

The Role of an Addiction Nurse: Bridging Quality and Safety Across Transitions from Emergency Department to Addiction Medicine Service

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Objectives:

Participants will understand:

1. The role of an Addiction Nurse
2. The benefit of specialized Addiction Nursing knowledge on an Emergency Department (ED) team
3. How Addiction Nurses can enhance quality and safety across care transitions

The CAMH Context

- Academic teaching hospital, fully affiliated with the University of Toronto
- Significant redevelopment & strategic initiatives (Vision 2020)
- Largest Canadian mental health & addictions facility
 - Over 34,000 clients per year
 - Emergency department, inpatient and outpatient serving clients across the lifespan



The CAMH Emergency Department (ED)

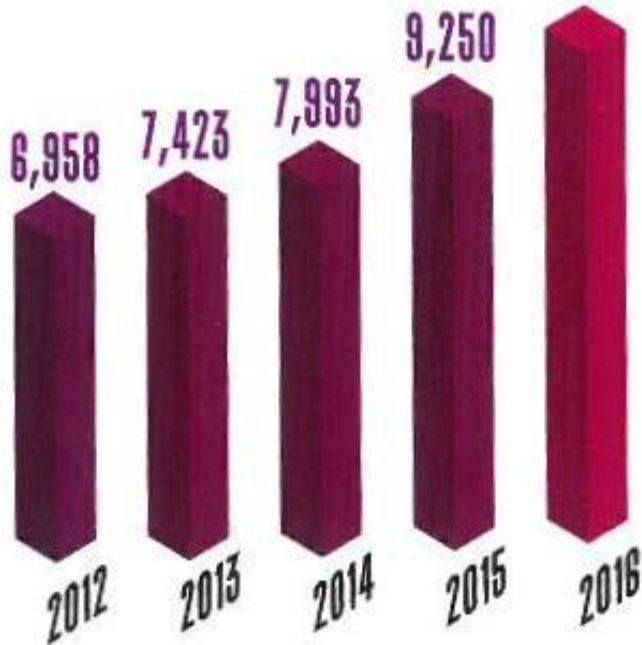
- Ontario's only stand alone psychiatric emergency department
- Serves 40% of the Toronto Central LHIN emergency presentations for mental health and addictions
- Provides extended observation, assessment and treatment services to adults assessed in the Emergency Service



