Inspired by research. Driven by compassion. Inspiré par la recherche. Guidé par la compassion.

SETTING UP A SUBSTANCE USE PROGRAM AT TOH: BREAKING BARRIERS, CHANGING MINDSETS.

SARA OLIVIER, RN MN, APN SUP AND SUPPORTIVE & PALLIATIVE CARE
JACKIE MACE, RN, CLINICAL MANAGER, WSIB PROGRAM

NOVEMBER 22, 2018

DISCLOSURES

- None.

WHY A SUBSTANCE USE PROGRAM AT TOH?

- Critical incidents at TOH (2014)
  - Deaths by overdose on inpatient units
  - Moral dilemma for nurses
    - Patients leaving unit frequently to go use
    - Lack of knowledge of harm reduction philosophy
    - Discomfort in addressing ongoing use
- Current opioid crisis

CURRENT UNDERTAKINGS AT TOH

- Substance Use Program Advisory Committee
- Substance Use Program (consult service)
- Harm Reduction Policy
- Pilot Projects on E5 and MFM
- Annual Substance Use Education Day
- Implementation of Ontario Naloxone Program

SUBSTANCE USE PROGRAM ADVISORY COMMITTEE

- Purpose is to support and oversee a comprehensive Substance Use Program (inpatient and outpatient), in accordance with the vision and priorities of The Ottawa Hospital.
- Responsible to provide comprehensive input for strategic and operational decision-making in the development and ongoing activities of the Substance Use Program. The Advisory committee is responsible for:
  - the development and ongoing assessment of policies, procedures, safe work practices and relevant documentation tools,
  - the development and dissemination of corporate education for employees, physicians, and patients
  - the development and implementation of an annual work plan
  - the development and monitoring of performance metrics

SUBSTANCE USE PROGRAM

- The Substance Use Program's (SUP) overarching objective is to improve healthcare delivery and ameliorate health outcomes by:
  - stabilizing/reducing substance use
  - initiating Opioid Agonist Therapy
  - ensuring connections to community supports
  - implementing educational strategies

SUBSTANCE USE PROGRAM

- Currently staffed by 1 APN and 3 part-time physicians
- Consultation service for inpatients only at this time
- If funding received, goal would be to expand team and implement a small focused transition clinic that includes outpatient services such as counselling and outreach

SUBSTANCE USE PROGRAM – STATS

- 216 patients seen since May 2017 (51 were known to SUP from previous admissions)
- 56% from the General, 38% from the Civic, and 6% from the Heart Institute
- 79% of patients were seen within the 2-day target
- 45% were connected to community resources at time of discharge

SUBSTANCE USE PROGRAM – STATS

Opioid Agonist Therapy	% of patient
No	61%
Already on Methadone, continued	17%
Methadone started	9%
On Methadone, switched to Suboxone	1%
Suboxone started	2%
Other	5%
Already on Suboxone, continued	5%

HARM REDUCTION POLICY - WHY DO WE NEED IT?

- Disconnect between reality and hospital policy
- Standard patriarchal approach to illicit drug use ie punitive approach (room restrictions, room search, discharges if using, etc.)
- Need to change focus from punitive approach to population health
- Need a philosophy to help support front line staff in providing a true patient-centered approach to care
- Need to align hospital policies with community practices

PILOT PROJECTS ON ORTHO & MATERNAL/FETAL MEDICINE

- Ortho – E5 Civic
  - Goals:
    - 1) educate and support nurses
    - 2) identify, support and educate patients admitted to hospital who suffer from substance use disorder
  - Care plan was piloted between Aug 2017- Feb 2018
  - Pending data analysis

PILOT PROJECTS ON ORTHO & MATERNAL/FETAL MEDICINE

- MFM – Civic campus
  - Goals:
    - 1) identify knowledge gaps for staff caring for patients (pregnant or post-partum) who use substances
    - 2) develop and implement educational intervention, with long-term goal being corporate roll-out
  - Surveys and focus groups conducted in Fall 2017
  - Data analyzed Winter 2018
  - Intervention currently being delivered

ANNUAL SUBSTANCE USE EDUCATION DAY

- Supported by Nursing Professional Practice Department
- 3 days have been held so far (2016, 2017, 2018)
- Always well received by attendees
- Goal is to generate awareness, stimulate discussions and address stigma as well as need for a change in mindsets

ONTARIO NALOXONE PROGRAM AT TOH

- Recently received approval for this Provincial program to be implemented at TOH, in collaboration with Ottawa Public Health
- Will allow us to dispense naloxone kits to at-risk patients in the ED, and on inpatient units
- Completely aligns with harm reduction philosophy
- Implementation strategies currently being discussed

ETHICAL QUESTIONS RAISED

AS OVERHEARD AT TOH…

- “Don’t you think you’re enabling?”
- “Why are we rewarding bad behavior?”
- “Why do we take care of people who don’t want the care we provide?”
- “Why are we wasting so much resources when they’re going to keep doing what they’re doing?”

