




# COMPLEXITY PROJECT

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START



# AGENDA


- » Introduction
  - » Patient Example
  - » Environmental Scan
  - » Solutions
  - » Conclusion & Next Steps
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# Topic


Population: People experiencing problems with substance use

Problem: Inadequate withdrawal management in-hospital, resulting in poor pain management and withdrawal-related issues.

# Patient Example:



In our situation, we have a 32-year-old male that has come to hospital with the chief complaint of constipation and abdominal pain. It is discovered he is suffering from a small bowel obstruction and needs to be admitted. On admission, he explains he is also in active addiction and is opioid dependent. He tells the nurse that he does not like hospitals and is fearful about withdrawal symptoms.



# Environmental Scan

“The process of seeking, gathering, interpreting and using information from internal and external environments of an organization to inform strategic decision-making”

(Tang et al., 2021)

Identify gaps in services to inform next steps



Implementation of specialist teams

Implementation of harm reduction strategies

Increased accessibility to Opioid Antagonist Therapy (OAT)

Organizational change to a broader approach to substance use and harm reduction

## Implementation of Specialist Teams

Naren et al., 2023

- Healthcare providers report lack of education on how to appropriately manage people using drugs.
- Specialist teams: addictions medicine liaison service
  - Appropriately manage withdrawal symptoms
  - Appropriate analgesia
  - Provide direction in clinical dilemmas
  - Offer support for substance use change goals
- Patient-centered approach to care that respects and responds to the preferences, needs, and values of patients.
- In Kamloops - RIH has Addictions Medicine Team that can be consulted by MRP

## Implementation of Harm Reduction Strategies

- Negative patient-staff interactions from lack of understanding result in distrust and avoidance of hospital care -- infections, unsafe needle use, AMA discharges
- Harm reduction strategies: strategies to reduce the negative consequences of continued substance use
  - Safe consumption sites
  - Provision of sterile equipment
  - Sharps waste containers
  - Support for withdrawal
- In Kamloops:
  - Safe consumption site at IH MHSU
  - Needle exchange programs - ASK Wellness Society and IH
  - Withdrawal support - private facilities

Forchuk et al., 2023

## Increased accessibility to OAT

Archambault et al., 2023

- The removal of structural & process barriers to OAT are essential for reaching the people who need it
- Specialist teams: addictions medicine liaison service
  - Appropriately manage withdrawal symptoms
  - Appropriate analgesia
  - Provide direction in clinical dilemmas
  - Offer support for substance use change goals
- In Kamloops - OAT therapy available through MHSU who will then connect patients to clinics
  - Kamloops Rapid Access Addictions Clinic
  - Interior Chemical Dependency Clinic

## Organizational change to a broader approach on harm reduction & substance use

- Stigma and discrimination products of a punitive system, rather than inherent outcomes of drug use
- Nursing organizations adopting a broader approach to substance use recognizes:
  - The harmful impacts of drug policies
  - The structural drivers of harm
  - The political nature of the solutions that are needed to improve health
- In Kamloops:
  - Decriminalization of drugs in BC and reflective hospital policies

(Gagnon & Hazlehurst, 2021)

# Potential Solutions

**1.**

Education for new and existing nurses on the implementation of appropriate substance use and withdrawal management protocols.

**2.**

Research and implementation of nurse-driven, evidence-based protocols for symptom management. Example → COWS assessment

**3.**

Creation of a Patient Navigator role with the purpose of helping create individualized treatment plans and assist patients in navigating available resources.





# **Solution 1:**

Education for new and existing nurses on the implementation of appropriate substance use and withdrawal management protocols.

## **Rationale**

Assumptions and stigma from healthcare providers results in poorer quality of care and impacts the nurse-patient therapeutic relationships

(Fournier Bell & McCurry, 2020; Horner et al., 2019)

Outdated and insufficient training for nurses magnifies the present challenges of providing adequate care for people who use drugs (Horner et al., 2019)



## SUCCESSSES

- Education to recognize and treat substance use withdrawal in an acute care setting: (Larson, 2023)
  - Reduced use of emergency services
  - Improved patient engagement
  - Higher rates of therapy completion
  - More consistent follow up with outpatient treatment
- Nurses provided with resources and education on withdrawal management reported: “having greater knowledge and confidence in caring for this patient population” (Larson, 2023)

## FAILURES

- Larson (2023) study found:
  - Lack of nursing resources to standardize evidence-based care
  - Need for additional patient education & transitional care to ongoing treatment plan
  - Limited resources in non-urban centres
- Horner et al., (2019) found:
  - Many nurses have negative experiences caring for patients with opioid use disorder (OUD) - usually threatening situations
  - Contributes to burnout for staff
  - Difficult to break stigma & bias, even with more education



# **Solution 2:**

Research and implementation of nurse-driven, evidence-based protocols for symptom management.