CAMH ED Volumes

Emergency services visits

10,674

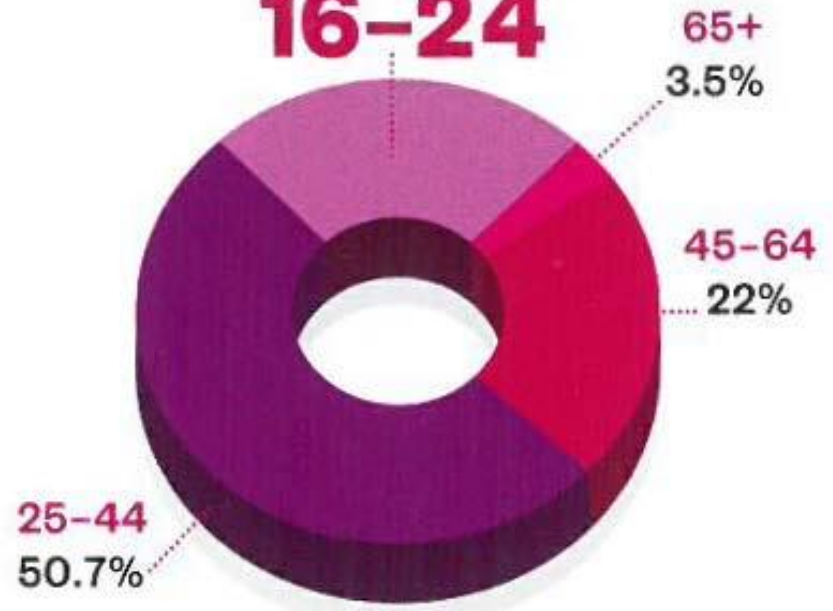


23.7%

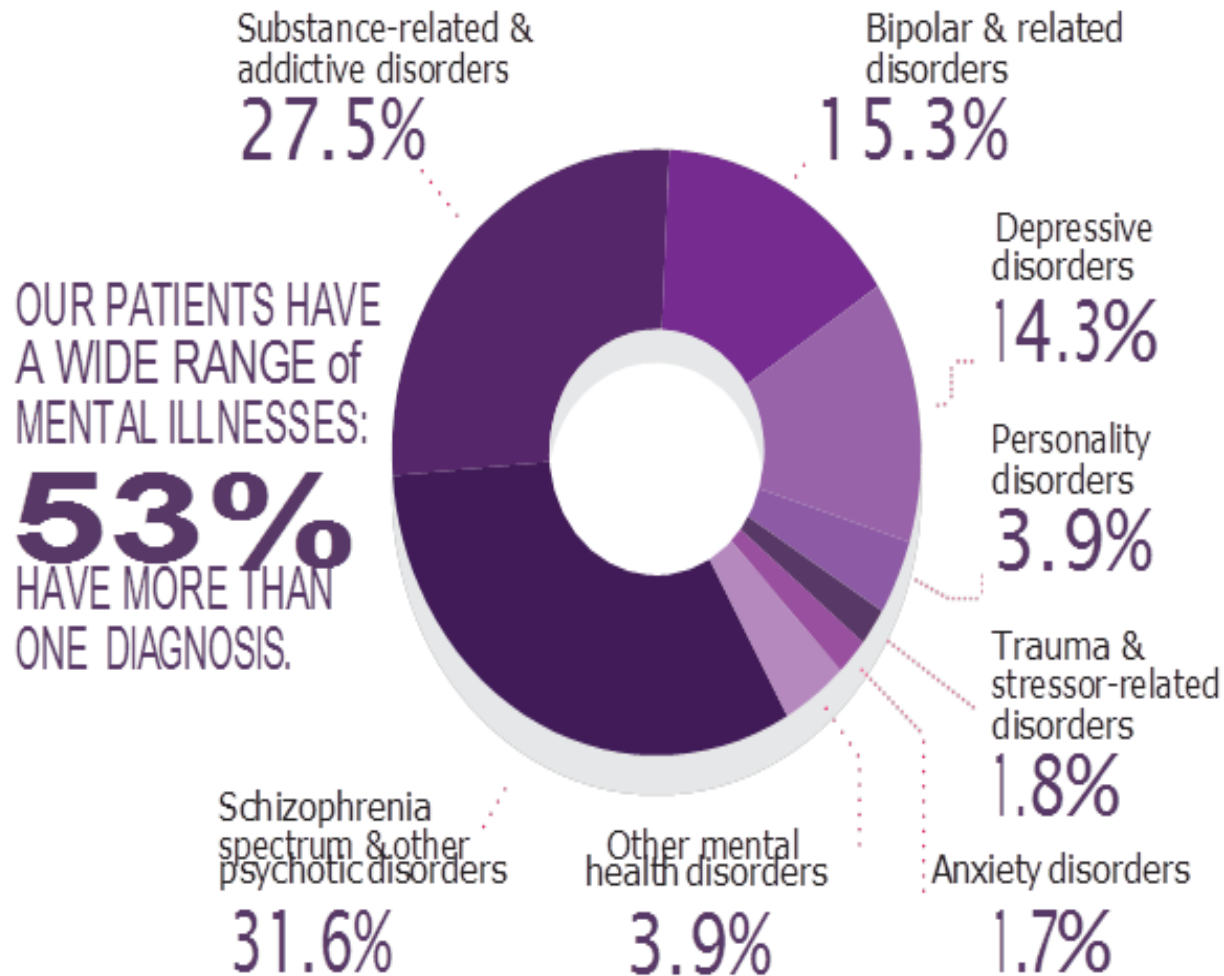
OF THIS YEAR'S EMERGENCY DEPARTMENT VISITS WERE

YOUTH AGE

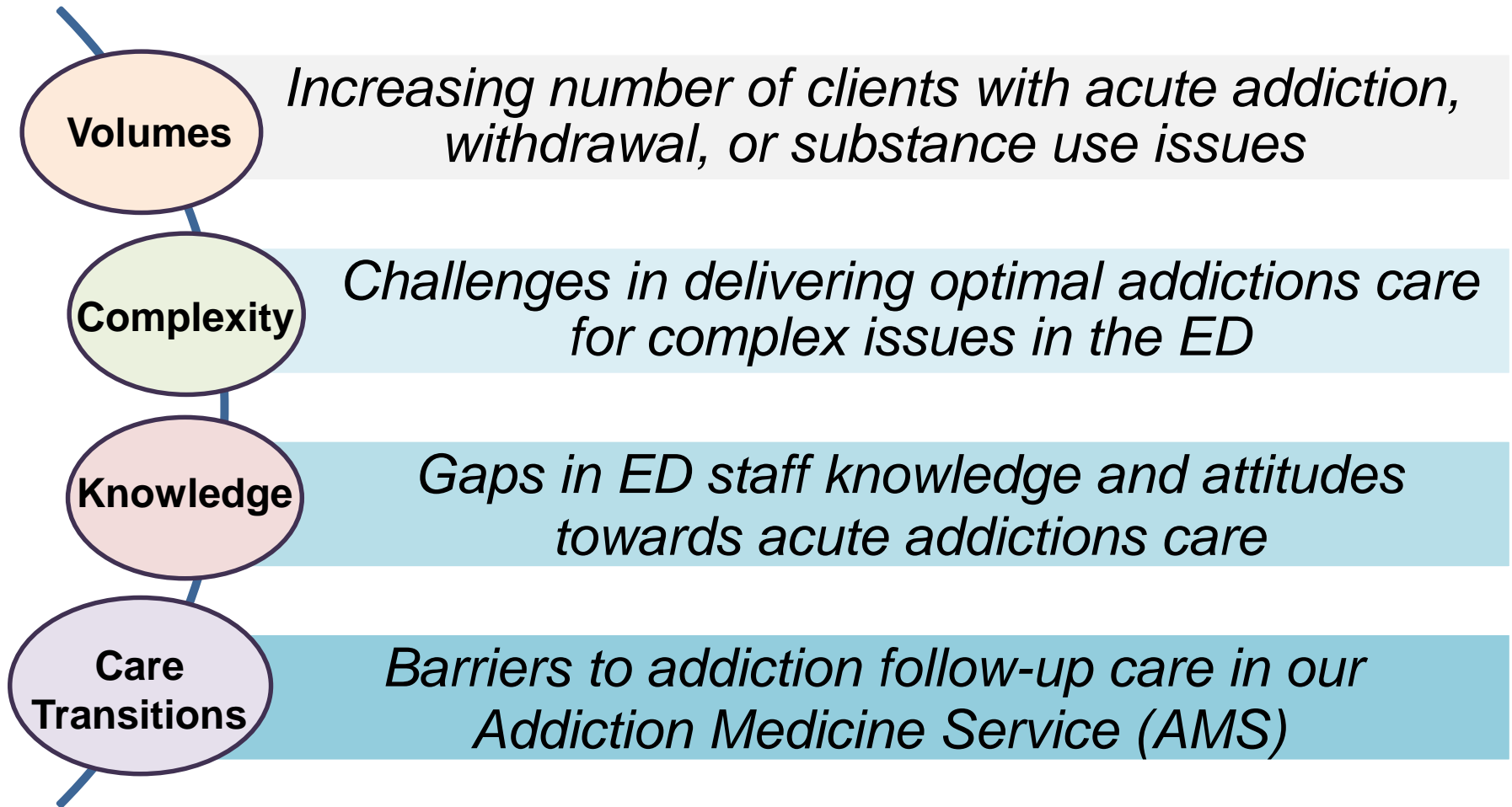
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Client Complexity in the CAMH ED



The Problem



Our Quality Improvement Initiative: ED/AMS Pilot Project

ED

- Acute medical assessment
- Stabilization (acute symptoms)
- Referrals for ongoing withdrawal management and treatment

