

Life-saving Measures: Optimizing Addiction Care in a Community Hospital

Category: Oral Presentation

Abstract Body

Burnaby Hospital (BH) is a 286-bed community hospital located at the boundary of the Fraser Health and Vancouver Coastal Health authorities. With most services in Vancouver, Burnaby residents face accessibility barriers when seeking addiction care. In response to this gap in care and the ongoing opioid epidemic, the Addiction Medicine Consult Team (AMCT) was created in July 2021. The team consists of addiction medicine specialists from varied medical backgrounds to provide interdisciplinary care. We conducted a retrospective chart review and a knowledge assessment of BH to identify areas for improvement. Most notably in the retrospective review (n=71), only 51% of eligible patients received a take-home naloxone (THN) kit before discharge. The hospital staff survey (n=60) found that only 55% of respondents reported proficiency in addiction care resources. With low rates of naloxone distribution and provider familiarity on substance use, we created two quality improvement interventions to optimize care. To improve THN kit distribution rates, we implemented various initiatives starting in mid-2022. These include onboarding a nurse prescriber, education sessions for nursing staff, and EMR workflow changes. A streamlined documentation system was developed in collaboration with clinical and regional staff. Currently, preliminary data show that rates are within our 80% target as of April 2023 with no substance use-related readmissions. Additionally, we created www.BRSU.ca, a central repository for local addiction medicine resources and clinical practices. In late-2022, BH staff (n=37) completed a self-study session with the website and then evaluated on their learning. Most responses reported learning 4+ resources and better navigation of community substance use services. Results suggest consolidating information on a digital platform is an effective means to disseminate knowledge in addiction care. Future directions include further optimization and expansion of our initiatives across the hospital and health authority. Some challenges faced in these projects were due to the COVID-19 pandemic and staff shortages. Therefore, it was paramount to develop solutions that improve ease of access without adding to workload. We anticipate that our initiatives will improve care for vulnerable patients and enhance provider engagement. We hope that our service development success may serve as a model for clinicians who wish to create a substance use team at other sites.

Key Words

- Education
- Opioids/Opiates

- Prevention/Harm Reduction
- Quality Improvement
- Technology

Learning Objective # 1

Understand how to educate providers on substance use resources and clinical practices within a community hospital setting.

Learning Objective # 2

Describe approaches and challenges in collaborating with others to improve inpatient addiction medicine with nursing staff shortages and the COVID-19 pandemic.

Reference # 1

McDonald, R., & Strang, J. (2016). Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. *Addiction* (Abingdon, England), 111(7), 1177–1187.

<https://doi.org/10.1111/add.13326>

Reference # 2

Wakeman, S. E., Metlay, J. P., Chang, Y., Herman, G. E., & Rigotti, N. A. (2017). Inpatient Addiction Consultation for Hospitalized Patients Increases Post-Discharge Abstinence and Reduces Addiction Severity. *Journal of general internal medicine*, 32(8), 909–916. <https://doi.org/10.1007/s11606-017-4077-z>

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