## **rationale**

Standardized, nurse-driven protocols allows for the nursing care team to better identify opioid use and manage withdrawal effectively for optimal patient outcomes  
(Larson, 2023)



## SUCCESSSES

- Standardization in care results in better recognition of substance use disorders and improved management of withdrawal symptoms.
- Early awareness of withdrawal and need for treatment can help avoid advanced symptom severity
- COWS protocol (Canamo & Tronco, 2019):
  - Clinical opiate withdrawal scale
  - Appropriate use of COWS -- 96% of patients

## FAILURES

- Prior to using COWS - urine toxicology required to determine what substances the patient is withdrawing from
  - Cannot conduct proper assessments on non-compliant patients

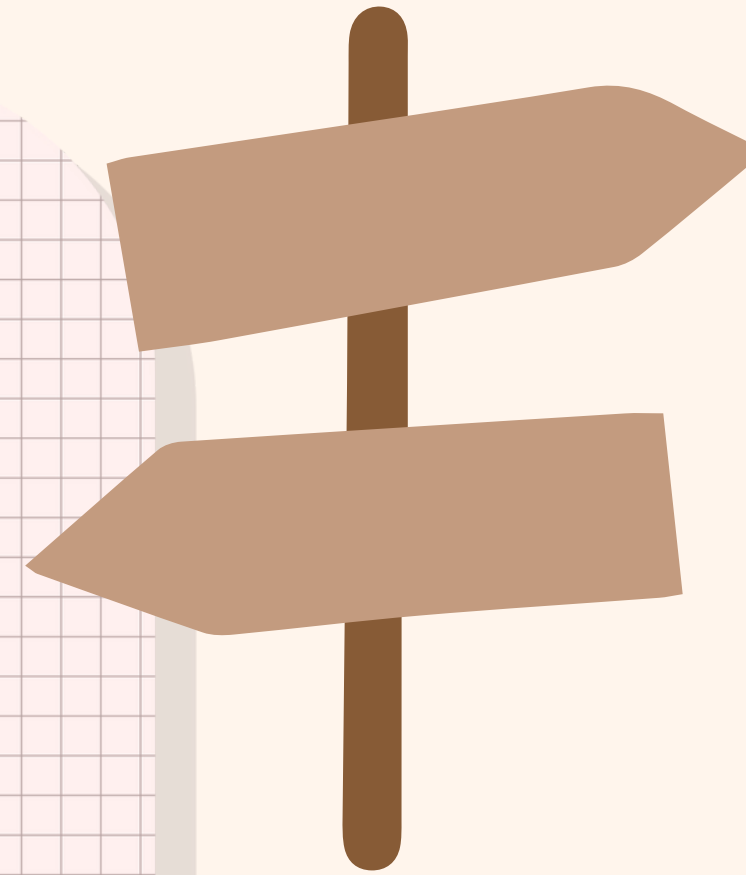


# **Solution 3:**

**Creation of a Patient Navigator role with the purpose of helping create individualized treatment plans and assist patients in navigating available resources.**

**Purpose of a Patient Navigator: reduce health-related disparities for disadvantaged groups by helping to overcome barriers between services**

**Relevant to this population - are often disadvantaged and require multiple components of the healthcare system and social services (Mullen et al., 2023)**



## SUCCESSSES

- Chronic illnesses are complex, layered, and have no one size fits all approach - have significant systemic, economic and social barriers (Mullet et al., 2023)
  - Substance use = chronic health challenge
- Previously successful for adults with cancer, HIV/AIDS, and other chronic illnesses in both Canada and the United States (Mullen et al., 2023)
- Already have frameworks in place for the patient navigator role within Interior Health -- Aboriginal Patient Navigators

## FAILURES

- Currently, limited empirical research on mental health and addictions (MHA) navigation
  - More research and discussion needed to better adapt navigation role to MHA (Mullen et al., 2023)
- Research from Alberta indicates gaps in programming (Tang et al., 2021):
  - Lack of awareness -- information not centralized, difficult to access
  - Inequitable access to programming
  - Geographic barriers (urban vs rural)
  - Lack of cohesion & communication across programs

# PRIORITY SOLUTION

most relevant, highly feasible, has a high chance of success

## Highly Relevant

Prevention, early identification, and early intervention -- critical components for decreasing morbidity of those living with mental health and addictions issues.  
(Mullen et al., 2023)

## Feasible

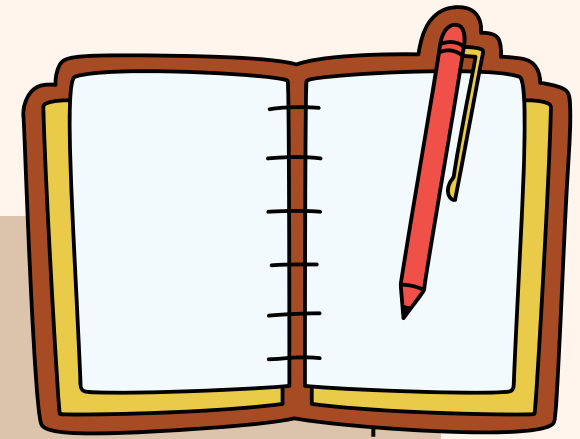
Existing research and statistics available to inform program development and creation of job position. The Aboriginal Patient Navigator role could serve as a framework for the creation of a new branch of navigation.