AMS

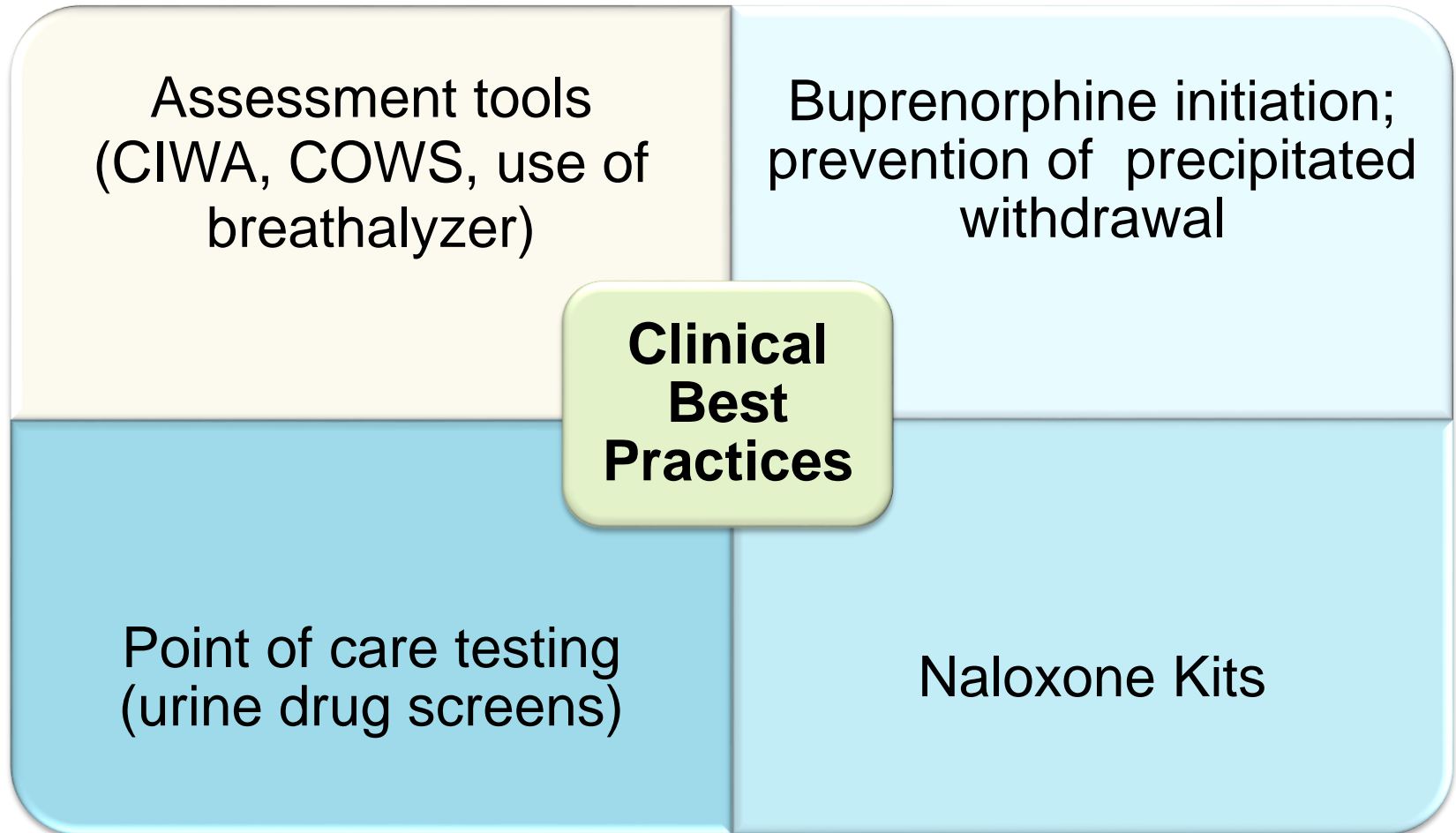
- Interprofessional assessment & care planning
- Pharmacotherapy (e.g., withdrawal management etc.)
- Group Treatments & Counselling
- Resources & Supplies

GOALS:

