

Opioid Use Disorder: An Emergency Worth Treating

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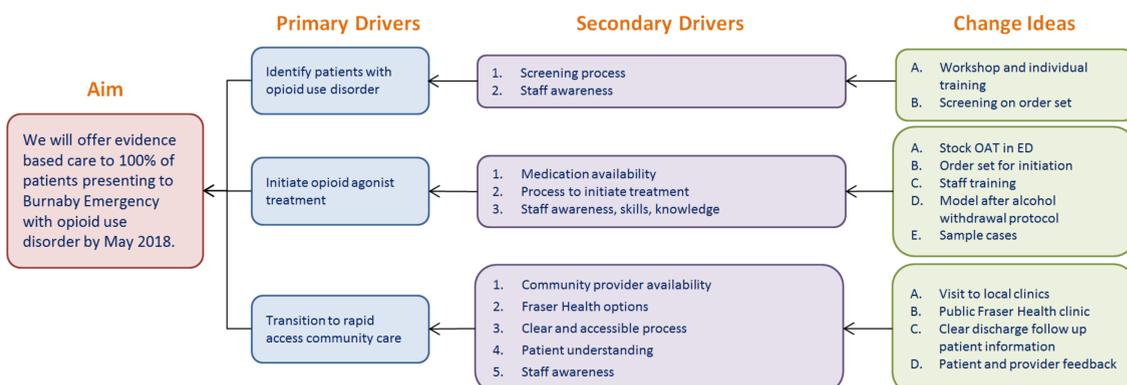
Background

More than 1420 people died of an illicit drug overdose/poisoning in British Columbia in 2017. More than 80% of deaths involved opioids/fentanyl. A recent Fraser Health report states that the Emergency Department cares for 80% of people who die from an illicit drug overdose/poisoning at least once in the year prior to their death. Medical evidence clearly supports the benefit of opioid agonist treatment (OAT) for opioid use disorder. Physicians do not require any exemption to prescribe the opioid agonist treatment buprenorphine-naloxone (Suboxone). Burnaby Hospital did not have addiction medicine physicians and was not connected to clinics providing opioid agonist treatment. Emergency staff were seeing patients coming to the emergency department requesting treatment for opioid use disorder and opioid withdrawal. We were already dispensing naloxone kits.

Aim

We will offer evidence based care to 100% of patients presenting to Burnaby Emergency with opioid use disorder by May 2018. We choose to focus on patients presenting to emergency in opioid withdrawal requesting treatment.

Project Design & Strategy



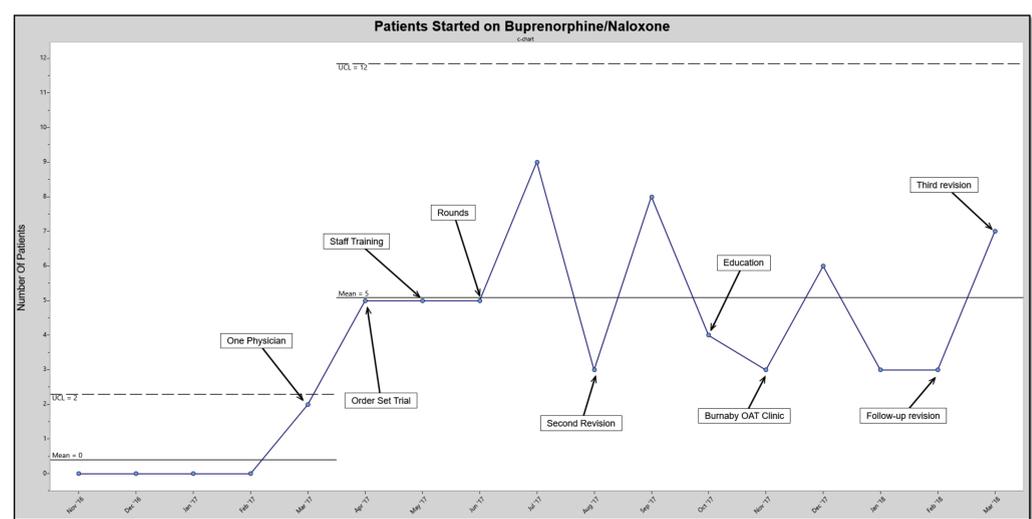
Changes Made

- Connect with local clinics willing to see follow-up patients
- Stock buprenorphine-naloxone in emergency
- Workshops with emergency staff and community providers
- Survey feedback from emergency staff
- One on one training with emergency department staff
- Order set and process to start buprenorphine –naloxone in ED
- Follow up process and instruction information
- Opening of Burnaby Fraser Health Opioid Agonist Clinic
- Tests and revisions of process based on staff and patient feedback

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Results

Prior to starting the project we were not offering opioid agonist treatment and referral to rapid access follow up clinics to people with opioid use disorder. We began March 2017 with one physician and one patient. With ongoing testing and revision of the process by March 2018, 17 emergency physicians had started 64 patients on buprenorphine-naloxone and connected them to follow up. A sample of 20 of these patients showed that 80% connected to follow up. We identified one patient with precipitated withdrawal.



Lessons Learned

- ❖ Non-addiction healthcare workers are able to start opioid agonist treatment with buprenorphine-naloxone in the emergency department and connect patients to further evidence based care.
- ❖ People come to the emergency department in crisis when they do not know where else to go for help.
- ❖ We found collecting accurate data challenging especially the number of patients with opioid use disorder as a denominator.
- ❖ Integrate measurements into the day routine and from data someone is already collecting.

Next Steps

- Test and spread this process at other Fraser Health Emergency Departments and inpatients
- Incorporate skills to treat opioid use disorder into standard healthcare worker orientation and training
- Strengthen community connections and patient input
- Continue to advocate for accessible and evidence based community resources for people with substance use disorders

Burnaby Hospital ED Team

- ❖ Dr. Melissa Allan, Emergency Physician
- ❖ Dr. Gloria Su, Clinical Pharmacy Specialist,
- ❖ Dr. Paul Johar, Department Head, Emergency
- ❖ Patricia Smid, Manager, Clinical Operations
- ❖ Zoe Schuler, Clinical Nurse Educator
- ❖ Burnaby Emergency Physician Association

References

- D'Onofrio G., O'Connor, P.G., et al (2015) Emergency department initiated buprenorphine-naloxone treatment for opioid dependence: a randomized clinical trial. JAMA,313(16), 1636-44
- British Columbia Centre for Substance Use, BC Ministry of Health (2017) A guideline for the clinical management of opioid use disorder. Available at http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf
- The Hidden Epidemic: The Opioid Overdose Emergency in Fraser Health (2018). Available at [https://www.fraserhealth.ca/media/20180122_Hidden_Epidemic_FH_CMHO_2017_Report\(1\).pdf](https://www.fraserhealth.ca/media/20180122_Hidden_Epidemic_FH_CMHO_2017_Report(1).pdf)