## Success

The role Patient Navigators for various chronic and complex illnesses has demonstrated its success for the last 30 years.

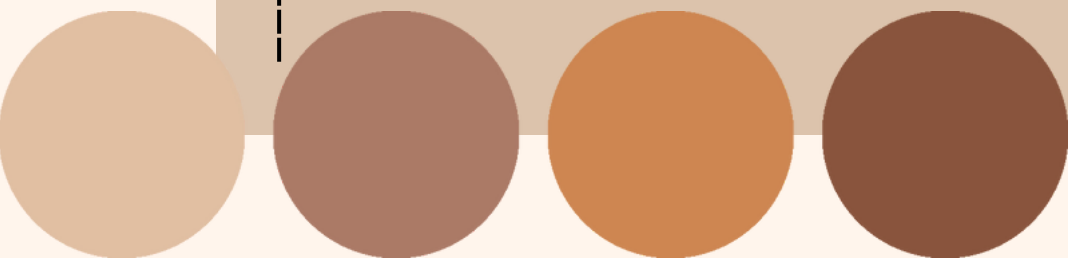


# why is it important?



- April 2016 - Public Health Emergency declared in BC due to rapid increase in unintentional drug overdose deaths (NNPBC, 2023)
- In 2022 - BCEHS paramedics responded to more than 35,000 overdose calls
  - 1285 calls in Kamloops (BCEHS, 2023)
- NNPBC involved in addressing key issues - safe supply, housing, mental health services, treatment, harm reduction, and decriminalization (NNPBC, 2023)

The nursing profession is “ideally positioned to provide critical support in addressing the best way forward in this crisis” (NNPBC, 2023)





# Conclusion

## Environmental Scan

Implementing services that are tailored to people who use substances that are designed to mitigate barriers to access.

OAT clinics

Education to hospital staff to ensure that beliefs on substance use are not a barrier to treatment

Decriminalization of drugs

## Potential Solutions

Education for new and existing nurses on the implementation of appropriate substance use and withdrawal management protocols.

Research & implementation of nurse-driven, evidence-based protocols for symptom management.

Creation of a Patient Navigator role with the purpose of helping create individualized treatment plans and assist patients in navigating available resources.

## Next Steps

Effectively build a patient navigation program that helps to connect patients using substances to resources

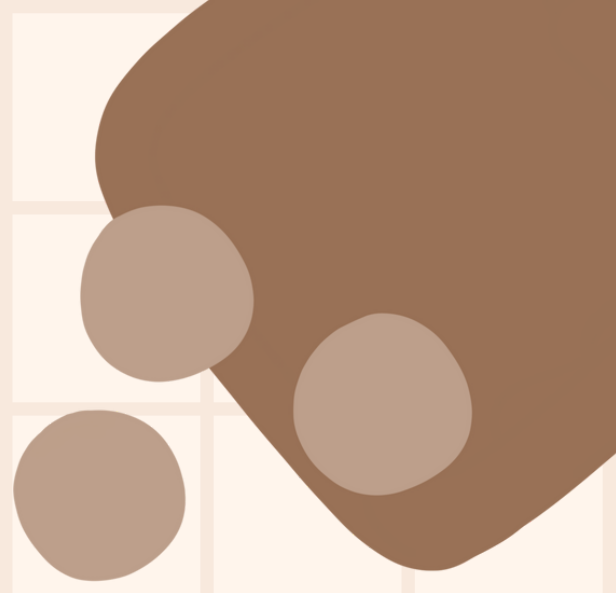
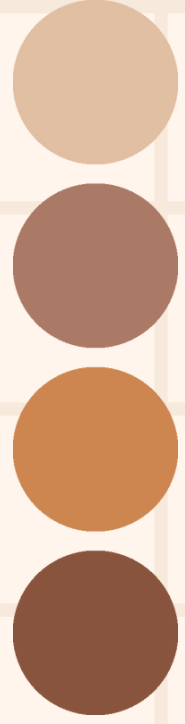
- Utilize existing data -- Statistics Canada BC Opioid Overdose Analytical File: Technical Report (Statistics Canada, 2021)
- New data -- research and discussion on how to adapt the navigator role to fit MHSU patients

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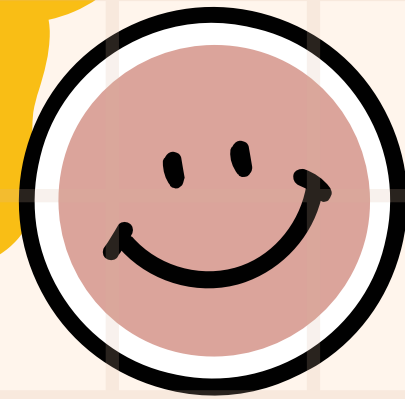
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# Question Time





**THANK YOU  
SO MUCH!**



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