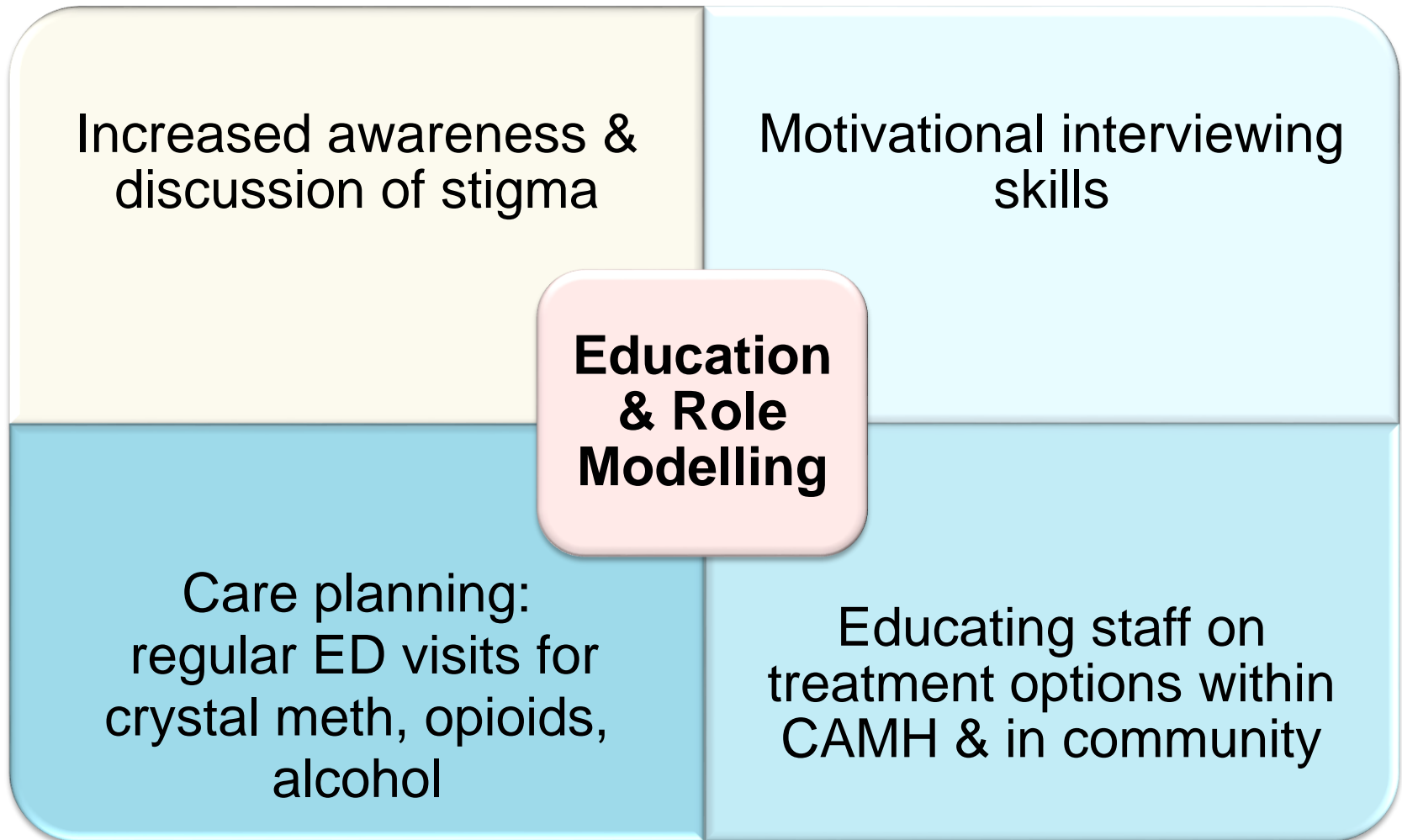
Improve Patient Safety
Build ED Addictions Capacity
Enhance Care Transitions

- **Resources:** Addiction RN and Addiction Physician added to ED Team
- **Timelines:** 0800 to 1200 Monday to Friday; 4 month pilot
- **Number of Clients in Pilot:** N=165 (14.7% of clients with primary substance use seen in the ED 2016/17)

Addiction RN Role: Improve Patient Safety



Addiction RN Role: Build ED Addictions Capacity



Addiction RN Role: Enhance Care Transitions

Linkage to AMS addiction specialist & appointments prior to discharge from ED

Brief chart reviews of previous addiction treatment (reducing duplication of addiction services)

Referral Bridging

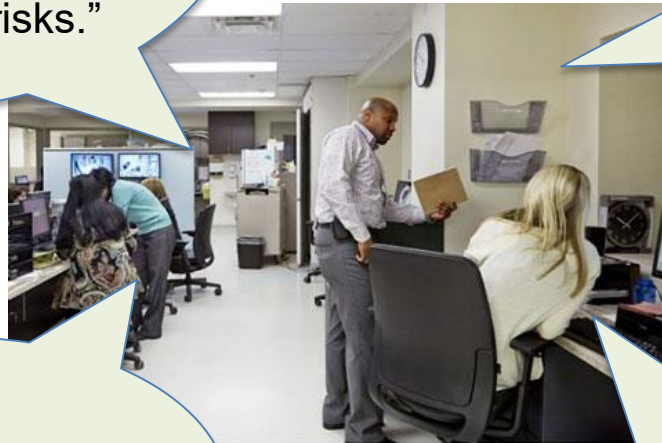
Client Education and discharge instructions for follow-up

Selection of appropriate withdrawal management services (day detox vs. medical inpatient detox) based on client complexity

Preliminary Pilot Feedback: Patient Safety

“I was able to support my clients who have addictions. I was able to consult AMS regarding care protocols and risks.”

