

iOAT in the ED – lessons learned

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Background: Deaths related to opioid poisoning have continued to climb over the last few years. The Injectable Opioid Agonist Treatment program (iOAT) provides injectable hydromorphone to those individuals with moderate to severe opioid use disorder and a history of injection drug use who have been unsuccessful with oral OAT and continue to be at high risk for opioid poisoning. Working with the emergency departments (ED) was identified as a critical step in the initial roll out of iOAT.

Implementation: The iOAT program began operating in October 2018. The clinic provides prescribed hydromorphone to clients within the program. Additionally, the team is comprised of physicians, nurse practitioners, nurses, social worker, peer support workers and administrative support to provide comprehensive wrap around care to every client that is registered to the program. It was recognized early on that the clients that were being served by iOAT were also high users of the ED and UCCs. Being part of iOAT became a factor that needed to be considered when these clients presented to the ED due to their prescription of hydromorphone. Working with management, medical leadership, and nurse educators, support and education were provided to ensure that iOAT clients were provided with optimal care when in the ED. Ongoing communication has been the primary strategy that has been used.

Evaluation Methods: The evaluation for this project has been informal and ongoing. The medical team at iOAT has worked with the medical team for the Calgary EDs to develop a detailed treatment plan that is visible on SCM. Telephone and emails have been the primary mode of feedback for both parties, and the plan is adjusted as necessary along the way.

Results: Improving the knowledge and understanding for all staff involved to understand iOAT and the role of the ED has been demonstrated to be effective when clients stay in the ED and don't leave against medical advice, which likely occurred before. Additionally, the trust that is built within the iOAT clinic is maintained when the ED is a partner in care and as appropriate, provides them with the dosing that they would normally receive at iOAT.

Advice and Lessons Learned:

- 1) Involve the emergency department management in planning or initial implementation
- 2) Communicate, Communicate, Communicate
- 3) Use continuous feedback to adjust to find the best strategies to provide patient care