ETHICALLY QUESTIONABLE COMMENTS

AS OVERHEARD AT TOH…

- “They’ve done this to themselves.”
- “That’s their choice.”
- “We have managed opioid programs, but people still have to pay for cancer drugs!”
- “We can’t let them do THAT!”
- “I’m afraid for my license.”

EXTREMELY POLARIZING SUBJECT

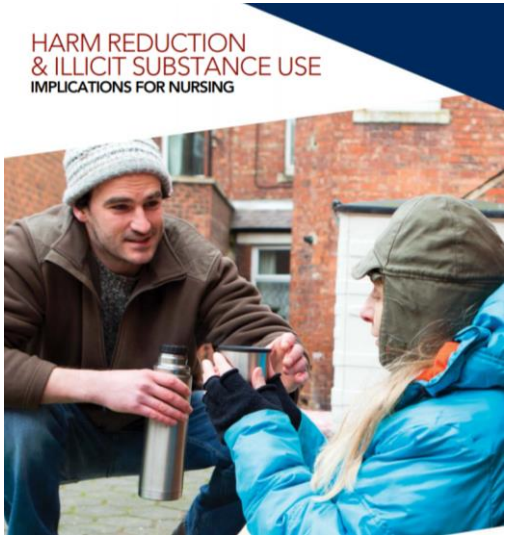
EXTREMELY POLARIZING SUBJECT

- Law Enforcement and Security
  - Complete change in focus, causing angst and disconnect between training and new reality
  - Potential conflict between Nursing and Security
    - Maintaining therapeutic nurse-patient relationship vs disclosure of illicit substance use
    - Room searches
    - Safe patient search vs elopement

EXTREMELY POLARIZING SUBJECT

- Nursing/Physicians
  - Lack of knowledge about harm reduction and benefits to health and society
  - Moral dilemma in perceived enabling of drug use
  - Feeling of responsibility for patients actions/Fear of reprisal in overdose situation
  - Fear in administration of prescribed opioids in the context of known illicit substance use
  - Fear of prescribing opioids in the context of Narcotics Monitoring System – opioid investigations (CPSO)

CNA SUPPORTS HARM REDUCTION



The values of harm reduction are consistent with the values guiding professional nursing practice as outlined in CNA's *Code of Ethics for Registered Nurses* (Lightfoot et al, 2009; Pauly, Goldstone, et al., 2007); specifically, nursing values related to the provision of safe, ethical, compassionate and competent nursing care; the promotion of health and well-being; the promotion of and respect for informed decision-making; the preservation of dignity; and the promotion of justice.

The Pitfield decision (*PHS Community Services v. Attorney General of Canada*, 2008), the B.C. Court of Appeal decision (2010), and the experience of the Dr. Peter Centre, followed by the 2011 Supreme Court of Canada ruling, provide important legal perspectives on supervised injection services. Among the implications for nurses are that:

- Addiction is understood to be a chronic disease.
- Harm reduction services are core health-care services for managing problematic substance use.
- It is unconstitutional to deny access to health-care services because of illicit substance use.
- Supervised injection education is within the scope of nursing practice.
- Managers and employers should support practice on the basis of current research.
- Managers and employers should support the development of organizational policies that are consistent with a harm reduction approach.

Canadian Nurses Association, 2017

EXTREMELY POLARIZING SUBJECT

- General Public
  - General unawareness of health issues and cost to society in treating substance use issues through the legal system versus through the healthcare system
  - Opioid crisis increasing odds for general public to be exposed to consequences of overdoses and/or potential exposure to drugs (ie family members, colleagues, friends)
  - Outraged at hospital dollars being used in harm reduction strategies (clean supplies, etc).

PRACTICAL APPLICATIONS

- 35F admitted to TOH with epidural abscess 2nd to IVDU
- No fixed address; couch surfing
- Longstanding history of heroin/fentanyl use
- Infectious Disease consult: patient will require 6 weeks of IV antibiotics via picc line
- Substance Use consult: patient ready to start methadone maintenance therapy

PRACTICAL APPLICATIONS

- Ethical challenges/questions brought forth
  - Should this patient get a picc line? Is it safe?
  - Should this patient stay in hospital for the 6 weeks or should she be discharged with her picc line?
  - Discussion around dead-end cap policy while in hospital
  - Limiting visitors and off-ward privileges

PRACTICAL APPLICATIONS

- Ethical challenges/questions brought forth
  - Pain control during admission
    - Minimizing risks, optimizing benefits
    - Oral liquid opioids, witnessed dosing
  - Discharge planning
    - No fixed address, so how do we ensure proper home care?
    - Collaboration with community partners (shelters, community health centers, Inner City Health)
    - Interdisciplinary collaboration during admission (SW, consulting services, etc.)

IN CONCLUSION

- Many questions remain
- No black or white solution
- Change comes one conversation at a time
- Great strides in the last 3 years at TOH but a long way still to go