CONSIDERING**  
Fracture between acute care, detox and community support; need a bridge

Need new coordinated models of care

Siloed information systems

### Patients leave hospital against medical advice

"Things can fall right off the path"

**DOING**  
Provide education on risk  
Look for overdose patterns

**CONSIDERING**  
Unconscious patients easy to manage  
Is patient interested in treatment?  
Not sure how to screen for addiction and substance use

**FEELING**  
**WORRY** about violent patients or those who are agitated

**YES to Hospital**

**CONSIDERING**  
Patient may refuse transport  
City police or RCMP can arrest and transport if necessary  
Communication from EMS to GP is unlikely (patient may not be attached)

**DOING**  
Provide education on risk  
Look for overdose patterns

**WHAT'S IMPORTANT**  
Trust is key to patient decision for transport

**FEELING**  
**FEAR** they could relapse  
**FEAR** of respiratory arrest  
**FEAR** of liability if we don't transport to hospital

**NO to Hospital**

### Patients Choose Additional Treatment

No beds available for inpatients  
Patients need monitoring  
Mental health team not in building  
No ability/resources in Emergency Department to start Suboxone  
Suboxone initiation in Emergency would be a "tough sell" to providers  
Feeling **ISOLATED**  
Patients feel frustrated when staff don't view them as people

The next steps in the process are a "BLACK HOLE"

Are there privacy implications for identifying addiction?

Patients can experience frequent relapse, stops/starts

**FEELING**  
**BURNOUT** is concern for rural nurses providing opioid agonist therapy

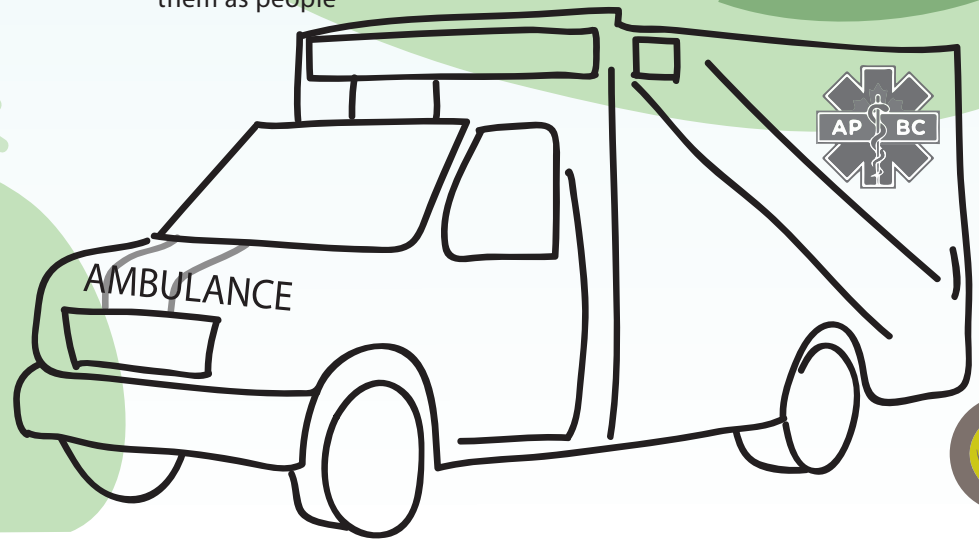
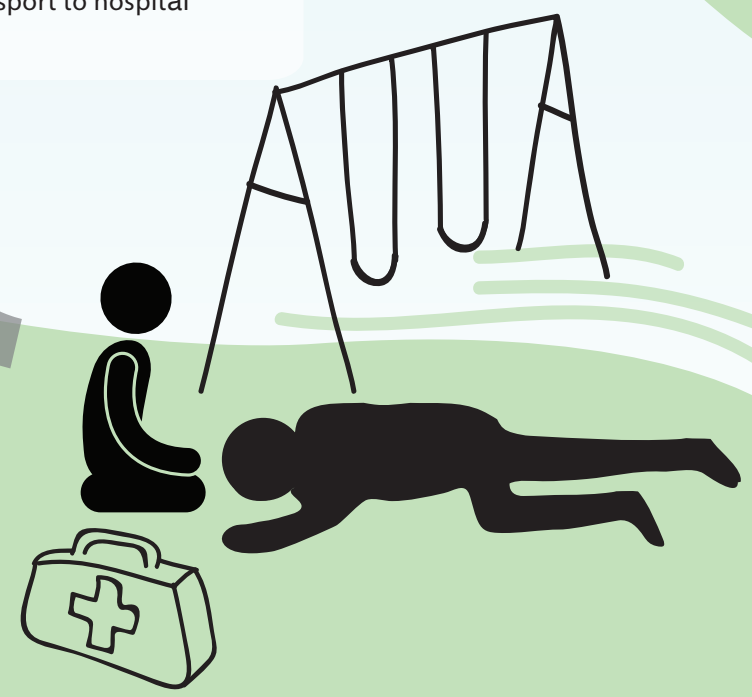
Patients may not have a primary care provider for follow up – or providers may not provide opioid agonist treatment

Ask patient if they are willing to be transported to the hospital?

### AT SCENE IN PARK

**DOING**  
First responders arrive  
City police or RCMP responds for patient safety, (not because of illicit substances)

**CONSIDERING**  
Determine if accidental or intentional overdose  
Does this reflect other overdose patterns that I have been seeing lately?



BC PATIENT SAFETY & QUALITY COUNCIL  
Working Together. Accelerating Improvement.