“I now know how to use a breathalyzer.”

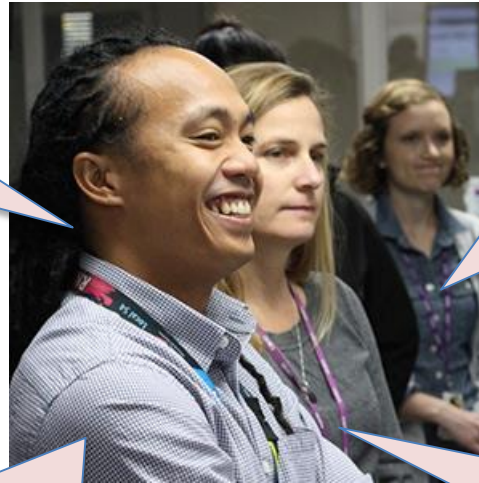


“I feel more comfortable prescribing Suboxone.”

“Facilitated access to addictions services helped manage volumes in the ER.”

Preliminary Pilot Feedback: ED Addictions Capacity

“Access to immediate support and knowledge relating to addictions was helpful.”



“Having specialized treatment plans and addiction specific assessments was valuable.”

“I learned about available resources and services.”

“I feel more confident explaining the AMS program and process to clients.”

Promising Trends: Care Transitions

Follow-up in AMS doubled

- 24% of the pilot cohort compared to 10% of all ED clients with primary substance use (2016/17) attended an AMS appointment following an ED visit

Average wait times for AMS appointment decreased in the last two months of the pilot

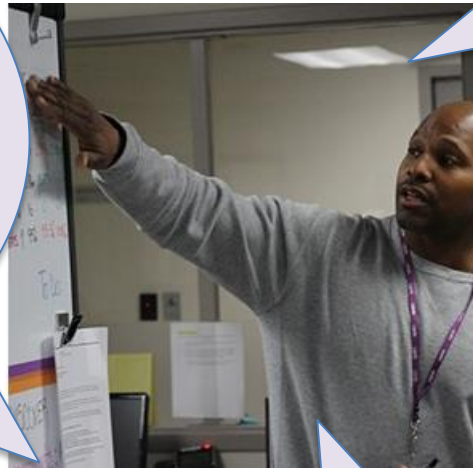
- Wait times decreased between 21-52% as the AMS nurse was able to book clients directly into appointments

Unexpected Finding

- 59% of the pilot cohort compared to 31% of all ED clients with primary substance use (2016/17) were diverted to in-patient withdrawal services for stabilization after assessment by AMS team

Preliminary Pilot Feedback: Care Transitions

“Having AMS connect directly with clients prior to discharge, arranging an order to initiate treatment and schedule quick follow up appointments was valuable.”



“Improved link to outpatient services from the ED was valuable.”

“Direct booking into appointments.”

QI Next Steps

Creation of Suboxone Induction Pathway:

- ED Suboxone Induction Order Set
- Education of 40 ED RNs
- ED Education Rounds

Due to the small sample size, data collection and analysis is needed for a larger client cohort to measure reliable client outcomes

Need for ongoing addictions and concurrent disorders training based on pilot feedback

QI Next Steps

Need to explore how the addiction RN role can be embedded given funding challenges

- Consultation model? Full time?

Due to different service hours and funding resources for ED (24/7) and AMS (Mon-Fri, daytime) need to determine optimal care transition model based on clients' needs and service utilization

Creation of “Rapid Access” referral based on a clear need for easy path from ED to AMS

Conclusions

- Addiction Nurses can play a key role in improving patient safety outcomes in the ED by introducing specialized knowledge, skills, and experience to caring for clients in crisis
- Addiction Nurses can build ED capacity through collaboration and consultation with clinical teams that support clients across the continuum of care
- Addiction Nurses in the ED setting can help connect vulnerable clients to addiction treatment

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TRANSFORMER DES VIES